Goal 3: Ensure healthy lives and promote well-being for all at all ages

Target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

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

Institutional information

Organization(s):
Population Division, Department of Economic and Social Affairs (DESA)
United Nations Population Fund (UNFPA)

Concepts and definitions

Definition:
The percentage of women of reproductive age (15-49 years) who desire either to have no (additional) children or to postpone the next child and who are currently using a modern contraceptive method.

Rationale:
The proportion of demand for family planning satisfied with modern methods is useful in assessing overall levels of coverage for family planning programmes and services. Access to and use of an effective means to prevent pregnancy helps enable women and their partners to exercise their rights to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. Meeting demand for family planning with modern methods also contributes to maternal and child health by preventing unintended pregnancies and closely spaced pregnancies, which are at higher risk for poor obstetrical outcomes. Levels of demand for family planning satisfied with modern methods of 75 per cent or more are generally considered high, and values of 50 per cent or less are generally considered as very low.

Concepts:
The percentage of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods is also referred to as the proportion of demand satisfied by modern methods. The components of the indicator are contraceptive prevalence (any method and modern methods) and unmet need for family planning.

Contraceptive prevalence is the percentage of women who are currently using, or whose sexual partner is currently using, at least one method of contraception, regardless of the method used.

For analytical purposes, contraceptive methods are often classified as either modern or traditional. Modern methods of contraception include female and male sterilization, the intra-uterine device (IUD), the implant, 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). Traditional methods of contraception include
rhythm (e.g., fertility awareness-based methods, periodic abstinence), withdrawal and other traditional
methods not reported separately.

Unmet need for family planning is defined as the percentage of women of reproductive age, either
married or in a union, who want to stop or delay childbearing but are not using any method of
contraception. The standard definition of unmet need for family planning includes women who are
fecund and sexually active in the numerator, and who report not wanting any (more) children, or who
report wanting to delay the birth of their next child for at least two years or are undecided about the
timing of the next birth, but who are not using any method of contraception. The numerator also includes
pregnant women whose pregnancies were unwanted or mistimed at the time of conception; and
postpartum amenorrheic women who are not using family planning and whose last birth was unwanted
or mistimed. Further information on the operational definition of the unmet need for family planning, as
well as survey questions and statistical programs needed to derive the indicator, can be found at the

Comments and limitations:

Differences in the survey design and implementation, as well as differences in the way survey
questionnaires are formulated and administered can affect the comparability of the data. The most
common differences relate to the range of contraceptive methods included and the characteristics (age,
sex, marital or union status) of the persons for whom contraceptive prevalence is estimated (base
population). The time frame used to assess contraceptive prevalence can also vary. In most surveys there
is no definition of what is meant by “currently using” a method of contraception.
In some surveys, the lack of probing questions, asked to ensure that the respondent understands the
meaning of the different contraceptive methods, can result in an underestimation of contraceptive
prevalence, in particular for traditional methods. Sampling variability can also be an issue, especially
when contraceptive prevalence is measured for a specific subgroup (according to method, age-group,
level of educational attainment, place of residence, etc.) or when analysing trends over time.

When data on women aged 15 to 49 are not available, information for married or in-union women is
reported. Illustrations of base populations that are sometimes presented are: married or in-union women
aged 15-44, sexually active women (irrespective of marital status), or ever-married women. Notes in the
data set indicate any differences between the data presented and the standard definitions of
contraceptive prevalence or unmet need for family planning or where data pertain to populations that
are not representative of women of reproductive age.
Methodology

Computation Method:
The numerator is the percentage of women of reproductive age (15-49 years old) who are currently using, or whose sexual partner is currently using, at least one modern contraceptive method. The denominator is the total demand for family planning (the sum of contraceptive prevalence (any method) and the unmet need for family planning). Estimates are with respect to women who are married or in a union.

\[
\text{Demand satisfied by modern methods} = \frac{\text{Number of women who are currently using a modern method of contraception}}{\text{Number of women who are using any method of contraception or are having an unmet need for family planning}}
\]

Disaggregation:
Age, geographic location, marital status, socioeconomic status and other categories, depending on the data source and number of observations.

Treatment of missing values:
- At country level
  There is no attempt to provide estimates for individual countries or areas when country or area data are not available.

- At regional and global levels

  Country-level, model-based estimates are only used for computing the regional and global averages and are not used for global SDG reporting of trends at the country level. The fewer the number of observations for the country of interest, the more its estimates are driven by the experience of other countries, whereas for countries with many observations the results are determined to a greater extent by those observations.

Regional aggregates:

Sources of discrepancies:
Generally, there is no discrepancy between data presented and data published in survey reports. However, some published national data have been adjusted by the Population Division to improve comparability. Notes are used in the data set to indicate when adjustments were made and where data differed from standard definitions. The global indicator represents all women of reproductive age. Some survey estimates represent women who are married or in a union and this is indicated in a note.

Methods and guidance available to countries for the compilation of the data at the national level:
N.A.

Quality assurance
N.A.

Consultation/validation process with countries for adjustments and estimates
The data are taken from published survey reports or, in exceptional cases, other published analytic reports or tabulations obtained from survey micro datasets. If clarification is needed, contact is made with the survey sponsors or authoring organization, which may supply corrected or adjusted estimates in response.

Data Sources
This indicator is calculated from nationally-representative household survey data. Multi-country survey programmes that include relevant data for this indicator are: Contraceptive Prevalence Surveys (CPS), Demographic and Health Surveys (DHS), Fertility and Family Surveys (FFS), Reproductive Health Surveys (RHS), Multiple Indicator Cluster Surveys (MICS), Performance Monitoring and Accountability 2020 surveys (PMA), World Fertility Surveys (WFS), other international survey programmes and national surveys.

For information on the source of each estimate, see United Nations, Department of Economic and Social Affairs, Population Division (2019). World Contraceptive Use 2019
Data Availability

Data for the percentage of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods are available for 130 countries or areas for the 2000-2018 time period. For 97 countries or areas, there are at least two available data points.

The regional breakdown of data availability is as follows:

<table>
<thead>
<tr>
<th>World and SDG regions</th>
<th>At least one data point</th>
<th>Two or more data points</th>
</tr>
</thead>
<tbody>
<tr>
<td>WORLD</td>
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<td>Northern America and Europe</td>
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<tr>
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<td>Latin America and the Caribbean</td>
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<td>Central Asia and Southern Asia</td>
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<tr>
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<tr>
<td>Eastern Asia and South-eastern Asia</td>
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<td>Least Developed Countries (LDCs)</td>
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<tr>
<td>Small island developing States (SIDS)</td>
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<td>13</td>
</tr>
</tbody>
</table>

Calendar

Data collection:

Data are compiled and updated annually in the first quarter of the year.
Data release:
Updated data on the indicator are released by the Population Division in the first quarter of each year. The next release is expected in the first quarter of 2019. A comprehensive compilation of data and model-based annual estimates and projections up to 2030 at the national, regional and global level are published annually by the Population Division. See:

Data providers
Survey data are obtained from national household surveys that are internationally coordinated—such as the Demographic and Health Surveys (DHS), the Reproductive Health Surveys (RHS), and the Multiple Indicator Cluster Surveys (MICS)—and other nationally-sponsored surveys. Systematic searches of these international survey programmes, survey databases (e.g., the Integrated Household Survey Network (IHSN) database), SDG national reporting platforms and ad hoc queries in addition to utilization of the country-specific responses to questionnaires on data administered by UNICEF (Country Reporting on Indicators for the Goals (CRING)) and information from UNFPA field offices.

Data compilers
This indicator is produced at the global level by the Population Division, Department of Economic and Social Affairs, United Nations in collaboration with the United Nations Population Fund (UNFPA).

References
URL:

References:


Related indicators

This indicator is linked to Target 3.8 (Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all) because the provision of family planning information and methods to all individuals who want to prevent pregnancy is an important component of achieving universal health coverage.

This indicator is also linked to Target 5.6 (Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences) because meeting the demand for family planning is facilitated by increasing access to sexual and reproductive health-care services, and also improves sexual and reproductive health and the ability to exercise reproductive rights.