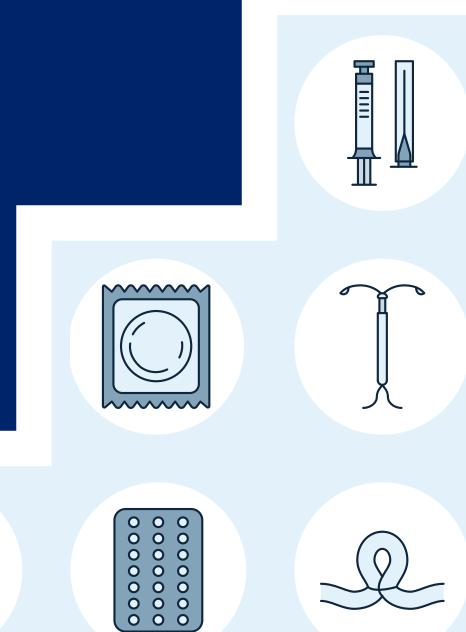


Contraceptive Use by Method 2019

Data Booklet



Contraceptive Use by Method 2019

Measuring progress in meeting the need for family planning requires not only an assessment of overall levels and trends in contraceptive prevalence and the unmet need for family planning, but also an assessment of the range and types of contraceptive methods used.

This data booklet presents estimates of the prevalence of contraceptive use by method based on the *World Contraceptive Use 2019* (based on data from 1,247 surveys for 195 countries or areas of the world) and additional tabulations obtained from microdata and survey reports. The estimates are presented for female and male sterilisation, intrauterine device (IUD), implant, injectable, pill, male condom, withdrawal, rhythm and other methods combined. The estimates of contraceptive prevalence (any, modern or traditional) for 1994 and 2019 are from *Estimates and Projections of Family Planning Indicators 2019*.

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Introduction

The Programme of Action of the International Conference on Population and Development (ICPD) includes a clear commitment to ensure that women and men have access to the widest possible range of safe and effective family planning methods in order to enable them to exercise free and informed choice, while recognizing that appropriate methods for couples and individuals vary according to their age, parity, family-size preference and other factors (United Nations, 1995, para 7.23). In the Sustainable Development Goals (SDGs), target 3.7 calls on countries "by 2030, to 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". The assessment of progress towards this target requires monitoring of key family planning indicators, including the range and types of contraceptive methods used.

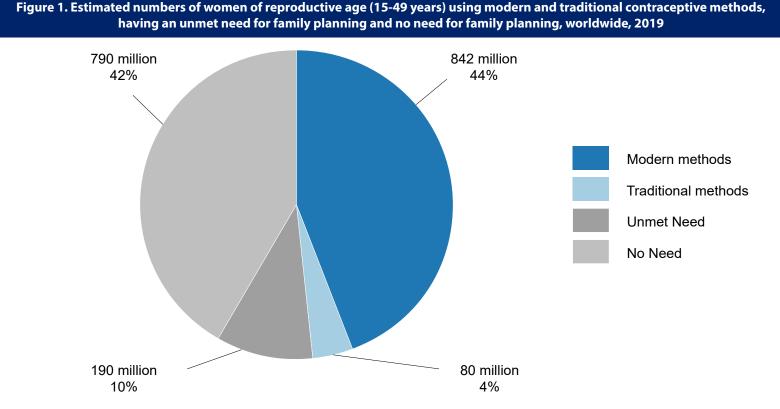
Some contraceptive methods such as male condom, withdrawal and rhythm methods have been used for millennia while methods such as the pill and intrauterine device (IUD) started to be used in the 1960s. Some decades later, the vaginal ring, emergency contraception, subcutaneous injections or implants became available. Different pregnancy prevention needs, for either stopping childbearing altogether or delaying pregnancy, should be met with appropriate and effective methods. Family planning needs also evolve over the life-course, depending on personal circumstances and changing childbearing preferences (on the number of children and the timing and spacing of births). At the population level, contraceptive prevalence and method mix will change with changes in childbearing desires, fertility trends, marriage and union formation patterns and the age structure of women of reproductive age. All available contraceptive methods have both strengths and weaknesses. Women who are only sometimes sexually active and who want to delay pregnancy for a few months or a couple of years, may prefer a short-acting method, one that they can start and stop on their own, over an IUD or an implant, both of which usually require a visit to a service provider to obtain and remove the device, or a permanent method such as sterilisation. The experience, or awareness, of side effects and inconveniences of using specific contraceptive methods as well as their effectiveness at preventing pregnancy play a role in the choice of the method used. However, the range of choices available to women and their partners depends on the local availability and accessibility of different methods.

The prevalence of specific contraceptive methods varies widely across the world. Method mix has shifted over time due to changes in related policies, changes in health-care system, development of new technologies, and changes in access to the various methods. Governments at all levels have played a strong and visible role in promoting and legitimizing the provision and use of family planning and reproductive health-care services and the use of specific methods.

Worldwide, 922 million women of reproductive age (or their partners) are contraceptive users

Among the 1.9 billion women of reproductive age (15-49 years) living in the world in 2019, 1.1 billion have a need for family planning, that is, they are either current users of contraceptives—842 million use modern methods of contraception and 80 million use traditional methods—or have an unmet need for family planning—190 million women want to avoid pregnancy and do not use any contraceptive method.¹ The proportion of women who have their need for family planning satisfied by modern methods (Sustainable Development Goals indicator 3.7.1) is 76 per cent in 2019.²

² 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 women of reproductive age who are either using any method of contraception or having an unmet need for family planning.



Data source: Estimates and Projections of Family Planning Indicators 2019.

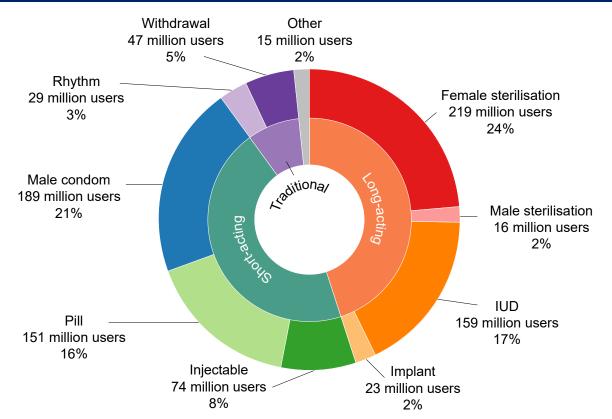
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¹ Women who want to avoid pregnancy and do not use any contraceptive method are considered to have an unmet need for family planning, which is defined as the number of women that want to stop or delay childbearing but are not using any method of contraception to prevent pregnancy, including also pregnant women whose pregnancies were unwanted or mistimed at the time of conception, and postpartum amenorrhoeic women who are not using family planning and whose last birth was unwanted or mistimed.

Female sterilisation and male condom are the two most common methods used worldwide

Female sterilisation is the most common contraceptive method used worldwide. In 2019, 23.7 per cent of women who are currently using contraception—that is 219 million women—rely on female sterilisation. Three other methods have more than 100 million users worldwide, male condom (189 million), IUD (159 million) and the pill (151 million). Overall, 45.2 per cent of contraceptive users rely on permanent or long-acting methods (female and male sterilisation, IUD, implant), 46.1 per cent on a short-acting method (such as male condom, the pill, injectable and other modern methods) and 8.7 per cent on traditional methods (withdrawal, rhythm methods and other traditional methods).





Data source: Calculations are based on the data compilation *World Contraceptive Use 2019*, additional tabulations derived from microdata sets and survey reports and estimates of contraceptive prevalence for 2019 from *Estimates and Projections of Family Planning Indicators 2019*. Population-weighted aggregates.

Contraceptive methods most commonly used vary widely by region

In Eastern and South-Eastern Asia, IUD is the most common contraceptive method used (18.6 per cent of women rely on this method), followed closely by male condom (17.0 per cent). In Europe and Northern America, the pill and male condom are the most commonly used methods (17.8 and 14.6 per cent of women, respectively), while in Latin America and the Caribbean it is female sterilisation and the pill (16.0 and 14.9 per cent, respectively). In Oceania, the dominant method is the pill (16.9 per cent) and in Central and Southern Asia it is female sterilisation (21.8 per cent of women rely on this method). In Northern Africa and Western Asia, the two most common methods are the pill (10.5 per cent) and IUD (9.5 per cent). Sub-Saharan Africa is the only region in which injectables are the dominant method with a prevalence of 9.6 per cent among women of reproductive age.

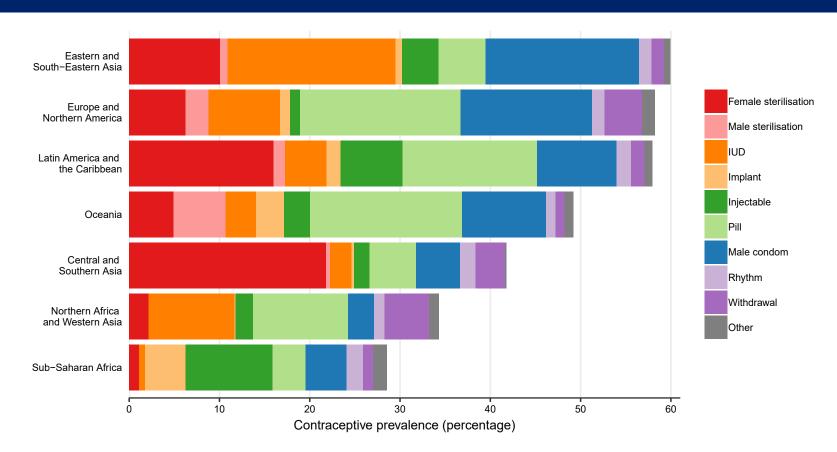


Figure 3. Contraceptive prevalence by method among women of reproductive age (15-49 years), by region, 2019

Data source: Calculations are based on the data compilation World Contraceptive Use 2019, additional tabulations derived from microdata sets and survey reports and estimates of contraceptive prevalence for 2019 from Estimates and Projections of Family Planning Indicators 2019. Population-weighted aggregates.

The prevalence of sterilisation, IUD and traditional methods has declined worldwide since 1994

The prevalence of particular methods has changed slowly at the global and regional levels. The prevalence of female sterilisation worldwide has declined from 13.7 per cent in 1994 to 11.5 per cent in 2019. Central and Southern Asia is the only region where the prevalence of female sterilisation has increased from 17.0 per cent in 1994 to 21.8 per cent in 2019. The prevalence of male sterilisation worldwide has declined from 3.0 to 0.8 per cent during that same period. Globally, as well as in most regions, the prevalence of the pill, IUD, rhythm methods and withdrawal has remained relatively stable over the past 25 years. The prevalence of male condoms has more than doubled worldwide from 4.5 per cent in 1994 to 10.0 per cent in 2019, with the largest increase in Eastern and South-Eastern Asia from 5.0 to 17.0 per cent. As contraceptive use has taken off in sub-Saharan African countries, the prevalence of implants, injectables and male condoms has increased. In Latin America and the Caribbean, the continued increase in contraceptive prevalence is due to the rapid increase in the use of injectables, the pill and male condoms. The prevalence of rhythm methods and withdrawal has been declining since 1994 with the sharpest declines in Europe and Northern America.

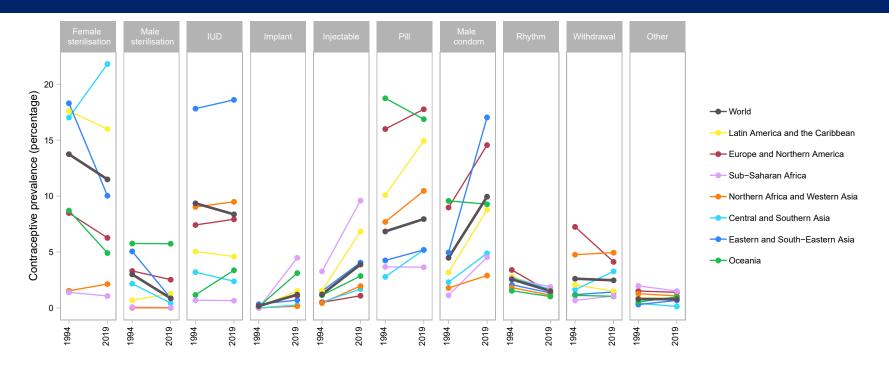
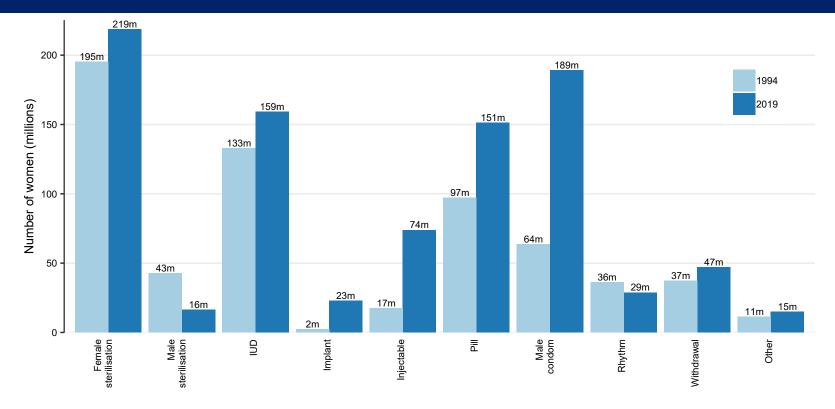


Figure 4. Trends in contraceptive prevalence by method among women of reproductive age (15-49 years), by region, 1994 and 2019

Numbers of users of all methods (apart from male sterilisation and rhythm) have increased

Even though the prevalence of some methods, such as female sterilisation and IUD, have decreased on a global level since 1994, the overall number of women using these methods has grown due to population growth. The number of women relying on female sterilisation has increased between 1994 and 2019 from 195 million to 219 million and the number of women relying on IUD has risen from 133 million to 159 million. Only two methods have seen declines in the number of users over the same period—male sterilisation from 43 million to 16 million users and rhythm methods from 36 million to 29 million. The largest increases have been recorded in the numbers of women relying on male condoms (from 64 million to 189 million) or on injectables (from 17 million to 74 million). It is important that population growth amongst women of reproductive age is taken into account in order to adequately plan for the provision of family planning services, including contraceptive methods.

Figure 5. Estimated numbers of women of reproductive age (15-49 years) using various contraceptive methods, 1994 and 2019

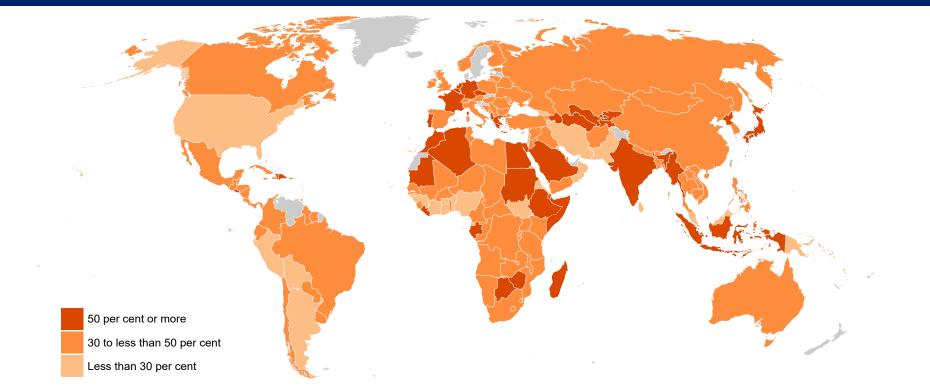


Data source: Calculations are based on the data compilation World Contraceptive Use 2019, additional tabulations derived from microdata sets and survey reports and estimates of contraceptive prevalence for 2019 from Estimates and Projections of Family Planning Indicators 2019. Population-weighted aggregates.

In one fifth of countries, one contraceptive method accounts for half or more of all contraceptive use

In at least one out of every five countries or areas, a single method accounts for 50 per cent or more of all contraceptive use. In the 37 countries or areas where one method constitutes half or more of all use in 2019, the dominant methods include the pill (13 countries), IUD, injectable and male condom (6 countries each), female sterilisation (4 countries) and a traditional method (3 countries). In an additional 113 countries, the most common contraceptive method accounts for between 30 and 49 per cent of total use. Countries where contraceptive practice is heavily concentrated on one or two methods can be found in all regions and at all levels of overall contraceptive prevalence.

Figure 6. Percentage share of contraceptive use for the most common method among women of reproductive age (15-49 years), 2019



Data source: Calculations are based on the data compilation World Contraceptive Use 2019, additional tabulations derived from microdata sets and survey reports and estimates of contraceptive prevalence for 2019 from Estimates and Projections of Family Planning Indicators 2019. Population-weighted aggregates.

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 and 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 in grey colour have no data available.

Female sterilisation and IUD are highly prevalent in only a handful of countries

8

Female sterilisation and IUD, while among the most common methods of contraception globally, are used by more than one fifth of women of reproductive age in only eight countries each. Female sterilisation has the highest prevalence in the Dominican Republic (30.6 per cent) and India (29.0 per cent). The highest prevalence of IUD is in the Democratic People's Republic of Korea (46.9 per cent) and Uzbekistan (36.9 per cent). Injectables are used mainly in sub-Saharan Africa and South-Eastern Asia and the prevalence is over 20 per cent in Indonesia, Madagascar, Malawi, Namibia and South Africa. Implants are commonly used in only a handful of countries in sub-Saharan Africa, with the highest prevalence in Kenya (14.9 per cent).

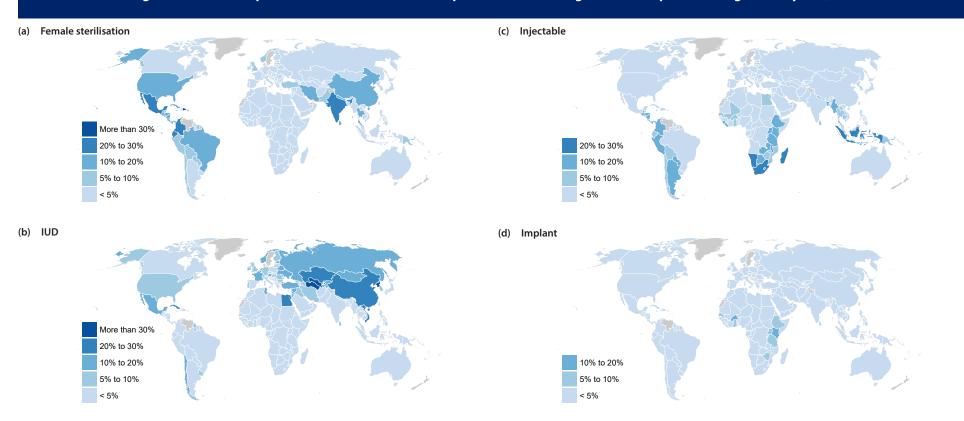


Figure 7a. Estimated prevalence of individual contraceptive methods among women of reproductive age (15-49 years), 2019

Data source: Calculations are based on the data compilation World Contraceptive Use 2019, additional tabulations derived from microdata sets and survey reports and estimates of contraceptive prevalence for 2019 from Estimates and Projections of Family Planning Indicators 2019. Population-weighted aggregates.

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 and the Republic of South Sudan has not yet been determined. A dispute exists between the Governments of Argentina and Northern Ireland concerning sovereignty over the Falkland Islands (Malvinas). Countries or areas in grey colour have no data available.

The contraceptive pill and male condom are commonly used methods in many countries

The pill is used by over 20 per cent of women of reproductive age in 27 countries worldwide, with the highest prevalence in European countries. Male condom use is most prevalent in Japan (34.9 per cent) and Hong Kong, Special Administrative Region of China (32.1 per cent) and the prevalence is more than 20 per cent in 22 countries. Rhythm methods and withdrawal are the two most commonly used traditional methods of contraception. The highest prevalence of withdrawal is in Albania (24.5 per cent) and of rhythm methods in Congo and Cameroon (9.5 and 9.1 per cent, respectively).

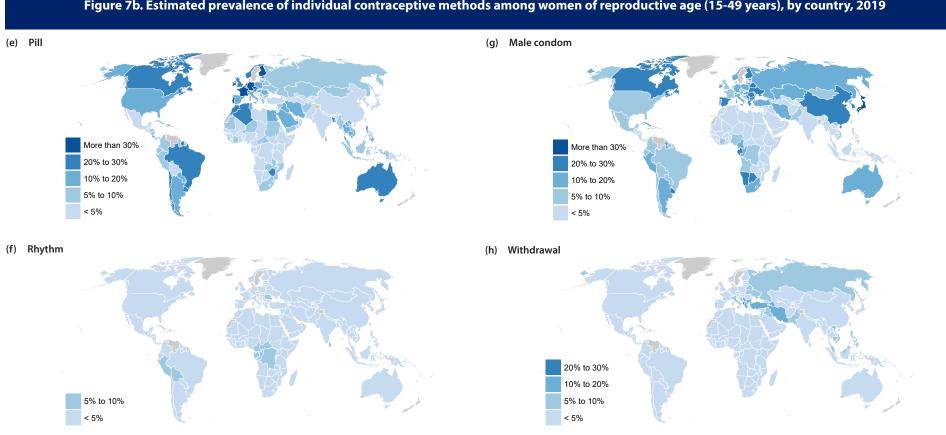


Figure 7b. Estimated prevalence of individual contraceptive methods among women of reproductive age (15-49 years), by country, 2019

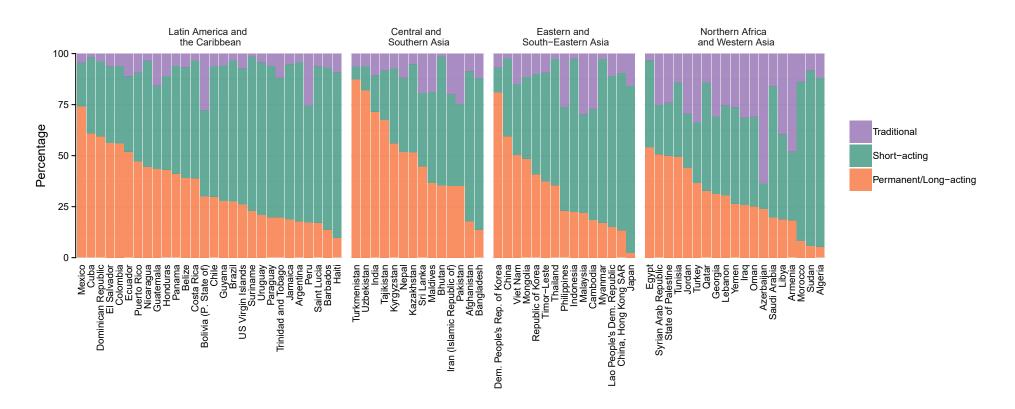
Data source: Calculations are based on the data compilation World Contraceptive Use 2019, additional tabulations derived from microdata sets and survey reports and estimates of contraceptive prevalence for 2019 from Estimates and Projections of Family Planning Indicators 2019. Populationweighted aggregates.

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 and 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 in grey colour have no data available.

Permanent and long-acting methods are more common in Asia and in Latin America and the Caribbean

Permanent and long-acting methods, such as female and male sterilisation, IUD and implant are more common in Asia and in Latin America and the Caribbean than in other regions. These methods account for more than 50 per cent of all contraceptive use in 20 countries. While the majority of countries in Europe and Northern America rely mainly on short-acting methods of contraception, it should be noted that permanent and long-acting methods are the most common method type used in the United States of America.

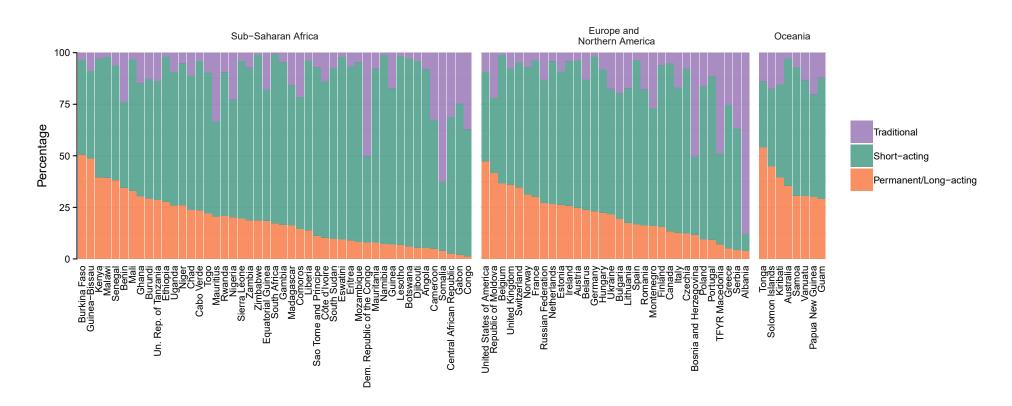
Figure 8a. Estimated proportions of contraceptive users among women of reproductive age (15-49 years) using permanent or long-acting modern methods, short-acting modern methods and traditional methods in 2019, by country and region



Short-acting contraceptive methods are more common in sub-Saharan Africa and Europe

Overall, short-acting methods, such as the pill, injectable and male condom, constitute more than half of all contraceptive methods used in 125 countries. These methods are most common in countries of sub-Saharan Africa and Europe. Traditional methods are less commonly used than modern methods in most countries, with the notable exceptions of Albania, Azerbaijan, Bosnia and Herzegovina, Democratic Republic of the Congo and Somalia, where traditional methods account for at least half of all contraceptive use.

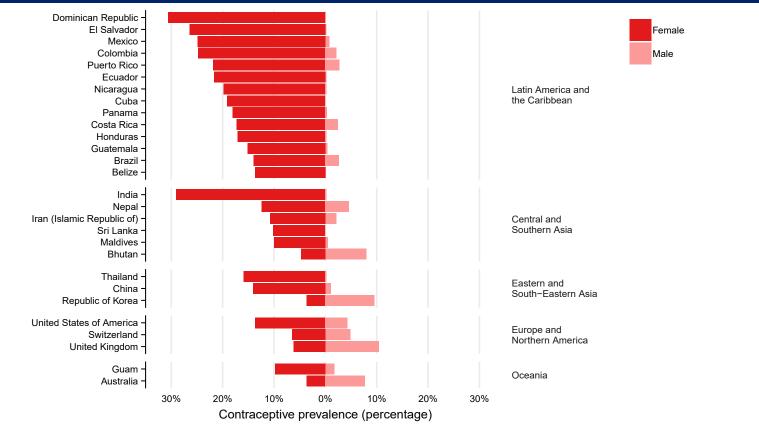
Figure 8b. Estimated proportions of contraceptive users among women of reproductive age (15-49 years) using permanent or long-acting modern methods, short-acting modern methods and traditional methods in 2019, by country and region



Methods designed to be used by women account for most contraceptive use

Contraceptive methods that require men's direct participation—male sterilisation, male condom and withdrawal—account for 27.4 per cent of contraceptive practice worldwide in 2019. The highest share of these methods is 36.5 per cent in Europe and Northern America and the lowest share is around 20 per cent in sub-Saharan Africa and Latin America and the Caribbean. For example, among 32 countries or areas, where sterilisation prevalence is estimated to be at least 10 per cent in 2019, male sterilisation accounts for less than 10 per cent of all sterilisations in 20 countries. There are, however, several countries—Australia, Bhutan, Republic of Korea, and the United Kingdom—where the prevalence of male sterilisation equals or exceeds that of female sterilisation.

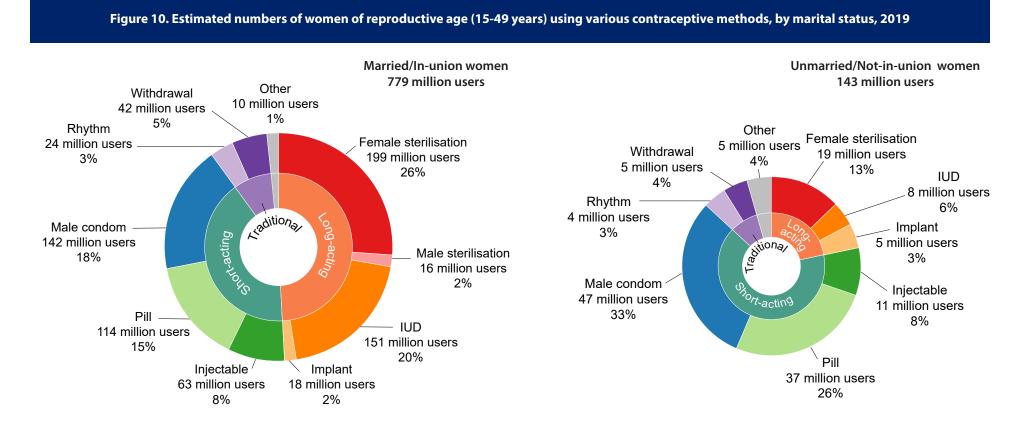
Figure 9. Comparison of the prevalence of female and male sterilisation in countries where prevalence of sterilisation is at least 10 per cent, 2019



Methods used by married women are different from those used by unmarried women

Among the 779 million contraceptive users among women of reproductive age (15-49 years) who are married,³ permanent and long-acting methods constitute close to 50 per cent of contraceptive methods used (49.3 per cent), including female sterilisation (25.5 per cent) and IUD (19.4 per cent). Among the 143 million users who are unmarried women, only 22.8 per cent of users rely on permanent and long-acting methods (most users of these methods are formerly married women) and the most common methods used are male condom (33.1 per cent) and the pill (26.1 per cent).

³ "Married" pertains to women who are married (defined in relation to the marriage laws or customs of a country) and to women in a union, which refers to women living with their partner in the same household (also referred to as cohabiting unions, consensual unions, unmarried unions, or "living together"). "Unmarried" pertains to women who are not married and not in a union and is a complement to "Married".



Data on the contraceptive method mix have become increasingly available

Data on the use of contraception have become increasingly available, but in many countries they are still only available for women of reproductive age (15-49 years) who are married or in a union. More than a third of the countries in Northern Africa and Western Asia, Europe and Northern America and Eastern and South-Eastern Asia lack data for unmarried women. Countries in sub-Saharan Africa have the best coverage of survey data on contraceptive methods with more than two thirds of survey-based observations coming from either Demographic and Health Surveys (DHS) or Multiple Indicator Cluster Surveys (MICS).

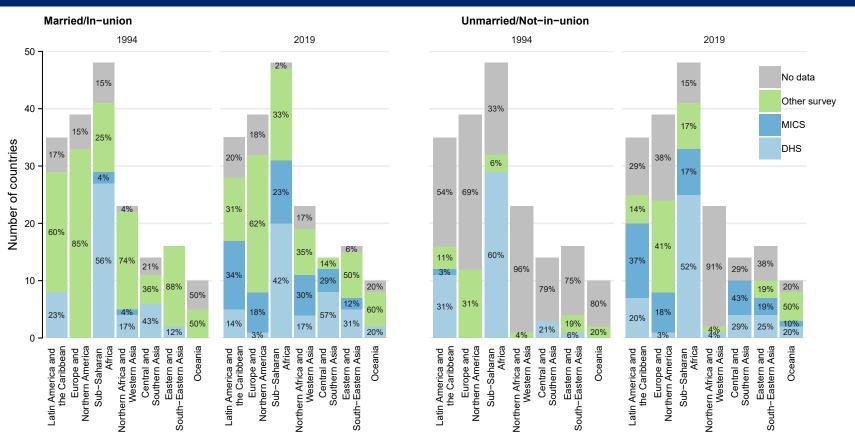


Figure 11. Data availability of country's contraceptive method mix by survey type, time period and marital status

Data source: World Contraceptive Use 2019, additional tabulations derived from microdata sets and survey reports.

Note: Percentages shown for each region use the data of the survey closest in time to 1994 during 1985-1999 and the one closest to 2019 during 2000-2019 in each country.

Annex Table: Key Indicators

		Estimate	ed prevalence o	Estimated prevalence of contraceptive use among women of reproductive age (15-49 years), 2019 (percentage)										
Region, development group country or area	Any method	Female sterilisation	Male sterilisation	Pill	Injectable	Implant	IUD	Male condom	Rhythm ^a	Withdrawal	Other methods ^b	15 to 49 years (thousands)	latest survey data available	
WORLD	48.5	11.5	0.9	8.0	3.9	1.2	8.4	10.0	1.5	2.5	0.8	1,901,090	••	
Sub-Saharan Africa	28.5	1.1	0.0	3.7	9.6	4.5	0.7	4.5	1.9	1.1	1.5	257,951		
Northern Africa and Western Asia	34.3	2.1	0.0	10.5	2.0	0.2	9.5	2.9	1.2	5.0	1.1	129,786		
Central and Southern Asia	41.8	21.8	0.4	5.2	1.7	0.3	2.4	4.9	1.7	3.3	0.1	518,320		
Eastern and South-Eastern Asia	60.0	10.0	0.9	5.2	4.1	0.7	18.6	17.0	1.3	1.4	0.7	564,032		
Latin America and the Caribbean	58.0	16.0	1.3	14.9	6.8	1.5	4.6	8.8	1.6	1.5	0.9	174,778		
Oceania (excluding Australia and New Zealand)	28.0	8.0	0.4	4.1	7.9	0.2	0.3	1.9	2.5	1.1	1.6	2,785		
Australia and New Zealand	57.7	3.7	7.9	21.9	0.9	4.3	4.6	12.2	0.4	1.0	0.8	6,940		
Europe and Northern America	58.2	6.3	2.5	17.8	1.1	1.1	7.9	14.6	1.4	4.1	1.4	246,497		
Developed regions	57.0	5.7	2.4	16.5	1.0	1.1	7.2	16.3	1.5	4.1	1.3	280,615		
Less developed regions	47.0	12.5	0.6	6.5	4.4	1.2	8.6	8.9	1.5	2.2	0.7	1,620,474		
Less developed regions, excluding least developed countries	50.1	14.5	0.6	6.2	3.4	0.9	10.1	10.0	1.4	2.4	0.6	1,359,424		
Less developed regions, excluding China	41.0	12.1	0.5	7.6	5.6	1.5	3.9	5.0	1.7	2.6	0.6	1,277,555		
Least developed countries	30.9	2.1	0.4	7.7	9.6	2.9	0.8	3.2	2.0	1.2	1.0	261,051		
Land-locked developing countries (LLDC)	31.6	2.1	0.3	4.3	9.4	3.9	5.3	3.0	0.9	1.6	0.8	130,351		
Small island developing states (SIDS)	43.1	11.9	0.3	7.9	6.3	1.0	5.0	7.2	1.5	1.3	0.9	17,166		
High-income countries	56.6	6.1	3.0	17.2	1.8	1.2	6.5	14.8	1.5	3.1	1.5	271,087		
Middle-income countries	49.6	13.8	0.6	6.7	3.7	0.9	9.4	9.9	1.5	2.5	0.6	1,443,849		
Upper-middle-income countries	61.0	12.6	1.0	7.3	2.4	0.6	16.3	16.6	1.2	2.4	0.8	658,977		
Lower-middle-income countries	40.1	14.8	0.2	6.3	4.8	1.2	3.6	4.4	1.8	2.7	0.5	784,872		
Low-income countries	28.0	1.7	0.3	3.8	8.7	3.7	3.0	2.9	1.7	1.2	1.2	185,749		
AFRICA	29.4	1.0	0.0	5.8	8.4	3.7	2.6	3.8	1.8	1.0	1.4	319,045	••	
Eastern Africa	32.5	1.5	0.0	4.3	14.3	6.4	0.8	2.4	1.2	0.7	1.1	108,759	••	
Burundi	19.4	0.4	0.1	1.2	8.6	4.6	0.7	1.3	1.1	1.3	0.3	2,704	2016	
Comoros	18.1	0.8	0.0	2.9	5.5	1.6	0.1	2.8	2.1	1.4	1.0	210	2012	

		Estimate	ed prevalence o	f contra		nong wome ercentage)	n of rep	roductive a	ge (15-49 ye	ars), 2019		Number of - women	Year of the latest
Region, development group country or area	Any method	Female sterilisation	Male sterilisation	Pill	Injectable	Implant	IUD	Male condom	Rhythm ^a	Withdrawal	Other methods ^b		survey data
Djibouti	11.5	0.1	0.0	6.3	3.8	0.5	0.0	0.3	0.2	0.2	0.1	273	2012
Eritrea	8.6	0.3	0.0	2.5	2.2	0.0	0.3	1.2	0.4	0.1	1.7	1,304	2010
Ethiopia	26.5	0.2	0.0	1.4	16.7	6.3	0.8	0.3	0.4	0.1	0.4	27,616	2017
Kenya	45.2	1.7	0.1	3.5	19.0	14.9	1.1	2.5	0.9	0.2	1.2	13,411	2017
Madagascar	40.4	1.3	0.1	4.7	21.2	4.5	0.6	1.3	4.4	1.0	1.3	6,649	2017
Malawi	47.9	8.6	0.1	1.8	23.4	9.3	0.8	2.7	0.3	0.5	0.5	4,788	2015
Mauritius*	39.6	6.0	0.0	7.4	1.7	0.9	1.3	8.9	1.8	11.4	0.3	322	2014
Mozambique	24.2	0.2	0.1	6.0	9.8	1.1	0.6	4.5	0.5	0.1	1.4	7,457	2015
Réunion*	49.4											210	
Rwanda	32.3	0.8	0.1	5.0	15.1	5.1	0.7	2.3	1.6	1.3	0.2	3,283	2014
Somalia	14.9	0.0	0.0	3.7	1.1	0.1	0.5	0.2	0.3	0.2	8.8	3,544	2006
South Sudan	4.6	0.3	0.0	0.7	1.1	0.1	0.0	1.0	0.2	0.0	1.2	3,190	2010
Uganda	32.6	2.0	0.1	2.3	14.5	5.6	0.7	3.5	1.7	1.4	0.9	10,538	2017
United Republic of Tanzania*	34.6	2.8	0.1	4.6	10.9	6.1	0.8	4.2	2.7	1.2	1.3	14,329	2015
Zambia	38.3	1.5	0.0	8.7	15.1	4.6	1.0	4.0	0.5	2.0	1.0	4,400	2013
Zimbabwe	50.3	0.6	0.0	28.2	7.5	8.3	0.4	4.3	0.1	0.5	0.4	4,533	2015
Middle Africa	22.7	0.5	0.1	1.9	2.2	0.8	0.2	7.8	5.1	1.9	2.3	39,666	
Angola	15.5	0.1	0.0	2.9	3.5	0.6	0.2	6.8	0.5	0.6	0.5	7,327	2015
Cameroon	35.2	0.2	0.0	2.5	3.6	1.1	0.3	13.5	9.1	0.9	4.0	6,094	2014
Central African Republic	22.1	0.2	0.0	7.3	0.6	0.2	0.0	4.2	5.4	0.3	3.9	1,150	2010
Chad	6.5	0.2	0.0	0.4	2.2	1.1	0.0	0.9	0.5	0.1	1.1	3,580	2014
Congo	41.4	0.2	0.0	4.7	2.6	0.3	0.0	17.5	9.5	1.5	5.2	1,307	2014
Democratic Republic of the Congo	22.4	0.7	0.1	1.0	1.3	0.8	0.2	6.8	6.2	3.1	2.3	19,339	2013
Equatorial Guinea	17.2	0.9	0.0	3.7	3.0	1.7	0.4	3.6	1.3	1.1	1.7	300	2011
Gabon	37.5	0.5	0.0	4.8	0.3	0.2	0.1	22.2	6.1	1.5	1.9	519	2012
Sao Tome and Principe	37.6	0.5	0.1	12.3	10.1	2.0	1.6	7.6	2.6	0.1	0.7	52	2014
Northern Africa	33.1	0.6	0.0	15.1	3.1	0.3	10.7	0.4	1.2	0.8	0.9	61,094	
Algeria	30.6	0.3	0.0	23.5	0.1	0.1	1.2	1.0	1.8	1.7	0.9	10,964	2012
Egypt	43.2	0.9	0.0	11.7	6.2	0.4	22.1	0.4	0.3	0.3	1.0	25,277	2014
Libya	13.9	0.3	0.0	4.3	1.1	0.2	2.1	0.3	3.6	1.7	0.4	1,852	2014

		Estimate	ed prevalence o	of contra		nong wome ercentage)	n of rep	roductive a	ge (15-49 ye	ars), 2019		Number of – women	Year of the latest
Region, development group country or area	Any method	Female sterilisation	Male sterilisation	Pill	Injectable	Implant	IUD	Male condom	Rhythm ^a	Withdrawal	Other methods ^b	15 to 49 years (thousands)	survey data
Могоссо	36.7	0.4	0.0	26.3	1.3	0.2	2.3	0.3	2.5	2.3	1.2	9,594	2010
Sudan	9.8	0.0	0.0	7.1	1.1	0.2	0.3	0.0	0.3	0.0	0.8	10,347	2014
Tunisia	34.3	1.8	0.0	11.0	0.6	0.2	14.7	0.6	4.5	0.3	0.7	3,059	2011
Southern Africa	49.7	3.8	0.2	5.2	22.4	3.0	0.9	13.5	0.1	0.2	0.4	18,085	
Botswana	50.5	1.6	0.1	4.9	11.7	0.8	0.6	28.9	0.8	0.4	0.7	657	2007
Eswatini	53.4	2.1	0.0	6.6	16.7	2.6	0.3	23.4	0.4	0.6	0.7	388	2014
Lesotho	51.5	1.2	0.1	9.5	17.6	1.3	1.0	19.9	0.3	0.4	0.3	616	2014
Namibia	52.3	3.0	0.1	4.8	22.1	0.2	0.6	20.2	0.2	0.1	1.2	704	2013
South Africa	49.4	4.0	0.2	5.1	23.2	3.3	0.9	12.0	0.1	0.2	0.3	15,720	2016
Western Africa	22.0	0.4	0.0	3.3	4.7	4.1	0.7	3.9	1.7	1.4	1.9	91,441	
Benin	18.1	0.2	0.1	1.7	2.3	4.7	1.3	3.2	3.2	0.9	0.6	2,798	2017
Burkina Faso	26.6	0.1	0.0	3.0	6.9	12.4	1.0	2.3	0.8	0.1	0.1	4,736	2017
Cabo Verde	48.3	9.4	0.0	16.0	8.6	0.5	1.4	10.2	0.8	1.1	0.4	152	2005
Côte d'Ivoire	24.8	0.1	0.0	5.2	4.7	2.1	0.3	7.1	2.6	0.2	2.5	6,069	2017
Gambia	8.4	0.5	0.0	1.9	3.7	0.6	0.3	1.0	0.1	0.2	0.1	534	2013
Ghana	26.4	1.1	0.0	3.8	5.9	6.2	0.4	2.8	2.4	1.2	2.6	7,622	2017
Guinea	11.1	0.1	0.0	2.0	2.2	0.4	0.2	2.5	0.9	0.2	2.6	3,161	2016
Guinea-Bissau	28.3	0.1	0.0	1.8	1.3	6.3	6.4	7.0	2.2	0.1	3.0	486	2014
Liberia	28.6	0.5	0.0	4.4	17.4	3.2	0.2	1.6	0.6	0.0	0.7	1,189	2016
Mali	14.5	0.3	0.0	3.3	5.9	4.3	0.2	0.0	0.1	0.1	0.2	4,391	2015
Mauritania	9.5	0.1	0.0	5.7	2.0	0.5	0.2	0.3	0.1	0.6	0.0	1,133	2015
Niger	14.6	0.1	0.0	5.1	4.4	3.4	0.1	0.1	0.0	0.0	1.3	4,869	2017
Nigeria	22.7	0.4	0.0	2.7	3.6	3.3	0.8	5.1	2.0	2.3	2.4	46,238	2018
Senegal	20.8	0.3	0.0	3.1	7.4	6.1	1.6	1.0	0.5	0.2	0.7	4,089	2017
Sierra Leone	25.9	0.1	0.0	6.1	12.6	4.6	0.3	0.6	0.3	0.3	1.1	1,971	2017
Тодо	21.8	0.2	0.0	2.3	5.9	3.9	0.6	6.7	1.5	0.2	0.5	2,003	2013
ASIA	50.3	14.9	0.6	5.3	2.8	0.5	10.7	10.9	1.5	2.7	0.5	1,151,044	••
Central Asia	41.4	1.2	0.1	2.9	1.1	0.1	27.8	4.6	1.1	1.3	1.3	18,937	
Kazakhstan	42.2	1.1	0.0	6.4	0.1	0.1	20.5	11.4	1.1	1.1	0.4	4,561	2018
Kyrgyzstan	29.8	0.9	0.0	2.9	0.1	0.0	15.3	7.6	0.8	1.2	1.1	1,554	2014

		Estimate	ed prevalence o	of contra		nong wome ercentage)	n of rep	roductive a	ge (15-49 ye	ars), 2019		Number of t	Year of the latest
Region, development group country or area	Any method	Female sterilisation	Male sterilisation	Pill	Injectable	Implant	IUD	Male condom	Rhythm ^a	Withdrawal	Other methods ^b	15 to 49 years (thousands)	survey data
Tajikistan	21.8	0.6	0.0	1.4	1.0	0.1	13.6	2.8	0.0	1.7	0.7	2,360	2017
Turkmenistan	35.6	0.2	0.1	0.9	0.2	0.0	30.8	1.2	0.4	1.9	0.0	1,565	2015
Uzbekistan	49.0	1.6	0.1	1.8	2.0	0.1	36.9	1.6	1.7	1.2	2.2	8,898	2006
Eastern Asia	67.5	12.6	1.2	2.5	0.1	0.1	24.2	23.6	1.3	0.9	0.9	389,394	
China*	69.6	14.1	1.1	2.4	0.0	0.2	26.2	23.2	1.1	0.6	0.9	342,920	2017
China, Hong Kong SAR*	51.4	2.0	0.1	6.2	1.1	0.1	4.7	32.1	2.4	2.5	0.3	1,949	2012
Democratic People's Republic of Korea	60.1	1.6	0.0	1.7	0.2	0.0	47.0	5.3	3.5	0.7	0.2	6,552	2014
Japan	46.5	0.6	0.1	2.9	0.0	0.0	0.4	34.9	2.1	4.5	1.0	25,192	2015
Mongolia	44.9	2.7	0.0	7.3	3.0	0.4	18.6	7.6	4.7	0.4	0.2	838	2013
Republic of Korea	54.6	3.7	9.5	3.3	2.1	0.3	8.8	20.6	3.9	1.5	0.8	11,944	2009
South-Eastern Asia	43.2	4.4	0.1	11.2	13.0	1.9	6.1	2.3	1.4	2.7	0.2	174,638	
Cambodia	41.1	2.4	0.1	13.7	7.0	1.7	3.4	1.7	1.9	9.1	0.2	4,457	2014
Indonesia	44.4	2.8	0.1	9.1	23.2	3.9	3.2	1.0	0.5	0.6	0.1	71,611	2016
Lao People's Democratic Republic	38.2	3.4	0.0	18.7	8.6	1.0	1.4	0.8	3.1	0.8	0.4	1,917	2017
Malaysia*	33.1	4.8	0.1	8.8	3.3	0.5	1.9	3.8	2.7	5.3	1.9	8,778	2014
Myanmar	32.3	3.0	0.2	8.4	16.9	0.6	1.7	0.6	0.3	0.5	0.1	14,927	2015
Philippines	34.8	5.0	0.0	13.2	3.1	0.7	2.2	1.2	2.3	6.7	0.4	27,865	2017
Singapore	39.2	••			••	••			••	••	••	1,431	
Thailand	47.9	15.9	0.2	19.6	8.4	0.7	0.2	1.6	0.6	0.6	0.1	17,377	2015
Timor-Leste	14.2	0.9	0.0	1.2	6.2	3.3	1.1	0.0	0.5	0.8	0.2	302	2016
Viet nam	56.8	1.4	0.1	10.5	1.0	0.2	27.0	8.3	3.4	5.0	0.0	25,975	2015
Southern Asia	41.8	22.6	0.5	5.3	1.7	0.3	1.4	4.9	1.7	3.4	0.1	499,383	
Afghanistan	18.2	1.7	0.0	5.7	4.1	0.2	1.2	2.9	0.0	1.4	1.1	8,778	2015
Bangladesh	52.8	4.2	1.0	23.1	10.7	1.5	0.5	5.5	4.6	1.4	0.2	47,105	2014
Bhutan	42.7	4.7	8.0	4.8	18.6	0.1	2.4	3.6	0.3	0.0	0.3	225	2010
India	42.6	29.0	0.2	3.1	0.2	0.0	1.2	4.3	1.6	2.9	0.0	354,103	2015
Iran (Islamic Republic of)	53.8	10.8	2.1	11.2	2.6	0.0	6.0	10.2	0.2	10.4	0.3	23,861	2010
Maldives	31.9	10.0	0.5	4.3	1.1	0.5	0.8	8.7	2.6	3.3	0.1	112	2009
Nepal	40.5	12.5	4.6	3.8	7.4	2.7	1.2	3.5	0.5	4.2	0.1	8,499	2016
Pakistan	23.6	6.4	0.1	1.2	1.8	0.3	1.5	6.4	0.6	5.1	0.2	51,374	2017

		Estimate	ed prevalence o	of contra		nong wome ercentage)	n of rep	roductive a	ge (15-49 ye	ars), 2019		Number of	Year of the latest
Region, development group country or area	Any method	Female sterilisation	Male sterilisation	Pill	Injectable	Implant	IUD	Male condom	Rhythm ^a	Withdrawal	Other methods ^b	15 to 49 years (thousands)	survey data
Sri Lanka	46.3	10.2	0.0	5.9	5.9	3.2	7.3	4.8	5.8	3.1	0.1	5,326	2016
Western Asia	35.3	3.3	0.0	6.6	1.0	0.1	8.5	4.9	1.1	8.6	1.2	68,692	
Armenia	38.2	0.5	0.0	1.9	0.1	0.0	6.4	10.6	2.4	15.5	0.7	749	2015
Azerbaijan*	35.5	1.0	0.0	1.2	0.0	0.0	7.3	2.6	2.1	19.7	1.7	2,627	2011
Bahrain	32.2		•		•					•		350	
Georgia*	33.4	2.3	0.0	2.7	0.1	0.0	8.2	8.9	4.1	6.1	1.0	886	2010
Iraq	35.1	2.4	0.0	11.0	2.2	0.1	6.6	1.5	0.7	9.0	1.8	9,809	2011
Israel	38.8											1,987	
Jordan	31.1	0.9	0.0	4.6	0.5	0.2	12.3	3.0	0.8	8.2	0.7	2,587	2017
Kuwait	35.5											1,097	
Lebanon	28.4	0.7	0.0	10.0	0.1	0.0	7.8	2.2	2.0	4.2	1.5	1,709	2009
Oman	19.6	2.7	0.1	4.0	2.8	0.1	2.0	1.7	1.0	4.8	0.4	969	2014
Qatar	29.1	0.8	0.8	9.5	3.1	0.1	7.7	2.5	1.8	1.6	1.2	438	2012
Saudi Arabia	18.6	0.5	0.0	11.1	0.2	0.0	3.2	0.7	0.3	0.7	2.0	8,483	2016
State of Palestine*	37.0	1.4	0.0	5.1	0.6	0.0	16.6	3.7	2.4	6.1	1.2	1,289	2014
Syrian Arab Republic	31.6	1.9	0.0	5.5	0.6	0.0	14.1	1.6	4.3	3.6	0.0	4,598	2009
Turkey	46.7	6.3	0.0	3.0	0.4	0.0	10.8	10.3	0.2	15.4	0.2	21,824	2013
United Arab Emirates	33.4											1,795	
Yemen	25.5	1.9	0.1	8.4	3.0	0.4	4.3	0.6	1.3	2.1	3.3	7,497	2013
EUROPE	56.1	3.0	1.7	19.1	0.5	0.4	8.1	16.4	1.5	4.2	1.2	163,459	
Eastern Europe	50.2	2.4	0.0	11.0	0.1	0.0	8.9	19.9	1.9	5.3	0.7	67,889	
Belarus	59.8	2.5	0.0	9.9	0.1	0.1	11.6	27.3	2.1	5.4	0.9	2,180	2012
Bulgaria	59.2	2.7	0.1	9.8	0.0	0.0	8.7	25.5	1.4	10.2	0.8	1,482	2007
Czechia	54.0	2.3	0.0	34.4	0.2	0.1	4.2	8.1	1.0	3.2	0.5	2,373	2008
Hungary	45.0	0.7	0.0	12.3	0.5	0.0	9.3	17.3	1.3	2.4	1.3	2,229	2008
Poland	46.0	1.5	0.0	14.5	0.1	0.0	2.8	19.0	4.1	3.2	0.8	8,902	2014
Republic of Moldova*	53.2	4.2	0.0	5.4	0.0	0.0	17.9	13.6	2.0	9.0	1.2	1,049	2012
Romania	53.5	3.3	0.1	14.0	0.3	0.0	5.3	20.3	6.0	3.5	0.9	4,424	2005
Russian Federation	48.4	2.9	0.0	9.7	0.0	0.0	10.3	18.8	1.0	5.6	0.2	33,730	2011
Slovakia	52.4											1,298	

		Estimate	ed prevalence o	of contra		nong wome ercentage)	n of rep	roductive a	ge (15-49 ye	ars), 2019		Number of women	Year of the latest
Region, development group country or area	Any method	Female sterilisation	Male sterilisation	Pill	Injectable	Implant	IUD	Male condom	Rhythm ^a	Withdrawal	Other methods ^b	15 to 49 years (thousands)	survey data
Ukraine*	53.9	0.7	0.0	5.9	0.0	0.1	10.7	25.4	1.5	7.8	1.9	10,223	2012
Northern Europe	68.4	5.1	7.3	25.6	2.3	1.3	8.3	10.8	1.7	3.5	2.7	22,857	
Denmark*	62.3	••	••		••				••	••	••	1,249	
Estonia	54.8	1.3	0.4	20.0	0.8	0.3	12.4	12.3	2.7	2.3	2.3	279	2004
Finland*	78.0	1.8	1.0	32.1	0.2	0.2	9.0	27.6	0.7	4.1	1.3	1,138	2015
Ireland	65.0	3.5	3.5	29.1	2.1	0.7	9.0	13.9	1.6	1.2	0.5	1,133	2010
Latvia	57.2	••	••		••				••	••	••	407	
Lithuania	42.2	1.6	0.1	13.5	0.0	0.0	5.6	13.4	3.2	4.1	0.7	626	2006
Norway*	66.0	5.1	0.2	25.6	0.7	1.9	13.5	11.7	1.9	2.7	2.7	1,215	2005
Sweden	59.8											2,153	
United Kingdom of Great Britain and Northern Ireland*	71.7	6.2	10.4	26.1	3.1	1.6	7.6	8.1	1.6	3.9	3.3	14,656	2008
Southern Europe	53.9	2.1	0.9	15.8	0.2	0.2	3.6	21.9	0.8	7.2	1.4	32,177	
Albania	28.4	0.8	0.0	0.7	0.2	0.0	0.2	1.4	0.3	24.5	0.2	700	2008
Bosnia and Herzegovina	37.0	0.2	0.0	2.9	0.0	0.0	4.2	10.7	2.1	16.4	0.5	801	2011
Croatia	50.8	••	••		••	•			••	••	••	892	
Greece	50.8	0.2	0.0	5.7	0.0	0.0	2.5	29.4	1.9	10.9	0.2	2,401	2001
Italy	55.6	3.3	0.3	19.1	0.4	0.1	3.4	19.2	0.6	8.4	0.8	11,873	2013
Malta	48.2											96	
Montenegro	29.3	0.1	0.0	4.8	0.0	0.0	4.6	12.0	0.7	7.1	0.1	146	2013
North Macedonia	41.1	0.8	0.0	2.3	0.2	0.0	2.2	15.5	1.8	18.2	0.1	507	2011
Portugal	59.8	0.3	0.0	30.9	0.0	0.0	5.3	16.4	0.8	6.0	0.3	2,281	2014
Serbia*	50.4	0.3	0.0	5.7	0.0	0.0	1.9	23.8	2.6	15.8	0.2	1,987	2014
Slovenia	50.2	••	••		••	•			••	••	••	430	
Spain*	56.5	2.1	2.6	16.3	0.1	0.5	4.1	26.5	0.3	1.2	3.0	10,063	2016
Western Europe	61.0	3.7	1.8	31.5	0.5	0.9	10.3	9.5	1.2	0.5	1.2	40,536	
Austria	60.7	2.2	1.3	24.2	2.3	1.0	10.1	15.4	1.5	0.4	2.4	1,908	2012
Belgium	58.3	4.8	3.7	29.8	0.0	0.3	12.5	4.9	0.4	0.2	1.7	2,487	2013
France*	63.5	2.9	0.5	33.1	0.2	1.7	14.1	8.0	1.7	0.7	0.7	13,743	2010
Germany	58.1	4.4	2.1	31.7	0.5	0.2	6.8	10.0	0.7	0.2	1.5	16,829	2011
Netherlands*	62.3	2.4	3.3	32.7	1.0	0.6	10.2	8.6	1.8	0.8	0.8	3,656	2013

		Estimate	ed prevalence o	of contra		nong wome ercentage)	n of rep	roductive a	ge (15-49 ye	ars), 2019		Number of - women	Year of the latest
Region, development group country or area	Any method	Female sterilisation	Male sterilisation	Pill	Injectable	Implant	IUD	Male condom	Rhythm ^a	Withdrawal	Other methods ^b	15 to 49 years (thousands)	survey data
Switzerland	71.5	6.5	4.9	26.0	0.0	1.8	11.5	16.2	2.6	0.8	1.2	1,913	2012
LATIN AMERICA AND THE CARIBBEAN	58.0	16.0	1.3	14.9	6.8	1.5	4.6	8.8	1.6	1.5	0.9	174,778	••
Caribbean	49.4	15.4	0.3	8.6	6.0	0.7	6.4	9.3	1.2	0.8	0.7	11,043	••
Antigua and Barbuda	43.7		••		•					•		28	
Bahamas	44.2											106	
Barbados	50.3	3.6	0.1	18.3	4.3	0.6	2.6	16.5	1.6	1.5	1.2	66	2012
Cuba	69.7	19.1	0.0	8.3	0.6	0.1	23.3	16.5	0.7	0.3	0.8	2,595	2014
Dominican Republic	56.4	30.6	0.1	14.1	4.0	0.8	2.0	2.5	1.3	0.5	0.5	2,847	2014
Grenada	41.8											28	
Guadeloupe*	41.2	••	••		••	•				•		101	
Haiti	28.0	0.8	0.1	1.7	14.2	1.6	0.1	6.5	1.0	1.2	0.8	3,028	2016
Jamaica	39.9	6.3	0.0	8.9	6.5	0.2	0.9	14.6	0.2	1.9	0.2	767	2008
Martinique*	40.9											85	
Puerto Rico*	55.9	21.8	2.7	11.5	2.7	0.1	1.7	9.8	3.6	1.1	0.7	904	2002
Saint Lucia	47.7	5.4	0.1	18.7	4.1	0.2	2.6	13.1	1.6	1.0	1.0	50	2011
Saint Vincent and the Grenadines	48.8	••	••		••	•				•		28	
Trinidad and Tobago	39.2	6.0	0.1	10.5	2.1	0.3	1.4	13.7	2.9	1.1	1.3	349	2011
United States Virgin Islands*	44.1	8.7	0.7	10.7	3.4	0.1	2.0	15.0	2.3	0.7	0.6	21	2002
Central America	51.9	23.1	0.7	3.5	5.5	2.7	8.0	5.1	1.4	1.0	0.9	49,396	••
Belize	43.1	13.6	0.1	9.2	7.4	2.1	1.1	6.4	1.8	0.9	0.6	109	2015
Costa Rica	56.6	17.2	2.5	18.9	6.6	0.0	2.3	7.0	1.1	0.3	0.6	1,296	2015
El Salvador	50.1	26.5	0.2	2.8	12.7	0.1	1.4	3.3	1.4	1.6	0.2	1,810	2014
Guatemala	41.5	15.2	0.4	2.4	11.2	1.3	1.1	3.3	3.1	3.3	0.3	4,753	2014
Honduras	51.5	17.1	0.2	7.9	11.9	0.0	4.9	4.0	1.7	3.8	0.2	2,645	2011
Mexico	53.4	24.9	0.8	2.4	3.1	3.5	10.2	5.6	1.2	0.5	1.1	35,946	2015
Nicaragua	51.1	19.8	0.2	7.0	15.8	0.1	2.4	3.4	0.8	1.0	0.6	1,763	2011
Panama	49.4	18.1	0.3	10.0	12.4	0.2	1.7	3.1	1.1	1.5	1.1	1,075	2013
South America	61.4	13.0	1.7	20.5	7.5	1.1	3.0	10.3	1.7	1.8	0.9	114,340	••
Argentina	57.2	4.8	0.1	16.6	10.3	0.4	4.9	17.1	1.1	1.0	1.0	11,233	2013
Bolivia (Plurinational State of)	43.0	6.0	0.1	3.0	7.8	2.0	4.8	6.4	6.6	4.4	2.0	2,954	2016

		Estimate	ed prevalence o	of contra		nong wome ercentage)	n of rep	roductive a	ge (15-49 ye	ars), 2019		Number of - women	Year of the latest
Region, development group country or area	Any method	Female sterilisation	Male sterilisation	Pill	Injectable	Implant	IUD	Male condom	Rhythm ^a	Withdrawal	Other methods ^b	15 to 49 years (thousands)	survey data available
Brazil	65.3	14.0	2.6	29.7	4.9	0.0	1.4	10.0	0.7	1.5	0.5	57,599	2013
Chile	59.9	7.0	0.1	22.5	5.7	0.4	10.2	9.6	0.9	0.1	3.4	4,568	2015
Colombia	63.8	24.8	2.2	6.2	11.6	4.9	3.8	6.3	1.4	2.1	0.5	13,376	2015
Ecuador	58.7	21.6	0.2	7.9	8.5	4.8	3.7	5.2	3.7	2.8	0.5	4,438	2007
Guyana	33.3	2.9	0.1	6.5	4.6	0.8	5.5	10.1	1.3	0.4	1.2	204	2014
Paraguay	57.4	6.4	0.1	14.6	18.1	0.0	4.8	9.4	2.3	0.6	1.1	1,834	2016
Peru	53.9	6.2	0.3	5.7	12.7	1.1	1.8	12.2	7.6	4.8	1.5	8,602	2017
Suriname	43.7	8.3	0.1	21.8	3.7	0.1	1.5	7.3	0.5	0.1	0.3	147	2010
Uruguay	56.8	4.9	0.3	20.9	0.4	0.7	6.0	20.8	0.2	0.2	2.5	833	2015
Venezuela (Bolivarian Republic of)	55.6		••									8,554	
NORTHERN AMERICA	62.4	12.7	4.3	15.1	2.2	2.4	7.6	11.0	1.3	4.0	1.7	83,038	••
Canada	72.1	4.2	3.8	28.5	1.9	0.0	1.6	26.1	0.9	2.0	3.1	8,353	2006
United States of America*	61.4	13.7	4.3	13.7	2.3	2.7	8.3	9.3	1.4	4.3	1.6	74,685	2015
OCEANIA	49.2	4.9	5.8	16.9	2.9	3.1	3.4	9.3	1.0	1.1	1.0	9,725	••
Australia*	57.2	3.7	7.7	22.0	0.9	4.3	4.6	12.1	0.4	0.9	0.7	5,840	2015
New Zealand*	60.4		••									1,100	
Melanesia	28.0	8.0	0.4	4.0	8.0	0.2	0.3	1.9	2.6	1.1	1.6	2,617	••
Fiji	36.1		•		••				••		••	227	
Papua New Guinea	27.0	7.7	0.4	3.9	7.9	0.0	0.0	1.7	2.6	1.1	1.8	2,159	2006
Solomon Islands	23.5	6.9	0.4	0.9	6.4	1.7	1.5	1.7	2.3	1.4	0.4	158	2015
Vanuatu	36.6	8.5	0.5	9.1	8.2	0.0	2.1	2.9	2.6	1.9	0.9	72	2013
Micronesia	34.1	8.9	1.0	8.7	5.5	1.8	0.6	3.1	2.1	1.3	1.3	90	••
Guam*	41.2	9.7	1.7	15.8	3.0	0.0	0.4	5.3	1.9	1.7	1.7	40	2002
Kiribati	21.3	3.7	0.6	1.1	7.6	3.2	0.8	0.4	2.4	0.9	0.7	30	2009
Polynesia*	20.2	6.9	0.0	2.8	6.3	0.2	1.1	0.6	1.0	0.7	0.5	78	••
Samoa	16.9	4.8	0.0	3.7	6.6	0.1	0.2	0.1	0.6	0.3	0.5	44	2014
Tonga	19.9	8.4	0.0	1.2	4.0	0.0	2.2	1.1	1.5	1.2	0.3	26	2012

Notes

The designations employed in this publication and the material presented in it 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. The term "country" as used in this publication also refers, as appropriate, to territories or areas.

In this table, data for countries or areas have been aggregated in six continental regions: Africa, Asia, Europe, Latin America and the Caribbean, Northern America, and Oceania. Further information on continental regions is available from https://unstats.un.org/unsd/methodology/ m49/. Countries or areas are also grouped into geographic regions based on the classification being used to track progress towards the Sustainable Development Goals of the United Nations (see: https://unstats.un.org/ sdgs/indicators/regional-groups/).

The designation of "more developed" and "less developed" regions is intended for statistical purposes and does not express a judgment about the stage reached by a particular country or area in the development process. More developed regions comprise all regions of Europe plus Northern America, Australia/New Zealand and Japan. Less developed regions comprise all regions of Africa, Asia (excluding Japan), and Latin America and the Caribbean as well as Oceania (excluding Australia and New Zealand).

The group of least developed countries includes 47 countries located in sub-Saharan Africa (32), Northern Africa and Western Asia (2), Central and Southern Asia (4), Eastern and South-Eastern Asia (4), Latin America and the Caribbean (1), and Oceania (4). Further information is available at http://unohrlls.org/about-ldcs/.

The group of Landlocked Developing Countries (LLDCs) includes 32 countries or territories located in sub-Saharan Africa (16), Northern Africa

and Western Asia (2), Central and Southern Asia (8), Eastern and South-Eastern Asia (2), Latin America and the Caribbean (2), and Europe and Northern America (2). Further information is available at http://unohrlls. org/about-lldcs/.

The group of Small Island Developing States (SIDS) includes 58 countries or territories located in the Caribbean (29), the Pacific (20), and the Atlantic, Indian Ocean, Mediterranean and South China Sea (AIMS) (9). Further information is available at http://unohrlls.org/about-sids/.

The classification of countries or areas by income level is based on the gross national income (GNI) per capita as reported by the World Bank (June 2018). These income groups are not available for all countries or areas.

* For country notes, please refer to: https://population.un.org/wpp/ Download/Metadata/Documentation.

a. Also called periodic abstinence or the calendar method.

b. May include modern methods such as female condoms, vaginal barrier methods (including the diaphragm, cervical cap and spermicidal foam, jelly, cream and sponge), the lactational amenorrhea method (LAM), emergency contraception and other modern methods (e.g., the contraceptive patch or vaginal ring), and traditional methods such as douching, prolonged abstinence, gris-gris, incantation, medicinal plants, abdominal massage and other local methods.

Two dots (..) indicate that data are not available.

Definition of Indicators and Contraceptive Methods

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. In this data booklet it is reported as a percentage with reference to all women of reproductive age (ages 15-49 years).

Generally, in survey, if a woman is reporting the use of more than one method in combination, only the most effective method is used for the results tabulation; therefore, the overall use of methods frequently used in a combination (such as the male condom, rhythm or withdrawal) is underestimated.

Modern methods of contraception:

Female sterilisation: Permanent contraception to block or cut the fallopian tubes (also known as tubal ligation).

Male sterilisation: Permanent contraception to block or cut the vas deferens tubes that carry sperm from the testicles to the penis (also known as vasectomy).

Intrauterine device (IUD): Small flexible plastic device containing copper sleeves or wire inserted into the uterus. Some devices steadily release small amounts of levonorgestrel each day. Health-care provider must insert and remove; can be used for 3–5 years depending on implant.

Implant: Small, flexible rods or capsules placed under the skin of the upper arm; contains either estrogen and progestogen, or progestogen only. Health-care provider must insert and remove; can be used for 3–5 years depending on implant.

Injectable: Injected into the muscle or under the skin every 1, 2 or 3 months, depending on product.

Oral contraceptive pill (the pill): Contains either estrogen and progestogen, or progestogen only. Taken daily, prevents the release of eggs from the ovaries.

Male condom: Sheath or covering that fit over a man's erected penis. Also protects against sexually transmitted infections, including HIV.

Traditional methods of contraception:

Rhythm (calendar) method: Women monitor their pattern of menstrual cycle (includes fertility awareness-based methods, periodic abstinence).

Withdrawal (coitus interruptus): Man withdraws his penis from his partner's vagina and ejaculates outside the vagina, keeping semen away from her external genitalia.

Other methods:

For the purpose of this data booklet, these include modern methods such as female condoms, vaginal barrier methods (including the diaphragm, cervical cap and spermicidal foam, jelly, cream and sponge), the lactational amenorrhea method (LAM), emergency contraception and other modern methods (e.g., the contraceptive patch or vaginal ring), and traditional methods such as douching, prolonged abstinence, gris-gris, incantation, medicinal plants, abdominal massage and other local methods.

Methods

The estimates of the prevalence of various contraceptive methods for women of reproductive age (15-49 years) presented in this data booklet, are based on a comprehensive data set of 1,247 surveys for 195 countries or areas compiled in *World Contraceptive Use 2019* and the estimates of contraceptive prevalence (any, modern, traditional) from *Estimates and Projections of Family Planning Indicators 2019*. Both data sets are publicly available on the website of the Population Division of the Department of Economic and Social Affairs.

The estimates are provided for two time periods. For the first time period, survey estimates closest to the year 1994 from the period 1985 to 1999 are selected. For the second time period, the most recent survey estimates since the year 2000 are selected. The contraceptive method mix observed in surveys are applied to the model-based estimates of modern and traditional contraceptive prevalence for the years 1994 and 2019 to estimate the contraceptive method mix and the prevalence of individual contraceptive methods among women of reproductive age (15-49 years).

Survey estimates of contraceptive method mix for married women⁴ are sourced directly from the *World Contraceptive Use 2019 dataset*. Survey estimates for unmarried women are derived from report tabulations or tabulations from microdata. For countries with no survey data available, the subregional estimate of method mix is used. The majority of surveys in Northern Africa and Western Asia do not ask unmarried women about their contraceptive use. In these cases, the contraceptive method mix for married women is applied to estimates of the contraceptive prevalence among all women of reproductive age.

Regional and global estimates are calculated as the average of the country-specific contraceptive method mix and prevalence weighted by the estimated number of contraceptive users for 195 countries or areas. The Annex Table presents estimates of contraceptive prevalence by individual methods for 164 countries or area that have at least one survey estimate available since the year 2000.

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* "Married" pertains to women who are married (defined in relation to the marriage laws or customs of a country) and to women in a union, which refers to women living with their partner in the same household (also referred to as cohabiting unions, consensual unions, unmarried unions, or "living together"). "Unmarried" pertains to women who are not married and not in a union and is a complement to "Married".

