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Department of
Economic and
Social Affairs

World Fertility and Family Planning 2020

Highlights



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Department of Economic and Social Affairs
Population Division

World Fertility and Family Planning 2020

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What is *World Fertility and Family Planning 2020 Highlights*?

In recognition of the 25th anniversary of the International Conference on Population and Development (ICPD) in 1994, governments reaffirmed the importance of the Programme of Action and its further implementation for achieving the Sustainable Development Goals (SDG). The emphasis on universal access to a full range of safe and reliable family planning methods, which help couples and individuals to realise their right to decide freely and responsibly on the number, spacing and timing of births, remains as critical today as it did in 1994.

The growing use of contraceptive methods in recent decades has resulted not only in improvements in health-related outcomes such as reduced unintended pregnancies, high-risk pregnancies, maternal mortality, and infant mortality, but also in improvements in schooling and economic outcomes, especially for girls and women. Beyond the impacts of contraceptive use at the individual level, there are benefits at the population level. From a macroeconomic perspective, reductions in fertility enhance economic growth as a result of reduced youth dependency and an increased number of women participating in paid labour. Continued rapid population growth presents challenges for achieving the 2030 Agenda for Sustainable Development, particularly in sub-Saharan Africa where countries must provide health-care services, education and eventually employment opportunities for growing numbers of children and young people. Long-term global population trends are driven largely by trends in fertility. It is therefore important to understand the relationship between contraceptive use and fertility, especially in high-fertility contexts, because of the implications for triggering or speeding up the demographic transition, and harnessing a demographic dividend.

World Fertility and Family Planning 2020: Highlights presents new evidence on trends in contraceptive use and fertility, as well as insights into the relationship between contraceptive use and fertility at the global, regional and national levels for women of reproductive age. This publication draws predominantly from the 2019 revision of the *World Population Prospects* and *Estimates and Projections of Family Planning Indicators 2019*.

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World Fertility and Family Planning 2020

Highlights: Key messages

1. Globally, women are having fewer babies, but fertility rates remain high in some parts of the world.

The global fertility rate declined from 3.2 live births per woman in 1990 to 2.5 in 2019. In sub-Saharan Africa, the region with the highest fertility levels, total fertility fell from 6.3 births per woman in 1990 to 4.6 in 2019. Over the same period, fertility levels also declined in Northern Africa and Western Asia (from 4.4 to 2.9), in Central and Southern Asia (4.3 to 2.4), in Eastern and South-Eastern Asia (2.5 to 1.8), in Latin America and the Caribbean (3.3 to 2.0), and in Oceania excluding Australia and New Zealand¹ (4.5 to 3.4). In Australia and New Zealand and in Europe and Northern America, fertility in 1990 was already below 2.0 live births per woman, and it remained so in 2019, with an average of 1.8 births per woman in Australia and New Zealand and 1.7 in Europe and Northern America.

2. The decline of fertility in sub-Saharan Africa has been relatively slow and occurring later compared to other regions.

In 1950, the total fertility rate was above 6.0 live births per woman in Eastern and South-Eastern Asia (6.1), in Northern Africa and Western Asia (6.6), in Oceania (6.2), and in sub-Saharan Africa (6.5). The total fertility rate declined from 6.0 to 4.0 live births per woman over 24 years in Eastern and South-Eastern Asia (from 1950 to 1974), while the same reduction of fertility took only 19 years in Northern Africa and Western Asia (from 1974 to 1993) yet 35 years in Oceania (from 1968 to 2003). In sub-Saharan Africa, it is projected that 34 years may be required for fertility to decline from 6.0 to 4.0 live births per woman (from 1995 to 2029).

¹ All references to "Oceania" in this report exclude Australia and New Zealand, which are treated as a separate region.

3. Although fertility in 2019 was higher in sub-Saharan Africa compared to other regions, a number of countries in this region have seen large declines in total fertility in recent years.

Between 2010 and 2019, 7 of the 10 countries with the largest reductions in the total fertility rate were in sub-Saharan Africa: Chad, Ethiopia, Kenya, Malawi, Sierra Leone, Somalia and Uganda.

4. Globally, the level of fertility is expected to continue declining.

The global level of fertility is expected to reach 2.2 live births per woman in 2050 and 1.9 in 2100, according to the United Nations medium-variant projection. The level of fertility in sub-Saharan Africa is projected to fall to 3.1 births per woman in 2050 and to 2.1 in 2100.

5. Today, many more women of reproductive age are using some form of contraception than in 1990.

Worldwide, in 2019, 49 per cent of all women in the reproductive age range (15-49 years) were using some form of contraception, an increase from 42 per cent in 1990.

6. Use of contraceptive methods increased in all regions between 1990 and 2019.

The use of contraception among women of reproductive age in sub-Saharan Africa increased from 13 per cent in 1990 to 29 per cent in 2019; in Oceania, from 20 to 28 per cent; in Western Asia and Northern Africa, from 26 to 34 per cent; in Central and Southern Asia, from 30 to 42 per cent; and in Latin America and the Caribbean, from 40 to 58 per cent. By 1990, all other regions had already reached a prevalence of contraceptive use greater than 50 per cent, including Northern America and Europe, where use rose from 57 per cent in 1990 to 58 per cent in 2019; Eastern Asia and South-Eastern Asia, from 51 to 60 per cent; and Australia and New Zealand, from 56 to 58 per cent.

7. Modern contraceptive methods account for most contraceptive use worldwide.

Globally in 2019, 44 per cent of women of reproductive age were using a modern method of contraception. This comprises 91 per cent of all contraceptive users; the remaining 9 per cent were using traditional methods.

8. Although use of modern contraception in 2019 was lower in sub-Saharan Africa compared to other regions, a number of countries in this region have seen a significant increase in recent years.

All 10 countries with the largest increases in the use of modern contraception between 2010 and 2019 are found in sub-Saharan Africa: Burkina Faso, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mozambique, Senegal, Sierra Leone and Uganda.

9. There is an inverse relationship between contraceptive use and fertility.

Countries with high proportions of women using contraception generally have lower levels of fertility. Although observed in both 1990 and 2019, the relationship has changed over time. At every level of contraceptive use in 2019, countries of sub-Saharan Africa tended to display higher levels of fertility compared to other regions.

10. The relationship between contraceptive use and fertility is also influenced by other factors.

The contraceptive methods commonly used in a population are important determinants of fertility, as some methods, including long-acting and permanent ones, are more effective at averting pregnancy than others. In addition to various social and economic factors affecting fertility choices, other important determinants of the fertility level in a population include: the incidence

of abortion, the duration of postpartum insusceptibility due to breastfeeding and sexual abstinence, the prevalence of secondary sterility and the proportion of the population that is married, in a union or sexually active.

11. It is expected that continuing increases in the use of modern contraception will lead to further reductions in fertility, and in future years will contribute to a further slowdown in population growth, especially in sub-Saharan Africa.

However, to achieve the anticipated declines in fertility, it will be crucial to continue working towards gender equality and empowerment of women, by increasing the participation of men in family planning, by promoting female education, by eliminating all forms of violence and discrimination against women, by eliminating early, forced and child marriage, and by ensuring that women have equal access to the labour market, social protection and the political process.

12. Meeting the commitment to achieve universal access to sexual and reproductive health-care services, information and education by 2030 will require intensified support for family planning, including through the implementation of effective government policies and programmes.

With the ICPD Programme of Action, Governments committed to enabling couples and individuals to meet their reproductive goals, and in the 2030 Agenda for Sustainable Development, world leaders pledged that “no one will be left behind”. To honour these commitments, it will be crucial to meet fully the demand for family planning by investing in and providing access to reproductive and health-care services for all.

Introduction

In 2015 the United Nations General Assembly adopted the 2030 Agenda for Sustainable Development,² which reaffirmed the commitments of the landmark International Conference on Population and Development, held in Cairo in 1994. The Programme of Action emphasised that universal access to a full range of safe and reliable family planning methods helps couples and individuals realise their right to decide freely and responsibly the number and spacing of their children.

Ever since Cairo, the international community has committed to actions that guarantee access to sexual and reproductive health-care services, including for family planning, and the realisation of reproductive rights for all people. The Programme of Action called for all countries to provide universal access to a full range of safe and reliable family planning methods by the year 2015 (United Nations, 1995, paragraph 7.16). In recognition of the 25th anniversary of the ICPD, Governments at the 52nd session of the Commission on Population and Development in 2019 reaffirmed the importance of the ICPD and its further implementation to also reach the Sustainable Development Goals.³ The 2030 Agenda for Sustainable Development includes a target relevant for family planning and fertility under Goal 3, that covers a range of targets to ensure healthy lives and well-being of the population. Target 3.7 aims to ensure, by 2030, universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes. The two measures of progress toward this target are indicator 3.7.1, proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods, and indicator 3.7.2, adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 girls and women in that age group.⁴

² Transforming our world: the 2030 Agenda for Sustainable Development (A/RES/70/1).

³ Declaration on the occasion of the twenty-fifth anniversary of the International Conference on Population and Development. United Nations Commission on Population and Development, E/CN.9/2019/L.3.

⁴ The United Nations Population Division provides annual updates of

Other recent global initiatives and partnerships seek to expand contraceptive information, counselling and services, such as Family Planning 2020,⁵ which focuses on 69 of the world's poorest countries, and Every Woman Every Child, which has a broader strategy of accelerating improvements in the health of all women, children and adolescents by 2030.⁶

Contraception assists couples and individuals to achieve their reproductive goals and enables them to exercise the right to have children by choice. The growing use of contraceptive methods has resulted in improvements in health-related outcomes such as reductions in unintended and high-risk pregnancies, and in maternal and infant mortality, as well as in improvements in schooling and economic outcomes, especially for girls and women.

Beyond the impacts of contraceptive use at the individual level, there are benefits at the population level. From a macroeconomic perspective, reductions in fertility enhance economic growth as a result of reduced numbers of dependent children and youth relative to the population of working age and an increased number of women participating in paid labour (Canning and Schultz, 2012). Continued rapid population growth presents challenges for achieving the 2030 Agenda for Sustainable Development, particularly in sub-Saharan Africa where countries must provide health-care services, education and eventually employment opportunities for growing numbers of children and young people.

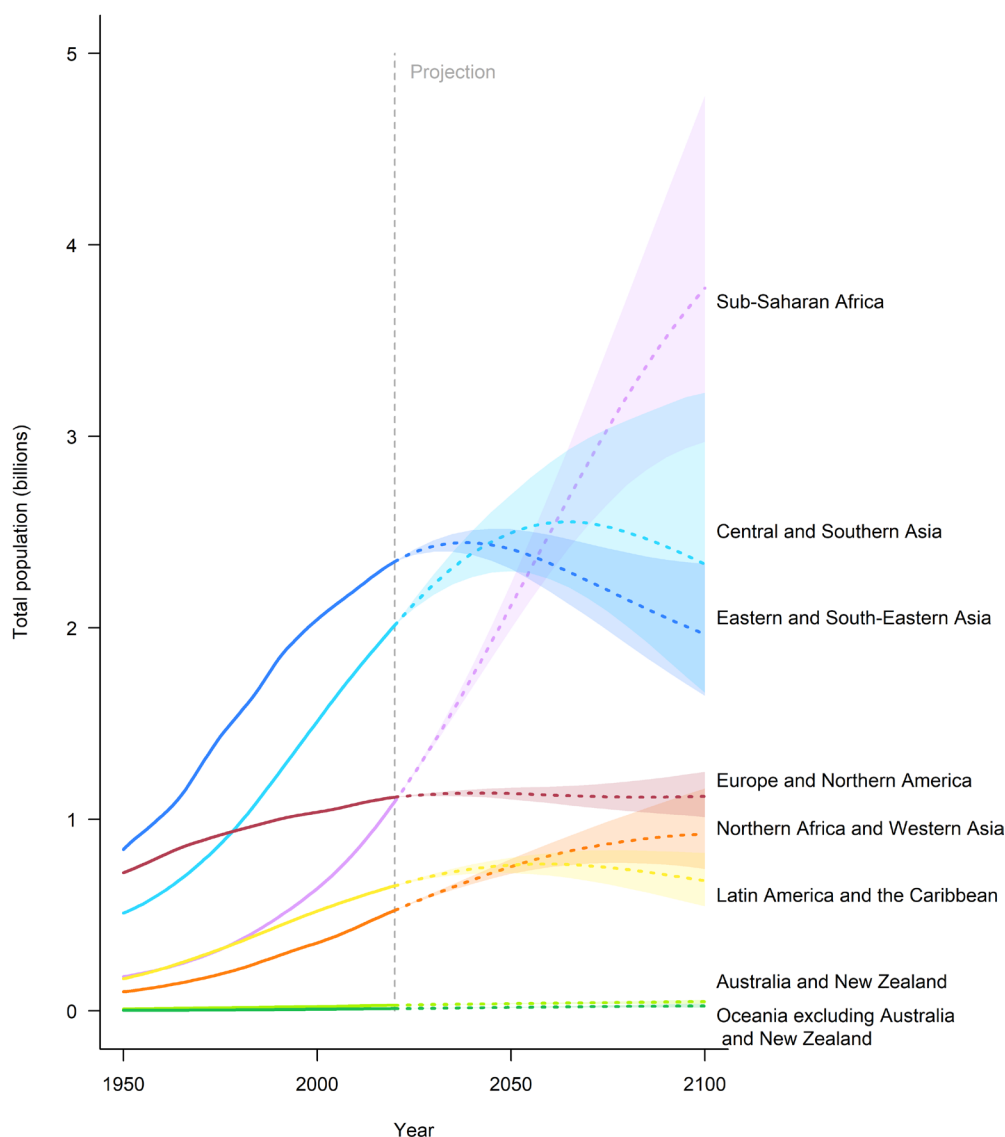
Of the eight regions, only sub-Saharan Africa is projected to sustain rapid population growth through the end of the century, according to the medium-variant projection. Sub-Saharan Africa

Sustainable Development Goal Indicators 3.7.1 and 3.7.2 to the United Nations Sustainable Development Goals database maintained by the United Nations Statistics Division.

⁵ *Family Planning 2020 (FP2020)*, available at: www.familyplanning2020.org/

⁶ *Every Woman Every Child*, available at: www.everywomaneverychild.org/ and *Global Strategy for Women's Children's and Adolescents' Health (2016-2030)*, available at: www.who.int/life-course/partners/global-strategy/en/

Figure 1.
Population size by region, estimates and projections (with 95 per cent prediction intervals), 1950-2100



Source: United Nations Department of Economic and Social Affairs, Population Division (2019a). *World Population Prospects 2019*.

is projected to become the most populous of the regions around 2062, surpassing both Eastern and South-Eastern Asia, and Central and Southern Asia in size (figure 1). The medium-variant projection foresees a population for sub-Saharan Africa in 2100 of 3.8 billion; the 95 per cent prediction interval around this projection extends from 3.0 to 4.8 billion.⁷

⁷ Further details on the uncertainty around population projections are presented elsewhere, available at: www.un.org/en/development/desa/population/publications/pdf/popfacts/PopFacts_2019-6.pdf.

Long-term global population trends are driven largely by trends in fertility (Andreev, Kantorová and Bongaarts, 2013). It is important to understand the relationship between contraceptive use and fertility, especially in high-fertility contexts, because of the implications for triggering or speeding up the demographic transition and for harnessing a demographic dividend. The “proximate determinants” framework for the analysis of fertility (Bongaarts, 1978; Bongaarts, 2015; Stover, 1998)

included contraceptive use as a key component, in addition to abortion, duration of breastfeeding, patterns of union formation and contraceptive effectiveness.

This publication presents new evidence on trends in contraceptive use and fertility, as well as insights into the relationship between them at the global, regional and national levels for women of reproductive age.⁸

It is known that particular groups of women, such as those with disabilities, indigenous women,

girls and young women, older women and other groups, face additional barriers to accessing sexual and reproductive health-care services due to underlying structural, institutional, or social causes of deprivation, disadvantage or discrimination (Guttmacher Institute, 2017). However, because of the objective of examining the general relationship between contraceptive use and fertility, and because of a lack of disaggregated data at the global level, this report focuses on fertility and family planning among all women.

⁸ This complements existing work on the relationship between contraceptive use and fertility (Bongaarts, 2017).



Community members talk about family planning in Mozambique, 2017. The Global Financing Facility/
Dominic Chavez

Data and methods

The average number of live births per woman over a lifetime is referred to as the total fertility rate (TFR). The estimates and projections of total fertility rates are obtained from *World Population Prospects 2019* (United Nations, 2019a) for 201 countries or areas with a total population of 90,000 persons or more in 2019, as well as for aggregate geographic regions. The estimates from 1950 to present are based on available sources of data on fertility, mortality and population size by age and sex, including population and housing censuses, vital registration of births and deaths, surveys such as the Demographic and Health Surveys, and official statistics reported in the *United Nations Demographic Yearbook* from 1950 to 2018. A detailed list of the data sources used or considered and the methods applied in revising past estimates of fertility for each country or area is available elsewhere.⁹ The Population Division used the cohort-component method to project population trends until 2100 (United Nations, 2017a). Projections of fertility and population to the year 2100 reflect the plausible outcomes at the global, regional and country levels. There is inherent uncertainty in projections, and there is more uncertainty around projections that extend further into the future. The medium-variant projection highlighted in this report corresponds to the median of several thousand distinct trajectories, derived using a probabilistic model of the variability in changes over time. Prediction intervals reflect the spread in the distribution of outcomes across the projected trajectories and thus provide an assessment of the uncertainty inherent in the medium-variant projection.

For countries with high levels of fertility, the projected decline built into the medium-variant projection is based on a country's own fertility trend, informed as well by data on historical fertility transitions from all regions of the world, focusing on the period after the middle of the twentieth century when modern methods of contraception

came into use. These transitions were driven by multiple factors of human development, including reductions in child mortality, increased levels of education in particular for women and girls, increased urbanization, women's empowerment and growing labour force participation, and expanded access to reproductive health-care services including for family planning. Thus, the medium-variant projection implicitly assumes that high-fertility populations will experience development-related fertility decline similar to past transitions observed in countries that developed earlier.

Contraceptive use is the percentage of women age 15 to 49 who report themselves or their partners as currently using at least one contraceptive method of any type. The estimates and projections for contraceptive use presented here are available from 1990 to 2030 for women of reproductive age, and from 1970 to 2030 for the sub-population of married or in-union women of reproductive age (15 to 49 years) (United Nations, 2019b) for 185 countries or areas with a total population of 90,000 persons or more and with at least one observation of contraceptive use, as well as for aggregate geographic regions. These estimates are intended to be comparable across place and time. Generally, the posterior median¹⁰ is presented, but in some sections, the estimates and projections of contraceptive use are presented with uncertainty intervals.

The survey data underlying these model-based estimates and projections of contraceptive use are publicly available as a comprehensive data set of 1,247 survey-based observations for 195 countries or areas¹¹ for the period from 1950 to 2018, entitled *World Contraceptive Use 2019* (United Nations,

⁹ A detailed list of the data sources used or considered can be found at <https://population.un.org/wpp/Download/Metadata/Documentation/>, and United Nations (2019e) provides a selection of empirical estimates.

¹⁰ Under the assumed statistical model, and given the available data, there is a 50 per cent probability that the true value of contraceptive use is above, and a 50 per cent probability that it is below, the posterior median.

¹¹ Including 14 countries or areas for Central and Southern Asia, 39 countries or areas for Northern America and Europe, 23 countries or areas for Western Asia and Northern Africa, 48 countries or areas for sub-Saharan Africa, 39 countries or areas for Latin America and the Caribbean, 16 countries or areas for Oceania including Australia and New Zealand, and 16 countries or areas for Eastern and South-Eastern Asia.

2019c). Much information was obtained from multi-country survey programmes that routinely collect the necessary data, including Contraceptive Prevalence Surveys, Demographic and Health Surveys, Fertility and Family Surveys, Gender and Generations Surveys, Reproductive Health Surveys, Multiple Indicator Cluster Surveys, Performance Monitoring and Accountability 2020 surveys and World Fertility Surveys. Additional information was provided by other international survey programmes and national surveys. Differences in survey design and implementation, and in the representativeness of the sample, can affect the comparability of survey-based estimates over time and between countries (see Kantorová and others, 2017). The methods for producing annual estimates and projections of key family planning indicators are presented elsewhere (Alkema and others, 2013; Wheldon and others, 2018).

For analytical purposes, contraceptive methods are often classified as either modern or traditional. Modern methods of contraception include female and male sterilisation, the intra-uterine device (IUD), implants, injectables, oral contraceptive pills, male and female condoms, vaginal barrier methods (including the diaphragm, cervical cap and spermicidal foam, jelly, cream and sponge), lactational amenorrhea method (LAM), emergency contraception and other modern methods not

reported separately (e.g., the contraceptive patch or vaginal ring). Modern methods tend to be more effective than traditional methods at averting unintended pregnancies. Traditional methods of contraception include rhythm (e.g., fertility awareness-based methods, periodic abstinence), withdrawal and other traditional methods not reported separately. Unless specified, contraceptive use refers to use of any method.

Family planning indicators are presented for different categories of marital status. The married/in-union category 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”). The unmarried/not in-union category pertains to women who are neither married nor in a union. Unless a particular marital group is specified, “women of reproductive age” refers to the population of all women aged 15 to 49.

Estimates of contraceptive use by methods, and the proportion of women who are married, are also obtained from United Nations Population Division datasets (United Nations, 2018; United Nations, 2019c; United Nations, 2019d). Key data of the estimates are presented in annex 1.

Trends in fertility

There have been declines in fertility in most countries over recent decades

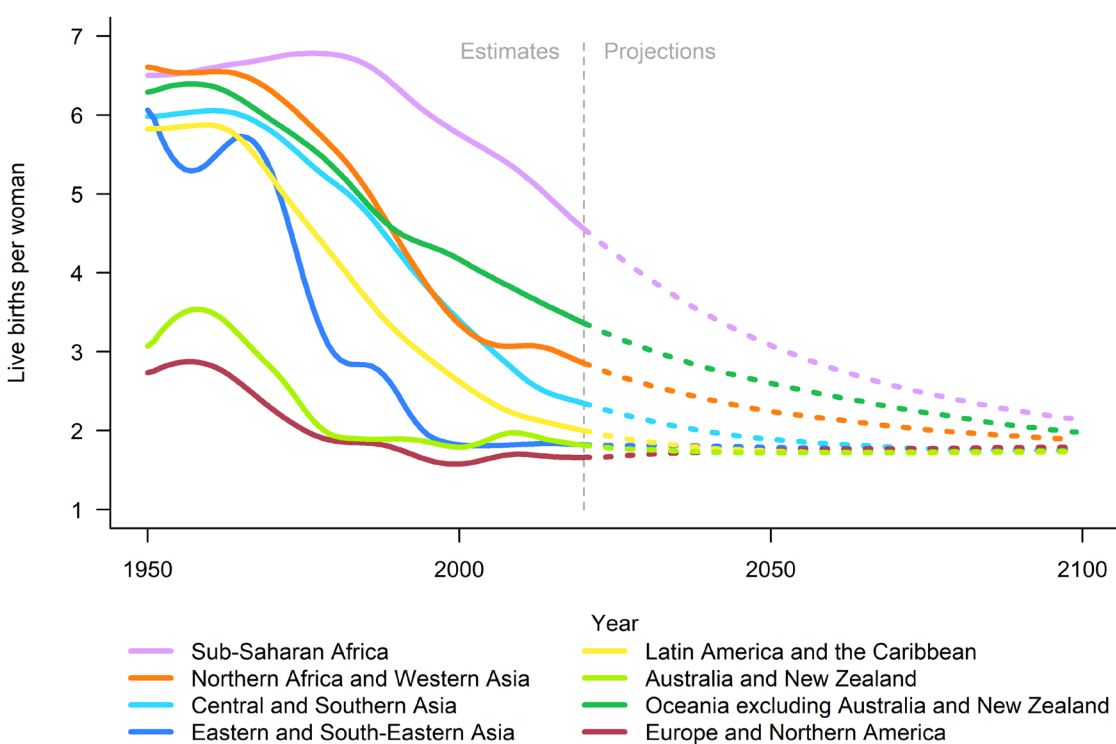
Total fertility has fallen markedly over recent decades in many countries, such that today close to half of all people globally live in a country or area where lifetime fertility is below 2.1 live births per woman, which is roughly the level required for populations with low mortality to have a growth rate of zero in the long run. The global fertility rate declined from 3.2 live births per woman in 1990 to 2.5 in 2019. But in sub-Saharan Africa, the region with the highest fertility levels, total fertility fell from 6.3 births per woman in 1990 to 4.6 in 2019.¹² Over the same period, fertility levels also declined in Northern Africa and Western Asia (from 4.4 to

2.9), Central and Southern Asia (4.3 to 2.4), Eastern and South-Eastern Asia (2.5 to 1.8), Latin America and the Caribbean (3.3 to 2.0), and Oceania (4.5 to 3.4). In Australia and New Zealand and in Europe and Northern America, fertility in 1990 was already below 2.0 births per woman, and it remains so today, with 1.8 births per woman, on average, in Australia and New Zealand in 2019 and 1.7 in Europe and Northern America. In some European countries, there have been slight increases in fertility. The most rapid regional fertility declines in recent decades have been in Eastern and South-Eastern Asia, Latin America and the Caribbean, Central and Southern Asia, and Northern Africa and Western Asia (figure 2).

The global level of fertility is expected to reach 2.2 live births per woman in 2050 and 1.9 in 2100, according to the medium-variant projection. The level of fertility in sub-Saharan Africa is projected

¹² Countries or areas are 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/>).

Figure 2.
Total fertility rate by region, estimates and projections, 1950-2100



Source: United Nations Department of Economic and Social Affairs, Population Division (2019a). *World Population Prospects 2019*.

to fall to 3.1 births per woman in 2050 and to 2.1 in 2100. When considering the long-term perspective from 1950 to 2100, the decline of fertility in sub-Saharan Africa has been slower, is occurring later, and started at higher levels of fertility compared to other regions that have been going through the demographic transition during this period (Bongaarts and Casterline, 2012). Since 1950 the region has experienced the world's highest level of total fertility, a level that peaked in 1976 at 6.8. In 1950, the total fertility rate was higher than 6.0 live births per woman in Eastern and South-Eastern Asia (6.1), Northern Africa and Western Asia (6.6), Oceania (6.2), and sub-Saharan Africa (6.5). The decline in the total fertility rate from 6.0 to 4.0 live births per woman took 24 years in Eastern and South-Eastern Asia (from 1950 to 1974); 19 years in Northern Africa and Western Asia (from 1974 to 1993); and 35 years in Oceania (from 1968 to 2003). It is projected that the same decline will take 34 years in sub-Saharan Africa (from 1995 to 2029).

Future population growth in sub-Saharan Africa is highly dependent on the path that future fertility

will take. However, most of the population growth that will occur between today and 2050 in Central and Southern Asia is driven by relatively youthful population age structures and would occur even if fertility rates were to fall immediately to around two children per woman over a lifetime (Andreev, Kantorová and Bongaarts, 2013).

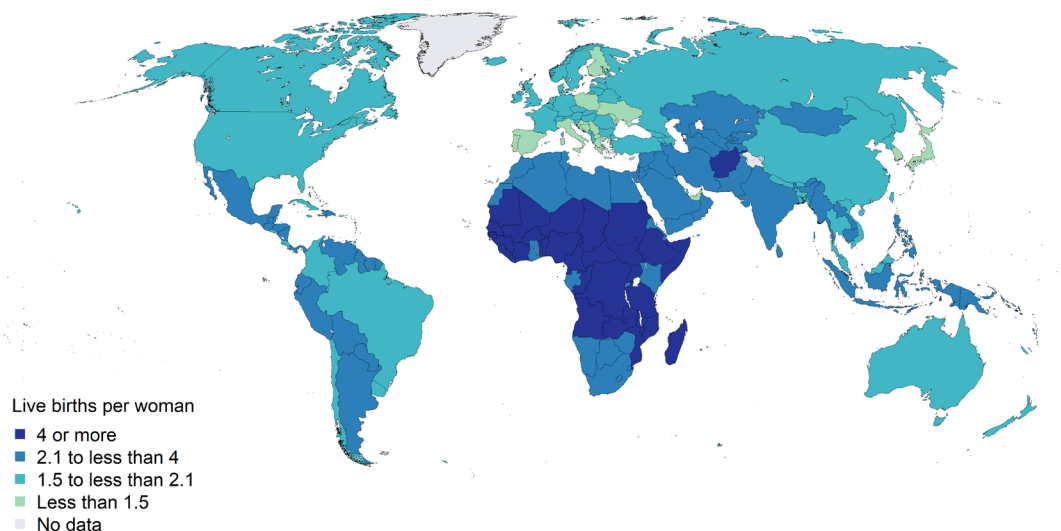
The pace of decline in fertility varies

Fertility levels vary both within and across regions (figure 3), as does the speed of recent fertility change.¹³ Of the 36 countries or areas with fertility levels above 4 births per woman in 2019, 33 were found in sub-Saharan Africa. Fertility in some of these high-fertility countries has been declining quite slowly.

Despite slow changes since 2010 in several high-fertility countries of sub-Saharan Africa, there have also been recent rapid declines of fertility in some countries of this region. Between 2010 and 2019, 7 of the 10 countries with the largest estimated

¹³ For a detailed analysis of the fertility transition and pace of fertility decline, see United Nations, (2017b).

Figure 3.
Total fertility rate by country or area, 2019



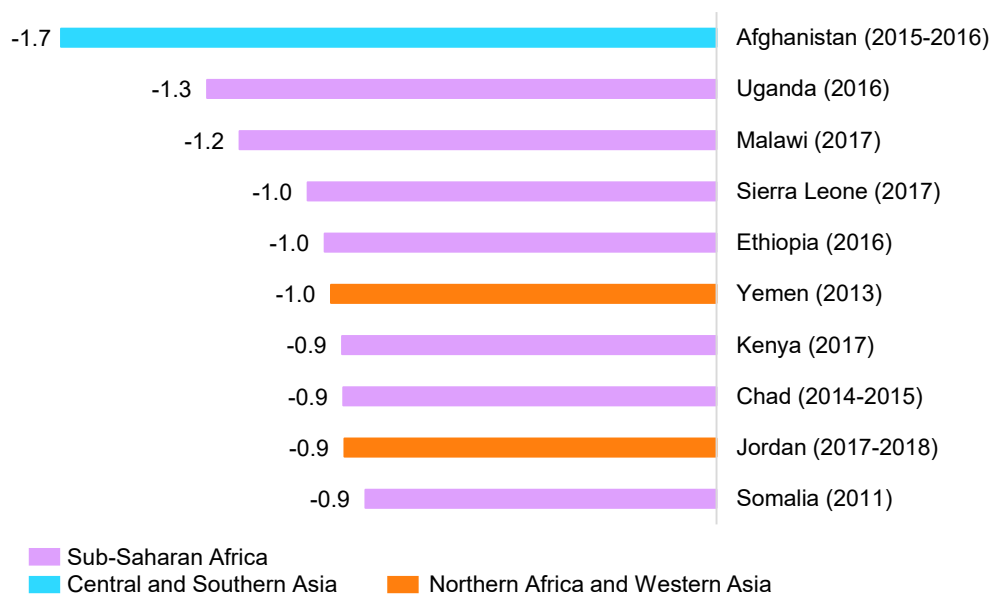
Source: United Nations Department of Economic and Social Affairs, Population Division (2019a). *World Population Prospects 2019*.

reductions in the total fertility rate were found in sub-Saharan Africa, including (in decreasing order) Uganda, Malawi, Sierra Leone, Ethiopia, Kenya, Chad and Somalia (figure 4). The other 3 countries

in the top 10 were Afghanistan, Yemen and Jordan. It is important to note that estimates of fertility for 2019 are extrapolations based on older data and should be interpreted with caution.

Figure 4.

Countries with the largest reductions in the total fertility rate, 2010-2019



Source: United Nations Department of Economic and Social Affairs, Population Division (2019a). *World Population Prospects 2019*.

Notes: (1) Each value on the left side depicts the size of the estimated decrease from 2010 until 2019 in the average number of live births per woman. (2) Next to each country name (on the right side) is the year of the most recent empirical data used for deriving fertility estimates.



Teaching young Indian couples family planning and welfare, India, 1972. UN Photo/ILO

Trends in family planning

Use of contraceptive methods has increased worldwide

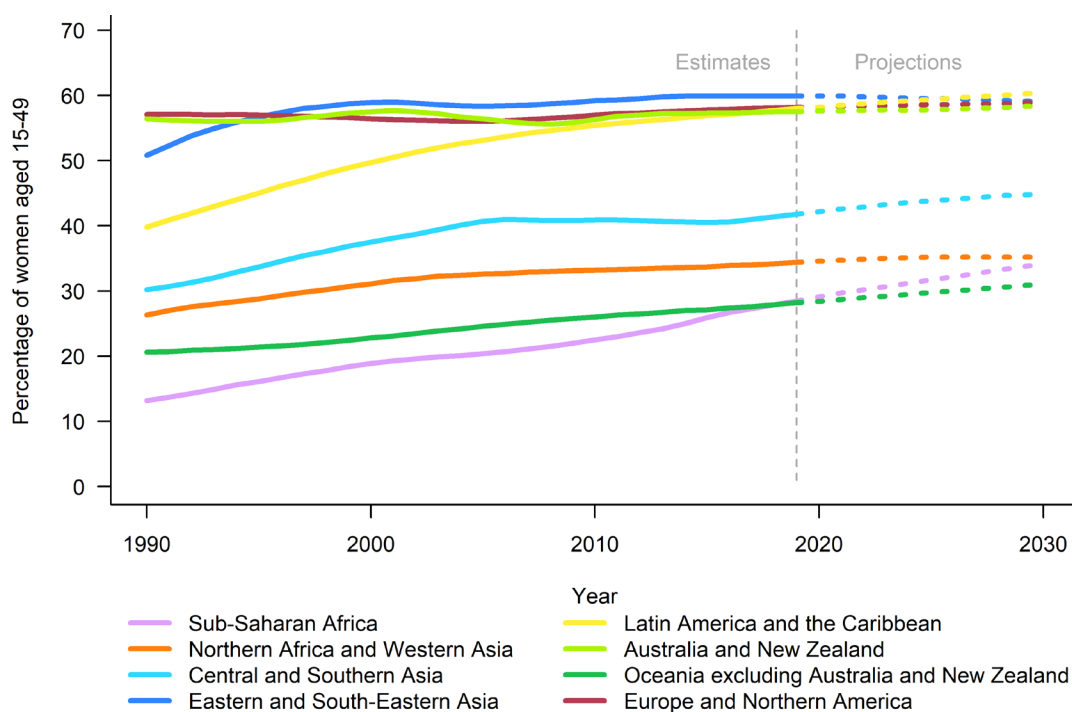
Worldwide, in 2019, 49 per cent of women in the reproductive age range (15-49 years) (a total of 922 million women) were using some form of contraception, an increase from 42 per cent (a total of 554 million women) in 1990. Contraceptive use among women of reproductive age in 2019 was above 55 per cent in 37 countries and below 20 per cent in 23 countries.¹⁴

Use of contraceptive methods increased in all regions between 1990 and 2019 (figure 5). The use of contraception among women of reproductive age in sub-Saharan Africa increased from 13 per cent in 1990 to 29 per cent in 2019; in Oceania, from 20 per

cent to 28 per cent; in Northern Africa and Western Asia, from 26 per cent to 34 per cent; in Central and Southern Asia, from 30 per cent to 42 per cent; and in Latin America and the Caribbean, from 40 per cent to 58 per cent. By 1990, all other regions had already reached a prevalence of contraceptive use of greater than 50 per cent, including Northern America and Europe, where use rose from 57 per cent in 1990 to 58 per cent in 2019; Eastern Asia and South-Eastern Asia, from 51 per cent to 60 per cent; and Australia and New Zealand, from 56 per cent to 58 per cent. The significant increases in contraceptive use since 1990 in Central and Southern Asia, and Latin America and the Caribbean, match the declines in fertility in these regions over the same time-period, as seen in figure 2.

¹⁴ Estimates by marital status are published elsewhere (United Nations 2019b).

Figure 5.
Prevalence of contraceptive use among women aged 15-49 by region, estimates and projections, 1990-2030



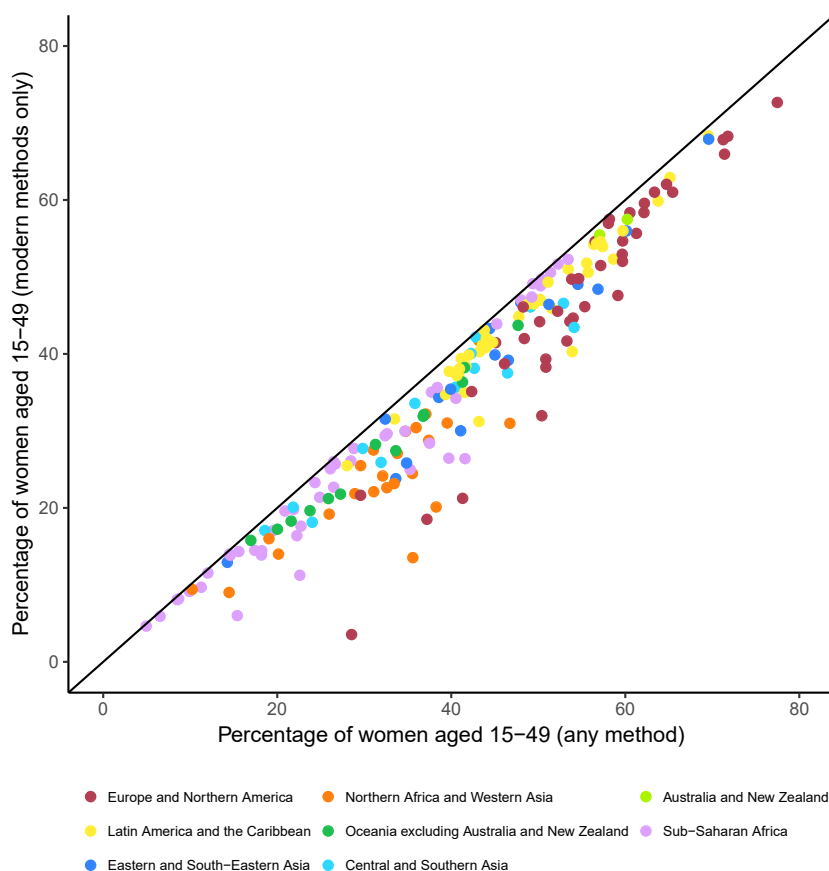
Source: United Nations Department of Economic and Social Affairs, Population Division (2019b). *Estimates and Projections of Family Planning Indicators 2019*.

The vast majority of contraceptive users are using modern methods

Among contraceptive users, the vast majority are using modern methods. Globally, in 2019, 45 per cent of women of reproductive age were using a modern method of contraception, making up 91 per cent of all contraceptive users. In 1990, 36 per cent of women of reproductive age were using a modern method of contraception, constituting 86 per cent of all contraceptive users, demonstrating a slight shift in the method mix towards modern methods. There has been gradual decline in the use of traditional contraceptive methods since 1990 globally. In 1990, 6 per cent of women used a traditional method, and this number fell to 4 per cent in 2019.

For all countries and areas, the use of modern contraception is plotted against use of any method of contraception in 2019 (figure 6). In countries or areas in which contraceptive use is greater than 50 per cent most women use modern methods. At lower levels of use, there is a greater diversity between use of modern methods and use of any method of contraception, demonstrating that in such circumstances women more often rely on traditional methods of contraception to avert unintended pregnancies. The greatest discrepancies can be found in certain countries of Southern Europe (e.g., Albania and Bosnia and Herzegovina), sub-Saharan Africa (e.g., Democratic Republic of Congo and Congo) and Western Asia (e.g., Armenia and Azerbaijan).

Figure 6.
Proportion of women aged 15-49 using a modern contraceptive method versus the proportion of women aged 15-49 using any contraceptive method, 185 countries or areas, 2019



Source: United Nations Department of Economic and Social Affairs, Population Division (2019b). *Estimates and Projections of Family Planning Indicators 2019*.

The contraceptive methods commonly used vary widely by region (figure 7). In Eastern and South-Eastern Asia, the intrauterine device is the most common contraceptive method used today (19 per cent of women rely on this method), followed closely by male condom (17 per cent). In Europe and Northern America, the pill and male condom are the most commonly used methods (18 and 15 per cent of women, respectively), while in Latin America and the Caribbean it is female sterilisation and the pill (16 and 15 per cent, respectively). In Central and Southern Asia the dominant method is female sterilisation (22 per cent of women rely on this method). In Northern Africa and Western Asia, the two most common methods are the pill (11 per cent) and IUD (10 per cent). Sub-Saharan Africa is the only region in which injectables are the dominant method, with a prevalence of 10 per cent among women of reproductive age. Further details are provided in United Nations (2019d).

The various methods of contraception have different failure rates, with long-acting and permanent methods (female sterilisation, male sterilisation, IUD, and implant) being the most effective at

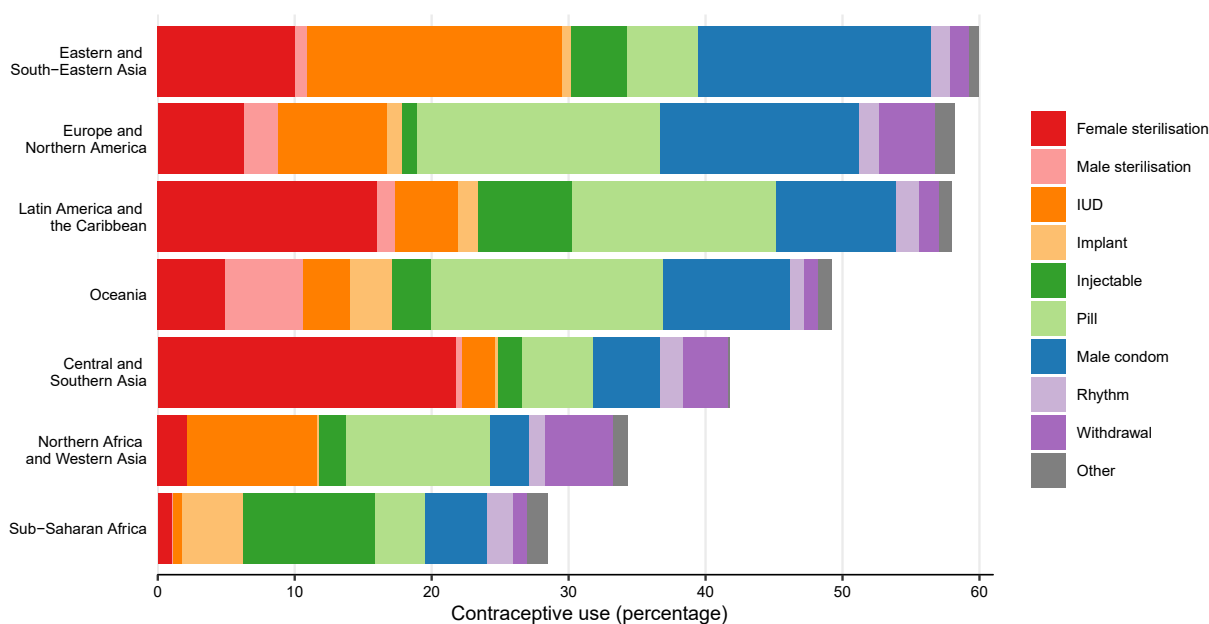
averting unintended pregnancy (Bradley and others, 2019; WHO, 2018). The high proportion of women using long-acting and permanent methods in Eastern and South-Eastern Asia, in Latin America and the Caribbean, and in Central and Southern Asia (United Nations, 2019c) helps to explain why low levels of fertility have been achieved in these regions. In sub-Saharan Africa the method-mix is skewed towards short-term methods (including injectables, the pill, male condom, rhythm and withdrawal), which helps to explain why fertility continues to be relatively high in this region.

The use of modern methods of contraception is diverse

The diversity within regions in the use of modern contraception can be seen in figure 8. For example, within sub-Saharan Africa, use of modern contraception among all women ranges from 4 per cent in South Sudan to 52 per cent in Eswatini. Similarly, in Latin America and the Caribbean, modern contraceptive use among all women ranges from 25 per cent in Haiti to 68 per cent in Cuba.

Figure 7.

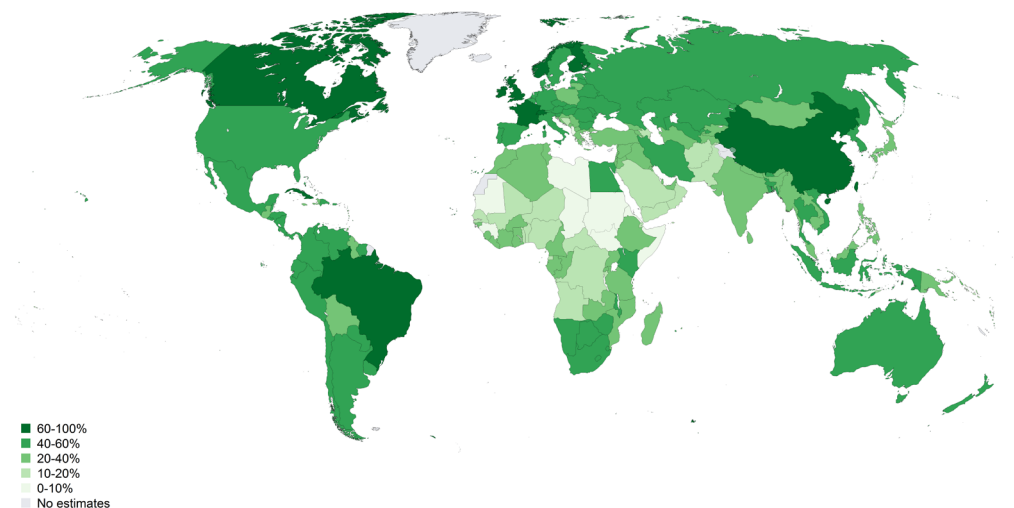
Contraceptive use by method among women of reproductive age (15-49 years), by region, 2019



Source: United Nations Department of Economic and Social Affairs, Population Division (2019d). *Contraceptive Use by Method 2019: Data Booklet*.

Note: In this figure, Oceania includes Australia and New Zealand.

Figure 8.
Prevalence of modern contraceptive use among women aged 15-49, by country or area, 2019

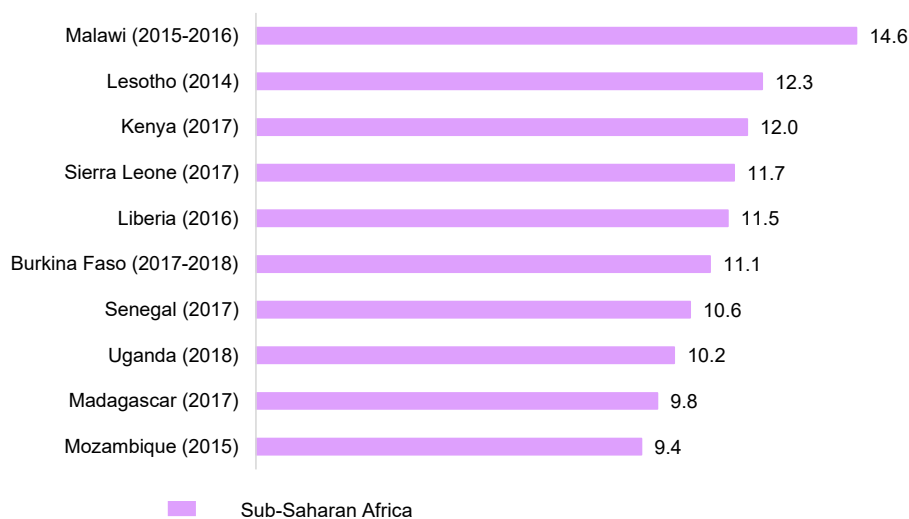


Source: United Nations Department of Economic and Social Affairs, Population Division (2019b). *Estimates and projections of family planning indicators 2019*.

Although use of modern contraception is low in sub-Saharan Africa compared to other regions, a number of countries within this region have seen a significant rise in contraceptive use in recent years. The 10 countries with the largest increases in the use

of modern contraception between 2010 and 2019 are all found in sub-Saharan Africa, including (in decreasing order) Malawi, Lesotho, Kenya, Sierra Leone, Liberia, Burkina Faso, Senegal, Uganda, Madagascar and Mozambique (figure 9).

Figure 9.
Countries with the largest increase in the percentage of women aged 15-49 using modern contraception, 2010-2019



Source: United Nations Department of Economic and Social Affairs, Population Division (2019b). *Estimates and projections of family planning indicators 2019*.

Notes: (1) Each value on the right side depicts the size of the increase from 2010 until 2019 in the percentage of woman aged 15-49 using modern contraception. (2) Next to each country name (on the left side) is the year of the most recent available survey estimate.

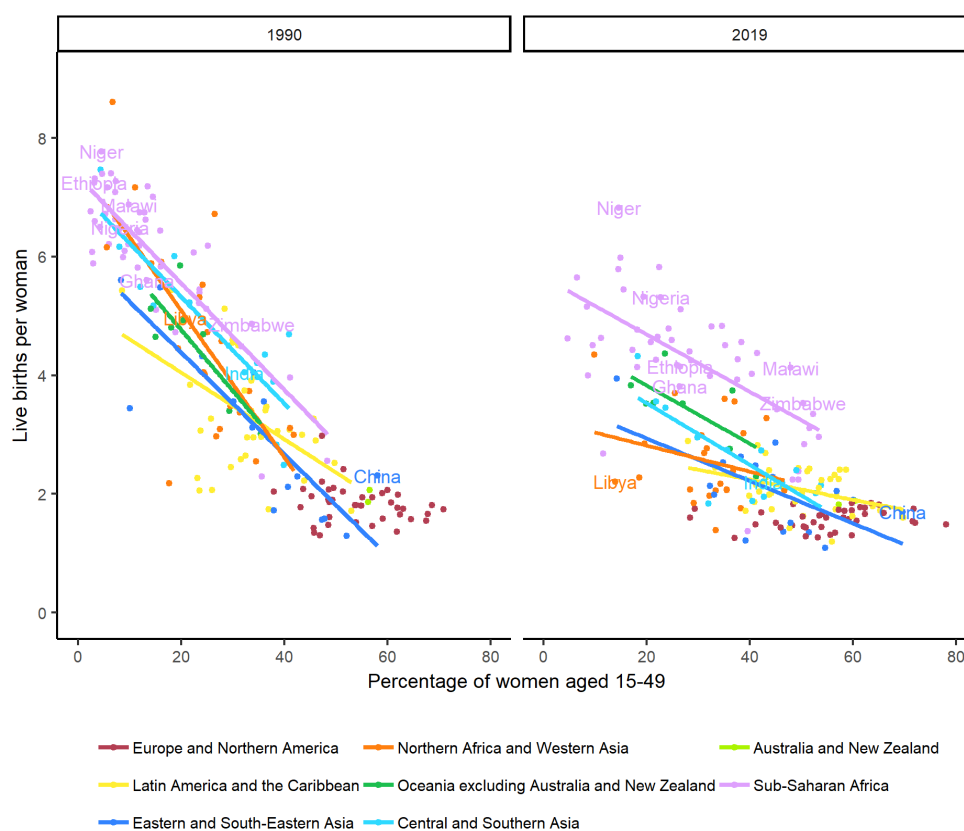
The relationship between contraceptive use and fertility

Inverse relationship between contraceptive use and fertility

An inverse relationship between contraceptive use and the fertility level can be observed in cross-national data for both 1990 and 2019 (figure 10). Countries with high proportions of women using contraception generally have lower levels of fertility. There are notable differences in fertility levels across regions. In addition, compared to 2019, there was more intraregional diversity in 1990 among high-

fertility countries, which included countries from sub-Saharan Africa, Northern Africa and Western Asia, and Central and Southern Asia. Today, high-fertility countries are found mostly in sub-Saharan Africa. At every level of contraceptive use in 2019, countries of sub-Saharan Africa tended to display higher levels of total fertility compared to other regions. This section offers some possible explanations for why sub-Saharan Africa may be different from other regions in the contraception-fertility relationship.

Figure 10
Total fertility rate compared to prevalence of contraceptive use among women aged 15-49, 185 countries or areas by region, 1990 and 2019



Sources: United Nations Department of Economic and Social Affairs, Population Division (2019b). *Estimates and Projections of Family Planning Indicators 2019*, and United Nations, Department of Economic and Social Affairs, Population Division (2019a). *World Population Prospects 2019*. Notes: All regression lines were estimated using ordinary least squares. In 2019, slopes of the regression lines were smaller in magnitude compared to 1990, and a lower proportion of the variation was explained (R^2). In Central and Southern Asia, values of R^2 in 1990 and 2019 were 0.76 and 0.63, respectively; in sub-Saharan Africa, 0.71 and 0.42; in Latin America and the Caribbean, 0.27 and 0.16; in Eastern and South-Eastern Asia, 0.74 and 0.41; in Northern Africa and Western Asia, 0.52 and 0.07; and in Oceania, 0.67 and 0.47. Regression lines are not presented for Europe and Northern America or for Australia and New Zealand.

Trajectories in contraceptive use and fertility

Individual countries show an inverse relationship between contraceptive use and fertility rates over time: with increasing use of contraceptive methods, fertility declines. Data on contraceptive use for all women are only available for the period starting in 1990, whereas for married or in-union women, such data are available starting in 1970.¹⁵ In order to have a longer historical perspective, the relationship between contraceptive use by married or in-union women and total fertility is presented for 185 countries for the period 1970 to 2019 (figure 11). Each line indicates one country as it transitions through the period from 1970 to 2019. A general pattern is evident: over time, countries move from a situation of higher fertility and lower contraceptive

¹⁵ Contraceptive prevalence for all women is a weighted average of the prevalence for two groups of women, married/in-union and unmarried women. Since there are more married/in-union women than unmarried women in the reproductive age range, the prevalence of contraceptive use among married women aged 15-49 is the major driver of contraceptive prevalence overall.

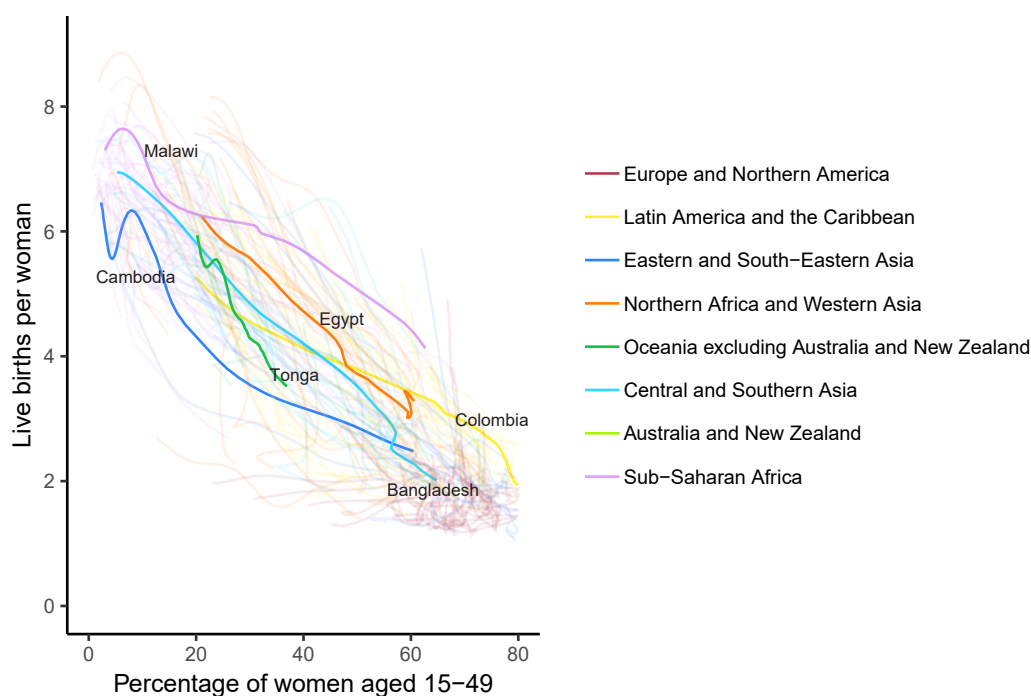
use, to lower fertility and higher contraceptive use, with some exceptions, particularly in the medium-to high-contraceptive use countries.

One country from each region is highlighted as an example. Europe and Northern America, and Australia and New Zealand are excluded, since in these regions contraceptive use was generally already high and fertility was already low in 1970. Among the highlighted countries, Bangladesh, Cambodia and Colombia experienced sharp declines in fertility and increases in contraceptive use since the 1960s, some of which can be observed here. Malawi, while initiating the fertility transition from a higher level, has nevertheless experienced a decline in fertility and an increase in contraceptive use, though not as sharp as was seen in Bangladesh, Cambodia and Colombia. Some changes are evident in Egypt and Tonga, but the transitions are not as significant as those seen in countries of Eastern and South-Eastern Asia, Latin America and the Caribbean, and Central and Southern Asia.¹⁶

¹⁶ Some countries of Central Asia have experienced fertility increase or stagnation in recent years.

Figure 11.

Country-specific trajectories of the total fertility rate versus the prevalence of contraceptive use (any method) among married women aged 15-49 during 1970-2019, 185 countries or areas, with one country highlighted for each region



Sources: United Nations Department of Economic and Social Affairs, Population Division (2019b). *Estimates and Projections of Family Planning Indicators 2019*, and United Nations, Department of Economic and Social Affairs, Population Division (2019a). *World Population Prospects 2019*.

For Egypt, a recent increase in fertility is evident, which has also been observed in other countries of Northern Africa and Western Asia (Goujon and Al Zalak, 2018).

If the rise in contraceptive use accelerates, fertility levels may fall faster than expected

On-going increases in contraceptive use in countries with high levels of fertility at present are expected to have a major impact on fertility in future years. This expectation is reflected in long-term population projections, which anticipate a continuing slowdown in global population growth. The effect would be especially pronounced in the case of countries that today have a large population and high fertility. The two most populous countries in Africa today are Ethiopia and Nigeria, where the estimated level of total fertility in 2019 remained high, at 4.2 and 5.3 live births per woman, respectively. In the two most populous countries globally, China and India, total fertility had fallen over many years, reaching 1.7 and 2.2 live births per woman, respectively, in 2019. The observations for these countries are highlighted in figure 10.

Figure 12 (left panels) illustrates the increased use of modern contraception either observed or anticipated between 1990 and 2030 for Ethiopia and Nigeria. The median estimate and projection is the black line. The 80 per cent and 95 per cent uncertainty intervals are displayed as red and blue lines, respectively. Projections to 2030 are indicated by dotted lines. Use of modern methods has increased rapidly in Ethiopia from 5 per cent in 2000 to 26 per cent today. In 2030, there is an estimated 80 per cent probability that between 26 and 44 per cent of women will be using a modern method of contraception in Ethiopia (these limits are depicted by the lower and upper red dashed lines, respectively), and there is an estimated 95 per cent probability that it will be between 21 and 49 per cent (depicted by the lower and upper blue dashed lines, respectively). Conversely, in Nigeria, the use of modern contraceptive methods has been slow to increase. In 2000, 8 per cent of women were using a modern method of contraception, and today it is estimated at 18 per cent. In 2030, there is an estimated 80 per cent probability that between 16

and 35 per cent of women in Nigeria will be using a modern method of contraception, and a 95 per cent probability that it will be between 12 and 41 per cent – figures far below the equivalent figures for Ethiopia.

Probabilistic projections of total fertility levels in Ethiopia and Nigeria are presented in the right-hand panels of figure 12. Estimates and projections for contraceptive use and fertility were generated independently using different statistical models. While no direct causal or associative relationship between contraceptive use and total fertility were assumed during modelling, the assumptions that underlie the statistical modelling of a future fertility decline in these countries were motivated by the expectation that such changes will occur as a result of multiple factors, including expanded access to family planning services and information.¹⁷

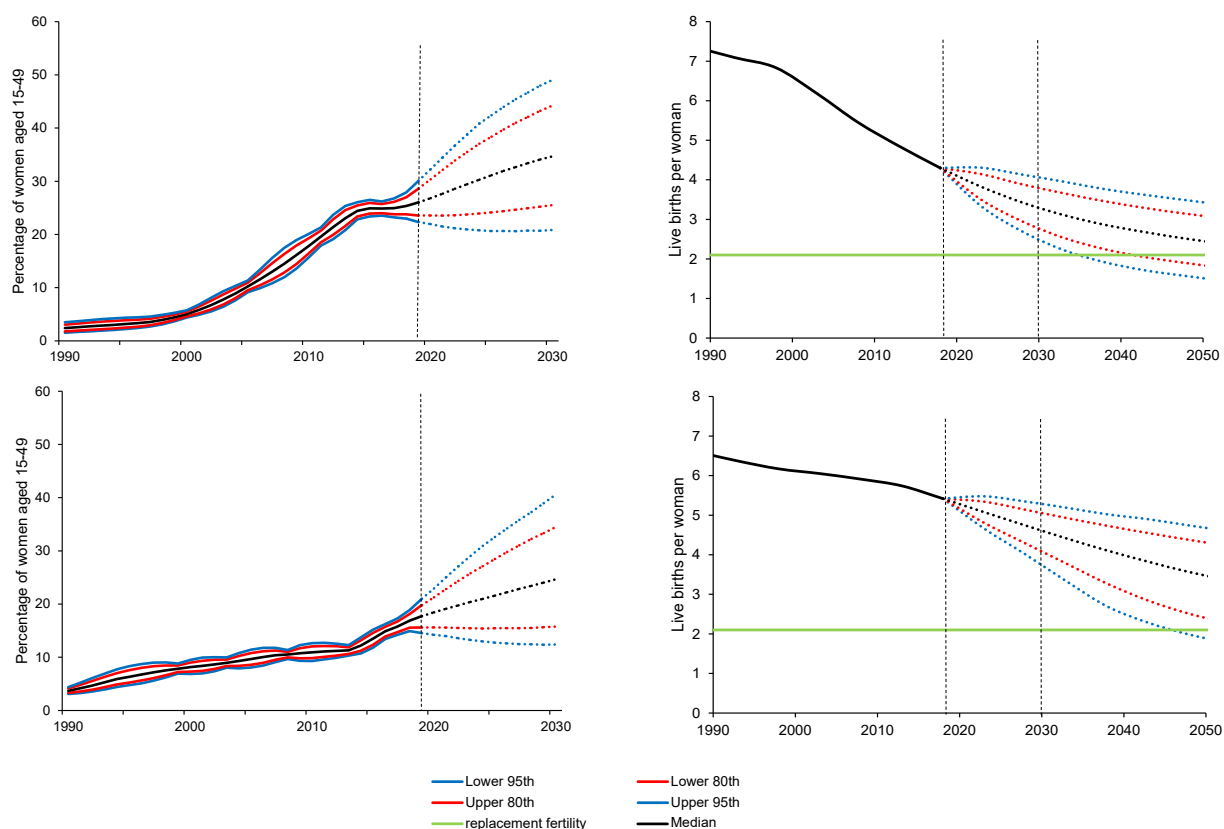
Ethiopia has already experienced significant declines in fertility: it experienced a decline of around one birth per woman since 2010, as reported in an earlier section of this report, and its fertility level was estimated at 4.2 for 2019.¹⁸ The decline of fertility in Ethiopia is projected to continue. If increases in contraceptive use in Ethiopia continue, particularly if the future trend lies above the median projection, then it is possible that total fertility could decline faster and reach replacement level earlier than anticipated in the medium-variant projection, contributing to a further slowdown of population growth in future years.¹⁹ By contrast, in

¹⁷ A key assumption underlying the statistical modelling of future fertility decline in these countries is that these changes will continue to occur, resulting from a combination of factors, such as economic development, increased levels of education in particular for women and girls, further reductions in child mortality, increased urbanization, women's empowerment and growing labour force participation, delay in ages at first union, and expanded access to reproductive health-care services including for family planning. Because these factors have driven past and current fertility declines, and because the United Nations projections rely on a model of the relationship between the speed of fertility decline and the current level of fertility, the projection model implicitly takes all such factors into account in generating future population trajectories.

¹⁸ A study by Teklu, Sebhatu and Gebreselassie (2013) on the components of fertility change in Ethiopia found that contraceptive use is not the main determinant of fertility in all strata of society.

¹⁹ In other work, Guengant and May (2011) conducted alternative fertility projections based on assumptions on the proximate determinants of fertility for Burkina Faso, Ghana, Niger and Nigeria. Additionally, Moreland and Smith (2012) and United Nations (2014) have examined the impact of meeting all current unmet need for family planning on future fertility and population trends.

Figure 12.
Prevalence of modern contraceptive use among women aged 15-49, Ethiopia (upper left) and Nigeria (lower left), 1990-2030. Total fertility rate, Ethiopia (upper right) and Nigeria (lower right), 1990-2050



Sources: United Nations Department of Economic and Social Affairs, Population Division (2019b). *Estimates and Projections of Family Planning Indicators 2019*, and United Nations, Department of Economic and Social Affairs, Population Division (2019a). *World Population Prospects 2019*.

Note: For all four graphs, the estimated or projected trend is depicted by a black line, and the 80 per cent and 95 per cent uncertainty or prediction intervals are displayed as red and blue lines, respectively.

Nigeria fertility has thus far been slow to decline, and the current total fertility rate is estimated at 5.3 births per woman. Whether or not fertility decline speeds up in Nigeria will be influenced by the trends in contraceptive prevalence. If contraceptive use in Nigeria rises more rapidly than in the median projection, it is possible that total fertility could decline faster, yielding a trend that lies below the medium-variant fertility projection.

Factors affecting the relationship between contraceptive use and fertility: Evidence from case studies

Some countries have achieved relatively low levels of fertility at relatively low levels of contraceptive use, while other countries continue to experience high

fertility despite having a relatively high prevalence of contraceptive use. Sub-Saharan African countries stand out as having higher total fertility at any given level of contraceptive use.

The relationship between contraception and fertility is influenced by multiple factors in addition to contraceptive use (Bongaarts, 1978; Stover, 1998). The mix of contraceptive methods used in a population is an important determinant of fertility, since some methods, in particular long-acting and permanent methods, are more effective at averting unintended pregnancies than others. The incidence of abortion, length of postpartum insusceptibility due to breastfeeding and sexual abstinence, patterns of marriage and sexual activity, and the prevalence of permanent sterility in the population are other

important proximate determinants of fertility. Behind these determinants, there are a multitude of social and economic factors that affect access to contraception and fertility choices (including choices concerning the number, spacing and timing of childbearing).

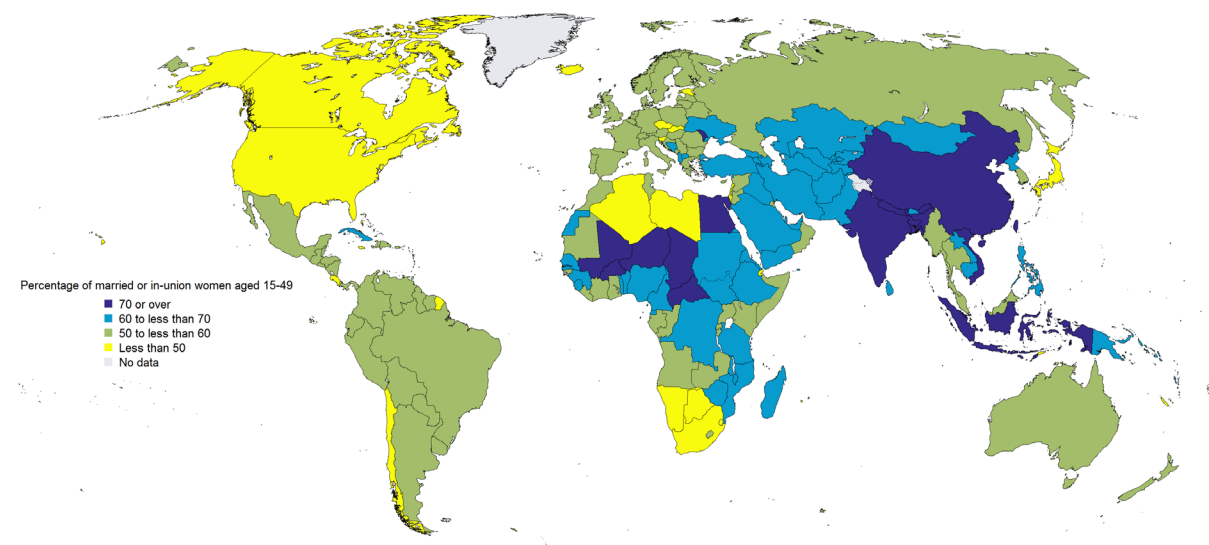
The types of methods used can have an impact on the fertility level. In Burkina Faso, for example, there is low use of highly effective methods such as sterilisation or IUD, although use of implants has been increasing in recent years (United Nations, 2019c). Zimbabwe is a country that is known to have relatively high contraceptive use compared to other countries of sub-Saharan Africa. However, surveys suggest that the pill is the most common method, accounting for more than half of all contraceptive use, followed by injectables and implants (United Nations, 2019c). The pill is not highly effective in averting unintended pregnancies, as it has a relatively high failure rate in typical use compared to long-acting or permanent methods. Similarly, traditional methods of contraception tend to be less effective in averting pregnancy. For example, the

proportion of married or in-union women using contraception in Congo in 2005 was relatively high at around 44 per cent, yet fertility was almost 5.0 live births per woman over a lifetime. However, much of the contraceptive use in Congo at that time involved traditional methods (30 per cent of women), in particular the rhythm method, which may have been used as a form of periodic abstinence or even prolonged post-partum abstinence. If this were the case, women who are not at risk of pregnancy would be reporting their use of contraception, resulting potentially in a mismatch between levels of contraceptive use and fertility, particularly if women who are at greatest risk of pregnancy do not use contraception.

Compared to other countries of sub-Saharan Africa today, fertility in Ghana is low for the given level of contraception. This may be because women in Ghana are using abortion or emergency contraception as an approach to regulate fertility (Marston and others, 2017). In Malawi, the inconsistent use of injectables and their use by women who are at low risk of pregnancy (e.g., in the immediate post-partum

Figure 13.

Percentage of women aged 15-49 years who were married or in a union, 2019



Source: United Nations Department of Economic and Social Affairs, Population Division (2018). *Estimates and Projections of Women of Reproductive Age Who Are Married or in a Union: 2018 Revision*.

period when the probability of pregnancy is low) is thought to contribute to the paradox of relatively high contraceptive use coupled with a relatively high level of fertility (Dasgupta and others, 2015).

The impact of marriage and union formation on fertility is important because married and unmarried women differ in their levels of sexual activity and exposure to the risk of pregnancy. In some Northern African countries, the proportion of women who are married is relatively low (figure 13), and unmarried women are mostly not at risk of pregnancy because of their very low levels of sexual activity. However, in Southern African countries, which also has low proportions of women who are married or in a union, sexual activity among unmarried women is relatively high, and some unmarried women are using contraception. In countries where a high proportion of married women use female sterilisation, such as India and Guatemala, women who become divorced, separated or widowed continue to be counted as contraceptive users because sterilisation is permanent. However, such women are no longer married and possibly not sexually active, and therefore they are at low risk of pregnancy.

Using data from Demographic and Health Surveys conducted between 1994 and 2000, countries where more than 30 per cent of women aged 25 to 49 years

are secondarily infecund are: Cambodia, Central African Republic, Chad, Cote d'Ivoire, Guinea, Mozambique and Nigeria (Rutstein and Shah, 2004). The high levels of secondary sterility in these countries may have dampened the level of fertility that would have been observed otherwise for the given level of contraceptive use.

Some women use contraception to space rather than limit childbearing. In the 2010 Burkina Faso Demographic and Health Survey, 11 per cent of women were using contraception to space their children, whereas only 5 per cent were using it to limit or stop childbearing. For comparison, the 1992-1993 India Demographic and Health Survey indicates 3 per cent of women at ages 15-49 were using contraception to control the spacing of births, whereas 37 per cent were using contraception to limit childbearing. This was at a time when there were still around 3.8 live births per woman in that country. Many family planning programmes in sub-Saharan Africa have been promoted as birth spacing programmes in the interest of maternal and child health (Chimhwete and others, 2005), which may provide an additional clue about the high levels of fertility in these countries relative to their levels of contraceptive use. Further research could provide additional insights into the multitude of factors influencing the relationship between contraceptive use and fertility.

Policy implications for achieving the Sustainable Development Goals

In recognition of the 25th anniversary of the International Conference on Population and Development in 1994, Governments reaffirmed the importance of the Programme of Action and its further implementation for achieving the Sustainable Development Goals. The emphasis on universal access to a full range of safe and reliable family planning methods, which help couples and individuals to realise their right to decide freely and responsibly on the number, spacing and timing of births, remains as critical today as it was in 1994.

Understanding the relationship between contraceptive use and fertility is crucial because of the implications for averting unintended pregnancies, which have been shown to be substantial in the developing world (Guttmacher Institute, 2017). Resources for development are limited,²⁰ and advocates often characterise family planning programmes as a cost-effective investment, creating ripple effects across many development sectors, beyond the immediate health benefits to the user and her family. A number of studies by economists and demographers have made a strong economic case for family planning's return on investment, by estimating the financial impacts (Guttmacher Institute, 2017; Kohler and Behrman, 2014; Moreland and others, 2014; USAID, 2006). Some of the wider impacts of family planning programmes work through the fact that contraceptive use reduces fertility, which in turn slows population growth in the long run.

In countries experiencing rapid population growth, the future reductions in fertility depicted in the medium-variant projection of the United Nations seem likely to occur if there is continued progress in all facets of development, including further reductions in child mortality, increased levels of education in particular for women and girls, increased urbanization, women's empowerment and

growing labour force participation, and expanded access to reproductive health-care services including for family planning. Further improvements in access to family planning information and services will enable women and couples to achieve their desired family size. If the international community does not follow through on its commitment to ensure that all men and women are informed and have access to safe, effective, affordable and acceptable methods of family planning of their choice, then future fertility declines may occur more slowly, and future population growth may be faster than what is depicted in the medium variant. Conversely, an accelerated expansion in access to family planning information and services could result in a more rapid fertility decline and a smaller global population in the future than projected under the medium variant.²¹

Whether sub-Saharan Africa reaches a population in 2100 at the lower or upper end of the 95 per cent prediction interval (from 3.0 to 4.8 billion, as seen in figure 1) is largely determined by what will happen to fertility rates, and this has relevance for the future development prospects for this region. Therefore, it is important to understand the impact of contraceptive use on future fertility rates and population growth.

Access to health-care services and the realisation of reproductive rights for all will also be essential to fulfil the pledge of the 2030 Agenda for Sustainable Development that “no one will be left behind”. Meeting the contraceptive needs of women and couples is crucial for the attainment of multiple goals and targets of the 2030 Agenda, in part because of its contribution to achieving gender equality and the empowerment of women. However, ensuring that women have access to safe and effective means of family planning is insufficient on its own. Achieving

²⁰ Between 2015 and 2016, gross official development assistance disbursements for sexual and reproductive health increased only slightly, from \$4.4 to \$4.5 per woman of reproductive age in the developing world (United Nations, 2019f).

²¹ Other work from the United Nations Population Division has also examined the correspondence between projected total fertility and contraceptive prevalence, and commented on the impact of accelerating meeting the demand for contraception on macro-level fertility and population size (Kisambira, 2014).

gender equality and women's empowerment will also require eliminating all forms of violence and discrimination against women (SDG 5), promoting female education (SDG 4), as well as ensuring equal access to the labour market, social protection and the political process (SDGs 5, 8, and 16).

Use of contraception varies widely between and within regions, illustrating that while there are clear regional patterns, country-level factors, including the enabling environment, promotion of and access to family planning services, and community acceptability of modern contraception are important determinants of modern contraceptive use. Living up to the commitment to achieve universal access to sexual and reproductive health-care services, information and education by 2030 will require intensified support for family planning, including through the implementation of effective

government policies and programmes. Success stories such as Ethiopia, Kenya, Malawi and Rwanda have shown that it is possible, in a short space of time, to significantly increase contraceptive use (USAID, 2012), and fertility has declined in these countries more than in many other countries of sub-Saharan Africa. Common themes that emerged from these success stories included: political commitment beyond the health sector, notable champions and partner collaboration, community provision of services and vision for scale-up, community engagement, and the establishment of effective strategies and systems. Support for family planning will be especially important for sub-Saharan Africa, because programmes to expand access to contraceptives must keep pace with population growth, just to maintain current levels of coverage.

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Family Planning Centre at Kabul Hospital, Afghanistan, 2009. UN Photo/Jawad Jalali

Annex table: Key indicators

Region, development group, country or area	Total fertility rate ^a			Contraceptive prevalence any method, median (percentage) ^b			Percentage of women using modern methods among all users	Percentage of married/in-union women 15-49 years ^b
	1990	2019	2030	1990	2019	2030	2019	2019
WORLD	3.2	2.5	2.4	42.1	48.5	49.0	91.3	65
Sub-Saharan Africa	6.3	4.6	4.0	13.2	28.5	34.1	87.5	61
Northern Africa and Western Asia	4.4	2.9	2.6	26.2	34.3	35.1	80.1	60
Central and Southern Asia	4.3	2.4	2.1	30.2	41.8	44.8	88.1	73
Eastern and South-Eastern Asia	2.5	1.8	1.8	50.7	60.0	59.1	95.3	70
Latin America and the Caribbean	3.3	2.0	1.9	39.8	58.0	60.4	93.9	56
Oceania (excluding Australia and New Zealand)	4.5	3.4	3.0	20.4	28.0	30.7	81.5	62
Australia and New Zealand	1.9	1.8	1.8	56.4	57.7	58.5	96.8	55
Europe and Northern America	1.8	1.7	1.7	57.1	58.2	59.0	90.3	53
Developed regions	1.7	1.6	1.7	56.1	57.0	58.2	90.0	53
Less developed regions	3.6	2.6	2.4	38.1	47.0	47.6	91.6	67
Less developed regions, excluding least developed countries	3.3	2.3	2.2	41.3	50.1	50.6	92.1	68
Less developed regions, excluding China	4.2	2.8	2.6	29.3	41.0	43.4	88.8	66
Least developed countries	6.0	3.9	3.4	13.0	30.9	35.3	87.6	67
Land-locked Developing Countries (LLDC)	5.7	3.9	3.3	17.4	31.6	36.3	91.5	66
Small island developing States (SIDS)	3.2	2.4	2.3	33.7	43.1	45.6	92.6	56
High-income countries	1.8	1.7	1.7	55.6	56.6	58.0	91.4	53
Middle-income countries	3.3	2.3	2.2	40.9	49.6	50.0	91.6	68
Upper-middle-income countries	2.6	1.9	1.8	51.2	61.0	60.3	93.9	66
Lower-middle-income countries	4.2	2.7	2.5	28.4	40.1	42.7	88.5	70
Low-income countries	6.3	4.4	3.7	12.5	28.0	33.7	87.1	65
AFRICA	6.0	4.4	3.8	15.5	29.4	34.0	88.6	61
Eastern Africa	6.6	4.3	3.6	10.6	32.5	38.8	92.7	61
Burundi	7.4	5.3	4.5	6.4	19.4	25.7	87.4	59.4
Comoros	6.4	4.1	3.5	11.9	18.1	24.8	79.3	62.7
Djibouti	6.1	2.7	2.3	2.8	11.5	18.2	96.0	40.2
Eritrea	6.5	4.0	3.4	4.3	8.6	13.2	94.7	62.0
Ethiopia	7.2	4.1	3.3	3.2	26.5	35.1	98.2	62.6
Kenya	6.1	3.4	2.9	22.5	45.2	48.1	97.1	56.3
Madagascar	6.2	4.0	3.5	11.9	40.4	46.5	84.4	68.3
Malawi	6.9	4.1	3.5	9.9	47.9	51.5	97.9	64.0
Mauritius*	2.3	1.4	1.4	35.7	39.6	43.4	66.6	61.7
Mayotte*	6.0	3.6	3.1	..	..	..	..	52.8
Mozambique	6.2	4.8	4.0	6.0	24.2	32.9	95.5	64.6
Réunion*	2.6	2.2	2.0	48.4	49.4	51.8	96.1	36.7
Rwanda	7.2	4.0	3.3	13.5	32.3	35.3	90.6	50.1
Seychelles	2.7	2.4	2.2	..	..	..	..	46.9
Somalia	7.4	6.0	5.0	4.7	14.9	20.4	37.4	57.1
South Sudan	6.8	4.6	3.9	2.5	4.6	7.4	94.4	66.7

Region, development group, country or area	Total fertility rate ^a			Contraceptive prevalence any method, median (percentage) ^b			Percentage of women using modern methods among all users	Percentage of married/in-union women 15-49 years ^b
	1990	2019	2030	1990	2019	2030	2019	2019
Uganda	7.1	4.8	3.7	7.2	32.6	40.2	90.7	59.9
United Republic of Tanzania*	6.2	4.8	4.2	9.8	34.6	41.4	86.3	60.5
Zambia	6.4	4.6	4.0	11.5	38.3	43.0	92.8	57.3
Zimbabwe	4.9	3.5	3.0	33.7	50.3	50.7	98.8	62.9
Middle Africa	6.7	5.4	4.5	12.4	22.7	37.9	63.9	61.3
Angola	7.3	5.4	4.8	7.3	15.5	20.2	91.9	53.2
Cameroon	6.4	4.5	3.9	16.0	35.2	41.4	70.7	62.3
Central African Republic	5.8	4.6	3.8	11.6	22.1	27.9	73.3	74.0
Chad	7.3	5.6	4.7	3.3	6.5	9.2	90.6	72.0
Congo	5.1	4.4	3.9	24.9	41.4	45.9	63.5	57.0
Democratic Republic of the Congo	6.7	5.8	4.7	12.9	22.4	27.8	49.7	61.9
Equatorial Guinea	6.0	4.4	3.6	8.8	17.2	22.4	83.3	60.3
Gabon	5.4	3.9	3.4	23.6	37.5	42.1	75.5	51.2
Sao Tome and Principe	5.8	4.3	3.7	16.1	37.6	42.9	93.0	64.9
Northern Africa	4.6	3.2	2.8	23.6	33.1	33.5	92.4	60.1
Algeria	4.7	3.0	2.5	25.1	30.6	30.8	88.4	47.1
Egypt	4.6	3.3	2.9	27.8	43.2	42.8	96.7	71.1
Libya	5.0	2.2	2.0	20.8	13.9	17.2	61.5	37.7
Morocco	4.0	2.4	2.1	24.4	36.7	36.7	86.6	51.8
Sudan	6.2	4.3	3.8	5.6	9.8	13.7	92.2	61.6
Tunisia	3.5	2.2	2.0	29.6	34.3	34.4	86.0	50.0
Western Sahara	4.3	2.4	2.1	..	..	..	..	64.8
Southern Africa	4.1	2.5	2.2	39.0	49.7	53.3	99.3	36.1
Botswana	4.5	2.8	2.5	31.7	50.5	54.2	97.2	43.1
Eswatini	5.1	3.0	2.5	15.2	53.4	57.6	97.8	45.3
Lesotho	4.7	3.1	2.7	18.9	51.5	54.8	98.4	53.7
Namibia	5.2	3.3	2.9	23.5	52.3	55.8	98.8	32.2
South Africa	4.0	2.4	2.2	41.1	49.4	52.9	99.5	35.1
Western Africa	6.5	5.1	4.4	9.3	22.0	27.8	83.6	66.6
Benin	6.7	4.8	4.1	12.0	18.1	23.1	76.4	63.3
Burkina Faso	7.0	5.1	4.3	14.6	26.6	32.6	96.5	74.4
Cabo Verde	5.4	2.2	2.0	23.6	48.3	51.9	96.0	44.7
Côte d'Ivoire	6.6	4.6	4.0	13.1	24.8	30.6	86.2	56.5
Gambia	6.1	5.2	4.3	9.1	8.4	11.3	95.4	64.4
Ghana	5.6	3.8	3.3	13.3	26.4	31.2	85.7	52.2
Guinea	6.6	4.6	3.9	3.3	11.1	15.6	86.1	68.2
Guinea-Bissau	6.6	4.4	3.7	7.2	28.3	33.8	91.7	53.3
Liberia	6.5	4.2	3.6	9.3	28.6	34.6	96.3	56.1
Mali	7.2	5.8	4.8	5.7	14.5	19.8	96.8	80.2
Mauritania	5.9	4.5	4.0	3.0	9.5	13.0	92.2	58.9
Niger	7.8	6.8	5.8	4.6	14.6	18.9	95.0	83.7
Nigeria	6.5	5.3	4.6	8.2	22.7	28.8	77.6	67.6
Senegal	6.4	4.6	3.9	8.0	20.8	25.6	93.9	66.8

Region, development group, country or area	Total fertility rate ^a			Contraceptive prevalence any method, median (percentage) ^b			Percentage of women using modern methods among all users	Percentage of married/in-union women 15-49 years ^b
	1990	2019	2030	1990	2019	2030	2019	2019
Sierra Leone	6.7	4.2	3.3	5.3	25.9	32.3	96.0	62.5
Togo	6.2	4.3	3.7	25.2	21.8	26.9	90.3	61.8
ASIA	3.2	2.1	2.0	42.4	50.3	50.6	91.5	70.4
Central Asia	3.8	2.7	2.4	35.2	41.4	41.7	93.9	66.5
Kazakhstan	2.8	2.7	2.4	38.5	42.2	43.4	94.8	60.8
Kyrgyzstan	3.9	3.0	2.6	37.9	29.8	31.5	92.9	67.9
Tajikistan	5.2	3.6	3.1	21.7	21.8	25.4	92.1	69.3
Turkmenistan	4.3	2.7	2.4	36.3	35.6	36.3	93.7	62.9
Uzbekistan	4.2	2.4	2.2	34.8	49.0	48.2	93.9	69.1
Eastern Asia	2.2	1.7	1.7	56.8	67.5	66.7	96.6	71.2
China*	2.3	1.7	1.7	58.1	69.6	68.2	97.6	74.1
China, Hong Kong SAR*	1.3	1.4	1.5	52.1	51.4	53.8	90.6	47.1
China, Macao SAR*	1.7	1.2	1.4	..	..	..	..	58.1
China, Taiwan Province of China*	1.7	1.2	1.3	..	..	..	..	50.3
Dem. People's Republic of Korea	2.3	1.9	1.8	42.6	60.1	61.7	93.1	65.0
Japan	1.6	1.4	1.4	47.3	46.5	50.7	84.2	48.4
Mongolia	4.1	2.9	2.5	34.0	44.9	45.6	88.6	60.9
Republic of Korea	1.6	1.1	1.1	47.8	54.6	57.3	90.0	53.0
South-Eastern Asia	3.3	2.2	2.0	30.9	43.2	44.7	90.3	66.4
Brunei Darussalam	3.3	1.8	1.7	..	..	..	..	54.1
Cambodia	5.6	2.5	2.2	8.4	41.1	43.7	73.1	67.2
Indonesia	3.1	2.3	2.1	33.8	44.4	45.6	97.5	72.0
Lao People's Democratic Republic	6.2	2.6	2.2	11.2	38.2	42.0	89.1	65.5
Malaysia*	3.6	2.0	1.8	30.2	33.1	38.1	70.4	58.0
Myanmar	3.4	2.1	2.0	10.1	32.3	36.4	97.4	57.4
Philippines	4.3	2.5	2.3	24.1	34.8	38.3	74.1	60.4
Singapore	1.7	1.2	1.3	38.0	39.2	41.3	88.4	52.6
Thailand	2.1	1.5	1.4	40.7	47.9	48.8	97.3	56.2
Timor-Leste	5.5	3.9	3.0	16.0	14.2	16.6	90.6	46.8
Viet Nam	3.6	2.1	2.0	36.1	56.8	56.0	85.1	73.1
Southern Asia	4.3	2.4	2.1	30.0	41.8	45.0	87.8	72.8
Afghanistan	7.5	4.3	3.1	4.4	18.2	27.7	91.9	68.6
Bangladesh	4.5	2.0	1.8	29.3	52.8	54.2	88.1	80.8
Bhutan	5.5	2.0	1.7	12.1	42.7	45.1	98.5	64.4
India	4.0	2.2	2.0	32.3	42.6	46.2	89.4	73.2
Iran (Islamic Republic of)	4.7	2.1	2.0	40.9	53.8	51.1	80.1	68.6
Maldives	6.0	1.8	1.7	18.7	31.9	36.5	81.2	69.0
Nepal	5.2	1.9	1.7	14.7	40.5	46.7	88.1	75.2
Pakistan	6.2	3.5	2.9	8.1	23.6	30.0	75.4	65.1
Sri Lanka	2.5	2.2	2.0	39.9	46.3	46.5	80.8	68.0

Region, development group, country or area	Total fertility rate ^a			Contraceptive prevalence any method, median (percentage) ^b			Percentage of women using modern methods among all users	Percentage of married/in-union women 15-49 years ^b
	1990	2019	2030	1990	2019	2030	2019	2019
Western Asia	4.3	2.6	2.4	28.8	35.3	36.4	69.9	60.4
Armenia	2.5	1.8	1.8	34.5	38.2	38.8	52.6	65.7
Azerbaijan*	3.1	2.1	1.9	27.5	35.5	37.0	37.8	63.2
Bahrain	3.7	2.0	1.8	33.2	32.2	32.5	69.0	47.5
Cyprus*	2.4	1.3	1.3	..	..	..	..	51.1
Georgia*	2.2	2.1	2.0	17.7	33.4	34.9	69.2	63.7
Iraq	5.9	3.6	3.2	14.2	35.1	36.0	68.6	61.1
Israel	3.0	3.0	2.8	41.9	38.8	37.9	77.7	49.9
Jordan	5.5	2.7	2.3	24.2	31.1	32.8	71.1	58.7
Kuwait	3.0	2.1	2.0	26.8	35.5	34.7	84.3	59.1
Lebanon	3.4	2.1	1.9	31.4	28.4	35.0	75.2	43.7
Oman	7.2	2.8	2.3	11.1	19.6	23.6	69.1	56.1
Qatar	4.0	1.8	1.7	24.6	29.1	32.3	86.1	61.9
Saudi Arabia	5.9	2.3	2.0	16.2	18.6	23.3	84.1	65.7
State of Palestine*	6.7	3.6	3.0	26.5	37.0	38.5	76.6	59.8
Syrian Arab Republic	5.3	2.8	2.4	23.6	31.6	34.7	74.9	51.3
Turkey	3.1	2.1	1.9	41.1	46.7	45.7	66.3	61.8
United Arab Emirates	4.5	1.4	1.3	19.4	33.4	35.1	80.1	64.7
Yemen	8.6	3.7	2.9	6.7	25.5	30.4	73.7	60.8
EUROPE	1.7	1.6	1.7	54.8	56.1	56.8	89.7	55.4
Eastern Europe	1.9	1.7	1.7	50.7	50.2	50.6	85.6	56.7
Belarus	1.9	1.7	1.8	49.4	59.8	60.1	87.2	57.0
Bulgaria	1.8	1.6	1.7	62.0	59.2	59.0	80.3	59.2
Czechia	1.8	1.7	1.7	55.0	54.0	53.0	92.3	49.4
Hungary	1.8	1.5	1.6	53.7	45.0	46.7	91.8	50.0
Poland	2.1	1.4	1.5	48.7	46.0	47.7	83.9	59.0
Republic of Moldova*	2.4	1.3	1.4	51.5	53.2	54.2	78.0	72.7
Romania	1.9	1.6	1.7	48.6	53.5	53.9	82.2	57.2
Russian Federation	1.9	1.8	1.8	48.8	48.4	48.8	86.6	54.8
Slovakia	2.0	1.5	1.6	51.4	52.4	53.5	87.0	48.5
Ukraine*	1.8	1.4	1.5	53.9	53.9	53.9	82.7	60.9
Northern Europe	1.8	1.7	1.7	65.4	68.4	68.5	92.5	52.2
Channel Islands*	1.5	1.5	1.6	..	..	..	..	54.1
Denmark*	1.7	1.8	1.8	62.5	62.3	63.3	93.8	55.4
Estonia	1.9	1.6	1.7	55.2	54.8	55.6	90.8	49.5
Finland*	1.7	1.5	1.5	70.9	78.0	77.8	93.9	57.6
Iceland	2.2	1.7	1.7	..	..	..	..	45.3
Ireland	2.1	1.8	1.7	60.0	65.0	64.9	95.8	53.8
Latvia	1.9	1.7	1.8	57.1	57.2	57.6	90.1	50.9
Lithuania	2.0	1.7	1.7	45.3	42.2	44.0	82.8	53.3
Norway*	1.9	1.7	1.7	60.7	66.0	66.3	93.0	52.6
Sweden	2.0	1.8	1.8	59.0	59.8	60.4	91.5	55.0
United Kingdom*	1.8	1.7	1.8	68.7	71.7	71.5	92.4	52.2

Region, development group, country or area	Total fertility rate ^a			Contraceptive prevalence any method, median (percentage) ^b			Percentage of women using modern methods among all users	Percentage of married/in-union women 15-49 years ^b
	1990	2019	2030	1990	2019	2030	2019	2019
Southern Europe	1.5	1.4	1.4	47.4	53.9	55.0	84.7	55.3
Albania	3.0	1.6	1.5	47.3	28.4	31.9	12.4	64.0
Bosnia and Herzegovina	1.8	1.3	1.2	43.2	37.0	41.3	49.6	63.2
Croatia	1.6	1.4	1.4	48.8	50.8	52.4	76.7	55.4
Greece	1.4	1.3	1.3	45.7	50.8	51.6	74.6	56.0
Italy	1.3	1.3	1.4	46.9	55.6	56.8	83.2	53.6
Malta	2.0	1.5	1.6	38.0	48.2	51.8	95.3	60.1
Montenegro	2.1	1.7	1.7	43.7	29.3	33.8	73.1	57.4
North Macedonia	2.2	1.5	1.5	47.3	41.1	44.4	51.1	65.9
Portugal	1.5	1.3	1.4	53.9	59.8	60.1	88.6	54.2
Serbia*	2.1	1.4	1.4	49.6	50.4	52.7	63.3	52.4
Slovenia	1.5	1.6	1.7	48.6	50.2	51.2	87.5	47.4
Spain*	1.3	1.3	1.5	45.8	56.5	56.9	96.5	57.6
Western Europe	1.5	1.7	1.7	62.3	61.0	61.5	97.1	54.6
Austria	1.5	1.5	1.6	57.1	60.7	61.7	96.4	55.8
Belgium	1.6	1.7	1.7	59.1	58.3	58.4	98.8	53.5
France*	1.8	1.8	1.8	63.1	63.5	63.4	96.2	54.6
Germany	1.4	1.6	1.6	61.9	58.1	59.2	98.1	54.7
Luxembourg	1.6	1.4	1.5	..	..	..	..	50.9
Netherlands*	1.6	1.7	1.7	64.6	62.3	62.8	95.8	55.0
Switzerland	1.5	1.5	1.6	67.5	71.5	71.9	95.3	57.3
LATIN AMERICA AND THE CARIBBEAN	3.3	2.0	1.9	39.8	58.0	60.4	93.9	56.2
Caribbean	2.9	2.2	2.0	36.9	49.4	52.5	95.2	54.6
Antigua and Barbuda	2.1	2.0	1.9	26.0	43.7	49.1	94.3	39.9
Aruba*	2.2	1.9	1.9	..	..	..	..	40.4
Bahamas	2.6	1.7	1.7	32.5	44.2	49.2	95.2	37.6
Barbados	1.7	1.6	1.7	37.0	50.3	53.4	93.2	57.5
Cuba	1.7	1.6	1.6	53.0	69.7	70.4	98.3	61.0
Curaçao*	2.3	1.7	1.7	..	..	..	..	39.0
Dominican Republic	3.4	2.3	2.1	36.4	56.4	58.8	96.2	53.8
Grenada	3.8	2.0	1.9	21.8	41.8	48.3	92.0	34.9
Guadeloupe*	2.3	2.1	2.0	23.2	41.2	46.4	90.1	36.2
Haiti	5.4	2.9	2.5	8.6	28.0	36.1	91.0	59.3
Jamaica	2.9	2.0	1.8	34.0	39.9	45.1	94.7	31.8
Martinique*	2.1	1.9	1.8	23.6	40.9	46.1	91.1	33.5
Puerto Rico*	2.2	1.2	1.2	43.9	55.9	59.7	90.6	51.0
Saint Lucia	3.4	1.4	1.3	33.6	47.7	52.1	93.9	53.2
Saint Vincent and the Grenadines	3.0	1.9	1.7	35.6	48.8	52.4	95.2	52.7
Trinidad and Tobago	2.5	1.7	1.6	29.7	39.2	44.9	88.2	55.2
United States Virgin Islands*	3.0	2.0	1.9	32.8	44.1	49.3	92.7	31.5
Central America	3.7	2.2	2.0	34.9	51.9	54.9	94.3	58.2
Belize	4.5	2.3	2.0	31.1	43.1	47.9	93.3	56.9
Costa Rica	3.3	1.7	1.6	45.7	56.6	59.1	96.7	46.9

Region, development group, country or area	Total fertility rate ^a			Contraceptive prevalence any method, median (percentage) ^b			Percentage of women using modern methods among all users	Percentage of married/in-union women 15-49 years ^b
	1990	2019	2030	1990	2019	2030	2019	2019
El Salvador	4.0	2.0	1.8	34.0	50.1	54.0	93.9	51.5
Guatemala	5.4	2.8	2.4	18.2	41.5	45.9	84.2	58.4
Honduras	5.1	2.4	2.1	28.5	51.5	54.6	89.0	56.9
Mexico	3.5	2.1	1.9	36.6	53.4	56.5	95.5	59.1
Nicaragua	4.6	2.4	2.1	30.0	51.1	52.6	96.5	57.2
Panama	3.1	2.4	2.2	38.7	49.4	52.5	93.9	57.0
South America	3.1	1.9	1.8	41.9	61.4	63.6	93.6	55.4
Argentina	3.0	2.2	2.1	43.5	57.2	59.9	95.6	57.3
Bolivia (Plurinational State of)	4.9	2.7	2.4	20.2	43.0	48.9	72.3	51.0
Brazil	2.9	1.7	1.6	46.1	65.3	67.1	96.6	56.6
Chile	2.6	1.6	1.6	31.6	59.9	62.7	93.8	44.1
Colombia	3.1	1.8	1.6	41.0	63.8	66.0	93.9	54.0
Ecuador	3.7	2.4	2.2	32.3	58.7	61.6	89.0	56.9
French Guiana*	3.9	3.3	3.0	..	..	..	..	35.5
Guyana	3.1	2.4	2.2	23.8	33.3	41.3	94.2	57.9
Paraguay	4.5	2.4	2.2	30.1	57.4	61.4	94.0	59.8
Peru	3.9	2.2	2.0	33.6	53.9	57.2	74.6	56.4
Suriname	3.3	2.4	2.2	25.8	43.7	49.7	98.4	53.4
Uruguay	2.5	2.0	1.9	49.8	56.8	59.8	95.8	53.1
Venezuela (Bolivarian Republic of)	3.4	2.3	2.1	36.5	55.6	58.9	93.0	52.9
NORTHERN AMERICA	2.0	1.7	1.8	62.6	62.4	63.0	91.3	49.5
Canada	1.7	1.5	1.5	67.8	72.1	72.1	95.0	49.9
United States of America*	2.0	1.8	1.8	62.1	61.4	62.1	90.7	49.5
OCEANIA	2.5	2.3	2.2	48.9	49.2	50.0	94.4	57.3
Australia and New Zealand	1.9	1.8	1.8	56.4	57.7	58.5	96.8	55.2
Australia*	1.9	1.8	1.8	56.3	57.2	58.1	97.2	54.7
New Zealand*	2.1	1.9	1.8	56.6	60.4	61.3	95.3	57.7
Melanesia	4.6	3.5	3.1	20.0	28.0	30.7	81.2	61.4
Fiji	3.4	2.8	2.5	29.4	36.1	37.8	86.9	58.9
New Caledonia*	3.0	1.9	1.8	..	..	..	..	26.7
Papua New Guinea	4.8	3.5	3.1	18.1	27.0	29.9	79.8	65.6
Solomon Islands	5.9	4.4	3.8	19.8	23.5	26.7	82.5	63.6
Vanuatu	4.9	3.7	3.4	20.4	36.6	39.2	86.8	66.3
Micronesia	3.9	2.8	2.5	30.2	34.1	36.8	88.0	47.7
Guam*	3.0	2.3	2.1	35.5	41.2	44.1	87.9	46.5
Kiribati	4.7	3.5	3.2	24.3	21.3	24.4	84.8	65.4
Micronesia (Fed. States of)	5.0	3.0	2.6	..	..	..	..	49.7
Polynesia*	4.2	2.7	2.5	16.8	20.2	22.3	90.0	42.3
French Polynesia*	3.4	1.9	1.8	..	..	..	..	28.1
Samoa	5.1	3.8	3.4	14.1	16.9	18.9	93.1	54.7
Tonga	4.6	3.5	3.2	15.1	19.9	22.4	86.1	49.6

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”, or “developed” and “developing”, is intended for statistical purposes and does not express a judgment about the stage in the development process reached by a particular country or area. More developed regions comprise all countries and areas of Europe and Northern America, plus Australia, New Zealand and Japan. Less developed regions comprise all countries and areas of Africa, Asia (excluding Japan), Latin America and the Caribbean, and Oceania (excluding Australia and New Zealand).

The group of least developed countries (LDCs) 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://unohrrls.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://unohrrls.org/about-lllcs/>.

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://unohrrls.org/about-sids/>.

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

Countries or areas listed individually are only those with 90,000 inhabitants or more in 2019; the rest are included in the aggregates but are not listed separately.

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

A full stop (.) is used to indicate decimals.

Years given refer to 1 July.

A 0 or 0.0 indicates that the magnitude is zero

Two dots (..) indicate that data are not available or are not reported separately

a. Live births per woman over a lifetime.

b. Percentage among all women of reproductive age (15-49 years old).

The figures for family planning indicators are from Estimates and Projections of Family Planning Indicators 2019 (United Nations 2019b), which is based on World Contraceptive Use 2019 (United Nations 2019c). The aggregates for family planning indicators are based on 194 countries or areas with available data. The proportions of women of reproductive age (15-49 years old) who are married or in a union are from Estimates and Projections of Women of Reproductive Age Who Are Married or in a Union: 2018 Revision (United Nations 2018).

The total fertility rates presented are from the medium variant of the World Population Prospects: The 2019 Revision, the official United Nations population estimates and projections prepared by the United Nations Population Division (United Nations 2019a). The aggregates for population indicators are based on 235 countries or areas

“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 are also available in digital form and can be consulted at the Population Division’s web site at www.unpopulation.org.



World Fertility and Family Planning 2020: Highlights presents new evidence on trends in contraceptive use and fertility, as well as insights into the relationship between contraceptive use and fertility at the global, regional and national levels for women of reproductive age. Contraception assists couples and individuals to achieve their reproductive goals and provides them with the full opportunity to exercise the right to have children by choice. Additionally, long-term global population trends are driven largely by trends in fertility. It is important to understand the relationship between contraceptive use and fertility, especially in high-fertility contexts, because of the implications for triggering or speeding up the demographic transition, harnessing a demographic dividend, and the return on investment in family planning.

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