

The United Nations Sustainable Development Goals set a target of ensuring universal access to reproductive health care services by 2030, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes. Providing family planning services is one of the most cost-effective public health interventions, contributing to significant reductions in maternal mortality and morbidity as well as overall socio-economic development (UNFPA, 2019[1]).

Reproductive health requires having access to effective methods of contraception and appropriate health care through pregnancy and childbirth, so as to allow women and their partners to make decisions on fertility and provide parents with the best chance of having a healthy baby.

Women who have access to contraception can protect themselves from unwanted pregnancy. Spacing births can also have positive benefits on both the reproductive health of the mother and the overall health and well-being of the child.

Modern contraceptive methods, such as condoms, contraceptive oral pills, injections, intrauterine devices, and implants, are more effective than traditional ones (WHO and Johns Hopkins Bloomberg School of Public Health, 2018[2]). The prevalence of modern methods use varies across countries and territories in Asia-Pacific. It was high on average across high income and upper-middle income countries and territories (62.3% and 60.4%, respectively). In a few of these countries and territories including China; Macau, China and Thailand, more than three-quarters of married or in union women of reproductive age reported using modern contraceptive methods (Figure 4.1). The average prevalence was low in lower-middle and low income countries and territories (45.2%). In Papua New Guinea, Pakistan and the Solomon Islands less than one out of three married or in union women reported using any modern method.

Based on women's socio-economic background, differences in the prevalence of modern methods use exist in all reporting Asia-Pacific countries. In Myanmar and the Philippines, use of

modern methods is 22 and 16 percentage points higher respectively among women with highest education than among women with lowest education, whereas in Nepal and Mongolia women with lowest education report a higher percentage of use of modern methods (Figure 4.2). In Papua New Guinea, use of modern methods is 11 percentage points higher among women living in urban areas than among those living in rural areas, while in Mongolia and Cambodia women living in rural areas report a higher percentage of use of modern methods. Based on income levels, differences in the use of modern methods are large in India, Pakistan and particularly Papua New Guinea, where use of modern methods is 24 percentage points higher among women from households in the highest income quintile than among women in the lowest quintile (Figure 4.2). Demand for family planning not satisfied is high among adolescents and youth in Asia-Pacific countries and territories where the average age of marriage is low and gender inequality is high (UNESCAP, 2018[3]).

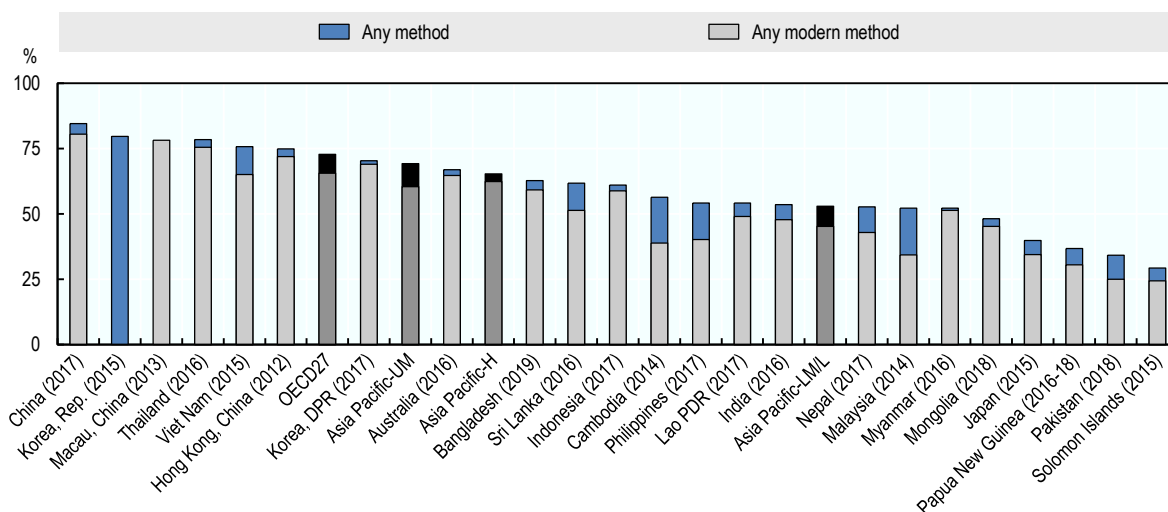
### Definition and comparability

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. It is usually reported as a percentage of married or in union women aged 15-49.

Women with a demand for family planning satisfied are those who are fecund and sexually active, are using a method of contraception, and report wanting to space births. It is reported as a percentage of married or in union women aged 15-49.

Information on contraceptive use and demand satisfied for family planning is generally collected through nationally representative household surveys.

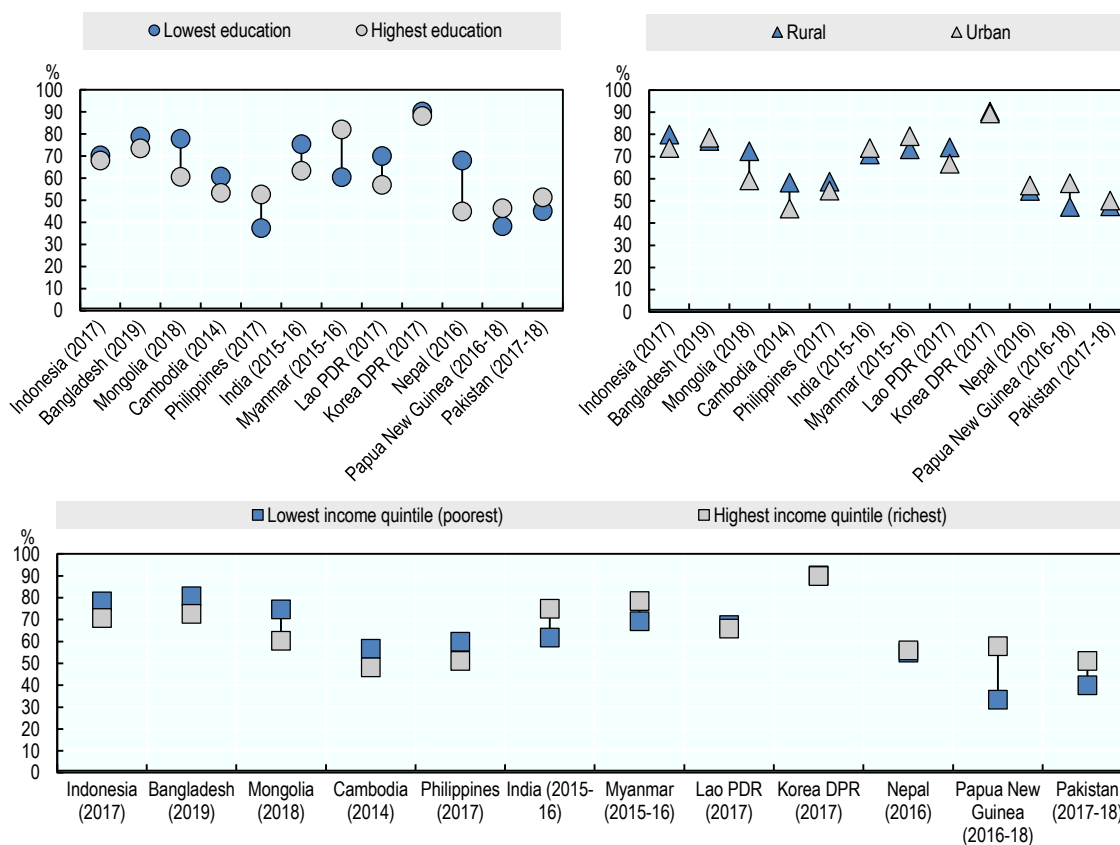
Figure 4.1. Contraceptive prevalence, married or in-union women, latest year available



Source: UN World Contraceptive Use 2019; DHS & MICS surveys, various years; and Bureau of Health, Macau, China, 2014.

StatLink <https://stat.link/3w0noz>

Figure 4.2. Demand for family planning satisfied by modern methods by socio-economic characteristic and geographical location, selected countries, latest year available



Source: DHS & MICS surveys, various years.

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