



## Global Progress in Satisfying the Need for Family Planning

The right of all persons to decide freely and responsibly on the number and spacing of their children, to make informed choices on reproductive matters and to have access to a full range of safe and effective contraceptive methods was enshrined in the Programme of Action of the International Conference on Population and Development, held in Cairo in 1994<sup>1</sup>. In the 2030 Agenda for Sustainable Development, this commitment is affirmed under target 3.7: “By 2030, ensure 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”.

### 1. Advances in the global monitoring of progress toward meeting the need for family planning

A key measure of progress in achieving target 3.7 of the Sustainable Development Goals (SDG) is indicator 3.7.1, which equals the proportion of women of reproductive age (15-49 years) who have their need, or demand, for family planning satisfied by using modern methods of contraception<sup>2</sup>. The indicator shows the degree to

which the use of family planning is keeping pace with women's and couples' desires to prevent pregnancy and is useful for comparing populations with different fertility preferences across time and space.

Although in previous years the global monitoring of SDG indicator 3.7.1 was limited to women who were married or in a union, for the 2019 assessment both the data compilation and the statistical model have been extended to cover all women of reproductive age<sup>3</sup>. This change has enabled a more comprehensive assessment of progress toward achieving SDG target 3.7.

### 2. Increasingly, the need for family planning is being satisfied with modern methods

Globally, the proportion of women of reproductive age (15 – 49 years) who have their need for family planning satisfied with modern contraceptive methods increased slightly, from 74 per cent in 2000 to 76 per cent in 2019 (figure 1). The same figure is just 55 per cent in sub Saharan Africa and Western Asia, and 51 per cent in Oceania (excluding Australia and New Zealand).

#### Box. Definitions of key family planning indicators and data sources

**Contraceptive prevalence:** Proportion of women who are currently using, or whose sexual partner is currently using, at least one method of contraception, regardless of the method being used. Reported as a percentage with reference to all women of reproductive age (15-49 years).

**Unmet need for family planning:** Proportion of women who want to stop or delay childbearing but are not using any method of contraception. Reported as a percentage with reference to all women of reproductive age (15-49 years).

**Demand for family planning satisfied by modern methods (SDG indicator 3.7.1, “Proportion of women who have their need for family planning satisfied with modern methods”):** Proportion of women who are currently using, or whose sexual partner is currently using, at least one modern contraceptive method. Reported as a percentage of the number of women of reproductive age who use any method of contraception or who have an unmet need for family planning as defined above.

The Population Division of the United Nations publishes annual updates of *World Contraceptive Use*<sup>4</sup> containing data on family planning from nationally-representative surveys. Such data provide the empirical basis for the monitoring of SDG indicator 3.7.1 at the national, regional and global levels. The Population Division also publishes annual editions of *Estimates and Projections of Family Planning Indicators*<sup>5</sup> containing model-based estimates and projections of relevant family planning indicators for countries, regions, development groups and the world, for the period from 1990 to 2030. Such data are used for the monitoring of SDG indicator 3.7.1 at the regional and global levels.

Additional information on these indicators is available in the methodology chapter of *World Contraceptive Use*.

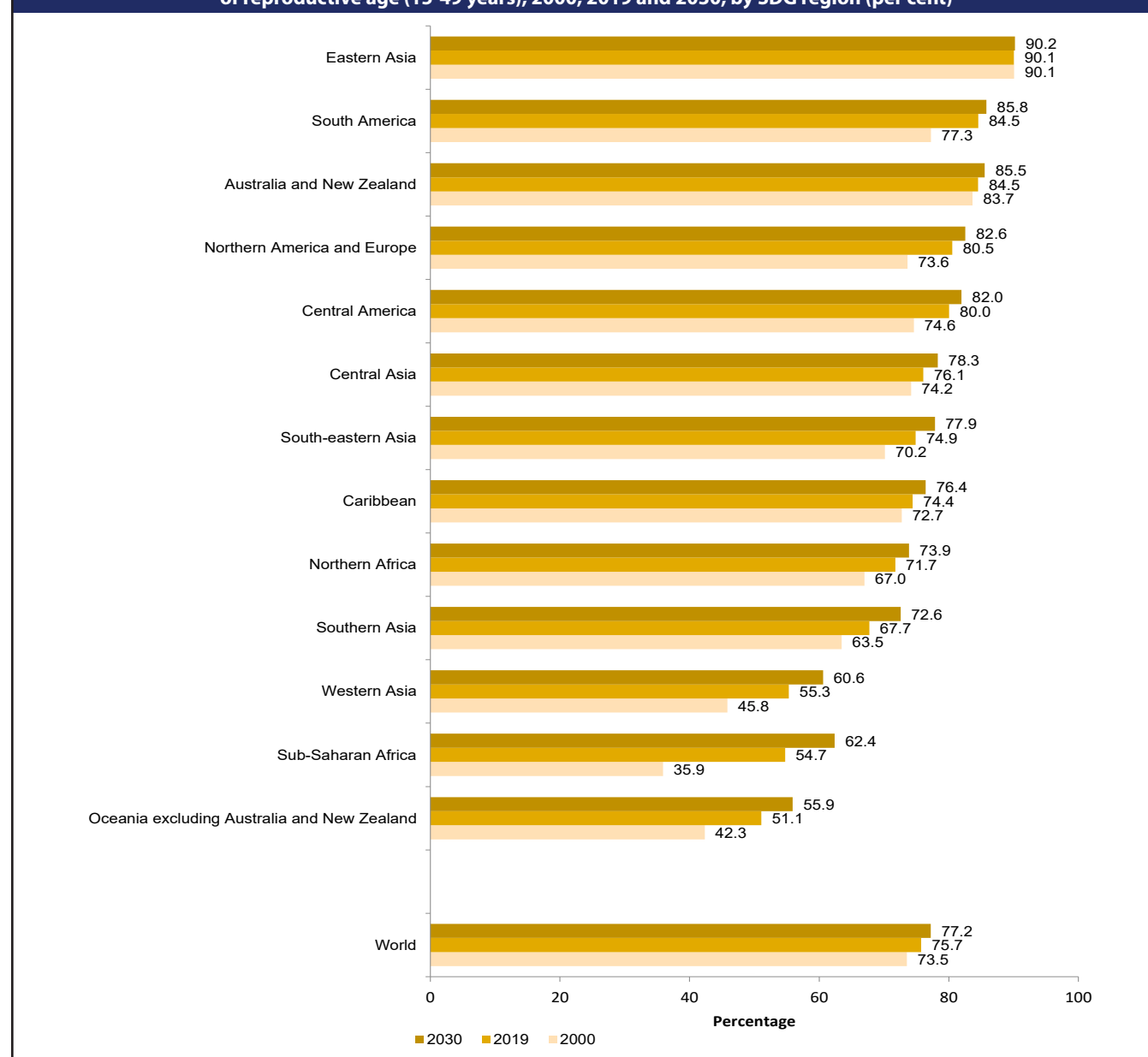
Changes since 2000 in SDG indicator 3.7.1 have been fastest in sub-Saharan Africa, where the proportion of the demand for family planning satisfied by using modern contraceptive methods increased from 36 per cent in 2000 to 55 per cent in 2019. The median projected values for 2030 are 62 per cent in sub-Saharan Africa, 61 per cent in Western Asia and 56 per cent in Oceania (excluding Australia and New Zealand). The global figure is projected to remain relatively stable (median projection of 77 per cent in 2030) because of the changing geographic composition of the global population of women of reproductive age: a growing share of all women of reproductive age will be living in sub-Saharan Africa, where the level of the indicator is

relatively low.

### 3. Progress has been uneven: some countries in sub-Saharan Africa have experienced rapid gains, while others have lagged behind

Of the 74 countries where, in 2000, less than half of the demand for family planning was satisfied using modern methods, 39 were located in sub-Saharan Africa. In 29 of the 74 countries, less than a quarter of the demand for family planning was satisfied with modern methods. In 2019, 42 countries, including 23 in sub-Saharan Africa, still had levels of demand satisfied by modern methods below 50 per cent, including three

**Figure 1. Demand for family planning satisfied with modern contraceptive methods among women of reproductive age (15-49 years), 2000, 2019 and 2030, by SDG region (per cent)**



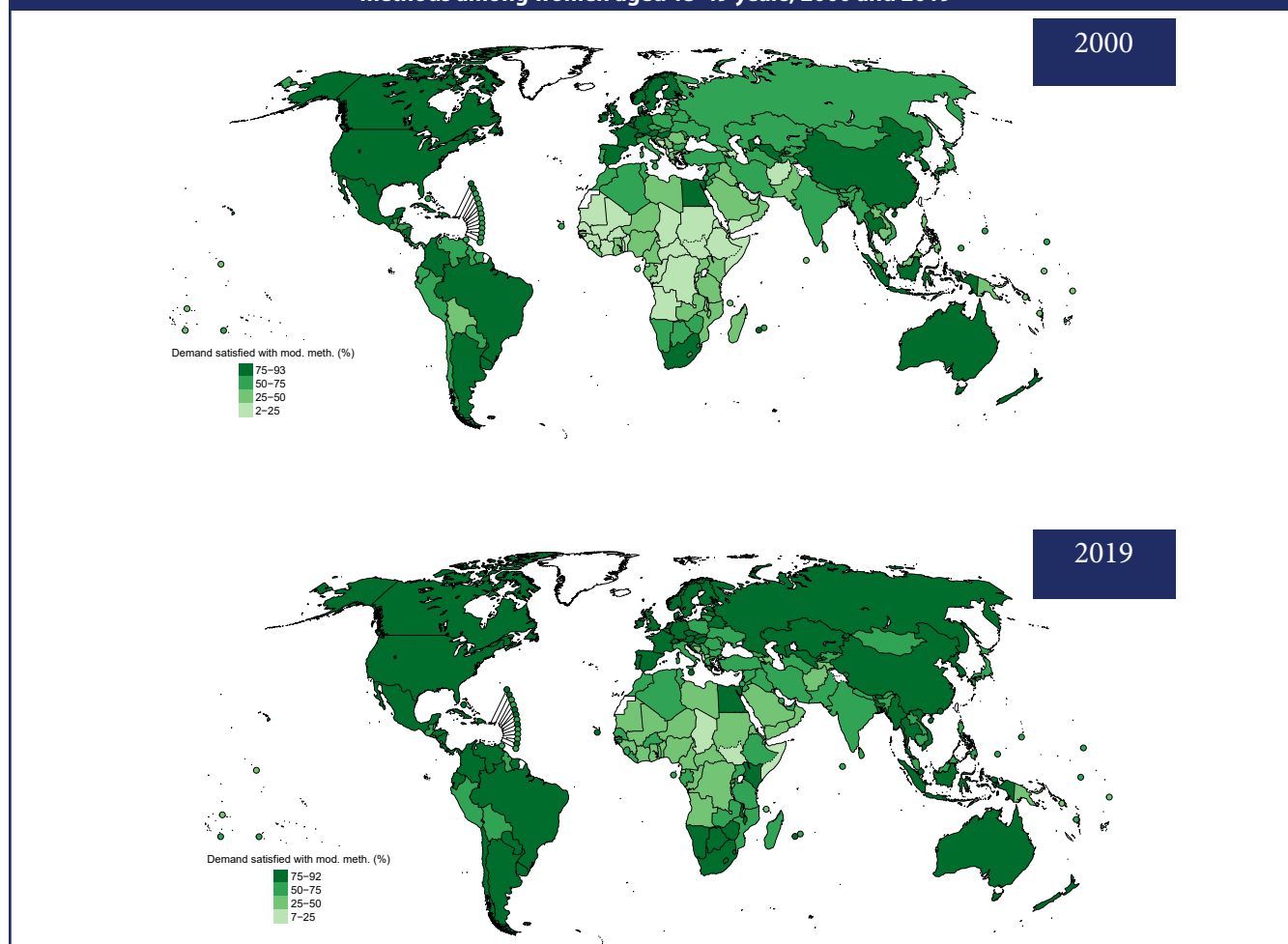
countries of sub-Saharan Africa with levels below 25 per cent (Chad, Somalia and South Sudan).

Some countries of sub-Saharan Africa experienced the largest increases in SDG indicator 3.7.1 observed globally between 2000 and 2019. The indicator rose more than 30 percentage points in the following countries: Rwanda (from 13 to 67 per cent), Ethiopia (from 16 to 63 per cent), Burkina Faso (from 19 to 54 per cent), Malawi (from 43 to 76 per cent), Madagascar (from 26 to 62 per cent), Guinea-Bissau (from 26 to 58 per cent), Kenya (from 48 to 79 per cent) and Sierra Leone (from 21 to 53 per cent).

#### 4. Achieving universal access to sexual and reproductive health-care services will be most challenging in countries with low incomes and rapid population growth

The majority of countries where less than half of the demand for family planning is satisfied by modern methods are low- and lower-middle-income countries. In regions with slow progress on SDG indicator 3.7.1, the population of women of reproductive age is projected to grow rapidly to 2030 (figure 3), posing an additional challenge for the expansion of family

Figure 2. Estimates of the demand for family planning satisfied with modern contraceptive methods among women aged 15-49 years, 2000 and 2019



Note: The designations employed and the presentation of material on this map 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, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. 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 the Republic of South Sudan has not yet been determined. A dispute exists between the Governments of Argentina and the United Kingdom of Great Britain and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas).

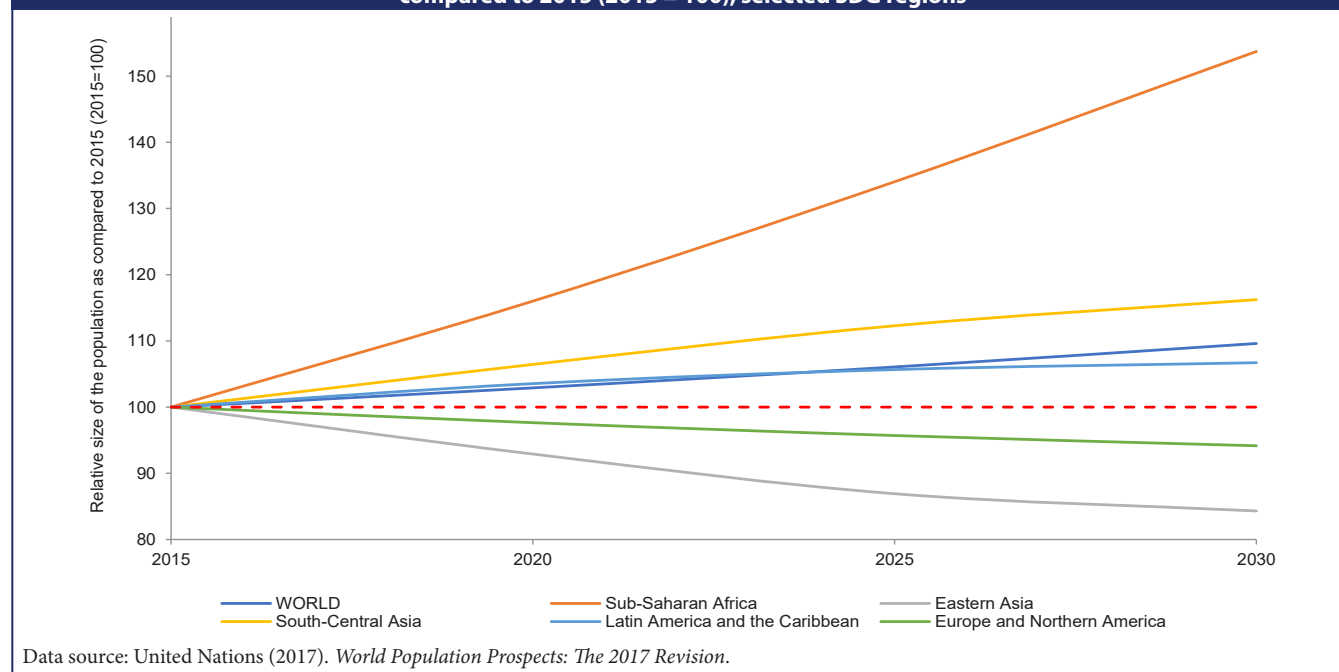
Countries or areas with 90,000 inhabitants or more in 2017, but surface area less than 30,000 km<sup>2</sup> are displayed with circles coloured according to their statistical values.

planning programmes. The number of women aged 15-49 years is projected to increase between 2015 and 2030 by 54 per cent in sub-Saharan Africa, while in other regions, projections by the United Nations indicate much smaller increases or even declines.

In countries that lag behind in terms of women's access to modern contraceptives, greater effort is needed to accelerate progress towards the achievement of SDG target 3.7. Rapid progress is possible, as observed in countries such as Rwanda, Ethiopia, Malawi and others mentioned above. Common factors in these success

stories include: political commitment beyond the health sector, effective partnerships and collaboration, service provision at the community level, active engagement by communities and the establishment of effective strategies and systems for family planning service delivery<sup>6</sup>. Initiatives such as Family Planning 2020<sup>7</sup>, the United Nations Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)<sup>8</sup>, and others have helped to bring global attention and to showcase the need for increased efforts to achieve universal access to sexual and reproductive health care and the fulfilment of reproductive rights for all.

**Figure 3. Projections to 2030 of the population of women of reproductive age (15-49 years) compared to 2015 (2015 = 100), selected SDG regions**



## Notes

<sup>1</sup> See: Programme of Action of the International Conference on Population and Development, [www.unfpa.org/events/international-conference-population-and-development-icpd](http://www.unfpa.org/events/international-conference-population-and-development-icpd); United Nations Sustainable Development Goals [www.un.org/sustainabledevelopment/sustainable-development-goals/](http://www.un.org/sustainabledevelopment/sustainable-development-goals/).

<sup>2</sup> Global SDG Indicators Database, see <https://unstats.un.org/sdgs/indicators/database/?indicator=3.7.1>.

<sup>3</sup> Wheldon, M. V. Kantorova, P. Ueffing and A. N. Z. Dasgupta (2018). Methods for estimating and projecting key family planning indicators among all women of reproductive age. United Nations, Department of Economic and Social Affairs, Population Division, Technical Paper No. 2. New York: United Nations. Available at: [www.un.org/en/development/desa/population/publications/pdf/technical/TP2018-2.pdf](http://www.un.org/en/development/desa/population/publications/pdf/technical/TP2018-2.pdf).

<sup>4</sup> United Nations, Department of Economic and Social Affairs, Population Division (2019). *World Contraceptive Use 2019*.

<sup>5</sup> United Nations, Department of Economic and Social Affairs, Population Division (2019). *Estimates and Projections of Family Planning Indicators 2019*.

<sup>6</sup> USAID (2012). Three Successful Sub-Saharan Africa Family Planning Programs: Lessons for Meeting the MDGs. Africa Bureau, USAID, Washington; Olson, D. J. and Pillar, A. (2013), Ethiopia: An Emerging Family Planning Success Story. *Studies in Family Planning*, vol. 44, No. 4, p. 445-459; Dieudonne N.M., Rutayisire, P.C., Umubyeyi A. (2016). Measuring the success of family planning initiatives in Rwanda: a multivariate decomposition analysis. *Journal of Population Research*, vol. 33, No. 48, p. 361-377.

<sup>7</sup> Family Planning 2020 (FP2020) is a global partnership that supports the rights of women and girls to decide, freely and for themselves, whether, when, and how many children to have. See: [www.familyplanning2020.org/](http://www.familyplanning2020.org/).

<sup>8</sup> *Every Woman Every Child*, see: [www.everywomaneverychild.org/](http://www.everywomaneverychild.org/); *Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)*, see: [www.who.int/life-course/partners/global-strategy/en/](http://www.who.int/life-course/partners/global-strategy/en/).