Methods for estimating and projecting key family planning indicators among all women of reproductive age

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Methods for estimating and projecting key family planning indicators among all women of reproductive age

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An updated and expanded version of this technical paper has been published in the following open access publication:
This technical paper presents a method for producing annual estimates and projections of key family planning indicators for all countries and areas of the world based on observations of contraceptive use and unmet need for family planning from nationally-representative surveys included in the data compilations World Contraceptive Use 2018 and World Contraceptive Use by Marital Status and Age 2018 (United Nations 2018d, 2018e). The Bayesian hierarchical model introduced here expands an existing statistical model developed for estimating and projecting contraceptive use and unmet need for family planning for women who are married or in a union (Alkema and others, 2013) to all women irrespective of marital status. It also produces estimates and projections of these indicators for women who are not married and the model accounts for differences in the prevalence of sexual activity among unmarried women across countries through the application of hierarchical categories that account for these differences. The Bayesian hierarchical model combined with country-specific time trends provides an assessment of uncertainty around the estimates, which considers the availability and biases of survey observations. The methodology presented in this paper provides results needed for the global monitoring of Sustainable Development Goals (SDG) indicator 3.7.1. “Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods” that captures the family planning component for the global monitoring of the target 3.7. “to ensure universal access to sexual and reproductive health care services, including family planning, by 2030”.

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1. INTRODUCTION

The United Nations Population Division has extended the data compilations of family planning indicators to all women of reproductive age, disaggregated by marital status and age (United Nations, 2018e) in an effort to provide comprehensive data for the global monitoring of Sustainable Development Goal (SDG) indicator 3.7.1. “Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods” which captures the family planning component for the global monitoring of the target 3.7. “to ensure universal access to sexual and reproductive health care services, including family planning, by 2030” (United Nations, 2015; United Nations, 2018c). Global monitoring of SDG indicator 3.7.1. at the country level for all women of reproductive age will be based on this data set. This technical paper presents a methodology developed for producing comprehensive annual estimates and projections of key family planning indicators at the national, regional and global level from 2000 to 2030. The results will be used for the global monitoring of the SDG indicator 3.7.1. at the regional and global level. Additionally, the data set forms a basis for comparative analyses of levels and trends in contraceptive use and unmet need for family planning worldwide.

Figure 1 illustrates the components of the data compilation and methodology development and describes how and at which stage other publications of the United Nations Population Division (UNPD) are used.

2. DATA SOURCES AND DEFINITIONS

Contraceptive prevalence is defined as the percentage of women who report themselves or their partners as currently using at least one contraceptive method. Unmet need for family planning is the percentage of women who want to stop or delay childbearing but are not using any contraceptive method. Total demand for family planning is the sum of contraceptive prevalence and unmet need. Demand for family planning satisfied by modern methods (SDG indicator 3.7.1) is modern contraceptive prevalence divided by total demand (detailed definitions and metadata available in United Nations 2018b and 2018c). All women of reproductive age are those in age group 15–49 years (referred to as WRA) and are classified to two groups: unmarried and not in a union (UWRA) and married or in a union (MWRA).

The data compilation used as the input file is World Contraceptive Use by Marital Status and Age 2018 (United Nations, 2018c; see also Figure 1). The input data set for UWRA contains 518 observations across 134 countries or areas for contraceptive prevalence, and 240 observations across 76 countries or areas for unmet need. For 361 surveys, mainly from Demographic and Health Surveys (DHSs), Multiple Indicator Cluster Surveys (MICSs), Performance Monitoring and Accountability 

*United Nations Population Division
Figure 1. Diagram illustrating the components of the project, their interconnections and workflow

- Review of surveys in the data compilation *World Contraceptive Use* to determine available surveys providing family planning estimates among unmarried/not-in-union women (UWRA)
- Classify countries according to geography and sexual activity among UWRA
- No estimates of FP indicators among UWRA available
- Produce estimates of FP indicators among UWRA from survey microdata sets
- Produce estimates of FP indicators among UWRA from tabulations in survey reports or custom tabulations from the institutions responsible for data collection
- Prepare model input data among UWRA aged 15-49
- Assign biases and perturbations
- Estimates included in the compilation of *World Contraceptive Use by Marital Status and Age 2018* (forthcoming)
- New estimates and projections of family planning indicators for all women of reproductive age (WRA)
- Country-specific trajectories for UWRA
- Country-specific trajectories for MWRA
- Model-based Estimates and Projections of Family Planning Indicators 2018 (United Nations, 2018b) for married/in-union women (MWRA)
- Proportion of women who are married or in-union from Estimates and Projections of Women of Reproductive Age Who Are Married or in a Union: 2018 Revision (United Nations, 2018a) based on World Population Prospects 2017 (United Nations, 2017b) and World Marriage Data 2017 (United Nations, 2017a).

NOTE: The boxes in light grey indicate other publications of the Population Division, mentioned in the Data sources section.
2020s (PMAs) surveys and Generations and Gender Survey (GGS), estimates are obtained from micro data sets. For other surveys, estimates are derived from published tabulations or obtained from specific tabulations (for further details, see the methodology document of United Nations 2018c).

3. METHODS

A. The model of Alkema and others (2013) for married women

The model for contraceptive use among UWRA uses an approach based on that developed by Alkema and others (2013) for MWRA. Brief explanations or references to Alkema and others (2013) are provided where relevant. Unless otherwise specified, discussion of specific parameters or data characteristics throughout this Methods section refer to the treatment of UWRA only.

B. Target of inference

The goal of this study was the categorization of UWRA (the base population) as users of traditional contraceptive methods, users of modern contraceptive methods, having unmet need for contraceptive methods, and not having need any method. Thus the outcome of interest was the same compositional vector modelled by Alkema and others (2013):

\[ p_{c,t} = (p_{c,t,1}, p_{c,t,2}, p_{c,t,3}, p_{c,t,4}) \]

where \( p_{c,t,m} \) denotes the proportion of women in country \( c \), in year \( t \), who use traditional methods (\( m = 1 \)), modern methods (\( m = 2 \)), have unmet need for contraceptive methods (\( m = 3 \)), or do not use and do not need contraceptive methods (\( m = 4 \)), see Figure 2.

The vector \( p_{c,t} \) was not observed, rather it is \( y_i = y_{i,1:4} \), where \( y_{i,m} \) denotes the proportion of women in category \( m \) (traditional, modern, unmet need, no need respectively) for observation \( i = 1, \ldots, I \) for country \( c[i] \) and year \( t[i] \). The data model for an observation \( y_i \) given \( p_{c[i],m[i]} \) is explained in detail in Section E of this document.

C. Time trends in contraceptive prevalence and unmet need

i. Modeling components of the compositional vector

To ensure that the components of \( p_{c,t} \) sum to unity, as required, the following quantities were modelled:

\[
\begin{align*}
P_{c,t} &= p_{c,t,1} + p_{c,t,2}, \\
R_{c,t} &= \frac{p_{c,t,2}}{p_{c,t,1} + p_{c,t,2}}, \\
Z_{c,t} &= \frac{p_{c,t,3}}{p_{c,t,3} + p_{c,t,4}},
\end{align*}
\]

where \( 0 \leq P_{c,t}, R_{c,t}, Z_{c,t} \leq 1 \). \( P_{c,t} \) is the total contraceptive prevalence, \( R_{c,t} \) is the ratio of modern to total prevalence, and \( Z_{c,t} \) is the ratio of unmet need to no contraceptive use, all in country \( c \), year \( t \).
expanded explanation is given in Section 2.1 of the Online Supplement to Alkema and others (2013). Briefly, these three equations completely specify all four elements of the compositional vector since

\[ p_{c,t,1} = (1 - R_{c,t}) \cdot P_{c,t}, \quad (3.4) \]
\[ p_{c,t,2} = R_{c,t} \cdot P_{c,t}, \quad (3.5) \]
\[ p_{c,t,3} = (1 - P_{c,t}) \cdot Z_{c,t}, \quad (3.6) \]
\[ p_{c,t,4} = (1 - P_{c,t}) \cdot (1 - Z_{c,t}). \quad (3.7) \]

Moreover, by substituting (3.4)–(3.7) for \( p_{c,t,m}, \sum_{m=1}^{4} p_{c,t,m} = 1 \) obtains.

\{P_c, R_c, Z_c\} were modelled on the logit-scale to restrict the outcomes to be between 0 and 1. Each of the quantities is modelled by systematic (latent) trends, with autocorrelated distortions added to it:

\[ P_{c,t} = \logit^{-1} \left( \logit(P_{c,t}^*) + \epsilon_{c,t} \right), \quad (3.8) \]
\[ R_{c,t} = \logit^{-1} \left( \logit(R_{c,t}^*) + \eta_{c,t} \right), \quad (3.9) \]
\[ Z_{c,t} = \logit^{-1} \left( \logit(Z_{c,t}^*) + \theta_{c,t} \right), \quad (3.10) \]

where the country-specific systematic trends are denoted by \( \{P_{c,t}^*, R_{c,t}^*, Z_{c,t}^*\} \) and the autocorrelated distortions by \( \{\epsilon_{c,t}, \eta_{c,t}, \theta_{c,t}\} \) for \( \{P_c, R_c, Z_c\} \) respectively. The distortions were modelled by au-
toregressive processes of order 1 (AR(1)-models):

\[
\begin{align*}
\varepsilon_{c,t} & \sim N(\rho \varepsilon_{c,t-1}, \tau^2_{\varepsilon}), \\
\eta_{c,t} & \sim N(\rho \eta_{c,t-1}, \tau^2_{\eta}), \\
\theta_{c,t} & \sim N(\rho \theta_{c,t-1}, \tau^2_{\theta}),
\end{align*}
\]

with autoregressive parameter \(0 < \rho < 1\) and variance \(\tau^2\). The distributions for the distortions in the first observation year \(t_{c,1}\) in country \(c\) are given by:

\[
\begin{align*}
\varepsilon_{c,J_c,1} & \sim N\left(0, \frac{\sigma^2_{\varepsilon}}{1 - \rho^2_{\varepsilon}}\right), \\
\eta_{c,J_c,1} & \sim N\left(0, \frac{\sigma^2_{\eta}}{1 - \rho^2_{\eta}}\right), \\
\theta_{c,J_c,1} & \sim N\left(0, \frac{\sigma^2_{\theta}}{1 - \rho^2_{\theta}}\right).
\end{align*}
\]

ii. Systematic trends in contraceptive use

The systematic trends in total contraceptive prevalence \(P^*_c\) and the ratio of modern to total use \(R^*_c\) are given by logistic curves from 0 to asymptotes \(\tilde{P}_c\) and \(\tilde{R}_c\), increasing at pace \(\omega_c\) and \(\psi_c\) and centred in year \(\Omega_c\) and \(\Psi_c\) respectively:

\[
\begin{align*}
P^*_{c,t} & = \frac{\tilde{P}_c}{1 + \exp(-\omega_c(t - \Omega_c))}, \\
R^*_{c,t} & = \frac{\tilde{R}_c}{1 + \exp(-\psi_c(t - \Psi_c))}.
\end{align*}
\]

**Diffusion Process Among UWRA** It is reasonable to expect that contraceptive prevalence among UWRA is driven by a similar diffusion of ideas as in MWRA, with an important exception. Among UWRA, a prerequisite stage is hypothesized in which sexual activity increases before contraceptive prevalence can become more prevalent. Following sufficient increase in sexual activity, contraceptive prevalence among UWRA follows a similar pattern as among MWRA, with a different asymptote, pace, and timing. As seen in Figure 3 (a), at low levels of total prevalence, the timing parameter has a particularly marked effect on the curve.

**Illustration of logistic curve parameters** The logistic family of curves is defined by three parameters: i) an asymptote that determines the eventual upper limit; ii) a timing parameter that determines the year at which the curve reaches 50 per cent of the asymptote; and iii) a pace parameter that determines the rate of increase at the year the curve reaches 50 per cent of the asymptote. In the logistic trend for total contraceptive prevalence \(P^*_{c,t}\) these parameters are denoted \(\tilde{P}_c\), \(\Omega_c\), and \(\omega_c\), respectively. For the ratio of modern to total prevalence they are \(\tilde{R}_c\), \(\Psi_c\), and \(\psi_c\). For each country the model produces posterior probability distributions for each of the parameters which represent the estimated values, including uncertainty. These, in turn, are transformed by the model into posterior distributions for \(P^*_{c,t}\) and \(R^*_{c,t}\). Stylized logistic curves under various parameter values are shown in Figure 3.
Figure 3. Stylized examples of logistic curves for contraceptive prevalence (any method)

Examples of systematic trends

The systematic trends in total prevalence, its break-down into modern and traditional method use, and example trajectories after adding the autocorrelated distortion terms, are illustrated in Figure 4 (Panel (a)). Note that the trend in traditional method use (the inverted U-shape in the illustration) is not modelled explicitly, it follows from the logistic curves for total prevalence and for the ratio of modern to total prevalence. The actual trend in a country of interest depends on the timing, pace and asymptotes for total prevalence, and the uptake of modern methods as a ratio of any method. The asymptotes of total contraceptive use and the ratio of modern to total prevalence in a country may vary.

Examples of different segments of “contraceptive prevalence transitions” are given in Panels (b) and (c) for Colombia and Uganda, respectively.

The same functional form was used for the systematic trends in prevalence for UWRA as Alkema and others (2013) used for MWRA. However, the two marital groups were modelled separately because, even within the same country, the timing and pace of the uptake can be very different among the two marital groups. As illustrated in Figure 5, prevalence has already begun to increase among UWRA in some countries (e.g., Ecuador), while in others it has not (e.g., Bangladesh). Even in Ecuador, the timing of the increase is much later for UWRA.

iii. Systematic trends in unmet need

The country-specific systematic trend in the ratio of unmet need to no contraceptive use, \(Z_{c,t}^*\), was modelled as a function of total prevalence \(P_{c,t}\) using the same functional form as Alkema and others (2013) (Online Supplement, Section 2.1). This was done because it was expected that the systematic trend in unmet need as a function of total prevalence for UWRA would have the same characteristics as the trend for MWRA. The ratio was modelled as a function of total contraceptive prevalence, as opposed to unmet need as a function of total contraceptive prevalence, for two reasons. Firstly, modelling the ratio of unmet need to no contraceptive use guarantees that the percentage of women with unmet need does not exceed the percentage of women who do not use any methods. Secondly,
unmet need and total contraceptive use are dependent (because they refer to the elements of the same compositional vector), while the ratio is not dependent on total contraceptive use. The model for the ratio is given by:

\[
Z_{c,t}^* = \frac{1}{1 + \exp(-z_c - \beta_1 (P_{c,t} - 0.4) - \beta_2 \cdot (P_{c,t} - 0.4)^2)},
\]  \hspace{1cm} (3.19)

with country-specific “intercept” \(z_c\) and world-level parameters \(\{\beta_1, \beta_2\}\). (Note that 0.4 was subtracted from \(P_{c,t}\) to reduce correlation between the \(z_c^t\)'s and the \(\beta^t\)'s; it does not affect the shape of the curve). This model was motivated by observed trends on the world and country level.
Figure 5. Available data on total contraceptive prevalence

(a) Illustration: Bangladesh

(b) Illustration: Ecuador

Source: United Nations (2018e)

D. Bayesian hierarchical model

Estimating the country-specific parameters of the systematic trends presented a challenge because of the limited number of observations for each country. A Bayesian hierarchical model (Lindley and Smith, 1972; Gelman and others, 2013) was used to estimate the parameters in each country, such that the estimates were based on the observations in the country of interest, as well as the experiences of other countries. As described by Wheldon and others (2017), the classification of countries based on estimated sexual activity (see Section iii) and United Nations (UN) (sub-)regional classifications was used.

i. Hierarchical modelling and estimation by pooling

Alkema and others’s (2013) model for MWRA used a four-level hierarchy based on UN geographical aggregates to improve estimation for countries with few data points. The levels of the hierarchy were: i) country (e.g., Kenya), ii) sub-region (e.g., Eastern Africa), iii) region (e.g., Africa), and iv) world. Each country belonged to one of 22 sub-regions and each sub-region belonged to one of six regions. The world consisted of all regions. The imposition of such a hierarchy had the effect of clustering countries together in sub-regions and clustering sub-regions into regions.

Clustering countries into sub-regions meant that country-specific parameters were estimated by “pooling” data within sub-region; similarly, sub-regional parameters were estimated by pooling sub-regions within regions. This implied that results for countries in the same sub-region were a priori expected to be more strongly correlated with one another than with countries in different sub-regions (Bijak and Bryant, 2016; Gelman and others, 2013). Under the assumption that countries within a sub-region really are more similar to each other than to other countries, in general, point estimates
for countries with few observations from a hierarchical model are more accurate (less biased) and un-
certainty intervals are narrower (more precise) than under a model with no hierarchical structure. On
the other hand, grouping dissimilar countries and sub-regions together can lead to biased parameter
estimates and mis-estimation of precision.

ii. Hierarchical model with sexual activity for unmarried women

Per country, data for contraceptive use among MWRA were scarce or not recent but there was
at least one data point for each of the countries (Alkema and others, 2013). Data for UWRA were
more scarce and, in some cases, non-existent. A natural way to construct estimates and projections for
these countries is to use the hierarchical structure of the model (described below). Using a hierarchical
model results in estimation by pooling information among countries in the same cluster. In general,
the impact of pooling on the results is greatest for countries with relatively few observations; results
for countries with many observations are based primarily on those observations. Hence, the structure
of the hierarchy is particularly important for UWRA.

Variation in contraceptive prevalence among UWRA in many cases is likely due to variation in
sexual activity. Sexual activity was not included in Alkema and others’s (2013) model because be-
ing married was taken as a reasonable proxy for being sexually active in all countries. A different
approach was needed for UWRA. One approach to accounting for inter-country variation in sexual
activity would be to enter them into the statistical model explicitly as parameters to be estimated.
This, however, would require the specification of their functional relationships with prevalence and
sufficient data to estimate and check it were not available. A different approach was taken and, in-
stead, the hierarchical structure was modified to include information about sexual activity by using
the sexual activity classification described in Section iii. A four-level hierarchy was retained:

1. country,
2. region / sub-region / India,
3. sexual activity group,
4. world

For countries in sexual activity group 0 (countries with very low levels of sexual activity), region was
used at Level 2 for all countries except India which was treated as its own cluster. For countries in
group 1 (all other countries), sub-region was used at Level 2. Group 0 had far fewer countries than
group 1, making the use of sub-regions at Level 2 infeasible. The choice to model India separately
was based on exploratory data analysis and expert knowledge. Careful attention to India is warranted
because the country’s large population means that small changes in prevalence estimates translate to
large changes in absolute numbers and India is of particular interest to the family planning research
community (e.g., FP2020 2016). The structure is illustrated in Figure 6.

iii. Classification of countries based on data and information on sexual activity among UWRA

Models of reproductive behaviour among MWRA commonly assume that all MWRA are sexually
active. This assumption cannot be applied to the UWRA model. There are large differences in the
prevalence of sex among UWRA (Dasgupta and others, 2017) that needed to be accounted for in
the hierarchical structure of the model of reproductive behaviour among UWRA (further explained
Table 1. Comparison of geographic and sexual activity inclusive classifications

<table>
<thead>
<tr>
<th>Classification Scheme</th>
<th>Geographic</th>
<th>Sexual Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>Country</td>
<td>Country</td>
</tr>
<tr>
<td>Level 2</td>
<td>Sub-region</td>
<td>Region / sub-region / India</td>
</tr>
<tr>
<td>Level 3</td>
<td>Major Region</td>
<td>Sexual activity among UWRA</td>
</tr>
<tr>
<td>Level 4</td>
<td>World</td>
<td>World</td>
</tr>
</tbody>
</table>

Figure 6. Nested structure of the sexual activity inclusive hierarchy

NOTE: Nested structure of Levels 2–4 of the sexual activity inclusive hierarchy used to model contraceptive prevalence among unmarried and not in a union women of reproductive age (UWRA). Level 1 consists of individual countries which, save the examples, are omitted due to lack of space. “SA0” and “SA1” are sexual activity groups 0 and 1, respectively.

in Section 3). Two groups of countries were classified: (Group 0) countries with very low levels of sexual activity and (Group 1) all other countries (Table 5).

Countries were classified as having very low prevalence of sex among UWRA when the proportion of UWRA reporting recent sexual activity (sexual intercourse in past four weeks) was less than 2%. These estimates were sourced from 81 DHS and MICS surveys.

For countries where no data on sexual activity were available from DHS or MICS, information on the acceptance of sex between unmarried adults was used as a proxy for sexual activity among UWRA. The Pew Research Center’s (PEW) 2013 Global Attitudes survey asked 40,117 respondents in 40 countries if they “personally believe that sex between unmarried adults is morally acceptable, morally unacceptable, or is it not a moral issue?” (PEW, 2014). The World Values Survey (WVS) Wave 6 covered 86,274 between 2010 and 2014 and asked respondents in 51 countries how much they would agree with the statement that sex before marriage is justifiable on a scale from 1 “Never justifiable” to 10 “Always justifiable” (Inglehart and others, 2013). Both surveys find that countries
with predominantly Muslim populations in Asia and Northern Africa are least accepting of sex between unmarried adults. More than 80 per cent of respondents in the PEW surveys in Egypt, Jordan, Lebanon, Malaysia, Pakistan, State of Palestine, Tunisia, and Turkey answered that sex between unmarried adults is morally unacceptable. In the WVS, respondents in Jordan, Qatar, Pakistan, Libya, Azerbaijan, Turkey, Morocco and Uzbekistan least agreed with the statement that sex before marriage is justifiable (average score of less than 2.0). The justifiability scores from WVS correlated highly with the proportion of the population regarding unmarried sex as acceptable from PEW (R-Square = 0.94, n = 22). Ten countries were assigned into sexual activity group 0 based on these two surveys and 33 into the group 1.

When neither data on sexual activity nor on the acceptance/justification of sex among unmarried adults were available, countries with predominantly Muslim populations in Asia and Northern Africa were added to the low sexual activity group. Data on religious affiliation were published for 228 countries in the Pew Research Center 2012 Study on the Global Religious Landscape (PEW, 2012). Thus, 18 countries with 70% or more of the population Muslim were assigned to the low sexual activity group. The 70% break was derived from the set of countries that were classified as low sexual activity countries based on one of the previous direct or indirect measures of sexual activity.

An additional two countries (Myanmar and Sri Lanka) that lacked data on the sexual activity among UWRA were classified as low sexual activity countries on the basis of cultural and geographical proximity. All other countries in South and South-Eastern Asia are low sexual activity countries, with the exception of Thailand and the Philippines.

In total, 44 countries (24 per cent) were classified as having low sexual activity among unmarried women. All of these countries are in either Africa or Asia, predominantly in the following subregions: Northern Africa, Western Asia, South-Central Asia and South-Eastern Asia (Figure 7).

iv. Parameter definitions and hierarchical structure

Different levels of hierarchy were used for different sets of country parameters to best incorporate expected differences and similarities across countries, geographical areas, and sexual activity groups. Country-specific asymptotes for total contraceptive prevalence (denoted $\tilde{P}_c$) and the ratio of modern to total contraceptive use (denoted $\tilde{R}_c$) were estimated with a hierarchical model with two levels (world and country):

$$\log \left( \frac{\tilde{P}_c - 0.1}{1 - \tilde{P}_c} \right) \sim N(\tilde{P}_w, \kappa_p^{(c)}), \quad (3.20)$$

$$\log \left( \frac{\tilde{R}_c - 0.1}{1 - \tilde{R}_c} \right) \sim N(\tilde{R}_w, \kappa_R^{(c)}), \quad (3.21)$$

where both asymptotes were restricted to be between 10 per cent and 100 percent, and $\tilde{P}_w$ is the world mean and $\kappa_p^{(c)}$ the variance of the $\tilde{P}_c$’s, and $\tilde{R}_w$ is the world mean and $\kappa_R^{(c)}$ the variance of the $\tilde{R}_c$’s. Alkema and others (2013) restricted asymptotes to be above 50 per cent for MWRA but this was considered too high for UWRA given the very low levels of contraceptive prevalence expected in some countries.

For pace parameters $\omega_c$ and $\psi_c$, four-level hierarchical models were used because these parameters are expected to vary across countries, (sub-)regions, and sexual activity groups. For pace parameters
Figure 7. Classification of countries by level of sexual activity among unmarried and not in a union women of reproductive age.

Classification
- Countries with low levels of sexual activity among unmarried women
- Countries with higher levels of sexual activity among unmarried women

NOTE: Classification of countries is based on the information about the level of, acceptance of, or justification for sexual activity among unmarried women.

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. The dotted lines represent approximates. 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. The final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

\( \omega_c \), the uptake of any method, the transformation

\[
\omega^*_c = \log \left( \frac{\omega_c - 0.01}{0.5 - \omega_c} \right)
\]

was used, such that \( \omega_c \) was restricted to be between 0.01 and 0.5. This range was chosen to be weakly informative; it corresponds to assuming the duration of the transition from 10% to 90% of \( \tilde{P}_c \) is between 10 and 400 years. The hierarchical distributions for countries in sexual activity group 0 (denoted \( c \in \text{SA}0 \)) were:

Level 1:

\[
\omega^*_c \sim N(\omega^*_{r[c]}, \kappa_0^{(c)}), \quad c \in \text{SA}0
\]  
(3.22)

Level 2:

\[
\omega^*_r \sim N(\omega^*_{\text{SA}0}, \kappa_0^{(r)}),
\]  
(3.23)

Level 3:

\[
\omega^*_{\text{SA}0} \sim N(\omega^*_{w}, \kappa_0^{(\text{SA})}).
\]  
(3.24)

\( \omega^*_r \) (the Level 2 parameter) is the logistic trend for pace for region \( r \), where India was considered a separate region. \( r[c] \) is the region of country \( c \). For countries in sexual activity group 1 (denoted...
\( c \in \text{SA1}): \\
\text{Level 1:} & \quad \omega_c^* \sim N(\omega_{[c]}^{[x]}, \kappa_0^{[c]}), \quad c \in \text{SA1} \quad (3.26) \\
\text{Level 2:} & \quad \omega_s^* \sim N(\omega_{[\text{SA1}]}^{[x]}, \kappa_0^{[s]}), \quad (3.27) \\
\text{Level 3:} & \quad \omega_{\text{SA1}}^* \sim N(\omega_{[w]}, \kappa_0^{[\text{SA}]}) \quad (3.28) \\
\omega_s^* \text{ (the Level 2 parameter)} \text{ is the logistic trend for pace for sub-region } s, \quad s[c] \text{ is the sub-region of country } c. \quad \text{This structure meant that the (logit-transformed) } \omega_c^* \text{'s were distributed around (sub-)regional means; } \omega_{r[s]}^* \text{ for countries in sexual activity group 0 and } \omega_{s[c]}^* \text{ for countries in group 1. The variances on the country, sub-regional and regional level were } \kappa_0^{[c]}, \kappa_0^{[s]} \text{ and } \kappa_0^{[r]} \text{ respectively.} \\
\text{Similarly, for pace parameter } \psi_c, \text{ the uptake of modern methods as a proportion of any method,} \\
\psi_c^* = \log \left( \frac{\psi_c - 0.01}{0.5 - \psi_c} \right) \\
\text{Level 1:} & \quad \psi_c^* \sim N(\psi_{[c]}^{[r]}, \kappa_0^{[c]}), \quad c \in \text{SA0} \quad (3.29) \\
\text{Level 2:} & \quad \psi_r^* \sim N(\psi_{[\text{SA0}]}^{[r]}, \kappa_0^{[r]}), \quad (3.30) \\
\text{Level 3:} & \quad \psi_{\text{SA0}}^* \sim N(\psi_{[w]}, \kappa_0^{[\text{SA}]}), \quad (3.31) \\
\text{and} \\
\text{Level 1:} & \quad \psi_c^* \sim N(\psi_{[c]}^{[s]}, \kappa_0^{[c]}), \quad c \in \text{SA1} \quad (3.32) \\
\text{Level 2:} & \quad \psi_s^* \sim N(\psi_{[\text{SA1}]}^{[s]}, \kappa_0^{[s]}), \quad (3.33) \\
\text{Level 3:} & \quad \psi_{\text{SA1}}^* \sim N(\psi_{[w]}, \kappa_0^{[\text{SA}]}), \quad (3.34) \\
\text{The same structure was used for the timing of the uptake of modern methods as a proportion of any method, } \Psi_c: \\
\text{Level 1:} & \quad \Psi_c \sim N_T(\psi_{[c]}^{[r]}, \kappa_0^{[c]}), \quad c \in \text{SA0} \quad (3.35) \\
\text{Level 2:} & \quad \Psi_r \sim N(\psi_{[\text{SA0}]}^{[r]}, \kappa_0^{[r]}), \quad (3.36) \\
\text{Level 3:} & \quad \psi_{\text{SA0}}^* \sim N(\psi_{[w]}, \kappa_0^{[\text{SA}]}), \quad (3.37) \\
\text{and} \\
\text{Level 1:} & \quad \Psi_c \sim N_T(\psi_{[c]}^{[s]}, \kappa_0^{[c]}), \quad c \in \text{SA1} \quad (3.38) \\
\text{Level 2:} & \quad \Psi_s \sim N(\psi_{[\text{SA1}]}^{[s]}, \kappa_0^{[s]}), \quad (3.39) \\
\text{Level 3:} & \quad \psi_{\text{SA1}}^* \sim N(\psi_{[w]}, \kappa_0^{[\text{SA}]}), \quad (3.40) \\
\text{where the country-specific timings were restricted to be later than 1800 (a non-informative lower bound).}
For countries in sexual activity group 0, the timings of the uptake of any method, \( \Omega_c \), were modelled as distributed around a single mean:

\[
\Omega_c \sim N_T(\Omega_{SA0}, \kappa_{\Omega}^{(SA0)}), \quad c \in SA0.
\] (3.41)

For countries in sexual activity group 1, the following hierarchical structure was used:

- Level 1:
  \[
  \Omega_c \sim N_T(\Omega_s[c], \kappa_{\Omega}^{(c)}), \quad c \in SA1
  \] (3.42)

- Level 2:
  \[
  \Omega_s \sim N(\Omega_{SA1}, \kappa_{\Omega}^{(s)}),
  \] (3.43)

There was no pooling between the sexual activity group parameters \( \Omega_{SA0} \) and \( \Omega_{SA1} \). This is similar to what was done by Alkema and others (2013) for MWRA, except they classified countries as “developed” and “developing” instead of according to sexual activity group. The logistic curve is particularly sensitive to these parameters (see Figure 3) and the aim was to ensure that the model was flexible enough to capture the significant difference in prevalence between the two sexual activity group. Modeling the timing parameters at the sexual activity group level as if they were from a common world distribution would have undermined this.

The country-specific “intercept” \( z_c \), the proportion of women with unmet need among all women who do not use any contraceptive methods, was modelled with a two-level model (given the variability across sub-regions within regions, sub-regional means were not assumed to be distributed around a regional mean):

\[
\begin{align*}
  z_c & \sim N(z_s[c], \kappa_{z}^{(c)}), \\
  z_s & \sim N(z, \kappa_{z}^{(r)}).
\end{align*}
\] (3.44) (3.45)

### E. Data Model

Surveys which produced estimates of total prevalence greater than or equal to one per cent were modelled in the same way as Alkema and others (2013) modelled MWRA data, with one exception. Alkema and others (2013) rounded all direct estimates of prevalence less than one per cent up to one per cent to avoid computational difficulties due to numerical over/under-flow. This approach was not followed for UWRA because too many data points would have been affected, introducing bias. For these surveys, the approach described in Section ii was used.

#### i. Total prevalence greater than one percent

The data model for observations with total prevalence greater than or equal to 1 per cent was identical to that used by Alkema and others (2013, Online Supplement, Section 2.3). Briefly, observations which provided an estimate of prevalence broken down by modern/traditional status were modelled using a bivariate normal distribution on the logit scale

\[
\begin{pmatrix}
  \log \left( \frac{y_{i,1}}{y_{i,3+4}} \right) \\
  \log \left( \frac{y_{i,2}}{y_{i,3+4}} \right)
\end{pmatrix}
\sim N\left(\begin{pmatrix}
  \log \left( \frac{q_{i,1}}{q_{i,3+4}} \right) \\
  \log \left( \frac{q_{i,2}}{q_{i,3+4}} \right)
\end{pmatrix}, \Sigma_{S[i]}\right),
\]
where \( y_{i,3+4} = y_{i,3} + y_{i,4} \), the \( q_{i,m} \) are the bias-adjusted and perturbed proportions (see Sections v and vi), and

\[
\Sigma_S = \begin{bmatrix}
\sigma^2_S,1 & \rho_S \sigma_S,1 \sigma_S,2 \\
\rho_S \sigma_S,1 \sigma_S,2 & \sigma^2_S,2
\end{bmatrix}.
\]

In the above, \( \sigma^2_{S,k} \) is the error variance of source \( S \) for the log-ratios \( k = 1 \) (traditional) and \( k = 2 \) (modern), and \( \rho_S \) is the correlation of the log-ratios.

Observations providing only an estimate of total prevalence were modelled similarly but with a univariate normal:

\[
\log \left( \frac{y_{i,1+2}}{1 - y_{i,1+2}} \right) \sim N \left( \log \left( \frac{q_{i,1+2}}{1 - q_{i,1+2}} \right), \sigma^2_T \right),
\]

where \( \sigma^2_T \) is the error variance for total prevalence on the logit-transformed scale. A common error variance was assumed for all sources due to the small number of observations falling in this category.

For the remaining categories, unmet need and no contraceptive use, a logistic normal was again used:

\[
\logit \left( \frac{y_{i,3}}{y_{i,3+4}} \right) = \log \left( \frac{y_{i,3}}{y_{i,4}} \right) \sim N \left( \log \left( \frac{q_{i,3}}{q_{i,4}} \right), \sigma^2_{S[i,3]} \right),
\]

where \( \sigma^2_{S,3} \) is the error variance of source \( S \) for the log-ratios of unmet need to no need.

ii. Total prevalence less than one percent

For 38 observations (7.3 per cent) estimated total prevalence was less than 1 per cent \((y_1 + y_2 < 0.01)\). These observations were found to have a large influence on posterior estimates of source variances \((\sigma^2_{S,k})\). This appeared to be a side-effect of the transformation used. On the logistic scale a few small proportions become extreme outliers after transformation and the resulting set of transformed observations are not well-modelled by a single (source-specific) logistic-normal distribution. To account for this, results from all surveys reporting a total prevalence estimate of less than or equal to one per cent were assigned to the new source type. This was done irrespective of the original source type (DHS, MICS, etc.).

iii. Unmet Need

The data model for the break-down of women who do not use any method (categories 3 and 4) into the categories unmet/no need was the same as that used by Alkema and others (2013):

\[
\logit \left( \frac{y_{i,3}}{y_{i,3+4}} \right) = \log \left( \frac{y_{i,3}}{y_{i,4}} \right) \sim N \left( \log \left( \frac{q_{i,3}}{q_{i,4}} \right), \sigma^2_{S[i,3]} \right),
\]

where \( \sigma^2_{S,3} \) is the error variance of source \( S \) for the log-ratios of unmet need to no need. This model was used irrespective of the estimate for total prevalence.
iv. Data categorization based on source types

The number of observations by data source category, estimate of total prevalence (less than, or greater than or equal to, 1 percent), and availability of modern-traditional breakdown are shown in Table 2. Separate variance-covariance matrices ($\Sigma$) were estimated for observations with a modern-traditional breakdown. The data model for unmet need grouped all non-DHS observations together in one category.

Table 2. Number of observations by source for contraceptive prevalence and unmet need

<table>
<thead>
<tr>
<th>Data</th>
<th>Trad./Mod. Breakdown</th>
<th>DHS</th>
<th>MICS</th>
<th>PMA</th>
<th>National survey</th>
<th>Other</th>
<th>CP &lt; 1%</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive use</td>
<td>Avail.</td>
<td>226</td>
<td>87</td>
<td>25</td>
<td>69</td>
<td>53</td>
<td>38</td>
<td>498</td>
</tr>
<tr>
<td></td>
<td>Unavail.</td>
<td>—</td>
<td>1</td>
<td>—</td>
<td>16</td>
<td>3</td>
<td>—</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>226</td>
<td>88</td>
<td>25</td>
<td>85</td>
<td>56</td>
<td>38</td>
<td>518</td>
</tr>
<tr>
<td>Unmet</td>
<td></td>
<td>172</td>
<td>23</td>
<td>25</td>
<td>5</td>
<td>7</td>
<td>38</td>
<td>270</td>
</tr>
</tbody>
</table>

v. Data categorization based on characteristics of the population sampled and perturbation multipliers

As in Alkema and others (2013), perturbation multipliers were included to account for differences between the characteristics of sampled populations and the base population. Table 3 shows the seven categories of different characteristics that were summarized. The first two categories describe differences specific to sampled populations of UWRA. Category one comprises observations from surveys where questions on contraceptive use were only asked among UWRA who have a non-cohabiting partner. Women without a partner, while included in the samples, were not asked about contraceptive use and were therefore not counted in the numerator in the estimation of family planning indicators. As a result, observations of contraceptive use are expected to be too low. This concerns the majority of observations (10) from the first and second rounds of the Gender and Generation Program. Category two is given by observations (18) from DHS data that pertain to female sterilisation only (asked of formerly married women only). Other contraceptive methods were not reported for UWRA so that these samples under-estimate contraceptive use.

Categories three to seven are describe differences between characteristics for sampled populations and the base population. Category three refers to samples covering specific geographic regions or population groups with potentially different levels of contraceptive prevalence compared to the base population (14 observations). Category four includes observations that covered women living in a cohabiting union in the group of UWRA (4) because this was likely to have elevated the risk of pregnancy. This was the case for data from the German 1985 Survey on Family Planning Behaviour and from the Japan 2014 Biodemography Project Survey. Contraceptive prevalence among UWRA is expected to be higher for these two observations than for the base population due to the inclusion of women in cohabiting unions who tend to have higher levels of contraceptive use.

Categories five, six, and seven apply to observations from surveys which sampled of UWRA populations in age groups other than 15–49. Some flexibility was allowed by defining sampled age
## Table 3. Categorisation of non-base population samples

<table>
<thead>
<tr>
<th>No.</th>
<th>Label</th>
<th>Characteristics of sample population</th>
<th># obs.</th>
<th>Contraceptive use compared to base population of UWRA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>With partner only</td>
<td>Contraceptive use questions were asked only among women with a partner</td>
<td>10</td>
<td>Modern and traditional use expected to be lower</td>
</tr>
<tr>
<td>2</td>
<td>Sterilization only</td>
<td>Unmarried/Not-in-union data pertain to female sterilization only</td>
<td>18</td>
<td>Modern and traditional use expected to be lower</td>
</tr>
<tr>
<td>3</td>
<td>Geographical region</td>
<td>Specific geographical region or population group</td>
<td>14</td>
<td>Potentially different</td>
</tr>
<tr>
<td>4</td>
<td>Higher risk of pregnancy</td>
<td>Data pertain to women exposed to an elevated risk of pregnancy, e.g., recently sexually active or incl. women in cohabiting unions.</td>
<td>4</td>
<td>Modern and traditional use expected to be higher</td>
</tr>
<tr>
<td>5</td>
<td>Age group with - bias</td>
<td>Age group starts at ages 13-17 but ends after 51</td>
<td>1</td>
<td>Modern and traditional use expected to be lower</td>
</tr>
<tr>
<td>6</td>
<td>Age group with + bias</td>
<td>Age groups starts at ages 18-25 and ends before 51</td>
<td>30</td>
<td>Modern and traditional use expected to be higher</td>
</tr>
<tr>
<td>7</td>
<td>Age group different</td>
<td>Other age group (not described by groups 6 and 7)</td>
<td>39</td>
<td>Potentially different</td>
</tr>
</tbody>
</table>

NOTE: Categorisation of non-base population samples, number of observations in each category and comparison of the expected prevalence levels in the non-base category compared to the base category of unmarried and not in a union women of reproductive age.
groups starting at ages 13–17 and ending at ages 47–51 as “baseline”. Age groups starting at ages between 13 and 17 (inclusive) and ending at ages of 51 or above (1 observation) were assumed to have lower contraceptive use than the baseline. Age groups starting at ages between 18 and 25 (inclusive) and ending at ages below 51 (30 observations) were expected to have higher contraceptive use relative to baseline. Sample populations with other age ranges (39 observations) were deemed to be potentially different, but with unknown direction.

Perturbation multipliers to model these expected differences in prevalence between non-baseline groups and UWRA were applied in the same way as in Alkema and others (2013). The perturbed compositional vector for observation \( i \) is denoted \( \tilde{q}_i \equiv (\tilde{q}_{i,1}, \tilde{q}_{i,2}, \tilde{q}_{i,3}, \tilde{q}_{i,4}) \).

vi. Misclassification biases

Bias parameters were included in the model to account for survey misclassification errors; that is, women who were classified as belonging to one contraceptive use component when they should have been classified as belonging to another. The same parameters as used by Alkema and others (2013, see Supplementary Appendix Section 2.3.3.) for MWRA were used here for UWRA. These were:

1. Exclusion of sterilization from modern method use, expected to have lead to under-reporting of total and modern method use (8 observations).
2. Inclusion of sterilization for non-contraceptive reasons in modern method use, expected to have led to over-reporting of total and modern method use (24 observations).
3. Inclusion of folk methods in traditional method use, expected to have lead to over-reporting of total and traditional method use (25 observations).
4. Absence of probing questions about knowledge of contraceptive methods, expected to have led to under-reporting of traditional method use (90 observations).

Misclassification biases were applied in the same was as in Alkema and others (2013, Supplementary Appendix Section 2.3.3.). The corrected (perturbed and bias adjusted) compositional vector for observation \( i \) is denoted \( q_i \equiv (q_{i,1}, q_{i,2}, q_{i,3}, q_{i,4}) \).

F. Full model specification and prior distributions

i. List of main symbols
<table>
<thead>
<tr>
<th>Symbol</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>(P_{c,t,m})</td>
<td>Unobserved proportion of UWRA in country (c), year (t) in category (m) (referring to traditional and modern use, unmet need and no need respectively)</td>
</tr>
<tr>
<td>(n_{c,t,m})</td>
<td>Unobserved number of UWRA in country (c), year (t) in category (m) (referring to traditional and modern use, unmet need and no need respectively)</td>
</tr>
<tr>
<td>(P_{c,t})</td>
<td>Total contraceptive prevalence in country (c), year (t)</td>
</tr>
<tr>
<td>(R_{c,t})</td>
<td>Ratio of modern to total prevalence in country (c), year (t)</td>
</tr>
<tr>
<td>(Z_{c,t})</td>
<td>Ratio of unmet need to no method in country (c), year (t)</td>
</tr>
<tr>
<td>(B_{c,t})</td>
<td>Demand satisfied, (B_{c,t} = \frac{P_{c,t+1}}{P_{c,t+2:3}})</td>
</tr>
<tr>
<td>(P_{c,t}^{*})</td>
<td>Systematic trend in (P_{c,t})</td>
</tr>
<tr>
<td>(R_{c,t}^{*})</td>
<td>Systematic trend in (R_{c,t})</td>
</tr>
<tr>
<td>(Z_{c,t}^{*})</td>
<td>Systematic trend in (Z_{c,t})</td>
</tr>
<tr>
<td>(\bar{P}_c)</td>
<td>Asymptote of (P_{c,t}^{*})</td>
</tr>
<tr>
<td>(\bar{R}_c)</td>
<td>Asymptote of (R_{c,t}^{*})</td>
</tr>
<tr>
<td>(\psi_c)</td>
<td>Pace parameter for increase in (R_{c,t}^{*})</td>
</tr>
<tr>
<td>(\omega_c)</td>
<td>Pace parameter for increase in (P_{c,t}^{*})</td>
</tr>
<tr>
<td>(\Omega_c)</td>
<td>Midpoint for increase in (R_{c,t}^{*})</td>
</tr>
<tr>
<td>(\Psi_c)</td>
<td>Midpoint for increase in (P_{c,t}^{*})</td>
</tr>
<tr>
<td>(z_c)</td>
<td>“Intercept” parametric model for (Z_{c,t}^{*})</td>
</tr>
<tr>
<td>({\beta_1, \beta_2})</td>
<td>Coefficients of parametric model for (Z_{c,t}^{*})</td>
</tr>
<tr>
<td>(\varepsilon_{c,t})</td>
<td>AR(1) distortion for (P_{c,t})</td>
</tr>
<tr>
<td>(\eta_{c,t})</td>
<td>AR(1) distortion for (R_{c,t})</td>
</tr>
<tr>
<td>(\theta_{c,t})</td>
<td>AR(1) distortion for (Z_{c,t})</td>
</tr>
<tr>
<td>({\rho_\varepsilon, \rho_\eta, \rho_\theta})</td>
<td>Autoregressive coefficients for the AR(1) distortions</td>
</tr>
<tr>
<td>({\tau_\varepsilon, \tau_\eta, \tau_\theta})</td>
<td>Variance parameters of the AR(1) distortions</td>
</tr>
<tr>
<td>(q_{i,m})</td>
<td>Perturbed and bias-adjusted proportion of women for observation (i)</td>
</tr>
<tr>
<td>(y_{i,m})</td>
<td>Observed proportion of women in observation (i)</td>
</tr>
<tr>
<td>(\gamma_{n,m})</td>
<td>Misclassification bias parameter (from category (n) to (m))</td>
</tr>
<tr>
<td>({\delta_{m}^{2}, \lambda_{m}^{2}})</td>
<td>Variance parameters for perturbation multipliers for (m = 1, 2)</td>
</tr>
<tr>
<td>(\mu_p)</td>
<td>Mean of (transformed) perturbation multipliers (that are expected to be different from 1)</td>
</tr>
<tr>
<td>(\sigma_{S,k}^2)</td>
<td>Error variance for source (S), for traditional/total use, modern/total use and unmet need/no use ((k = 1, 2, 3))</td>
</tr>
<tr>
<td>(V_{j,m}^{(g)})</td>
<td>(j)-th Multiplier for perturbation category (g), contraceptive use category (m)</td>
</tr>
</tbody>
</table>

**ii. List of indices**

These symbols index the following quantities when used as indices of the main symbols.
### iii. Full model specification

\[
p_{c,t,1} = (1 - R_{c,t}) \cdot P_{c,t},
\]
\[
p_{c,t,2} = R_{c,t} \cdot P_{c,t}, \quad (3.49)
\]
\[
p_{c,t,3} = (1 - P_{c,t}) \cdot Z_{c,t}, \quad (3.50)
\]
\[
p_{c,t,4} = (1 - P_{c,t}) \cdot (1 - Z_{c,t}), \quad (3.51)
\]
\[
P_{c,t} = \text{logit}^{-1} \left( \text{logit}(P_{c,t}^*) + \varepsilon_{c,t} \right), \quad (3.52)
\]
\[
R_{c,t} = \text{logit}^{-1} \left( \text{logit}(R_{c,t}^*) + \eta_{c,t} \right), \quad (3.53)
\]
\[
Z_{c,t} = \text{logit}^{-1} \left( \text{logit}(Z_{c,t}^*) + \theta_{c,t} \right), \quad (3.54)
\]
\[
\varepsilon_{c,t} \sim N(\rho_{\varepsilon} \cdot \varepsilon_{c,t-1}, \tau_{\varepsilon}^2), \quad (3.55)
\]
\[
\eta_{c,t} \sim N(\rho_{\eta} \cdot \eta_{c,t-1}, \tau_{\eta}^2), \quad (3.56)
\]
\[
\theta_{c,t} \sim N(\rho_{\theta} \cdot \theta_{c,t-1}, \tau_{\theta}^2), \quad (3.57)
\]
\[
\varepsilon_{c,t,1,1} \sim N \left( 0, \frac{\tau_{\varepsilon}^2}{1 - \rho_{\varepsilon}^2} \right), \quad (3.58)
\]
\[
\eta_{c,t,1,1} \sim N \left( 0, \frac{\tau_{\eta}^2}{1 - \rho_{\eta}^2} \right), \quad (3.59)
\]
\[
\theta_{c,t,1,1} \sim N \left( 0, \frac{\tau_{\theta}^2}{1 - \rho_{\theta}^2} \right), \quad (3.60)
\]
\[ P^*_c = \frac{\tilde{P}_c}{1 + \exp(-\omega_c(t - \Omega_c))}, \quad (3.63) \]
\[ R^*_c = \frac{\tilde{R}_c}{1 + \exp(-\psi_c(t - \Psi_c))}, \quad (3.64) \]
\[ Z^*_c = \frac{1}{1 + \exp(z_c + \beta_1(P_{c,t} - 0.4) + \beta_2 \cdot (P_{c,t} - 0.4)^2)}, \quad (3.65) \]
\[ \log \left( \frac{\tilde{P}_c - 0.1}{1 - \tilde{P}_c} \right) \sim N(\tilde{\beta}_r, \kappa_p^{(c)}), \quad (3.66) \]
\[ \log \left( \frac{\tilde{R}_c - 0.1}{1 - \tilde{R}_c} \right) \sim N(\tilde{\beta}_r, \kappa_r^{(c)}), \quad (3.67) \]

\[ \omega^*_c = \log \left( \frac{\omega_c - 0.01}{0.5 - \omega_c} \right), \quad (3.69) \]
\[ \begin{align*}
\omega^*_c & \sim \begin{cases} N(\omega_{r|c}, \kappa_{\omega}^{(r)}), & c \in SA0, \\
N(\omega_{s|c}, \kappa_{\omega}^{(c)}), & c \in SA1, \end{cases} \\
\omega^*_s & \sim N(\omega_{SA0}^{*}, \kappa_{\omega}^{(SA)}), \\
\omega^*_r & \sim N(\omega_{SA1}^{*}, \kappa_{\omega}^{(SA)}), \end{align*} \quad (3.70, 3.71) \]

\[ \begin{align*}
\psi^*_c & = \log \left( \frac{\psi_c - 0.01}{0.5 - \psi_c} \right), \\
\psi^*_c & \sim \begin{cases} N(\psi_{r|c}, \kappa_{\psi}^{(r)}), & c \in SA0, \\
N(\psi_{s|c}, \kappa_{\psi}^{(c)}), & c \in SA1, \end{cases} \\
\psi^*_s & \sim N(\psi_{SA1}^{*}, \kappa_{\psi}^{(s)}), \\
\psi^*_r & \sim N(\psi_{SA0}^{*}, \kappa_{\psi}^{(r)}), \end{align*} \quad (3.72, 3.77) \]
\[ \begin{align*}
\psi_{SA0}^{*} & \sim N(\psi_{w|c}, \kappa_{\psi}^{(SA)}), \\
\psi_{SA1}^{*} & \sim N(\psi_{w|c}, \kappa_{\psi}^{(SA)}), \end{align*} \quad (3.73, 3.78) \]
\[ \Psi_c \sim \begin{cases} N_T(\Psi_{r|c}, \kappa_{\Psi}^{(c)}), & c \in SA0, \\ N_T(\Psi_{s|c}, \kappa_{\Psi}^{(c)}), & c \in SA1, \end{cases} \] (3.82)

\[ \Psi_s \sim N(\Psi_{SA1}, \kappa_{\Psi}^{(SA)}) \] (3.83)

\[ \Psi_r \sim N(\Psi_{SA0}, \kappa_{\Psi}^{(r)}) \] (3.84)

\[ \Psi_{SA0} \sim N(\Psi_w, \kappa_{\Psi}^{(SA)}) \] (3.85)

\[ \Psi_{SA1} \sim N(\Psi_w, \kappa_{\Psi}^{(SA)}) \] (3.86)

\[ \Omega_c \sim \begin{cases} N_T(\Omega_{SA0}, \kappa_{\Omega}^{(SA0)}), & c \in SA0, \\ N_T(\Omega_{s|c}, \kappa_{\Omega}^{(c)}), & c \in SA1, \end{cases} \] (3.87)

\[ \Omega_s \sim N(\Omega_{SA1}, \kappa_{\Omega}^{(s)}) \] (3.88)

\[ z_c \sim N(z_{s|c}, \kappa_{z}^{(c)}) \] (3.89)

\[ z_s \sim N(z_w, \kappa_{z}^{(r)}) \] (3.90)

**Data Model**

\[
\begin{bmatrix}
\log \left( \frac{y_{i,1}}{y_{i,3+4}} \right) \\
\log \left( \frac{y_{i,2}}{y_{i,3+4}} \right)
\end{bmatrix}
\sim N\left(\begin{bmatrix}
\log \left( \frac{q_{i,1}}{q_{i,3+4}} \right) \\
\log \left( \frac{q_{i,2}}{q_{i,3+4}} \right)
\end{bmatrix}, \Sigma_S[1] \right),
\] (3.91)

\[
\Sigma_S = \begin{bmatrix}
\sigma_{S,1}^2 & \rho_S \sigma_{S,1} \sigma_{S,2} \\
\rho_S \sigma_{S,1} \sigma_{S,2} & \sigma_{S,2}^2
\end{bmatrix},
\] (3.92)

\[
\log \left( \frac{y_{i,1+2}}{1 - y_{i,1+2}} \right)
\sim N\left(\log \left( \frac{q_{i,1+2}}{1 - q_{i,1+2}} \right), \sigma_T^2 \right) \text{ (for observations without break-down)},
\] (3.93)

\[
\log \left( \frac{y_{i,3}}{y_{i,4}} \right)
\sim N\left(\log \left( \frac{q_{i,3}}{q_{i,4}} \right), \sigma_{S,y[3]}^2 \right),
\] (3.94)

(3.95)
Perturbation multipliers

\[ \tilde{q}_{i,m} = \frac{P_{c[i,j,m]} \cdot v_{i,m}}{\sum_{n=1}^{4} P_{i,n} \cdot v_{i,n}}, \]  

(3.96)

\[ v_{i,m} = \prod_{g=1}^{G} V_{i,m}^{(g)}, \]  

(3.97)

\[ \bar{V}_{i,m}^{(g)} = \begin{cases} 
1 & \text{if } m = 3, 4 \text{ or if } i \notin S^{(g)}, \\
V_{j[i,q],m}^{(g)} & \text{if } m = 1, 2 \text{ and if } i \in S^{(g)}, 
\end{cases} \]  

(3.98)

\[ V_{j,m}^{(g)} = \begin{cases} 
\sim \log N(0, \delta_m^2), & \text{for } g = 1, 2, 3, 6, m = 1, 2 \text{ and for } g = 4, m = 1, \\
1 / (1 + W_{j,m}^{(g)}), & \text{for } g = 8, m = 1, 2, \\
1 + W_{j,m}^{(g)}, & \text{otherwise},
\end{cases} \]  

(3.99)

\[ \log(\frac{W_{j,m}^{(g)}}{W_{j,m}^{(g)}}) = \begin{cases} 
\mu_1, & \text{for } m = 1, \\
\sim N(\mu_2, \lambda_2^2), & \text{for } m = 2,
\end{cases} \]  

(3.100)

Misclassification biases

\[ q_{i,1} = \tilde{q}_{i,1}(1 - \gamma_{1,3}) + \tilde{q}_{i,3} \gamma_{1,1}, \]  

(3.101)

\[ q_{i,2} = \tilde{q}_{i,2}(1 - \gamma_{2,4}) + \tilde{q}_{i,4} \gamma_{2,2}, \]  

(3.102)

\[ q_{i,3} = \tilde{q}_{i,3}(1 - \gamma_{3,1}) + \tilde{q}_{i,1} \gamma_{3,3}, \]  

(3.103)

\[ q_{i,4} = \tilde{q}_{i,4}(1 - \gamma_{4,2}) + \tilde{q}_{i,2} \gamma_{4,4}. \]  

(3.104)

iv. Prior distributions

Spread-out prior distributions were used for the world-level mean parameters of the logistic curves and parametric function for unmet need (some centred at least-squares estimates):

\[ P_w \sim N(0, 10^2), \]  

(3.105)

\[ \tilde{R}_w \sim N(0, 10^2), \]  

(3.106)

\[ \omega_w^* \sim N(-1, 10^2), \]  

(3.107)

\[ \psi_w^* \sim N(-1, 10^2), \]  

(3.108)

\[ \Psi_w \sim N(1980, 50^2), \]  

(3.109)

\[ \Omega_{SA0} \sim N(2070, 50^2), \]  

(3.110)

\[ \Omega_{SA1} \sim N(1970, 50^2), \]  

(3.111)

\[ \zeta_w \sim N(-2, 1), \]  

(3.112)

\[ \beta_1 \sim N(-6.5^2), \]  

(3.113)

\[ \beta_2 \sim U(-35, 0). \]  

(3.114)
The remaining prior distributions were the same as those used by Alkema and others (2013):

\[
\begin{align*}
\tau^{-1/2} & \sim U(0.01,1), \\
\rho & \sim U(0,1), \\
1/\kappa^{(c)} & \sim \text{Gamma}(v_0/2, v_0/2 \cdot \kappa_0), \\
\sqrt{\kappa^{(s,r,SA0,SA1)}} & \sim U(0,K_{k_\cdot}), \\
\Sigma_S & \sim IW(\text{Diag}(0.1), 3), \quad S = 1,\ldots,4, \\
\sigma_T^2 & \sim \text{IGamma}(0.5,0.5 \cdot 0.15^2), \\
\sigma_{S,3} & \sim U(0.01,2), \text{ for } S = 1,2, \sigma_{3,3} = \sigma_{4,3} = \sigma_{2,3}, \\
\gamma_{m,n} & \sim U(0,1), \\
\mu_m & \sim N(-2,1.25^2), \\
\delta_m & \sim U(0,2), \\
\lambda_2 & \sim U(0.01,2).
\end{align*}
\]

\(K_{k_\cdot}\) was set large enough to ensure the prior did not restrict the posterior.

G. Computation and Inference

Samples from the joint posterior distribution of the model parameters (e.g., \(\tilde{P}_{t,\cdot} / \omega_{t,\cdot} / \epsilon_{t,\cdot}\), etc.) were obtained via Markov chain Monte Carlo (MCMC) sampling implemented in the statistical software packages R 3.4.3 (R Core Team, 2016) and JAGS 4.2.0 (Plummer, 2003; Plummer, 2015), and R-packages R2jags 0.5-7 (Su and Yajima, 2015) and rjags 4-6 (Plummer and others, 2016). Four chains, each for 100,000 iterations, were run. Every 30th iteration was kept and the first 20,000 were discarded as burn-in. Convergence of the MCMC algorithm and the sufficiency of the number of samples obtained was checked through visual inspection of trace plots and convergence diagnostics of Raftery and Lewis (Raftery and Lewis, 1992a; Raftery and Lewis, 1992b; Raftery and Lewis, 1996), and Gelman and Rubin (1992), both implemented in the coda package (Plummer and others, 2006).

The trajectories of contraceptive prevalence and unmet need for each country were obtained from the MCMC sample by transforming the vector of country-specific model parameters into the indicators in exactly the same way as done by Alkema and others (2013, Supplementary Appendix, Section 2.5). The joint posterior distribution was summarized with 2.5, 50 (median) and 97.5 percentiles of each parameter for each country, for each year from 2000 to 2030. The preferred point estimates (the “best” estimates) are the median outcomes in each year.

i. Countries and parameters without data

Sixty-one countries had no data on contraceptive prevalence among UWRA. Fifty-eight countries had data on prevalence, but not on unmet need (all countries with data on unmet need also had data on prevalence). Estimates of prevalence and unmet need in these cases were based on samples from the respective hierarchical distributions as described below.
For countries without data on unmet need, the country-specific parameter \( z_c^{(j)} \) in the ratio \( Z_{c,t}^{(j)} \) was sampled from its hierarchical distribution,

\[
z_c^{(j)} \sim N(z_{s[c]}^{(j)}, \kappa_c^{(c)(j)}),
\]

using the \( j \)-th posterior sample \( \{z_{s[c]}^{(j)}, \kappa_c^{(c)(j)}\} \) for the subregional mean and the variance parameter. The distortion term in the first observation year \( t_{c,1} \) for contraceptive prevalence was sampled from its respective distribution:

\[
\theta_{c,t_{c,1}} \sim N\left(0, \frac{\tau_c^{2(j)}}{1 - \rho_c^{2(j)}}\right),
\]

and the distortions for the remaining years were obtained in the same way as discussed for the \( \varepsilon_{c,t}^{(j)} \)’s.

For countries without data on contraceptive prevalence, the same idea was applied. For example, the \( j \)-th sample \( P_{c,t}^{x(j)} \) for a country \( c \) with no prevalence data was defined as

\[
P_{c,t}^{x(j)} = \frac{\tilde{P}_c^{(j)}}{1 + \exp(-\omega_{c}^{(j)}(t - \Omega_{c}^{(j)}))}
\]

where the component parameters are sampled from their hierarchical distributions. For example,

\[
\log\left(\frac{\tilde{P}_c^{(j)} - 0.1}{1 - \tilde{P}_c^{(j)}}\right) \sim N(\tilde{P}_w^{(j)}, \kappa_{P}^{(c), (j)}),
\]

\[
\omega_{c}^{(j)} = \log\left(\frac{\omega_{c}^{(j)} - 0.01}{0.5 - \omega_{c}^{(j)}}\right),
\]

\[
\omega_{c}^{(j)} \sim \begin{cases} N(\omega_{w,c}^{(j)}, \kappa_{\Omega}), & c \in SA0, \\
N(\omega_{w,c}^{(j)}, \kappa_{\Omega}), & c \in SA1,
\end{cases}
\]

\[
\omega_{c}^{(j)} \sim N(\omega_{w,c}^{x(j)}, \kappa_{\Omega}),
\]

\[
\omega_{c}^{(j)} \sim N(\omega_{w,c}^{x(j)}, \kappa_{\Omega}),
\]

\[
\omega_{c}^{(j)} \sim N(\omega_{w,c}^{(j)}, \kappa_{\Omega}),
\]

\[
\omega_{w,c}^{(j)} \sim N(\omega_{w,c}^{(j)}, \kappa_{\Omega}),
\]

\[
\omega_{w,c}^{(j)} \sim N(\omega_{w,c}^{(j)}, \kappa_{\Omega}).
\]

\[\text{(3.126)}\]

\[\text{(3.127)}\]

\[\text{(3.128)}\]

\[\text{(3.129)}\]

\[\text{(3.130)}\]

\[\text{(3.131)}\]

\[\text{(3.132)}\]

\[\text{(3.133)}\]

\[\text{(3.134)}\]

ii. Estimates and projections for women of reproductive age

Estimates and projections for women of reproductive age (WRA) were derived as follows. A posterior distribution of counts was constructed by summing MCMC sample trajectories of numbers of users and numbers experiencing unmet need among UWRA and MWRA, within country, within year. The counts for UWRA were obtained by multiplying trajectories of proportions by the estimated number of UWRA for each country and year (United Nations, 2018a). Sample trajectories of counts for MWRA were obtained from the latest model-based estimates and projections of family planning...
indicators (United Nations, 2018d). For country \( c \), year \( t \), denote the \( j \)th count trajectory for WRA, MWRA, and UWRA as \( n_{c,t}^{[AWRA],(j)} \), \( n_{c,t}^{[MWRA],(j)} \), \( n_{c,t}^{[UWRA],(j)} \), respectively. Then,

\[
n_{c,t}^{[AWRA],(j)} = n_{c,t}^{[MWRA],(j)} + n_{c,t}^{[UWRA],(j)}, \quad j = 1, \ldots, J
\]

where \( J \) is the number of trajectories in the smaller of the two sets \([UWRA]\) and \([MWRA]\). Note that, since the MCMC samples for UWRA and MWRA are random samples, hence in a random order, a random sample is obtained for WRA regardless of which UWRA trajectory is paired with, and added to, which MWRA (as long as each trajectory is used only once). For convenience, they were added in the order they appear in the dataset. The \( n_{c,t}^{[AWRA],(j)} \) can be summarized by sample quantiles in the usual way. They can also be converted to proportions for WRA using the numbers of WRA (United Nations, 2017b). This approach assumes that the \([UWRA]\) and \([MWRA]\) trajectories are conditionally independent, given the data.

iii. Aggregate median adjustments

The estimates and projections include adjusted median values derived from the posterior distributions of the Bayesian hierarchical model. To perform the adjustments, the medians of the Bayesian posterior distributions for total contraceptive prevalence, \( P \), for the ratio of modern contraceptive prevalence to total contraceptive prevalence, \( R \), and for the ratio of the unmet need for family planning to the proportion of non-users of contraception, \( Z \), were retained as estimated using the model. These values were used to compute adjusted median values for the other indicators, namely, traditional contraceptive prevalence, \( p_1 \), modern contraceptive prevalence, \( p_2 \), the unmet need for family planning, \( p_3 \), total demand for family planning, \( D \equiv p_1 + p_2 + p_3 \), and the ratio of modern contraceptive prevalence to total demand for family planning \( M \equiv p_2/(p_1 + p_2 + p_3) \). The last of these measures serves as SDG indicator 3.7.1.

The mathematical operations performed to obtain the adjusted indicators were as follows:

\[
\begin{align*}
p_1^* &= \hat{P} - p_2^* \\
p_2^* &= \hat{P}\hat{R} \\
p_3^* &= (1 - \hat{P})\hat{Z} \\
D^* &= \hat{P} + p_3^* \\
M^* &= \frac{p_2^*}{D^*}
\end{align*}
\]

where the notation \( x^* \) signifies the adjusted value of variable \( x \) and \( \hat{y} \) signifies the posterior median of the variable \( y \). These adjustments ensure that the reported values conform to the identities required by their definitions, namely: \( p_1^* + p_2^* = \hat{P} \); \( \hat{P} + p_3^* = D^* \); and \( M^* = p_2^*/D^* \).

The adjustments described here were used to derive adjusted median values only. A similar adjustment was not applied to other percentiles of the posterior distributions, and therefore the identities mentioned above do not hold, in general, for the endpoints of the uncertainty ranges.
H. Model validation

i. Method

Model performance was assessed using a set of cross-validation exercises like those employed by Alkema and others (2013, Supplementary Appendix, Section 2.6), but repeated ten times using using different random subsets of left-out observations:

Exercise 1 Leave out 20 per cent of the observations within each country at random. This exercise was repeated five times and the results averaged.
Exercise 2 Leave out all data with observation years after (and including) 2011 (28 per cent of all observations ).
Exercise 3 Leave out a randomly chosen 20 per cent of the observations on unmet need for countries with unmet need data. This exercise was repeated five times and the results averaged.

Exercise 1 assesses general out-of-sample performance, Exercise 2 assesses forecast performance, and Exercise 3 assesses the fit to the unmet need data.

The following measures were used to summarize the results:

1. Median prediction error and median absolute prediction error.
   E.g., the error in predicting total prevalence for left-out observation \( i \) was computed as
   \[ e_{i,1+2} = y_{i,1+2} - \hat{y}_{i,1+2}, \]
   where \( \hat{y}_{i,1+2} \) is the predictive posterior median of \( y_{i,1+2} \) (taking into account perturbations and biases).
2. Proportion of the left-out observations less than their posterior predictive median. If the model is well calibrated, this should be around 50 percent.
3. Coverage of 95 per cent prediction intervals with respect to the left-out observations.
   This was defined as the proportion of the left-out observations that fell inside the respective posterior predictive intervals. If the model is well calibrated, and if the left-out observations are independent from one another, this was expected to be the nominal level (e.g. for 95 per cent intervals, this should be close to 0.95).

Only one left-out observation per country was used to calculate the above measures so as to reduce bias due to dependence among observations within country.

ii. Results

Results of the out-of-sample validations are in Table 4. For Exercise 1 the proportions of left-out observations falling inside the 80% and 95% prediction intervals are close to the nominal amounts for all components of contraceptive prevalence. Proportions of left-out observations falling below the lower limit of the prediction intervals, and below the posterior predictive median are higher than the nominal amounts but the median errors (MEs) and median absolute errors (MAEs) are small (less than 3 percent).
Coverage of posterior predictive intervals under Exercise 2 is similar to that under Exercise 1. Prediction intervals and medians based on the test set tend to be a little higher than the left-out observations, but the errors are small.

The estimated coverages of the posterior predictive intervals under Exercise 3 are lower than the nominal amounts. However, there were very few observations (15) available for this exercise which means the results are subject to significant variability.
Table 4. Summary of model validation results based on out-of-sample validation experiments

<table>
<thead>
<tr>
<th>Component (per repl.)</th>
<th># Obs</th>
<th>80% prediction interval</th>
<th>95% prediction interval</th>
<th>Median Errors (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>%Below %Within %Above</td>
<td>%Below %Within %Above</td>
<td>% Below ME MAE</td>
</tr>
<tr>
<td>Exercise 1 (leave out 20% of obs.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional</td>
<td>63</td>
<td>11.0 80.8 8.0</td>
<td>3.8 93.8 2.4</td>
<td>53.5 -0.0 0.4</td>
</tr>
<tr>
<td>Modern</td>
<td>63</td>
<td>9.0 85.4 6.0</td>
<td>4.6 93.8 2.0</td>
<td>43.6 0.2 1.6</td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>9.2 84.2 6.6</td>
<td>4.2 94.6 1.4</td>
<td>46.8 0.1 1.8</td>
</tr>
<tr>
<td>Unmet</td>
<td>33</td>
<td>8.0 88.2 3.8</td>
<td>4.6 94.2 1.2</td>
<td>38.9 0.3 1.2</td>
</tr>
<tr>
<td>Exercise 2 (end)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional</td>
<td>60</td>
<td>8.0 80.0 12.0</td>
<td>5.0 90.0 5.0</td>
<td>50.0 -0.0 0.4</td>
</tr>
<tr>
<td>Modern</td>
<td>60</td>
<td>3.0 85.0 12.0</td>
<td>3.0 93.0 3.0</td>
<td>35.0 1.2 3.4</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>3.0 85.0 12.0</td>
<td>3.0 92.0 5.0</td>
<td>38.3 1.1 3.7</td>
</tr>
<tr>
<td>Unmet</td>
<td>49</td>
<td>12.0 86.0 2.0</td>
<td>8.0 92.0 0.0</td>
<td>42.9 0.5 1.7</td>
</tr>
<tr>
<td>Exercise 3 (unmet)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unmet</td>
<td>15</td>
<td>9.2 77.2 13.2</td>
<td>6.8 90.4 2.6</td>
<td>41.3 0.8 1.8</td>
</tr>
<tr>
<td>Nominal Values</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10.0</td>
<td>80.0 10.0 2.5</td>
<td>95.0 2.5 50.0</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: For each exercise and component, the values are the proportion of left-out observations that fall outside, or inside, the respective 80% and 95% prediction intervals, and below their posterior predictive median estimate, and their median error (ME) and median absolute error (MAE). The ‘# Obs’ column gives the number of observations in the test set in each replication of each exercise. Exercises 1 and 2 were repeated five times with different test sets of size ‘# Obs’. The effective number of observations was, therefore, between ‘# Obs’ and 5× ‘# Obs’ because the same observation may have been in the test sets of multiple replicates.
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These tables contain results for selected years from a systematic and comprehensive set of annual, model-based estimates and projections of key indicators of the practice of family planning in a population, including the prevalence of contraceptive use in the population, the need for family planning that exists in the population but is not being met, and the demand for family planning that is being satisfied by use of modern contraception.

Estimates based on medians, as well 95 per cent uncertainty intervals, are provided for 185 countries or areas, sub-regions, regions, and the world. The results are based on data available as of February 2018.

Results are given here for all women and UWRA only. Comparable model-based estimates and projections for MWRA are available at:


Note: The designations employed and the material presented in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. The term “country” as used in this publication also refers, as appropriate, to territories or areas. Countries or aggregates listed individually are only those with 90,000 inhabitants or more in 2017.
I. Classification of countries by geographical area

Table 5. Classification of countries by geographical area, income and sexual activity groups, and data sources used to determine sexual activity group

<table>
<thead>
<tr>
<th>Country or aggregate</th>
<th>Region</th>
<th>Sub-region</th>
<th>World Bank income group</th>
<th>Sexual activity group</th>
<th>Source data for sexual activity group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>Asia</td>
<td>South-Central Asia</td>
<td>Low</td>
<td>0</td>
<td>PEW GRL</td>
</tr>
<tr>
<td>Albania</td>
<td>Europe</td>
<td>Southern Europe</td>
<td>Upper-middle</td>
<td>1</td>
<td>DHS/MICS</td>
</tr>
<tr>
<td>Algeria</td>
<td>Africa</td>
<td>Northern Africa</td>
<td>Upper-middle</td>
<td>0</td>
<td>PEW GRL</td>
</tr>
<tr>
<td>Angola</td>
<td>Africa</td>
<td>Middle Africa</td>
<td>Lower-middle</td>
<td>1</td>
<td>PEW GRL</td>
</tr>
<tr>
<td>Antigua and Barbuda</td>
<td>LAC</td>
<td>Caribbean</td>
<td>High</td>
<td>1</td>
<td>PEW GRL</td>
</tr>
<tr>
<td>Argentina</td>
<td>LAC</td>
<td>South America</td>
<td>Upper-middle</td>
<td>1</td>
<td>PEW GAS</td>
</tr>
<tr>
<td>Armenia</td>
<td>Asia</td>
<td>Western Asia</td>
<td>Lower-middle</td>
<td>0</td>
<td>DHS/MICS</td>
</tr>
<tr>
<td>Australia</td>
<td>Oceania</td>
<td>Australia/New Zealand</td>
<td>High</td>
<td>1</td>
<td>PEW GAS</td>
</tr>
<tr>
<td>Austria</td>
<td>Europe</td>
<td>Western Europe</td>
<td>High</td>
<td>1</td>
<td>PEW GRL</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>Asia</td>
<td>Western Asia</td>
<td>Upper-middle</td>
<td>0</td>
<td>DHS/MICS</td>
</tr>
<tr>
<td>Bahamas</td>
<td>LAC</td>
<td>Caribbean</td>
<td>High</td>
<td>1</td>
<td>PEW GRL</td>
</tr>
<tr>
<td>Bahrain</td>
<td>Asia</td>
<td>Western Asia</td>
<td>High</td>
<td>0</td>
<td>PEW GRL</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>Asia</td>
<td>South-Central Asia</td>
<td>Lower-middle</td>
<td>0</td>
<td>PEW GRL</td>
</tr>
<tr>
<td>Barbados</td>
<td>LAC</td>
<td>Caribbean</td>
<td>High</td>
<td>1</td>
<td>DHS/MICS</td>
</tr>
<tr>
<td>Belarus</td>
<td>Europe</td>
<td>Eastern Europe</td>
<td>Upper-middle</td>
<td>1</td>
<td>DHS/MICS</td>
</tr>
<tr>
<td>Belgium</td>
<td>Europe</td>
<td>Western Europe</td>
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Table 5. Classification of countries by World Bank income group and sexual activity group, and data sources for sexual activity group (cont’d).

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Table 5. Classification of countries by World Bank income group and sexual activity group, and data sources for sexual activity group (cont’d).

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Table 5. Classification of countries by World Bank income group and sexual activity group, and data sources for sexual activity group (cont’d).

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continued
Table 5. Classification of countries by World Bank income group and sexual activity group, and data sources for sexual activity group (cont’d).

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<th>Country or aggregate</th>
<th>Region</th>
<th>Sub-region</th>
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<sup>b</sup> World Bank income groups are not available for Guadeloupe, Martinique, and Réunion.


NOTE: 
Key: Regions: ‘LAC’ = Latin America and the Caribbean; ‘N. America’ = Northern America. Sexual activity group: ‘0’ = Low sexual activity among unmarried and not in a union women of reproductive age; ‘1’ = All other countries.
### J. Unmarried/not-in-union women

i. Any contraceptive use in 185 countries or areas

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Table 6. Any contraceptive use among unmarried/not-in-union women of reproductive age (cont’d)

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Table 6. Any contraceptive use among unmarried/not-in-union women of reproductive age (cont’d)

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Table 6. Any contraceptive use among unmarried/not-in-union women of reproductive age (cont’d)

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Table 6. Any contraceptive use among unmarried/not-in-union women of reproductive age (cont’d)

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ii. Modern contraceptive use in 185 countries or areas

Table 7. Modern contraceptive use among unmarried/not-in-union women of reproductive age

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Table 7. Modern contraceptive use among unmarried/not-in-union women of reproductive age (cont’d)

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Table 7. Modern contraceptive use among unmarried/not-in-union women of reproductive age (cont’d)

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Table 7. Modern contraceptive use among unmarried/not-in-union women of reproductive age (cont’d)

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continued
Table 7. Modern contraceptive use among unmarried/not-in-union women of reproductive age (cont’d)

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### Table 8. Unmet need for family planning among unmarried/not-in-union women of reproductive age

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Table 8. Unmet need for family planning among unmarried/not-in-union women of reproductive age (cont’d)

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Table 8. Unmet need for family planning among unmarried/not-in-union women of reproductive age (cont’d)

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Table 8. Unmet need for family planning among unmarried/not-in-union women of reproductive age (cont’d)

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### Table 9. Demand for family planning satisfied by modern methods among unmarried/not-in-union women of reproductive age

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Table 9. Demand for family planning satisfied by modern methods among unmarried/not-in-union women of reproductive age (cont’d)

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continued
Table 9. Demand for family planning satisfied by modern methods among unmarried/not-in-union women of reproductive age (cont’d)

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Table 9. Demand for family planning satisfied by modern methods among unmarried/not-in-union women of reproductive age (cont’d)

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Table 9. Demand for family planning satisfied by modern methods among unmarried/not-in-union women of reproductive age (cont’d)

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Table 9. Demand for family planning satisfied by modern methods among unmarried/not-in-union women of reproductive age (cont’d)

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### K. All women

#### i. Any contraceptive use in 185 countries or areas

**Table 10. Any contraceptive use among all women of reproductive age**

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Table 10. Any contraceptive use among all women of reproductive age (cont’d)

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Table 10. Any contraceptive use among all women of reproductive age (cont’d)

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### Table 11. Modern contraceptive use among all women of reproductive age

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Table 11. Modern contraceptive use among all women of reproductive age (cont’d)

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### iii. Unmet need for family planning in 185 countries or areas

Table 12. Unmet need for family planning among all women of reproductive age

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continued
Table 12. Unmet need for family planning among all women of reproductive age (cont’d)

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Table 12. Unmet need for family planning among all women of reproductive age (cont’d)

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Table 12. Unmet need for family planning among all women of reproductive age (cont’d)

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Table 12. Unmet need for family planning among all women of reproductive age (cont’d)

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Table 12. Unmet need for family planning among all women of reproductive age (cont’d)

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iv. Demand for family planning satisfied by modern methods in 185 countries or areas

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Table 13. Demand for family planning satisfied by modern methods among all women of reproductive age (cont’d)

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Table 13. Demand for family planning satisfied by modern methods among all women of reproductive age (cont’d)

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Table 13. Demand for family planning satisfied by modern methods among all women of reproductive age (cont’d)

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Table 13. Demand for family planning satisfied by modern methods among all women of reproductive age (cont’d)

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continued
Table 13. Demand for family planning satisfied by modern methods among all women of reproductive age (cont’d)

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