Population Facts

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Meeting Demand for Family Planning

A basic right of all couples and individuals is to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. The twentieth anniversary in 2014 of the Programme of Action of the International Conference on Population and Development (ICPD) and the end of the Millennium Development Goals in 2015 prompt the question: what progress has been made in ensuring this right?

1. Unmet need for family planning remains high in the poorest parts of the world.

• Unmet need for family planning reflects the gap between childbearing desires and contraceptive use. It is defined as the proportion of women of reproductive age who are fecund, want to stop or delay childbearing and are not using any method of contraception.

• In sub-Saharan Africa, 25 per cent of women of reproductive age who are married or in a union have an unmet need for family planning. Also, four countries in Latin America and the Caribbean, eight countries in Asia and four countries in Oceania have an unmet need for family planning above 20 per cent according to the most recent data available¹ (figure 1).

2. How do we measure the progress made since ICPD?

• The Key Actions for the Further Implementation of the Programme of Action of the ICPD set aspirational benchmarks to reduce the gap between childbearing desires and contraceptive use. The minimum benchmark was a reduction of this gap by at least 50 per cent by 2005. Will this minimum be fulfilled even by 2015?

• Recent survey data on unmet need are limited for many countries. Thus, new model-based estimates and projections² for 194 countries or areas were used to measure the progress made from 1990 to 2015 in enabling people to exercise their right to plan their families.

3. By 2015, few countries are likely to reduce unmet need for family planning by half.

• Only 13 countries are projected to achieve a reduction in unmet need by half between 1990 and 2015 (figure 2), including only Swaziland from sub-Saharan Africa, and Bangladesh, Bhutan, Cambodia, Ecuador, Egypt, El Salvador, Iran, Morocco, Nicara-gua, Paraguay, Peru and Viet Nam from other regions. These countries also have high projected levels of contraceptive use in 2015 (57 to 78 per cent).

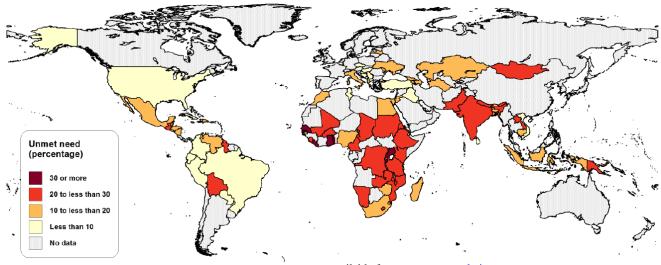


Figure 1: Percentage of women with an unmet need for family planning (any method) among those aged 15 to 49 who are married or in a union: most recent data available

Source: World Contraceptive Patterns 2013 (United Nations, 2013), available from <u>www.unpopulation.org</u>. *Note: The boundaries on this map do not imply official endorsement or acceptance by the United Nations.*

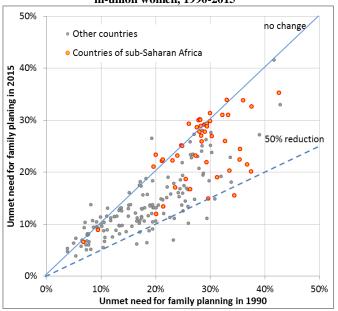


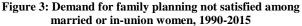
Figure 2: Unmet need for family planning among married or in-union women, 1990-2015

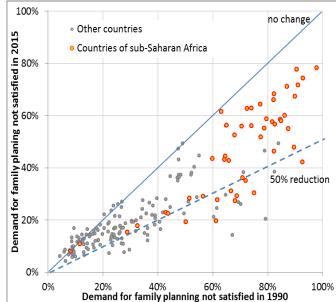
• Most countries in sub-Saharan Africa experienced small or no reductions in unmet need since 1990, whereas most countries with similar levels in 1990 in other regions succeeded in reducing unmet need. In more than 80 per cent of countries in sub-Saharan Africa at least one in five married or in-union women is expected to have an unmet need for family planning in 2015. Despite increases in contraceptive use in many countries, unmet need remains high as more women desire to prevent pregnancy.

4. When the overall increase in demand for family planning is taken into account, more countries in sub-Saharan Africa show progress in meeting the demand.

• By 2015, 34 countries are projected to reduce by half the demand for family planning that is not satisfied compared to 1990 levels (figure 3). The demand not satisfied is measured as the proportion of women with unmet need divided by total contraceptive demand (the proportion of women with unmet need or using contraceptives). Nine countries in this group are in sub-Saharan Africa, including six in Eastern Africa (Comoros, Ethiopia, Madagascar, Malawi, Rwanda and Zambia) that started from very low levels of contraceptive use in 1990 (3 to 18 per cent) and more than 60 per cent of demand for family planning that was not met.

• Given existing trends, the demand for family planning that is not satisfied is projected to be 50 per cent or more in 26 countries in 2015. All of these countries, with the exception of Samoa in Oceania, are in sub-Saharan Africa and concentrated in Middle and Western Africa, where progress towards meeting demand for family planning remains far behind more successful countries in Eastern Africa.





5. What are the prospects for accelerating progress?

• Recent success stories in sub-Saharan Africa (such as Ethiopia, Malawi and Rwanda) show that meeting demand for family planning can be accelerated if reproductive health becomes a higher governmental priority. Thus, progress is possible even in parts of the world where there were large gaps between childbearing desires and contraceptive use.

• The proportion of demand for family planning that is satisfied shows the degree to which family planning investments are keeping pace with people's desires to prevent pregnancy. This indicator is useful for comparing populations across time and space with different fertility preferences. In combination with well-set benchmarks based on past successful experiences and attention to inequalities within countries, this indicator should be considered as part of monitoring universal access to reproductive health under future development goals and ensuring that people are better able to exercise their reproductive rights.

NOTES

¹ Detailed data on unmet need for family planning, including information on data sources, are presented in the data sets World Contraceptive Use 2012 and 2013 Update for the MDG Database: Unmet Need for Family Planning, available from www.unpopulation.org.

² Model-based Estimates and Projections of Family Planning Indicators: 2013 Revision, available from <u>www.unpopulation.org</u>. Methodology described in Leontine Alkema, et al. "National, regional, and global rates and trends in contraceptive prevalence and unmet need for family planning between 1990 and 2015: a systematic and comprehensive analysis", The Lancet, vol. 381 (May 2013), pp. 1642-1652.