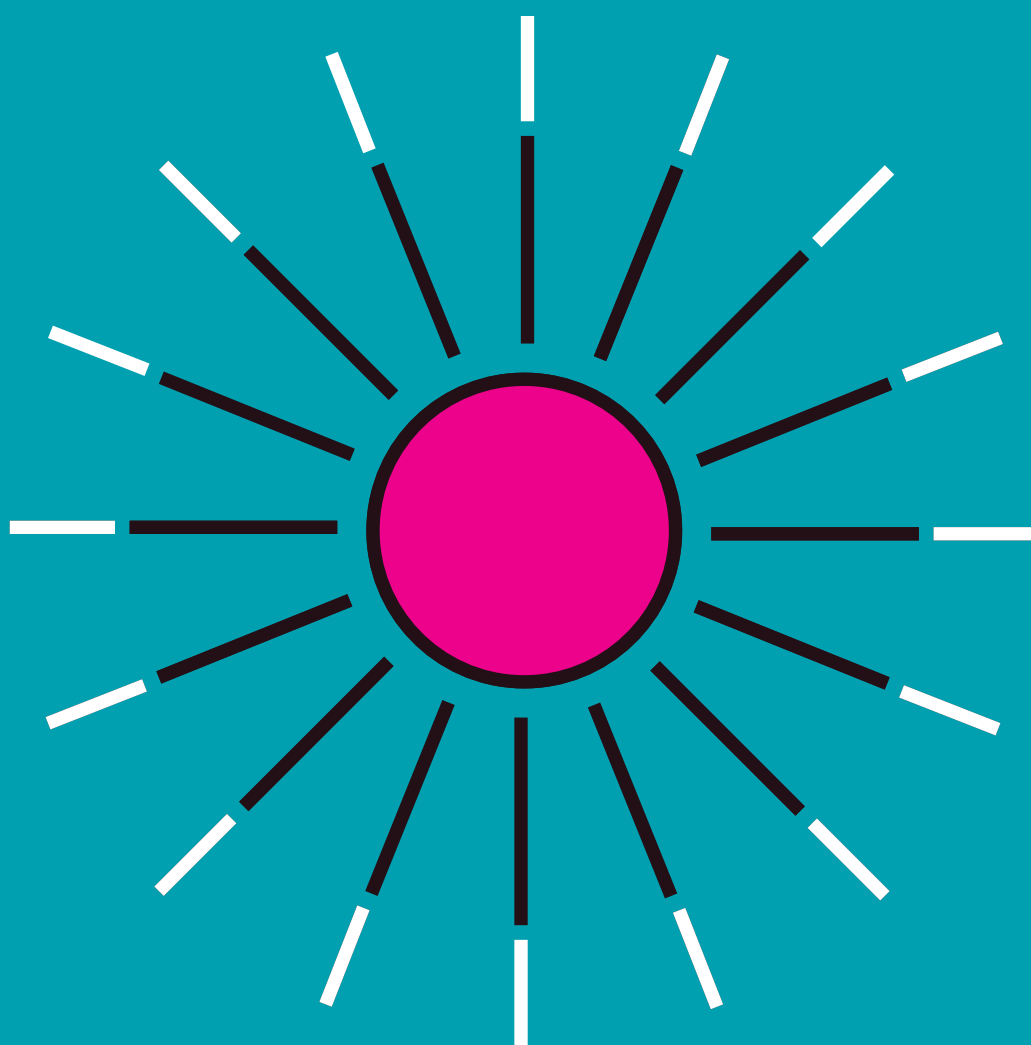# Trends in Contraceptive Use Worldwide 2015

United Nations

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Department of Economic and Social Affairs
Population Division

Trends in Contraceptive Use Worldwide 2015

United Nations
New York, 2015

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Notes

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PREFACE

Comprehensive and timely estimates on global trends in family planning are critical for assessing current and future contraceptive demand and setting policy priorities to ensure universal access to sexual and reproductive health and the realization of reproductive rights. This report presents a concise, descriptive analysis of levels and trends in key family planning indicators from *Model-based Estimates and Projections of Family Planning Indicators 2015* and the data set *World Contraceptive Use 2015*, representing 195 countries or areas. The Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat provides regular updates of the estimates and projections of family planning indicators as part of its contribution to global monitoring of progress on internationally-agreed targets to achieve universal access to sexual and reproductive health.

This report was written by Ann Biddlecom, Vladimíra Kantorová, Stephen Kisambira and Petra Nahmias of the Population Division and Hantamalala Rafalimanana of the Division for Social Policy and Development. Assistance in the generation of maps and model-based estimates and projections was provided by Kyaw Kyaw Lay of the Population Division. Mary Beth Weinberger, an independent consultant, provided a comprehensive first draft of this report based on earlier data.

The report, model-based estimates and projections of family planning indicators, underlying survey data, and an infochart are all available on the website of the Population Division at www.unpopulation.org.

KEY FINDINGS

- **Contraceptives are used by the majority of married or in-union women in almost all regions of the world.** In 2015, 64 per cent of married or in-union women of reproductive age worldwide were using some form of contraception. However, contraceptive use was much lower in the least developed countries (40 per cent) and was particularly low in Africa (33 per cent). Among the other major geographic areas, contraceptive use was much higher, ranging from 59 per cent in Oceania to 75 per cent in Northern America. Within these major areas there are large differences by region and across countries.

- **At least one in ten married or in-union women in most regions of the world has an unmet need for family planning.** Worldwide in 2015, 12 per cent of married or in-union women are estimated to have had an unmet need for family planning; that is, they wanted to stop or delay childbearing but were not using any method of contraception. The level was much higher, 22 per cent, in the least developed countries. Many of the latter countries are in sub-Saharan Africa, which is also the region where unmet need was highest (24 per cent), double the world average in 2015.

- **Modern contraceptive methods constitute most contraceptive use.** Globally in 2015, 57 per cent of married or in-union women of reproductive age used a modern method of family planning, constituting 90 per cent of contraceptive users. When users of traditional methods are counted as having an unmet need for family planning, 18 per cent of married or in-union women worldwide are estimated to have had an unmet need for modern methods in 2015.

- **Substantial gaps still persist in the use of modern methods among couples who want to prevent pregnancy**. Large gaps remain in the proportion of total demand for family planning satisfied with modern methods in countries where overall contraceptive use is low or where many couples rely on traditional methods of contraception. In 2015, less than half of total demand for family planning was being met with modern methods in 54 countries (34 of which are in Africa). In an additional 76 countries, less than 75 per cent of total demand was met by use of modern methods.

- **Growth in contraceptive prevalence until 2030 is expected mainly in the regions of sub-Saharan Africa and Oceania.** Between 2015 and 2030, the time period of the 2030 Agenda for Sustainable Development, contraceptive use is projected to grow particularly in regions where less than half of married or in-union women of reproductive age currently use contraception. Contraceptive prevalence is projected to increase from 17 to 27 per cent in Western Africa, from 23 to 34 per cent in Middle Africa, from 40 to 55 per cent in Eastern Africa, and from 39 to 45 per cent in Melanesia, Micronesia and Polynesia. Yet unmet need for family planning is still projected to remain high in 2030, above 20 per cent in all these regions, except in Eastern Africa, where it is projected to decrease from 24 per cent to 18 per cent between 2015 and 2030.

- **Nearly 800 million married or in-union women are projected to be using contraception in 2030, and growth in the number of contraceptive users will be uneven across regions.** The global number of married or in-union women using contraception is projected to rise by 20 million, from 758 million in 2015 to 778 million in 2030. Growth in the number of contraceptive users is projected to be high for all regions of Africa and in Southern Asia. Globally, the number of women with an unmet need for family planning is projected to change little, from 142 million in 2015 to 143 million in 2030, due to growth in the number of married or in-union women of reproductive age in sub-Saharan Africa and growth in the demand for family planning.

- **Method-specific contraceptive prevalence varies widely across the world.** Female sterilization and the IUD are the two most common methods used by married or in-union women worldwide: in 2015, 19 per cent of married or in-union women relied on female sterilization and 14 per cent used the IUD. Short-term methods are less common: 9 per cent of women used the pill in 2015, 8 per cent relied on male condoms and 5 per cent used injectables. Only 6 per cent of married or in-union women worldwide used rhythm or withdrawal. There are large regional differences in the use of some types of contraception. Overall, short-term and reversible methods, such as the pill, injectable and male condom, are more common than other methods in Africa and Europe whereas long-acting or permanent methods, such as sterilization, implants and the IUD, are more common in Asia and Northern America.

- **In at least one out of every four countries or areas with data, a single method accounts for at least half of all contraceptive use among married or in-union women.** In the 45 countries or areas where a single method constituted 50 percent or more of all use in 2015, the dominant methods included the pill (15 countries), injectables (10 countries), IUD (7 countries), and, in fewer countries, female sterilization, male condom, withdrawal or other traditional methods. Countries where contraceptive practice is heavily concentrated on one or two methods can be found in all regions and at all levels of overall contraceptive prevalence.

- **High levels of contraceptive prevalence reflect different mixtures of methods, but long-acting or permanent methods play a prominent role.** More than one in three married or in-union women globally use long-acting or permanent methods: namely, female and male sterilization, IUDs and implants. These methods accounted for 56 per cent of contraceptive prevalence in 2015. In countries that had relatively high levels of contraceptive prevalence in 2015—60 per cent or higher and representing different geographic regions—married or in-union women relied on long-acting or permanent methods: in 34 of the 70 countries the prevalence was 25 per cent or higher. As contraceptive prevalence becomes more common, the share of all use by long-acting or permanent methods tends to increase.

WHY DO TRENDS IN CONTRACEPTIVE USE MATTER?

Contraceptive use helps couples and individuals realize their basic right to decide freely and responsibly if, when and how many children to have. The growing use of contraceptive methods has resulted in not only improvements in health-related outcomes such as reduced maternal mortality and infant mortality (Ahmed and others, 2012; Bhutta and others, 2014; Rutstein and Winter, 2015), but also improvements in schooling and economic outcomes, especially for girls and women (Canning and Schultz, 2012; Schultz and Joshi, 2013).

The landmark Programme of Action of the International Conference on Population and Development (ICPD) in 1994 recommended that all countries seek to provide universal access to a full range of safe and reliable family-planning methods by the year 2015 (United Nations, 1994, paragraph 7.16). Specific benchmarks for meeting the demand for family planning were specified in the review and appraisal of the Programme of Action five years later (United Nations, 1999, paragraph 58). In 2010, the General Assembly, noting that gaps still existed in the implementation of different areas of the ICPD Programme of Action, decided to extend the Programme and the key actions for its further implementation beyond 2014, in order to fully meet the Programme's goals and objectives. Millennium Development Goal 5 to improve maternal health brought renewed attention to efforts to reduce maternal deaths and ensure universal access to reproductive health, though progress by 2015 fell short of the targets set (United Nations, 2015a). More recent global partnerships that include efforts to expand contraceptive information, counselling and services include Family Planning 2020, 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.

The United Nations General Assembly reaffirmed these commitments when it adopted the 2030 Agenda for Sustainable Development (United Nations, 2015b). The new development agenda includes two targets relevant for family planning under broader goals on health and on gender equality and the empowerment of women and girls. Both targets aim 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" (target 3.7) and "…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" (target 5.6).

The global community has committed to actions over the next 15 years to make access to sexual and reproductive health, including family planning, and the realization of reproductive rights a reality for all people. This report presents new evidence on contraceptive use trends, including the types of methods used, and the unmet need for family planning at the global, regional and country levels. This evidence on where the world stands now with respect to the extent to which couples are exercising their basic right to plan their families and, given past rates of change, where the world is headed by 2030 serves as a summary of progress made thus far and a signal of where further investments are needed.

DATA

The estimates and projections for different family planning indicators presented in this report are publicly available and represent indicators for the time period 1970 to 2030 with respect to women of reproductive age (15 to 49 years) who are married or in a union (United Nations, Department of Economic and Social Affairs, Population Division, 2015a). The annual estimates and projections are for 195 countries or areas as well as for aggregate geographic groups (i.e., regions and major areas) and are intended to be comparable across place and time.

The survey data underlying these model-based estimates and projections are also publicly available as a comprehensive data set of 1,059 survey-based observations for 195 countries or areas (United Nations, Department of Economic and Social Affairs, Population Division, 2015b). Contraceptive prevalence is defined as the percentage of women currently using any method of contraception among all women of reproductive age (i.e., those aged 15 to 49 years, unless otherwise stated) who are married or in a union. The "in-union" group includes women living with their partner in the same household and who are not married according to the marriage laws or customs of a country.

For purposes of comparability, modern methods of contraception are defined to include female and male sterilization, oral hormonal pills, the intra-uterine device (IUD), male and female condoms, injectables, the implant (including Norplant), vaginal barrier methods and emergency contraception. Traditional or natural methods of contraception include rhythm (periodic abstinence), withdrawal and lactational amenorrhoea method (LAM). Some surveys also include reports of prolonged abstinence, breastfeeding, douching or folk methods, and these methods are included in the traditional methods category.

Unmet need for family planning (or "unmet need" for short) is defined as the percentage of married or in-union women of reproductive age who want to stop or postpone childbearing but who report that they are not using any method of contraception to prevent pregnancy. Unmet need is an indicator that has a history of more than four decades in the international population field and broadens the policy and programme focus from contraceptive use alone to enabling all individuals to realize their fertility preferences (Bradley and Casterline, 2014; Casterline and Sinding, 2000; Cleland, Harbison and Shah, 2014). Estimates and projections are also presented for an indicator of the gap between demand for contraceptives and contraceptive use: the percentage of demand for family planning satisfied with modern methods is computed as contraceptive prevalence (modern methods) divided by total demand for family planning (the sum of contraceptive prevalence (any method) and unmet need for family planning).

A focus on married or in-union women misses the contraceptive practices and needs of sexually-active women who are not married or in a marriage-like union. Surveys, particularly in Asia and Northern Africa, do not always include unmarried women when inquiring about the need for contraception or contraceptive practice. The present report is restricted to women who are married or in-union in order to be able to examine comparable information for as many countries as possible. Other ongoing work in the Population Division aims to produce estimates and projections for all women of reproductive age, and not only married or in-union women.

The frequency and availability of survey data on contraceptive use and demand around the world has expanded greatly over the past three decades. Surveys that measured the level and composition of contraceptive use in a nationally-representative way began only in the 1950s. The number of countries conducting such surveys grew rapidly during the 1970s, and by the early 1980s information about contraceptive practice had been gathered for countries representing well over half the world's population. Ongoing, cross-national and harmonized survey data collection programmes include the Demographic

and Health Surveys (www.dhsprogram.com), the Multiple Indicator Cluster Surveys (www.mics.unicef.org) and more recent initiatives such as the PMA2020 surveys (www.pma2020.org).

However, survey data on family planning are still limited in availability and timeliness. One in four countries or areas had no more than two nationally-representative data points on contraceptive use, a minimal basis on which to estimate time trends (dark bars in figure 1). Less than half (49 per cent) of countries or areas had a time series of five or more observations on contraceptive use. Moreover, one in four countries or areas lacked recent data since 2005.

Data are even more limited for the unmet need for family planning indicator, notwithstanding recent efforts to expand comparable data within and across countries on this indicator (Bradley and others, 2012). Information on unmet need is particularly lacking for countries in Europe, though survey data show low levels (less than 10 per cent) in most countries (Klijzing, 2000). The data set includes 413 observations on unmet need for family planning for 140 countries or areas. This indicator requires multiple survey questions to construct, including questions to assess fertility preferences, fecundity and current contraceptive use. More than one in four countries (28 per cent) had no data on unmet need for family planning and one in three countries (35 per cent) had just one or two observations in total. Thirty-nine per cent of countries had no recent data (since 2005) on unmet need for family planning.

Variation in the availability of survey data on contraceptive use and in estimates over time from different survey data sources is illustrated by three countries (figure 2). In Bangladesh, there have been frequent surveys over time and observations on contraceptive prevalence denote a smooth trend over time, even though data are from different survey programmes (the different colours of the circles in figure 2) or with respect to a different reference population (e.g., the letter "A" in the circles is with respect to a different age group than women aged 15 to 49 years). In Ghana, there are frequent surveys with data on contraceptive use after 1990 and the different surveys show an uneven trend in contraceptive prevalence. Somalia is among the countries with very limited data on contraceptive use—only two surveys—that make it difficult to measure trends over time.

**Figure 1. Percentage distribution of 195 countries or areas by the number of survey observations
on contraceptive prevalence and unmet need for family planning**
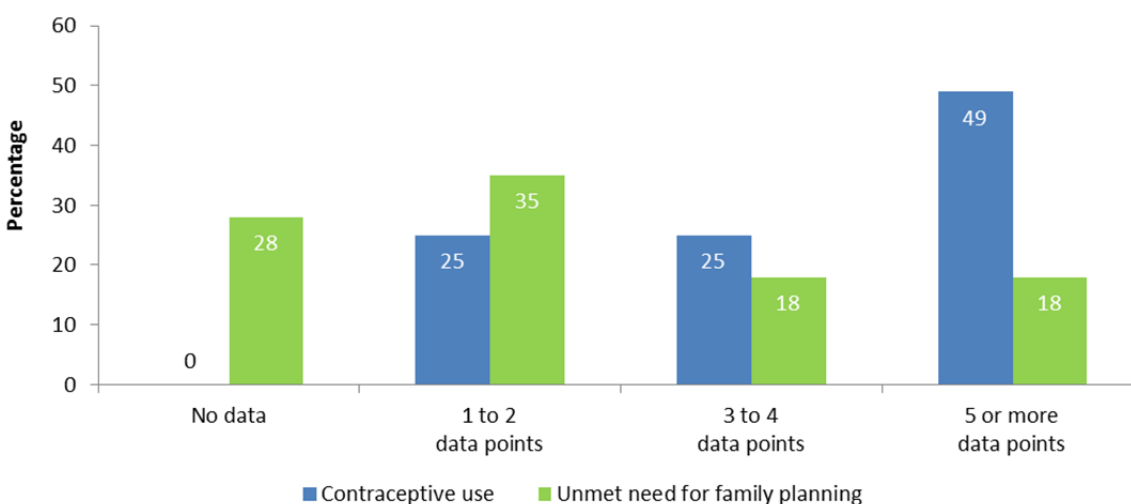
Source: Based on data from United Nations, Department of Economic and Social Affairs, Population Division (2015b).

Figure 2. Survey data on contraceptive prevalence (any method) and model-based estimates over time among married or in-union women aged 15 to 49 years: Bangladesh, Ghana and Somalia

Given the challenges of limited data and variability among data sources, this report draws on a comprehensive and systematic annual series of model-based estimates of family planning indicators for the period 1970 to 2030. A Bayesian hierarchical model was used to generate the estimates and projections, taking into account existing survey data, differences by survey data source, sample population, and contraceptive methods included in measures of use. The projections generated by the model are based on the past trends in countries, regions and globally. The model jointly estimates contraceptive prevalence (any method), the share of contraceptive prevalence attributable to modern methods, unmet need for family planning and no need for family planning. Detailed methodological information is available elsewhere (Alkema and others, 2013), including out-of-sample validation tests. These model-based projections of contraceptive prevalence are similar to those implied by an independently-generated series of probabilistic projections of total fertility (Kisambira, 2014).

The more data a country has, the more the estimates and projections for the country are driven by those data. Conversely, the less data a country has, the more its estimates and projections are driven by the experiences of other countries. Countries with little data or older data also have more uncertainty in the model-based estimates and projections. Figure 2 illustrates this point: Somalia has wide uncertainty intervals (the median and the 80 per cent uncertainty interval are shown by the three solid black lines and the 95 per cent uncertainty interval is shown by the grey shaded area) compared with the narrow uncertainty intervals for Bangladesh and Ghana. A web-based application for country-specific implementation of this estimation approach is publicly available (New and Alkema, 2014).

Estimates and projections for regions and other groups are population-weighted averages of the model-based country estimates, using as the weight the number of married or in-union women aged 15 to 49 in each country. The estimated weights were derived from data on the proportion of women who were married or in a union in each country (Kantorová, 2013; United Nations, Department of Economic and Social Affairs, Population Division, 2015c). The median values of the model-based estimates and projections are presented in the figures of this report, and the medians and 80 per cent uncertainty intervals are shown in the annex tables for reference. The approach used to estimate method-specific prevalence in 1994 and 2015 is described in annex I.

CONTRACEPTIVE USE AND DEMAND FOR FAMILY PLANNING IN 2015

Contraceptives are used by the majority of married or in-union women in almost all regions of the world. In 2015, 64 per cent of married or in-union women of reproductive age worldwide were using some form of contraception (figure 3, dark bars). However, contraceptive use was much lower in the least developed countries[1] (40 per cent) and was particularly low in Africa (33 per cent). Among the other major geographic areas, contraceptive use was much higher in 2015, ranging from 59 per cent in Oceania to 75 per cent in Northern America.

Within these major areas there are large differences by region. Prevalence in 2015 was several times as high in Northern Africa and Southern Africa (53 per cent and 64 per cent, respectively) as in Middle Africa (23 per cent) and Western Africa (17 per cent). Contraceptive use has been increasing recently in Eastern Africa and now stands at 40 per cent. At the other extreme, Eastern Asia had the highest prevalence (82 per cent) of all the world regions in 2015, due to the very high level of contraceptive use in China (84 per cent). In the other regions of Asia, the average prevalence was in a range between 57 per cent and 64 per cent. Regional contrasts are smaller in Latin America and the Caribbean, although the level of contraceptive use was lower in the Caribbean (62 per cent) than it was in Central America (71 per cent) and South America (75 per cent). Within Europe, prevalence in 2015 was lowest in Southern Europe (65 per cent) and highest in Northern Europe (77 per cent). In Oceania, the level of contraceptive use in Australia and New Zealand was typical of levels in regions of Europe, whereas the level was much lower, 39 per cent, in Melanesia, Micronesia and Polynesia.

At least one in ten married or in-union women in most regions of the world has an unmet need for family planning. Worldwide in 2015, 12 per cent of married or in-union women are estimated to have had an unmet need for family planning; that is, they wanted to stop or delay childbearing but were not using any method of contraception (figure 3, light bars). The level was much higher, 22 per cent, in the least developed countries. Many of the latter countries are in sub-Saharan Africa, which is also the region where unmet need was highest (24 per cent), double the world average in 2015. In general, unmet need is high where contraceptive prevalence is low. Unmet need in 2015 was highest (above 20 per cent) in the regions of Eastern Africa, Middle Africa, Western Africa, and Melanesia, Micronesia and Polynesia. Unmet need was lowest (below 10 per cent) in Eastern Asia, Northern Europe, Western Europe and Northern America. Given that survey data on unmet need for family planning are limited, especially for countries in Europe and Eastern Asia, the median estimates presented for 2015 have relatively wide 80 per cent uncertainty intervals (annex table I).

Contraceptive use and unmet need for family planning levels vary widely across countries. Within Africa, countries or areas with contraceptive prevalence of 50 per cent or more are mainly islands (Cabo Verde, Mauritius and Réunion), or located in the north of the continent along the Mediterranean coast (Algeria, Egypt, Morocco and Tunisia) and in Southern Africa (Botswana, Lesotho, Namibia, South Africa and Swaziland) (figure 4). Five countries in Eastern Africa (Kenya, Malawi, Rwanda, Zambia and Zimbabwe) also had contraceptive prevalence levels of 50 per cent or more in 2015. In contrast, 17 countries of Africa had contraceptive prevalence levels below 20 per cent. This group includes the populous country of Nigeria, where contraceptive use was at less than half the level in Ethiopia (16 per cent and 36 per cent, respectively). Less than 10 per cent of married or in-union women of reproductive age were using contraception in Chad, Guinea and South Sudan in 2015.

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[1] The group of least developed countries (LDCs) encompasses 48 countries designated as such by the General Assembly, and defined as low-income countries suffering from structural impediments to sustainable development. The official list is available from www.un.org/en/development/desa/policy/cdp/ldc2/ldc_countries.shtml

**Figure 3. Contraceptive prevalence and unmet need for family planning
among married or in-union women aged 15 to 49 years, 2015**
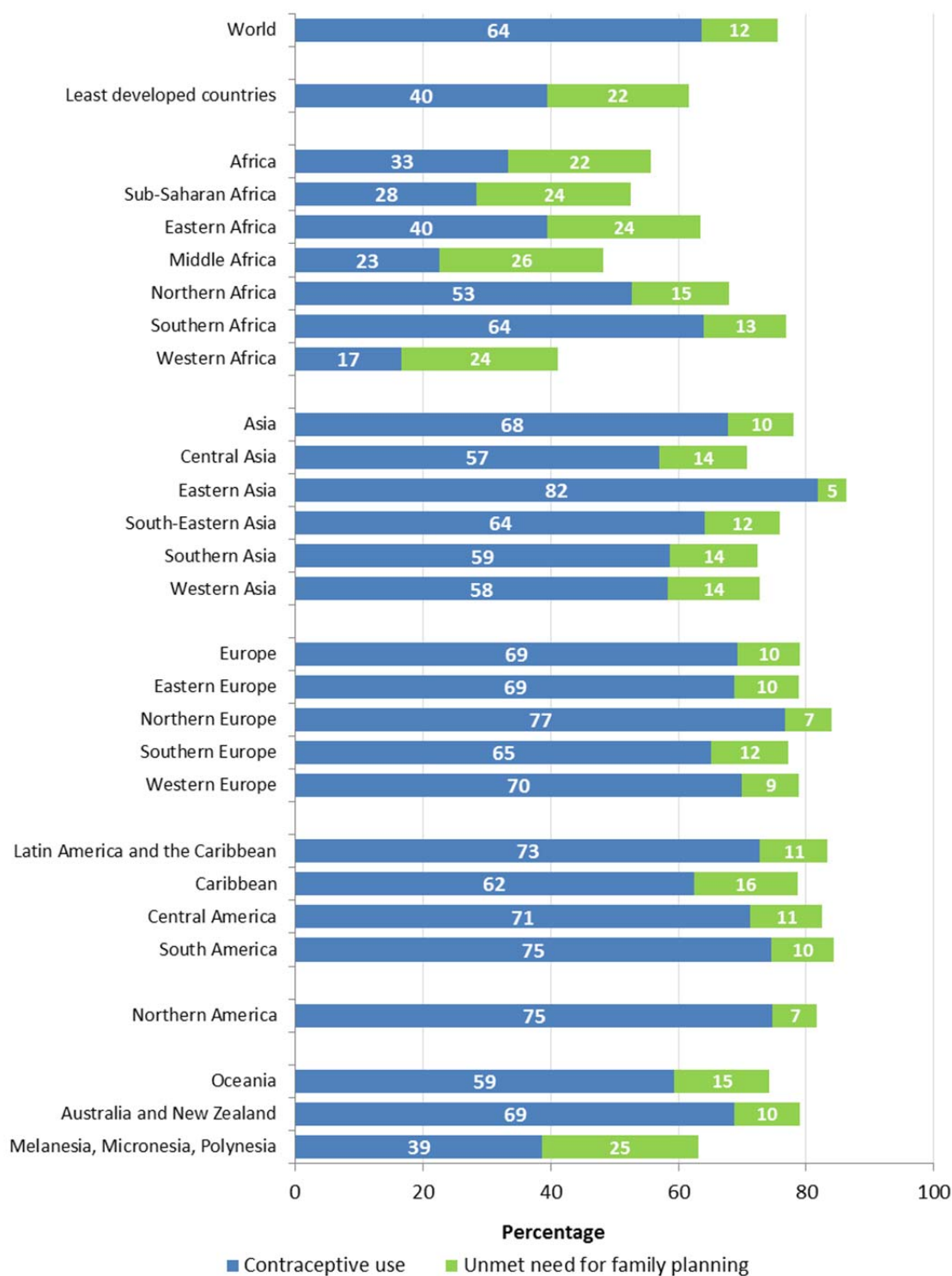
Source: United Nations, Department of Economic and Social Affairs, Population Division (2015a).

Within Asia, the highest levels of contraceptive use are found mainly in the Eastern and South-Eastern regions, though other Asian regions also include some countries with high prevalence. In 10 countries, contraceptive prevalence in 2015 was 70 per cent or more, with an estimated high of 83 per cent in China. In all, 37 of the 48 countries or areas in Asia with sufficient data to enable estimates had contraceptive prevalence levels of 50 per cent or more in 2015. The lowest level of contraceptive prevalence in Asia was in Afghanistan and Timor-Leste at 29 per cent.

Contraceptive prevalence in 2015 was above 70 per cent in 13 countries of Europe as well as in Canada and the United States of America. However, three countries in Europe still have prevalence levels below 50 per cent (Bosnia and Herzegovina, Montenegro and the former Yugoslav Republic of Macedonia). Similarly, most countries in Latin America and the Caribbean have at least a moderate level of contraceptive use. Of the 39 countries or areas with available estimates in Latin America and the Caribbean, only Guyana and Haiti had prevalence levels below 50 per cent in 2015, and 16 countries had prevalence levels of 70 per cent or more (Nicaragua had the highest level at 80 per cent). The most populous countries in the region—Brazil, Colombia, Mexico and Peru—all had contraceptive prevalence levels of 70 per cent or more. Among 16 countries or areas in Oceania, Australia and New Zealand were on one end with contraceptive prevalence levels of 68 per cent and 71 per cent, respectively, and 11 countries were on the other end with prevalence levels of less than 50 per cent in 2015.

The percentage of married or in-union women estimated to have had an unmet need for family planning in 2015 ranges from less than 10 per cent in 36 countries across all major areas to 30 per cent or more in 15 countries concentrated in Africa (also including Haiti and Samoa) (figure 5). In 59 countries, at least one in five women on average had an unmet need for family planning in 2015, and 34 of these 59 countries are in Eastern Africa, Middle Africa or Western Africa.

Modern contraceptive methods constitute most contraceptive use. Worldwide in 2015, 57 per cent of married or in-union women of reproductive age used a modern method of family planning (see annex table I), constituting 90 per cent of contraceptive users. Among the 195 countries or areas with sufficient data to enable estimates, modern method prevalence ranged from 5 per cent or less in Chad, Somalia and South Sudan to 80 per cent or more in China and the United Kingdom.

Modern methods were used by at least three in four contraceptive users in 148 countries in 2015, representing all regions of the world. However, modern methods constituted less than half of all contraceptive use in 11 countries, mainly concentrated in Middle Africa and Southern Europe. Withdrawal is widely practiced in Southern Europe and selected countries in Western Asia. In Middle Africa the rhythm method is more common. By contrast, in 2015 modern methods accounted for almost all contraceptive use—95 per cent or more—in 45 countries or areas, predominantly concentrated in the Caribbean, Eastern Africa, South America, Southern Africa and Western Europe.

The measured prevalence of traditional or natural methods tends to be sensitive to variations in the questions posed in the surveys. Research has shown that explicitly mentioning and describing specific methods can significantly increase the reported level of current use of traditional or natural methods such as withdrawal and rhythm (Anderson and Cleland, 1984; Rossier, Senderowicz and Soura, 2014; Santow, 1993).

Figure 4. Percentage of women using any method of contraception among those aged 15 to 49 who are married or in a union, 2015
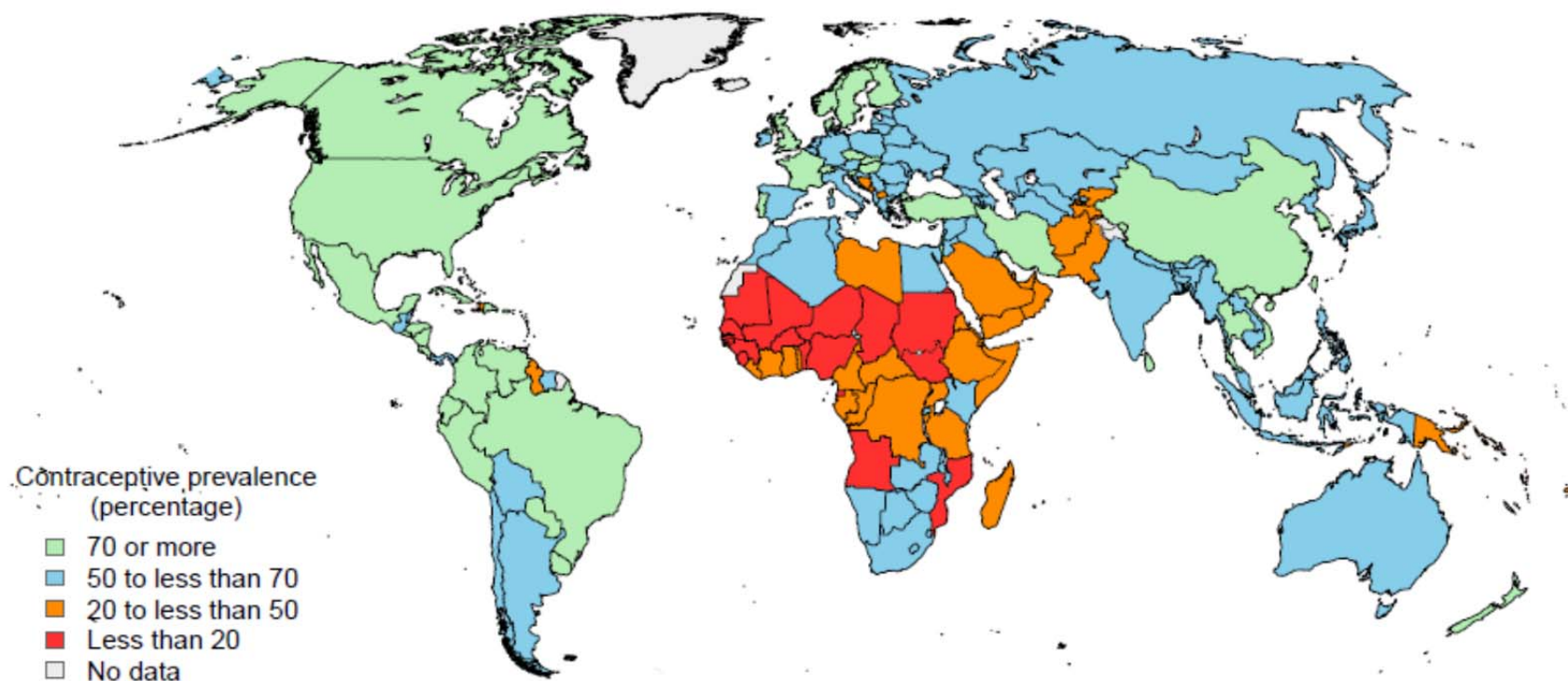
Figure 5. Percentage of women with an unmet need for family planning among those aged 15 to 49 who are married or in a union, 2015

Unmet need
(percentage)

■ 30 or more
■ 20 to less than 30
■ 10 to less than 20
■ Less than 10
□ No data
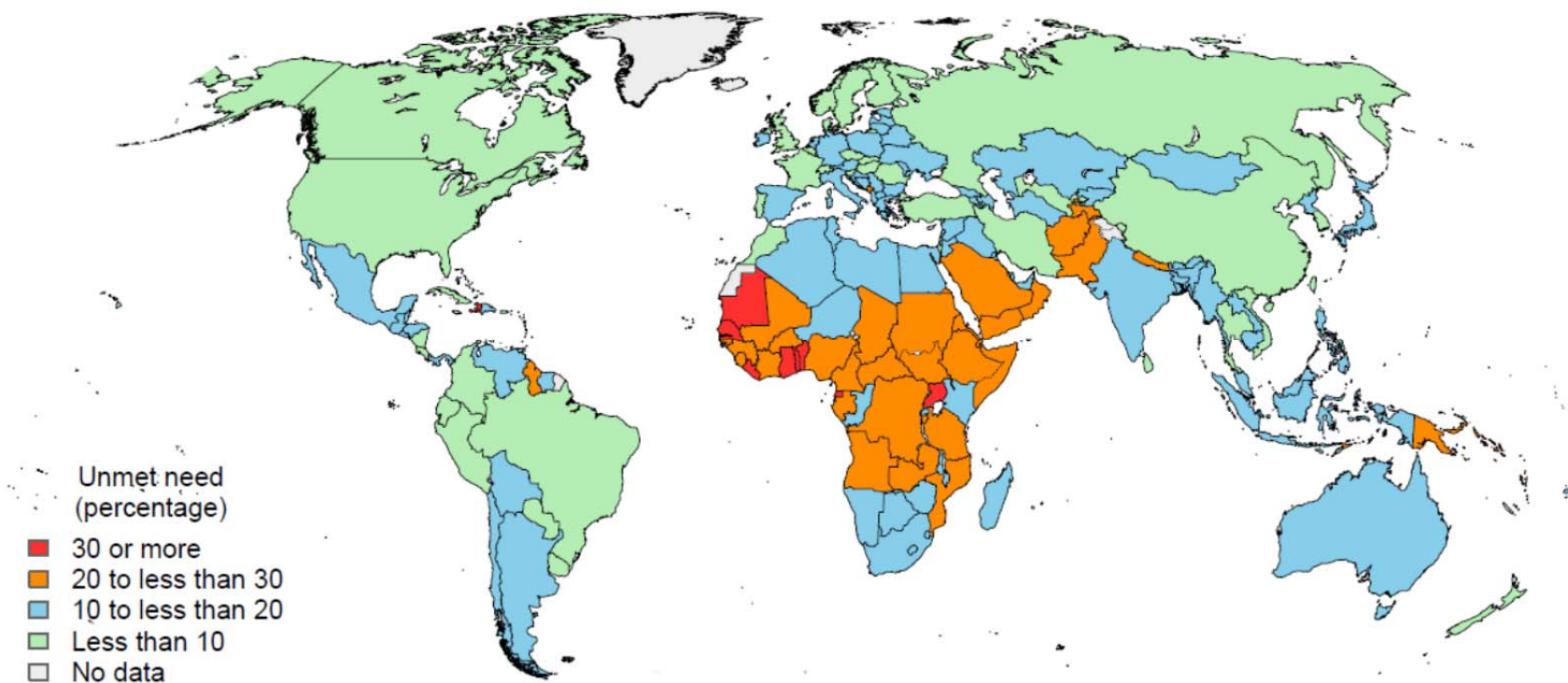
Source: United Nations, Department of Economic and Social Affairs, Population Division (2015a).
NOTE: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

Figure 6. Percentage of demand for family planning satisfied with modern methods and modern contraceptive prevalence among women aged 15 to 49 who are married or in a union, 195 countries or areas by region, 2015
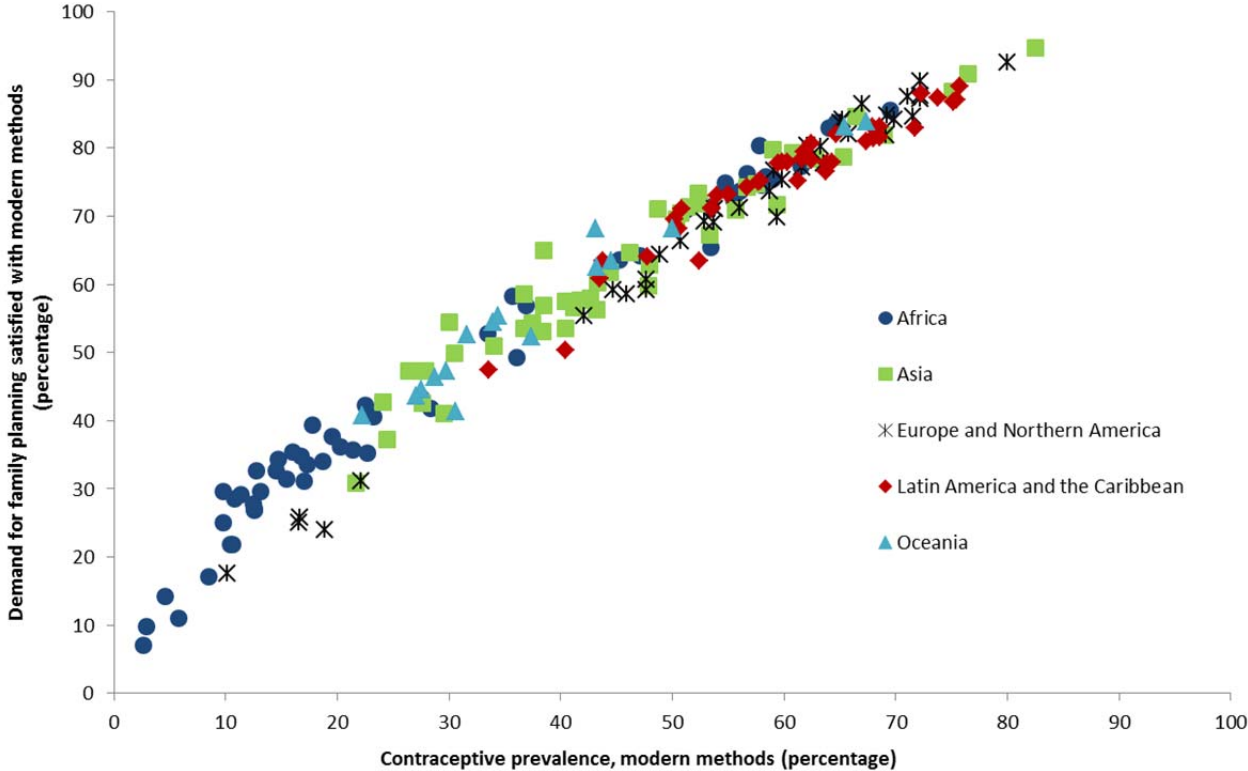
Source: United Nations, Department of Economic and Social Affairs, Population Division (2015a).

Substantial gaps still persist in the use of modern methods among couples who want to prevent pregnancy. Large gaps remain in the proportion of total demand for family planning satisfied with modern methods in countries where overall contraceptive use is low or where many couples rely on traditional methods of contraception. Figure 6 shows the proportion of total demand for family planning (the sum of contraceptive prevalence of any method and unmet need for family planning) that was satisfied with modern methods for 195 countries or areas in 2015 by level of modern method use. Seventy-five per cent or more of total demand was met with modern methods in 65 countries, including 8 countries in Africa, 9 in Asia and 25 in Latin America and the Caribbean. In contrast, less than half of total demand for family planning in 2015 was met with modern methods in 54 countries (34 of which are in Africa), and 76 countries had from 50 per cent to less than 75 percent of total demand satisfied by use of modern methods, indicating the substantial gap in the use of modern methods among couples who want to prevent pregnancy.

Infrequent sex and concerns regarding side effects and health risks are the most common reasons for non-use in countries with high levels of unmet need for family planning. Comparative studies of the reasons for non-use of contraception despite a stated desire to prevent pregnancy show that infrequent sexual activity (in part associated with labour migration) and fear of health side effects (in part associated with narrow contraceptive options, inadequate counselling or a lack of knowledge about contraception in general) are the most common reasons for non-use of contraception (Sedgh and Hussain, 2014). Expanding access to contraceptive supplies and services is not sufficient on its own to satisfy demand for family planning. More crucially, providing information and counselling to users about all the

modern methods that are available, how to use them, support for switching methods if needed, as well as expanding the range of modern methods available are necessary, not only to reduce unmet need but also to improve the uptake of more effective methods (Sedgh and Hussain, 2014). These services can be provided by strong family planning programmes, which have two distinct effects on reproductive behaviour: (1) they reduce unmet need by making modern contraceptive methods more widely available and by removing obstacles to their use, encouraging more women to practice contraception if they wish to avoid pregnancy; (2) they raise total demand for family planning through the implementation of IEC (Information, Education and Counselling) activities concerning the benefits of family planning and the proper way to use each of the different methods that are available, consequently helping in the diffusion of ideas about contraceptive methods (Bongaarts, 2014). Information, education and counselling activities are particularly relevant for sub-Saharan Africa, where the countries with low contraceptive prevalence and high unmet need for family planning are concentrated (Cleland, Harbison and Shah, 2014).

LONG-TERM TRENDS SINCE 1970

Since 1970 there have been substantial increases in contraceptive use and decreases in the unmet need for family planning, with a few important exceptions. Figure 7 shows time trends in contraceptive prevalence and unmet need for family planning for the world and for regions where unmet need was estimated to be high (around 20 per cent or more) in 1970. The markers in each trend line represent the intersection of contraceptive prevalence and unmet need for family planning levels at six time points (in order): 1970, 1980, 1990, 2000, 2010 and 2015. Generally, as total contraceptive prevalence increases unmet need decreases, except when contraceptive prevalence is starting from very low levels (less than 20 per cent). As new norms about family planning and family size start to take hold, demand for family planning can outpace the availability and use of contraceptives, and thus unmet need for family planning can remain stable or even increase. As more women use contraception and family planning information and services expand to meet demand, unmet need for family planning begins to decline.

Contraceptive prevalence almost doubled in the world between 1970 and 2015, from 36 per cent in 1970 to 64 per cent in 2015, with most of the increase occurring prior to the mid-1990s (the solid black line in figure 7). At the same time, the level of unmet need for family planning among married or in-union women is estimated to have declined, from 22 per cent in 1970 to 12 per cent in 2015. A note of caution is merited, though, with interpreting the 1970 to 1990 estimates of unmet need because they are primarily driven by the modelled statistical relationship between contraceptive prevalence and unmet need. Survey data on unmet need for family planning only began to be widely available in the late 1980s.

The time trends show dramatically different experiences across regions even when the starting points were similar. From 1970 to 2000, there was little change in unmet need in Eastern Africa, Middle Africa and Western Africa as contraceptive prevalence slowly rose (note the short distances between the circular markers in figure 7). However, Eastern Africa has abruptly departed from this pattern since 2000, with contraceptive prevalence doubling from 20 per cent to 40 percent and unmet need for family planning declining from 30 per cent to 24 per cent between 2000 and 2015. Eastern Africa compressed as much change in these 15 years as Melanesia, Micronesia and Polynesia are estimated to have made in more than 40 years (the black triangles and dotted line in figure 7).

Northern Africa and Southern Africa began with similarly low levels of contraceptive use (around 20 per cent) but experienced steady and sizable increases in contraceptive use in the immediate decades that followed (note the longer distances between the circular markers in figure 7). In fact, those two regions of Africa followed a pattern similar to that of Southern Asia, South-Eastern Asia and Western Asia (trends with square markers in figure 7), with relatively low levels of contraceptive use and high levels of unmet need for family planning in the 1970s followed by steady declines over each decade since then such that unmet need is now 15 per cent or less in each of these regions.

The pace of change over time was remarkably steep in the Caribbean, Central America and South America (diamond markers in figure 7) up through 2000, when each region reached contraceptive prevalence levels between 59 per cent (Caribbean) and 72 per cent (South America) and levels of unmet need for family planning between 9 per cent (South America) and 18 per cent (Caribbean).

Since the International Conference on Population and Development in 1994, contraceptive use has increased among almost all countries with initially low levels. Over the past two decades, contraceptive use increased in 46 of the 48 countries where prevalence was less than 25 per cent among married or in-union women in 1994 (figure 8). The two exceptions were Gambia and Togo. Substantial increases averaging at least 1.5 percentage points per year occurred in seven countries (Bhutan, Cambodia, Ethiopia, Lao People's Democratic Republic, Malawi, Rwanda and Zambia). An additional

seven countries experienced average annual increases of at least one percentage point (Afghanistan, Haiti, Madagascar, Myanmar, Pakistan, United Republic of Tanzania and Yemen). The particularly rapid progress since the ICPD in both stimulating and meeting demand for family planning in countries like Ethiopia, Malawi and Rwanda have served as instructive cases for the potential pace of change in other countries if investment and attention to family planning are increased (Brown and others, 2014; Fabic and others, 2014). All but two of the 17 countries that experienced either no increase or slow increases since the ICPD in 1994—less than 0.5 percentage points per year—are located in sub-Saharan Africa.

Despite these gains, the minimal benchmark to close the gap in meeting demand for family planning by 2015 is still out of reach for most countries. The international community agreed in 1999 that "Where there is a gap between contraceptive use and the proportion of individuals expressing a desire to space or limit their families, countries should attempt to close this gap by at least 50 per cent by 2005, 75 per cent by 2010 and 100 per cent by 2015" (United Nations, 1999). Reducing this gap means that the percentage of women with an unmet need for family planning must also be decreased.

In 2015, only nine countries are estimated to have reduced unmet need by at least 50 per cent—a minimal benchmark—from levels in 1994 (the markers at or below the lower line in figure 9), including Swaziland in sub-Saharan Africa and Bhutan, Cambodia, Honduras, Nicaragua, Paraguay, Peru, Turkey and Viet Nam from other regions. These nine countries also had relatively high levels of contraceptive use in 2015 (58 per cent to 80 per cent). In contrast, most countries in sub-Saharan Africa (the dark circles in figure 9) experienced small or no reductions in unmet need for family planning since 1994. In 28 of 49 countries in the region there has been less than a 10 per cent reduction in unmet need for family planning over the past two decades.

Figure 7. Trends in contraceptive prevalence and unmet need for family planning by region, 1970-2015
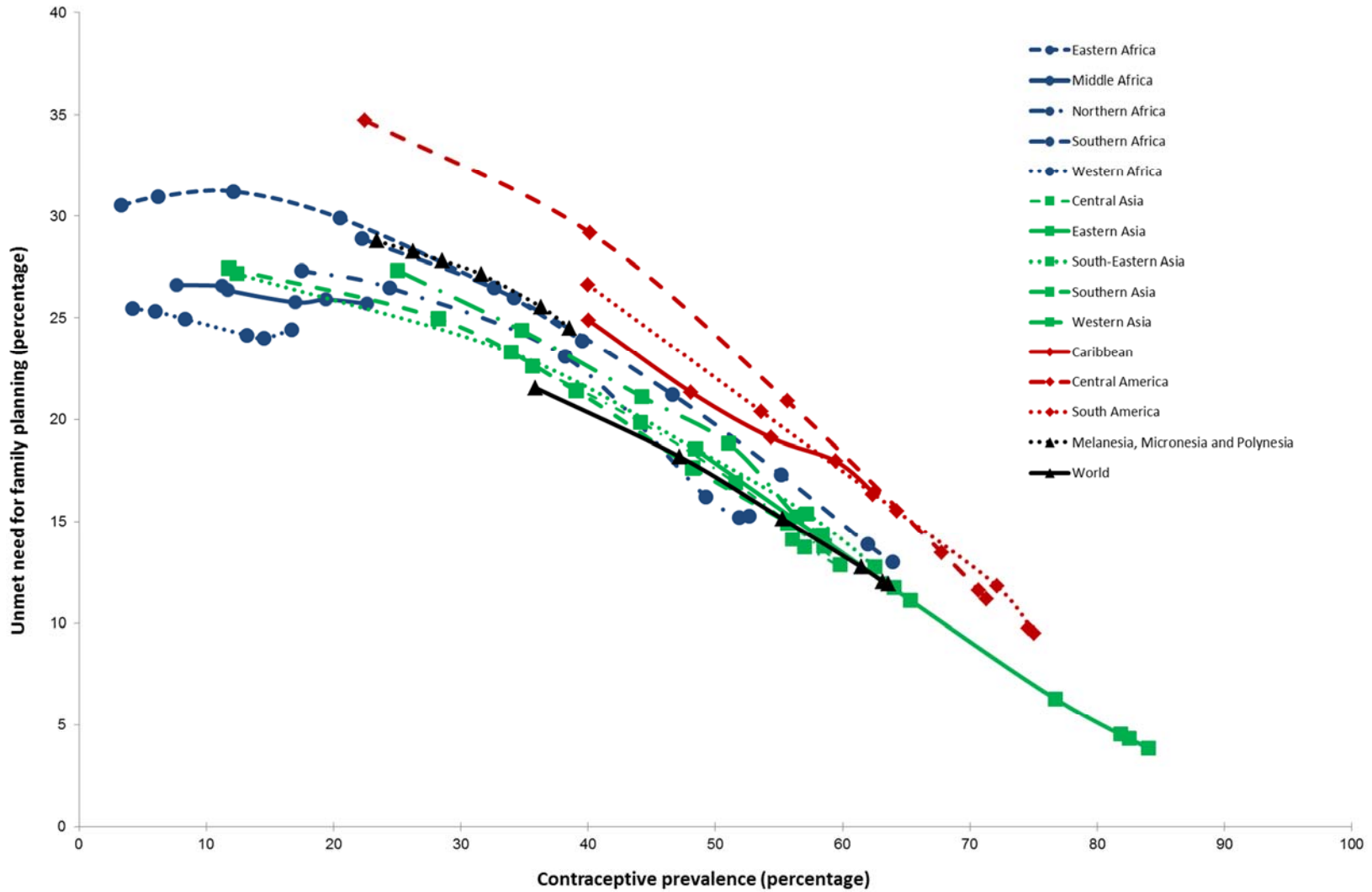
Source: United Nations, Department of Economic and Social Affairs, Population Division (2015a).

Figure 8. Contraceptive prevalence in 1994 and 2015 and annual percentage point change in contraceptive prevalence among countries or areas with contraceptive prevalence lower than 25 per cent in 1994
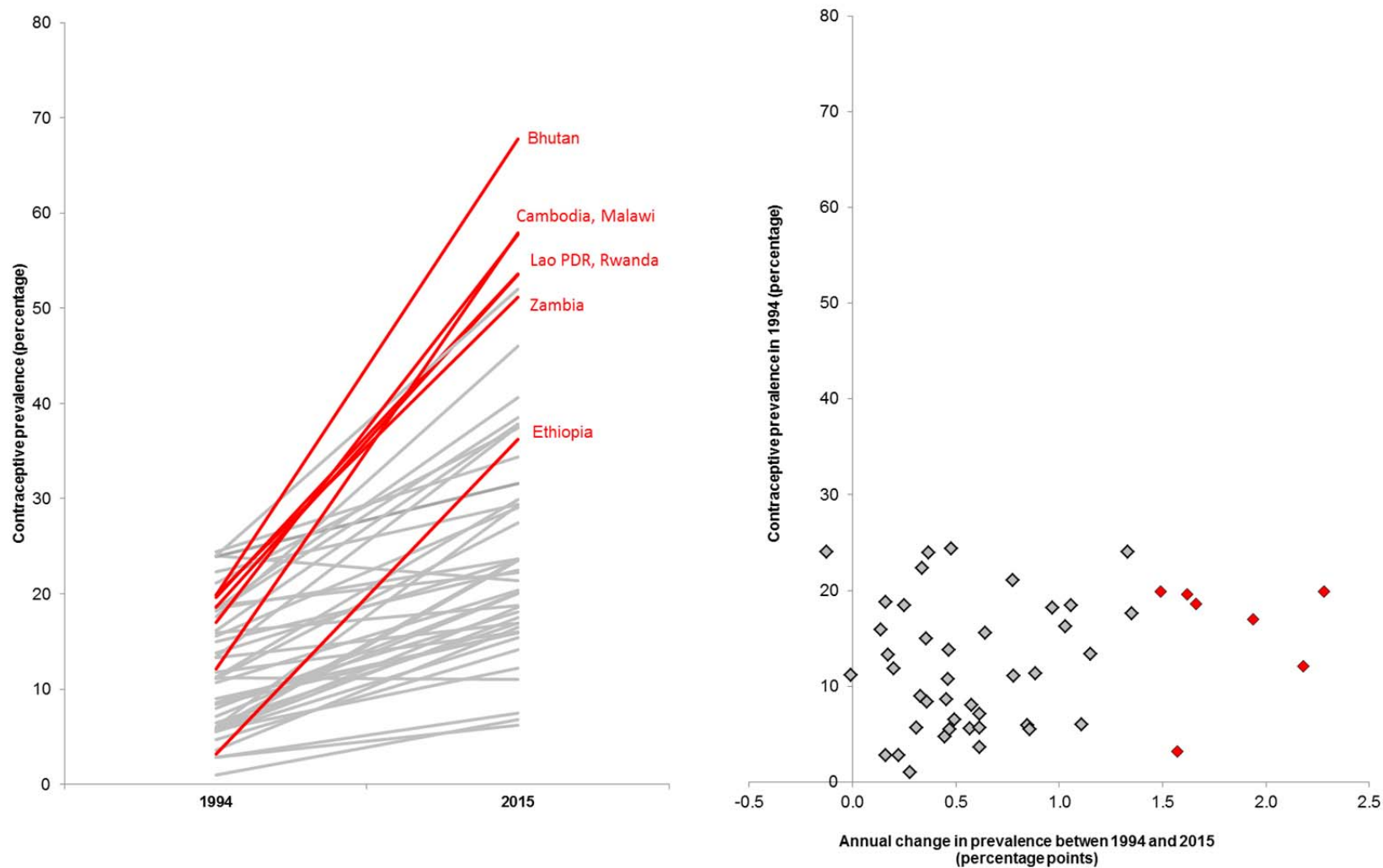
Source: United Nations, Department of Economic and Social Affairs, Population Division (2015a).
NOTE: Lao PDR is the Lao People's Democratic Republic.

Figure 9. Percentage of women with an unmet need for family planning among those aged 15 to 49 who are married or in a union, 1994 and 2015
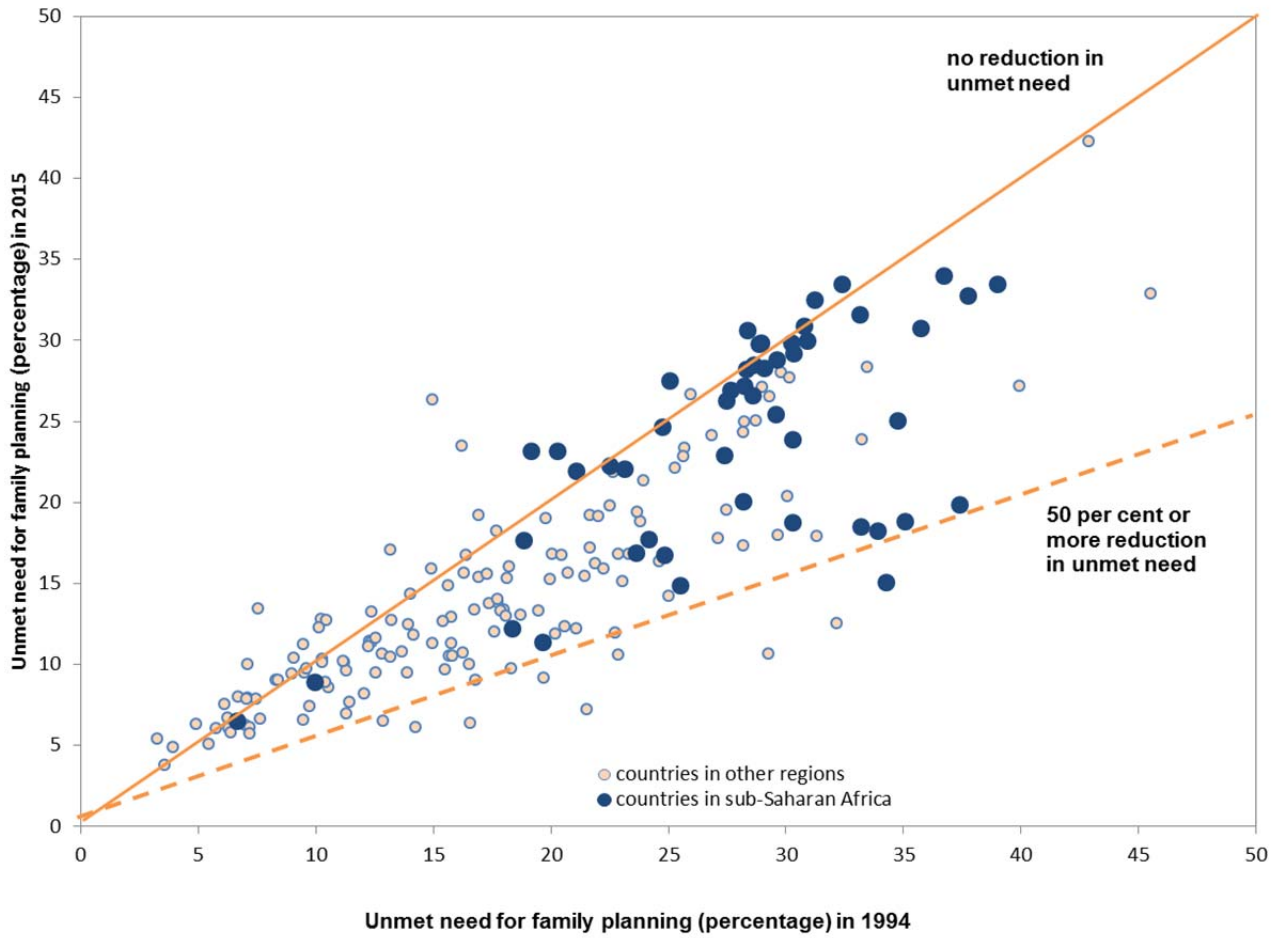
Source: United Nations, Department of Economic and Social Affairs, Population Division (2015a).

THE WAY AHEAD: PROJECTIONS TO 2030

Growth in contraceptive prevalence until 2030 is expected mainly in regions of sub-Saharan Africa and Oceania. Between 2015 and 2030, the time period of the 2030 Agenda for Sustainable Development, levels of contraceptive use and unmet need for family planning among married or in-union women are projected to remain relatively stable worldwide. In contrast, contraceptive use is projected to grow in regions where less than half of married or in-union women of reproductive age use contraception, located mainly in Africa and Oceania (figure 10). Contraceptive prevalence is projected to increase from 17 per cent to 27 per cent in Western Africa, from 23 per cent to 34 per cent in Middle Africa, from 40 per cent to 55 per cent in Eastern Africa, and from 39 per cent to 45 per cent in Melanesia, Micronesia and Polynesia as a whole. The growth in contraceptive prevalence across these regions is not projected to be at a fast-enough pace to yield large reductions in projected levels of unmet need for family planning, which are still expected to remain above 20 per cent in 2030. An exception is in Eastern Africa, where unmet need is projected to decrease from 24 per cent to 18 per cent between 2015 and 2030.

These projections are based on historical trends in contraceptive prevalence and unmet need for family planning. While the median values are considered a "best" estimate or projection (the circles in figure 10), there is still uncertainty around current estimates and considerably larger uncertainty around levels in the future (the lines around the circles in figure 10). For example, contraceptive prevalence in Western Africa is projected to increase from 17 per cent (median) in 2015 to 27 per cent (median) in 2030 with an 80 per cent probability that the value in 2030 will be at least 22 per cent and at most 34 per cent. Phrased another way, there is only a 10 per cent chance that contraceptive prevalence in Western Africa will remain below 22 per cent in 2030 or will exceed 34 per cent in 2030. The 80 per cent uncertainty intervals also reflect the amount and recency of data that inform the estimates. The fewer the data points and the less recent the data, the more uncertainty around current estimates and projections into the future.

Nearly 800 million married or in-union women are projected to be using contraception in 2030, and growth in the number of contraceptive users will be uneven across regions. The number of married or in-union women using contraception worldwide is projected to grow by 20 million by 2030, from 758 million in 2015 to 778 million in 2030. Growth in the number of contraceptive users is projected to be particularly high for all regions of Africa and in Southern Asia (first panel in figure 11 and annex table II). Although prevalence levels are projected to remain relatively stable, the number of married or in-union women using contraception is expected to decline between 2015 and 2030 in Eastern Asia and most regions of Europe due to projected declines in the number of married or in-union women of reproductive age.

Globally, the number of women with an unmet need for family planning is projected to change little, from 142 million in 2015 to 143 million in 2030, due mainly to growth in the number of married or in-union women of reproductive age in sub-Saharan Africa. Even though the percentage of married or in-union women with an unmet need for family planning is projected to remain either stable in Western Africa or to decrease in Eastern Africa and Middle Africa, growth in the absolute number of women in these regions results in a larger number of women with unmet need in 2030 than in 2015 (second panel in figure 11). These projections highlight the challenges posed by population growth in the region for efforts to expand basic health services, such as family planning, to meet demand from rapidly growing populations (Kantorová, Biddlecom and Newby, 2014; United Nations, Department of Economic and Social Affairs, Population Division, 2014a). Moreover, measures of progress that are based on percentages hide the level of effort needed to reach those levels. Taking the example of Western Africa again, while contraceptive prevalence is projected to increase by just 10 percentage points over the next 15 years (from 17 per cent to 27 per cent), the number of married or in-union women using contraception in the region is projected to more than double from 9 million in 2015 to 19 million contraceptive users in 2030.

Figure 10. Contraceptive prevalence and unmet need for family planning among women aged 15 to 49 who are married or in a union (median and 80 per cent uncertainty intervals), 2015 and 2030
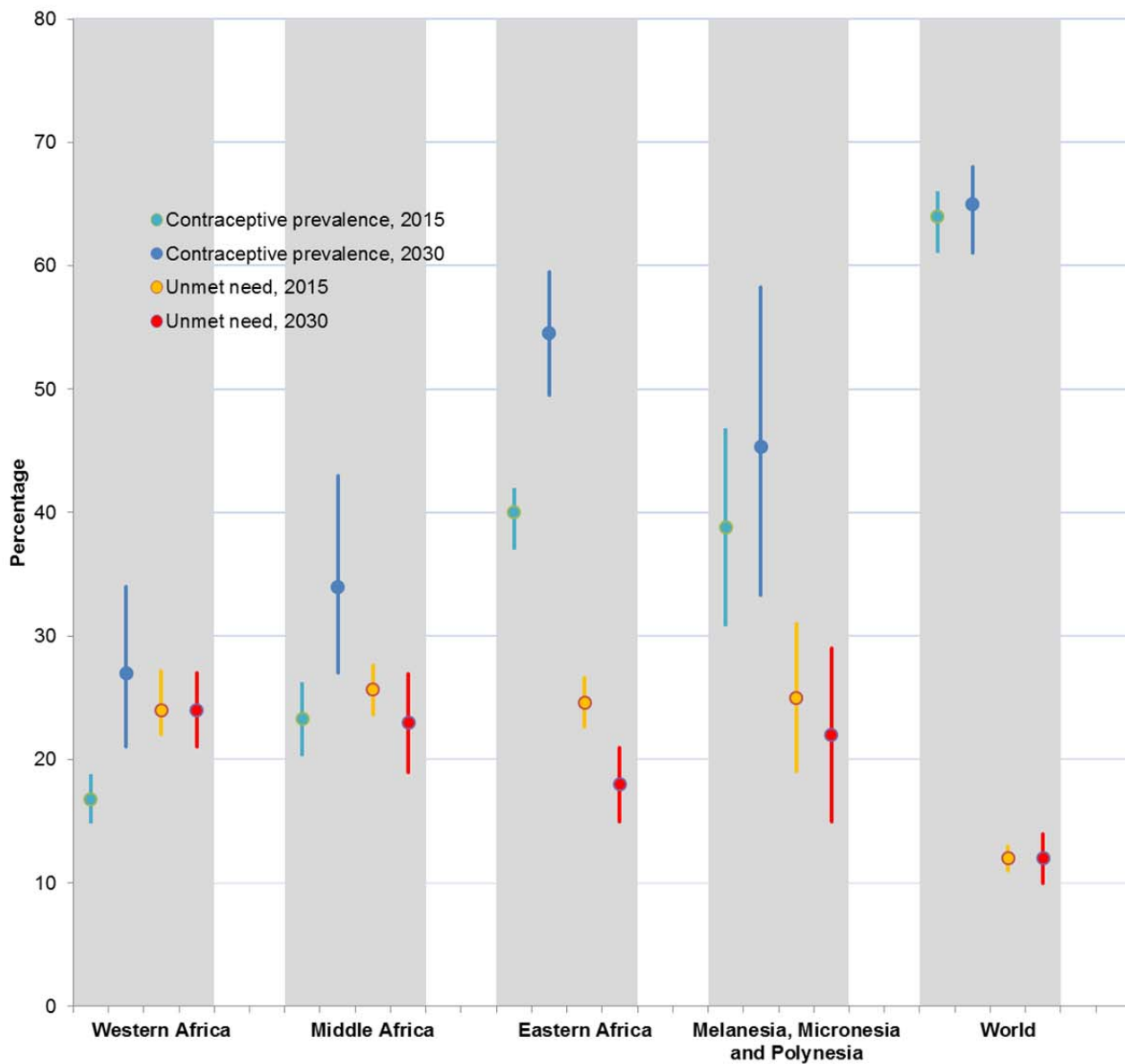
Figure 11. Number (in millions) of married or in-union women aged 15 to 49 who are using contraception or who have an unmet need for family planning in 2015 and projected increase or decrease in absolute numbers between 2015 and 2030

A. Number of contraceptive users
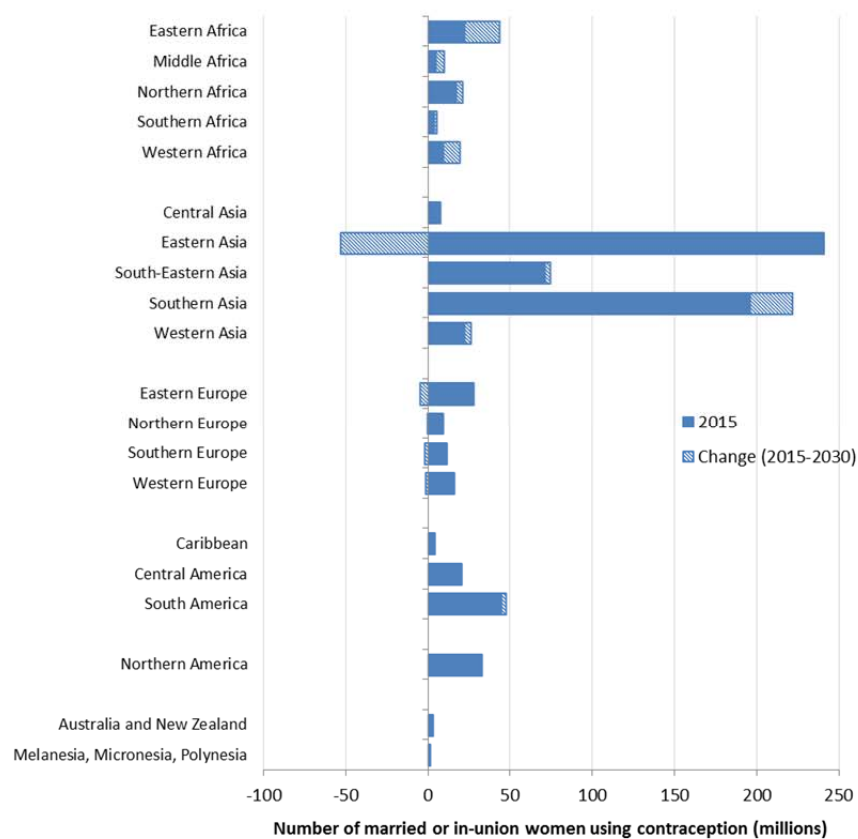
B. Number of women with unmet need for family planning

21

Projected probabilities can inform the setting of ambitious yet feasible country-specific benchmarks to meet demand for family planning. The newly-adopted 2030 Agenda for Sustainable Development sets a global target to ensure universal access to sexual and reproductive health-care services, including for family planning. The translation of this global target to the country level should guide benchmarks for progress that are ambitious yet feasible and that account for the variation across countries in starting points and historical rates of change. The probabilities associated with model-based projections provide useful information to set such benchmarks at the country level (Kantorová and others, 2015).

For example, governmental commitments to close the gap between contraceptive use and the proportion of individuals expressing a desire to space or limit childbearing imply that the percentage of demand for family planning satisfied with modern methods should increase from 2015 to 2030, but by how much? What is ambitious yet feasible progress to aim for over the next 15 years given that some countries are already at a high level of demand for family planning satisfied in 2015 (e.g., Bangladesh at 74 per cent) while other countries are starting from a low level (e.g., Nigeria at 29 per cent)?

The model-based projections of family planning indicators produced by the Population Division show projections for the median value and upper and lower bounds for 80 percent uncertainty intervals and 95 per cent uncertainty intervals (United Nations, Department of Economic and Social Affairs, Population Division, 2015a). Projected values at the upper bound of the 80 per cent uncertainty interval of each family planning indicator in 2030 correspond with a 10 per cent chance of exceeding this benchmark level in 2030. Countries that are already at relatively high levels of meeting total demand for family planning in 2015 could use the upper bound of the 80 per cent uncertainty interval to set a benchmark target for further improvement. Countries that are starting at a larger disadvantage can also aim to make more progress than expected from past rates of change but not set unattainably high benchmarks for progress in 15 years. For example, a benchmark at the upper bound of the 80 per cent uncertainty interval means an increase in the demand satisfied with modern methods for Bangladesh from 74 per cent in 2015 to 86 per cent in 2030 and for Nigeria from 29 per cent in 2015 to 57 per cent in 2030 (United Nations, Department of Economic and Social Affairs, Population Division, 2015a).

TRENDS IN SPECIFIC CONTRACEPTIVE METHODS

Measuring improvements in meeting the demand for family planning requires not only assessment of overall levels and trends in contraceptive prevalence and unmet need for family planning but also an assessment of the effectiveness and range of contraceptive methods used. This section presents estimates of method-specific prevalence among married or in-union women and their partners in 2015 and notes shifts in the mix of methods used since 1994, when the ICPD Programme of Action was adopted and Governments committed to ensuring that women and men have access to the widest possible range of safe and effective family planning methods. Data since 2000 on the distribution of contraceptive methods used are available for 163 countries or areas. The most recent survey data from this time period are used to generate estimates of method-specific prevalence in 2015 (see annex I for methodological details).

Contraceptive methods such as the male condom, withdrawal and periodic abstinence (or rhythm) have been used by people for millennia (Hatcher and others, 2011; Santow, 1993). Figure 12 shows a timeline of selected developments in contraceptive technologies that involve longer-lasting formulations (e.g., hormonal rings inserted into the vagina and used for up to one year), less invasive formulations (e.g., single-rod implants; no-scalpel vasectomy; non-surgical devices for female sterilization) and formulations that can be administered with minimal training (e.g., three-month injectables in pre-filled syringes).

Figure 12. Selected developments of contraceptive methods
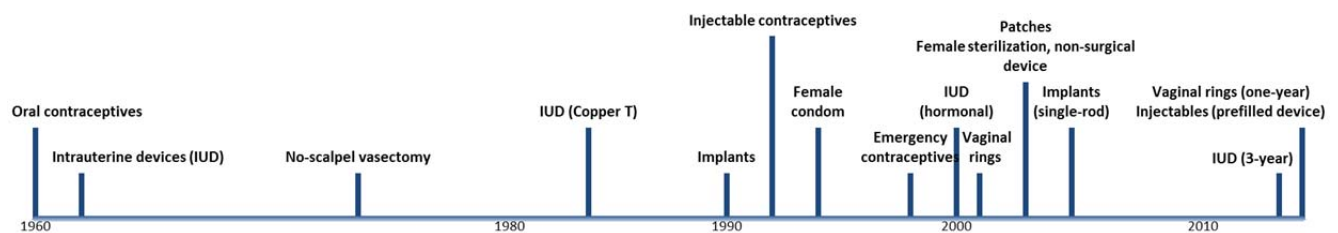
Source: Hatcher and others (2011, table 19-1); Engenderhealth www.engenderhealth.org/files/pubs/family-planning/no-scalpel.pdf; PATH http://sites.path.org/rh/recent-reproductive-health-projects/sayanapress/; Population Council www.popcouncil.org/research/one-year-contraceptive-vaginal-ring.

All available types of contraception have both strengths and weaknesses, and no method is medically suitable, appropriate and acceptable for all couples in all circumstances. Most obviously, male and female sterilization are permanent methods that cannot be used for delaying or spacing births. Women who want to delay a birth, but only for a few months or a year, may prefer a short-term method, one that they can start and stop on their own, over an IUD or implant, which usually requires a clinic visit to obtain the device and to have it removed. Individuals also vary in their experience of, and tolerance for, side effects of highly effective modern methods as well as in their willingness to tolerate the inconveniences, and the higher risk of an unintended pregnancy, that are posed by other methods. The drawbacks of the available temporary methods are reflected in the substantial rates at which women (and men) who try them later give them up. One study of 25 countries estimated that about 40 per cent of those who started to use the pill, injectable, rhythm or withdrawal discontinued the method within the first 12 months of use, and method-related reasons were the main cause for discontinuation (Ali, Cleland and Shah, 2012).

Even though the mix of particular methods often changes slowly at the aggregate level, this appearance of stability is the net result of a good deal of flux as individuals take up and abandon different methods as they try to achieve their desired number and timing of births. Women and men who are dissatisfied with the first method they use are likely to want to try a different method. However, their range of choices depends on the local availability and accessibility of different methods.

Method-specific contraceptive prevalence varies widely across the world. Two long-term methods, female sterilization and the IUD, are the most common methods used by married or in-union women worldwide (figure 13 and annex table III): in 2015, 19 per cent of married or in-union women relied on female sterilization and 14 per cent used the IUD. Short-term methods are less common: 9 per cent of women used the pill, 8 per cent relied on male condoms and 5 per cent used injectables. Only 6 per cent of married or in-union women worldwide used rhythm or withdrawal in 2015. There are large regional differences in the use of some types of contraception. Overall, short-term and reversible methods, such as the pill, injectable and male condom, are more common than other methods in Africa and Europe whereas long-acting or permanent methods, such as sterilization, implants and the IUD, are more common in Asia and Northern America.

Female sterilization is an important part of the method mix in the Americas, Oceania and some parts of Asia, but it is uncommon in Africa as well as in Central Asia, South-Eastern Asia and Western Asia (annex table III). With the exception of a small group of countries, male sterilization is much less common than female sterilization. The pill accounts for at least 10 per cent of contraceptive practice in over 70 per cent of the countries with sufficient data to enable estimates. No other method is so widely employed in so many countries. In 2015, the pill was used by 20 per cent or more of married or in-union women in 31 countries.

Injectables are common in Eastern Africa, Southern Africa, South-Eastern Asia and in the developing sub-regions within Oceania. This method is also widely employed in some of the poorest countries in Latin America and the Caribbean. In 2015, the IUD was most commonly used in Asia (17 per cent) and levels were 20 per cent or more in 12 countries in the region. Use of the male condom is likely under-estimated given that where there is dual method use—one of the benefits of male condoms being to prevent sexually-transmitted infections—the more effective method used is recorded. Male condom use was most prevalent in Europe (17 per cent prevalence in 2015), and reached high levels in countries in Eastern Europe and Southern Europe.

Modern methods continue to constitute most contraceptive use worldwide, but fewer users rely on sterilization and more rely on injectables and male condoms than in 1994. Nine out of every 10 married or in-union women using contraception in the world in 2015 relied on modern methods of contraception, virtually the same proportion of users as in 1994 (figure 14). While more than half of all users in 2015 relied on either female sterilization (30 per cent) or the IUD (21 per cent), there has been a shift among contraceptive users since 1994 away from female and male sterilization and towards injectables (increasing from 2 per cent to 7 per cent of all use) and male condoms (increasing from 8 to 12 per cent of all use). These shifts worldwide reflect, in part, the changing geographic composition of users e over the past two decades, as contraceptive use has taken off in sub-Saharan African countries where injectables are a common method. For the world as a whole, the share of total contraceptive use by the pill, implants, IUD, vaginal barrier methods, rhythm and withdrawal has remained relatively stable over the past 20 years.

Figure 13. Contraceptive prevalence among married or in-union women aged 15 to 49 by method and region, 2015
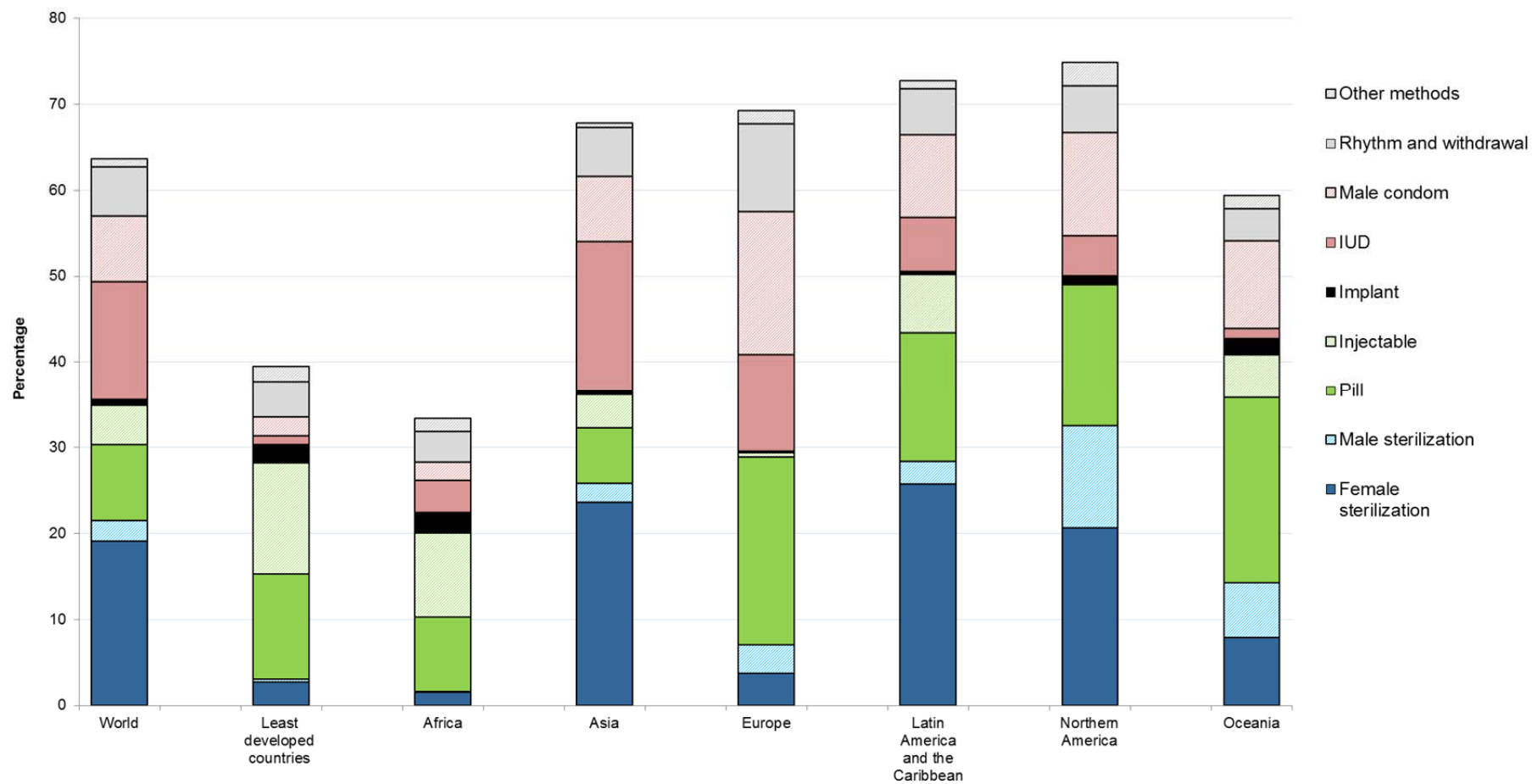
NOTE: Estimates are from annex table III. Other methods consist of vaginal barrier methods, other modern methods and traditional methods.

Figure 14. Percentage share of specific methods of all contraceptive use among married or in-union women aged 15 to 49 worldwide, 1994 and 2015
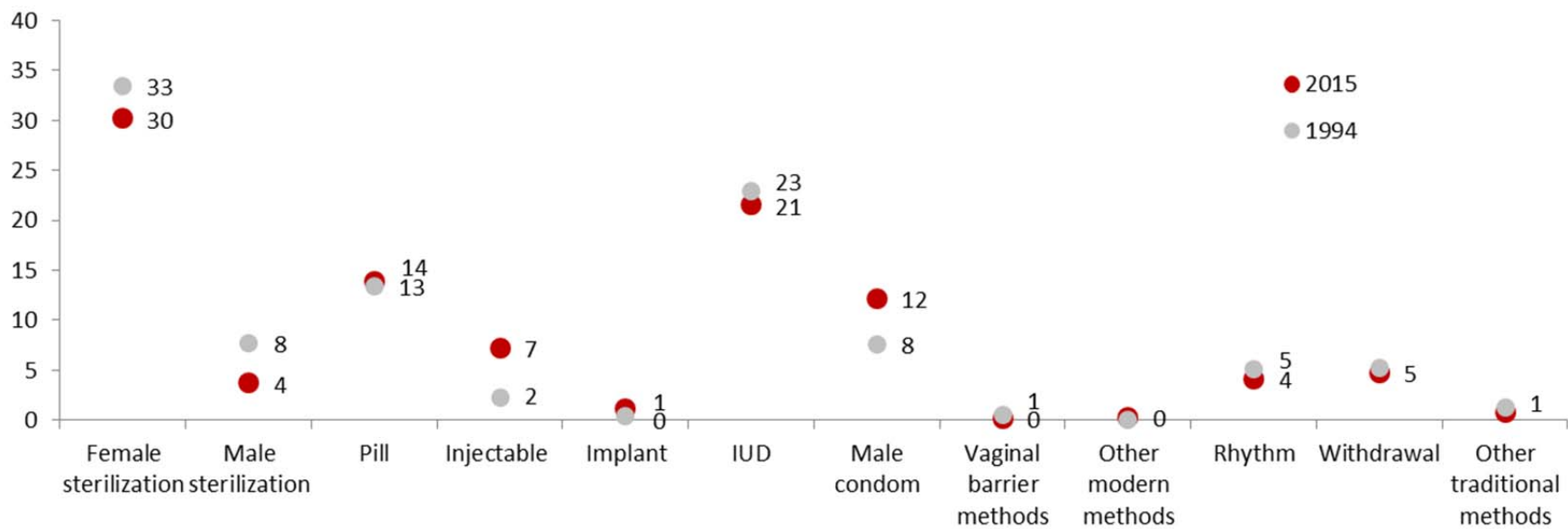
NOTE: Computations of share of contraceptive use are based on estimates in annex tables III and IV.

Figure 15. Percentage share of all contraceptive use by most common method among married or in-union women aged 15 to 49 worldwide, 2015

Legend:
- Less than 30 per cent
- 30 to less than 50 per cent
- 50 per cent or more
- No data
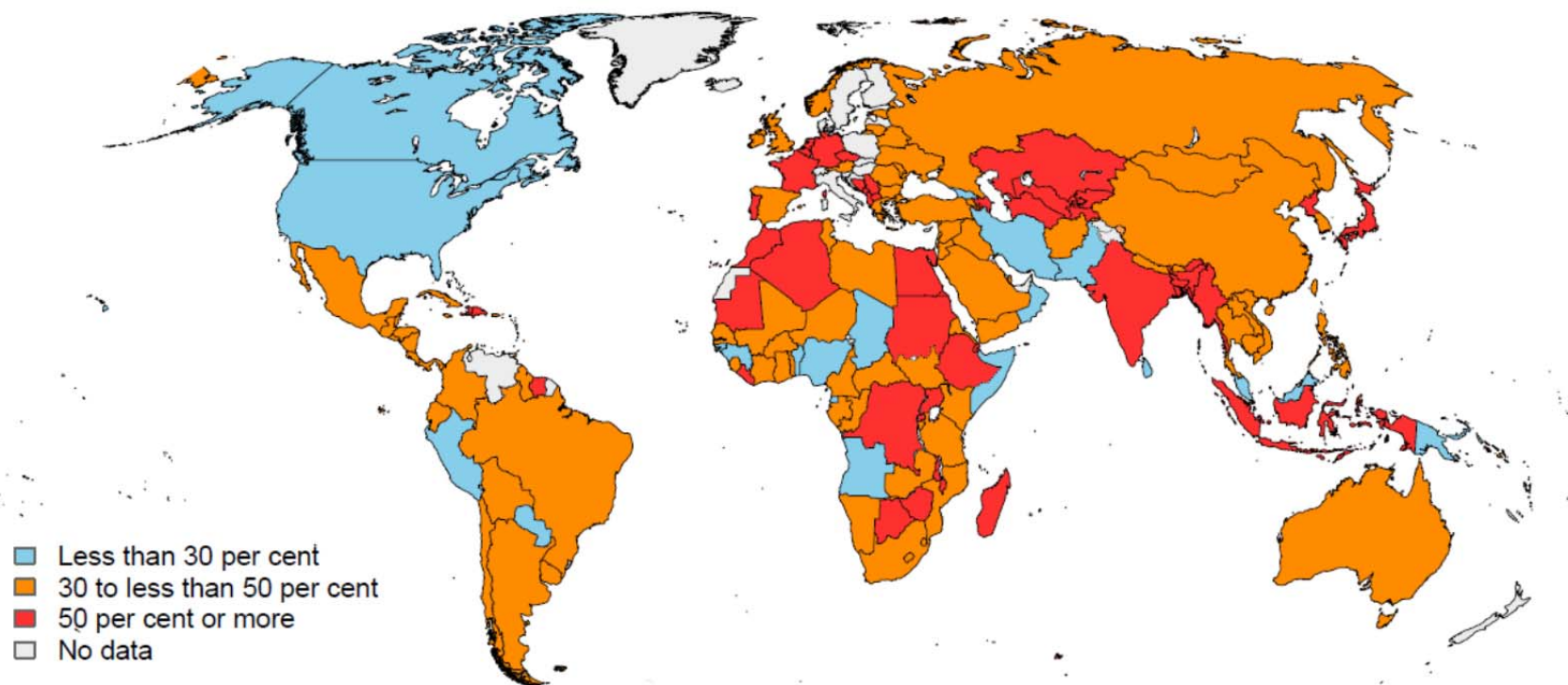
NOTE: Computations of share of contraceptive use are based on estimates in annex table III. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

In at least one out of every four countries or areas with data, a single method accounts for 50 per cent or more of all contraceptive use among married or in-union women. In the 45 countries or areas where a method constituted half or more of all use in 2015 (figure 15), the dominant methods included the pill (15 countries), injectables (10 countries), IUD (7 countries), and, in fewer countries, female sterilization, male condom, withdrawal or other traditional methods. In an additional 97 countries, the most common contraceptive method still accounted for between 30 and 49 per cent of total use. Countries where contraceptive practice is heavily concentrated on one or two methods can be found in all regions and at all levels of overall contraceptive prevalence.

The dominance of a single method used in a country may signal deficiencies in access to a full range of contraceptive methods (Bertrand and others, 2014; Ross, Keesbury and Hardee, 2015) or a persistent tendency for people to rely on and institutions to promote a method or limited set of methods even though the initial factors underlying use of the methods are no longer relevant (Potter, 1999). For example, in countries where childbearing begins at a young age, the dominance of a permanent method (e.g., an estimated 65 per cent of use in India is female sterilization) suggests a potential mismatch between the method used and reversible methods that meet preferences for delaying or spacing births (Matthews and others, 2009). The increasing dominance of one method may not always be a cause for concern, especially if women are substituting more effective methods for less effective methods. However, the promotion of and information, counselling and services for a range of methods are necessary to ensure that different pregnancy prevention needs—stopping childbearing altogether, delaying pregnancy for a year or more, preventing pregnancy in the post-partum period, and so on—are met with the most appropriate and effective methods.

High levels of contraceptive prevalence reflect different mixtures of methods, but long-acting or permanent methods play a prominent role. More than one in three married or in-union women globally use long-acting or permanent methods: namely, female and male sterilization, IUDs and implants. These methods accounted for 56 per cent of contraceptive prevalence in 2015. In countries that had relatively high levels of contraceptive prevalence in 2015—60 per cent or higher and representing different geographic regions—married or in-union women relied on long-acting or permanent methods (dark bars in figure 16): in 34 of the 70 countries the prevalence was 25 per cent or higher. As contraceptive prevalence rises over time, the share of all use by long-acting or permanent methods tends to increase.

Methods designed to be used by women account for most contraceptive use among couples. Contraceptive methods that require men's direct participation—male sterilization (vasectomy), the male condom and withdrawal—accounted for 21 per cent of contraceptive practice worldwide in 2015. The share of use was 30 per cent or higher in Europe, Northern America and Oceania, around 20 per cent in Asia and Latin America and the Caribbean, and around 10 per cent in Africa. New methods that became available during the second half of the twentieth century are mainly methods for women. Improvements in methods used by men have been limited to refinements of the male condom and improved techniques for performing vasectomy (Hatcher and others, 2011). Although several potential new methods for men have advanced as far as clinical trials, it is still not clear when they will become widely available.

The lack of new methods for men does not, however, explain the low prevalence of male sterilization, given that vasectomy is more effective, less expensive to perform and has fewer complications than female sterilization (Shih, Turok and Parker, 2011). Figure 17 shows gender differences in the use of sterilization in 47 countries or areas where sterilization prevalence is estimated to have been at least 10 per cent in 2015. The contrast in levels of use of male and female sterilization is large. Male sterilization accounted for 10 per cent or less of all sterilizations among couples in 29 countries. There are, however, several countries where the prevalence of vasectomy equalled or exceeded that of female sterilization, ranging from 7 per cent male sterilization prevalence in Ireland to 22 per cent in Canada.

Figure 16. Contraceptive prevalence by type of method among married or in-union women in countries or areas with 60 per cent or higher contraceptive prevalence in 2015
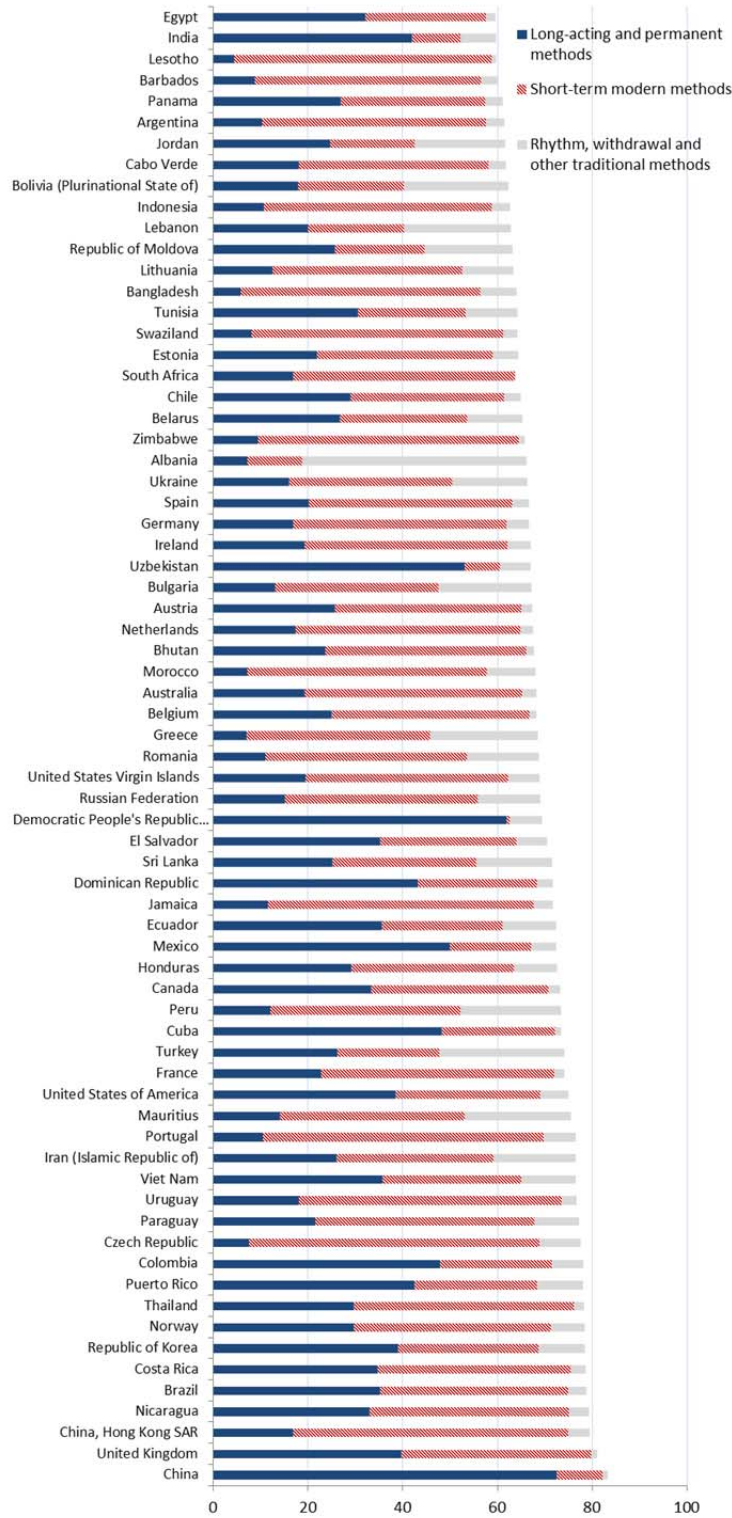
NOTE: Estimates are from annex table III.

Figure 17. Prevalence of female sterilization and male sterilization among married or in-union couples in countries or areas with 10 per cent or higher prevalence of sterilization in 2015
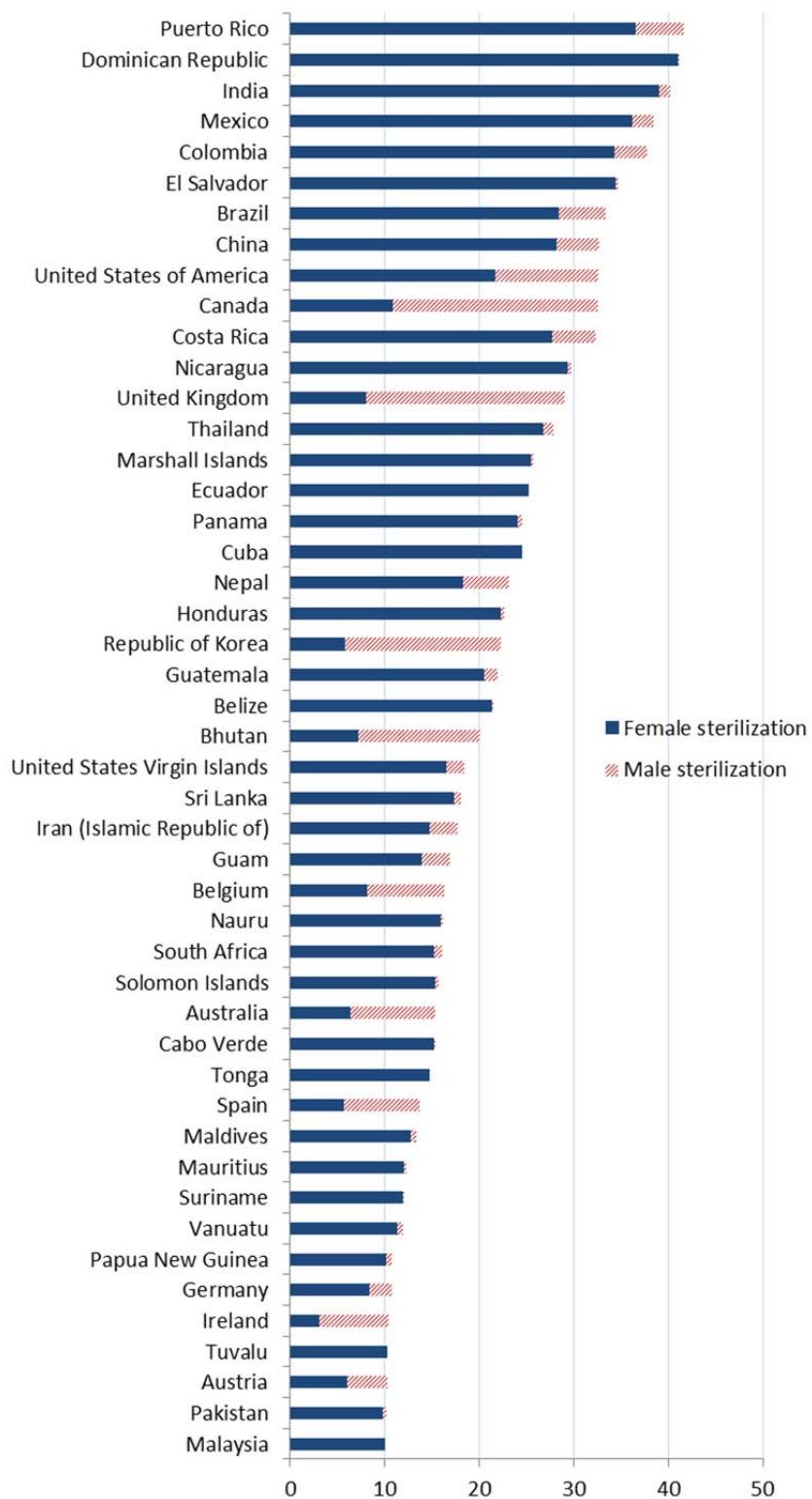
NOTE: Estimates are from annex table III.

CONCLUSION

Over the past five decades, the use of contraceptive methods has markedly increased such that nearly two in three married or in-union women globally in 2015 were using some form of contraception. The growth in contraceptive use was especially rapid in Asia and Latin America and the Caribbean while it has increased at a much slower pace in several regions of sub-Saharan Africa. The use of modern contraceptive methods accounts for the vast majority of use, although the mix of methods used varies widely across regions and countries. Despite the development of a range of effective methods, in at least one in four countries just one method accounts for 50 per cent or more of all contraceptive use among married or in-union women.

A decrease in unmet need for family planning accompanied this rapid increase in the use of contraception, such that 12 per cent of married or in-union women globally had an unmet need for family planning in 2015. However, wide disparities in the level of unmet need for family planning are still evident among countries, and a benchmark set by Governments in 1999 to close the gap in meeting demand for family planning by 2015 is out of reach for most countries. Moreover, country-level trends mask socio-economic inequities in meeting demand for family planning within countries (Alkenbrack and others, 2015).

These long-term trends were shaped profoundly by voluntary family planning programmes and policies across regions. The approaches adopted, degree of implementation and the broader social and economic context in which implementation occurred varied widely, indicating that there is no "one-size-fits-all" policy or programme for meeting family planning needs (for country case studies see Bertrand, Ward, and Santiso-Galvez, 2015; Bongaarts and others, 2012; Robinson and Ross, 2007). Yet a shared point among almost all countries across the world has been a basic commitment to provide support for family planning, whether primarily direct support for family planning through government-run facilities or indirect support through the private sector and non-governmental organizations (United Nations, Department of Economic and Social Affairs, Population Division, 2014b).

New commitments by the international community to achieve universal access to sexual and reproductive health-care services, including family planning, by 2030 and to ensure the realization of reproductive rights for all people mean that support for family planning and the implementation of effective policies and programmes over the next 15 years will have to be intensified. The key trends in contraceptive use, unmet need for family planning and method-specific prevalence over time presented in this report show not only how far the world has come but also the gaps remaining in 2015 and where further investments are needed.

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ANNEX I

Estimates of the use of specific contraceptive methods among married or in-union women aged 15 to 49 in 1994 and 2015

Survey data on the distribution of contraceptive users by method from surveys covering nationally-representative samples of married or in-union women of reproductive age were used to produce estimates of the prevalence of specific methods in 1994 and 2015. Methods were classified into nine modern method categories (female sterilization, male sterilization, the pill, injectables, implants, intra-uterine devices (IUD), male condom, vaginal barrier methods and other modern methods) and three traditional or natural method categories (rhythm, withdrawal and other traditional or natural methods) to ensure comparability across countries and time. Vaginal barrier methods include diaphragms, cervical caps and spermicidal foams, gels, creams and sponges. Other modern methods include emergency contraception, female condoms and modern methods not reported separately. Other traditional or natural methods include lactational amenorrhoea method (LAM), prolonged abstinence, breastfeeding and douching. Folk methods are included in the latter category when reported in survey data. Categorization is mutually exclusive with more effective methods receiving priority when more than one method is reported. Detailed data and information are publicly available in an online data set (United Nations, 2015b).

The labels "modern" and "traditional" or "natural" are used here for convenience, although the terms are imprecise. The condom, in particular, has a long history of use, although modern condoms offer significant improvements in manufacture and acceptability. With regard to traditional methods, some of the more refined rules for observing periodic abstinence were developed relatively recently. Likewise, although breast-feeding is an ancient practice, the codification of the criteria for the lactational amenorrhea method of contraception (LAM) received international recognition only in the late 1980s in the "Bellagio Consensus" (Kennedy, Rivera and McNeilly, 1989).

Data since 2000 on the mix of contraceptive methods used are available for 163 countries or areas, and the most recent survey data from this time period were used to generate estimates of method-specific prevalence in 2015. Survey data from the time period 1985 to 1999 were used to generate estimates for 1994, resulting in 159 countries or areas with relevant data on method-specific prevalence. The survey-based observations on the distribution of contraceptive users by method were applied to the model-based estimates of modern and traditional contraceptive prevalence in 1994 and 2015.

If there were missing data on specific methods in a survey, then information from a different survey in the country within plus or minus 10 years of the reference survey year were used to allocate prevalence in the "other modern methods" or "other traditional methods" categories to the missing method categories. If there were no other relevant survey data in the country from which to draw, then the regional method-specific prevalence was used to allocate prevalence in the "other modern methods" or "other traditional methods" categories to the missing method categories. In three countries the estimates of method-specific prevalence do not sum exactly to the estimate of total prevalence because the relevant survey data observation showed no use of traditional methods while the model-based estimates for 1994 or 2015 showed a non-zero but small level of traditional method use. These three cases and the resulting differences between the estimated contraceptive prevalence of any method and the sum of method-specific prevalence estimates are: Bhutan in 1994 (0.6 percentage point difference), Nepal in 1994 (1.6 percentage point difference) and South Africa in 2015 (0.9 percentage point difference).

Aggregate group estimates are weighted averages of the country or area estimates, using as the weight the number of married or in-union women aged 15 to 49 in each country or area (see United Nations, 2015a).

Major area, region, country or area	Notes	Contraceptive prevalence (any method) 2015			Contraceptive prevalence (modern methods) 2015			Unmet need for family planning 2015			Demand for family planning satisfied with modern methods 2015		
		Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound
WORLD		63.6	60.9	66.0	57.4	54.8	59.9	11.9	10.7	13.3	76.0	73.7	78.1
Least developed countries	a	39.5	37.3	41.4	33.7	31.7	35.6	22.1	20.8	23.4	54.8	52.2	57.2
AFRICA		33.4	32.2	34.7	28.5	27.4	29.6	22.3	21.3	23.4	51.1	49.5	52.7
Sub-Saharan Africa	b	28.4	27.1	29.7	23.6	22.5	24.7	24.2	23.0	25.4	44.8	43.0	46.5
Eastern Africa		39.5	37.4	41.7	35.9	33.9	37.9	23.9	22.3	25.5	56.6	54.2	59.0
Burundi		27.5	20.5	35.7	23.3	17.3	30.5	29.8	24.9	34.9	40.6	32.2	49.5
Comoros		23.7	18.4	30.0	17.0	13.0	22.1	30.7	26.6	35.1	31.2	24.8	38.4
Djibouti		23.5	18.2	29.8	22.5	17.5	28.6	29.8	22.2	38.2	42.3	33.7	51.9
Eritrea		20.0	12.5	31.0	15.5	9.2	24.9	28.8	22.9	35.4	31.5	20.9	44.4
Ethiopia		36.2	32.0	40.7	35.7	31.5	40.1	25.0	21.3	29.2	58.3	52.6	63.7
Kenya		57.4	52.8	62.0	56.0	51.5	60.4	18.5	15.0	22.3	73.7	68.9	78.2
Madagascar		46.0	35.4	56.9	36.9	27.4	46.9	18.8	13.5	24.3	56.9	45.6	67.6
Malawi		57.7	50.6	64.5	55.5	48.6	62.1	18.8	14.3	23.8	72.5	65.5	78.6
Mauritius		75.7	64.5	84.0	53.4	37.6	66.7	6.5	3.4	12.1	65.4	46.9	79.3
Mozambique		17.5	13.0	23.4	16.0	11.9	21.3	27.5	23.4	32.0	35.4	28.2	43.5
Réunion		72.4	59.1	82.7	69.5	56.4	80.0	8.9	4.2	16.4	85.5	74.6	92.3
Rwanda		53.5	44.2	62.7	47.1	38.3	55.7	19.9	14.5	25.7	64.2	54.9	72.5
Somalia		23.7	13.9	37.3	5.8	2.2	12.2	29.2	21.3	37.8	11.0	4.2	21.9
South Sudan		6.8	4.0	10.8	2.6	1.2	4.6	29.8	22.3	38.3	7.0	3.3	12.2
Uganda		29.9	25.7	34.3	27.5	23.6	31.6	33.4	29.3	37.8	43.3	38.2	48.7
United Republic of Tanzania		40.6	31.0	50.9	33.5	25.1	42.9	22.9	17.5	28.4	52.7	42.5	62.8
Zambia		51.2	44.4	57.8	45.3	39.1	51.5	20.0	16.2	24.1	63.6	57.1	69.8
Zimbabwe		66.0	60.4	71.1	64.7	59.2	69.8	11.4	8.5	14.7	83.7	79.0	87.6
Middle Africa		22.6	19.6	26.1	11.0	9.2	13.0	25.7	23.5	28.1	22.7	19.5	26.3
Angola		18.6	11.9	28.4	12.6	7.3	20.4	28.2	20.7	37.0	26.9	16.6	39.6
Cameroon		29.1	22.1	37.2	17.3	12.3	23.4	22.3	18.4	26.5	33.6	25.4	42.5
Central African Republic		23.6	16.7	32.2	12.6	8.3	18.2	23.2	17.9	29.5	27.0	18.5	36.4
Chad		6.2	4.0	9.3	2.9	1.8	4.5	23.1	18.3	28.9	9.8	6.1	14.9
Congo		47.2	38.2	56.7	22.7	16.3	30.5	17.7	13.3	22.3	35.2	25.8	45.6
Democratic Republic of the Congo		22.5	17.8	28.2	8.5	6.3	11.4	27.2	23.8	30.8	17.1	12.9	22.1
Equatorial Guinea		16.0	11.7	21.4	10.6	7.5	14.6	32.5	27.9	37.4	21.8	16.1	28.5
Gabon		34.4	27.4	42.0	21.4	16.1	27.3	25.4	21.2	29.7	35.7	28.1	43.7
Sao Tome and Principe		40.5	31.0	50.9	36.1	27.2	45.8	32.7	25.4	39.7	49.2	38.9	59.7

Major area, region, country or area	Notes	Contraceptive prevalence (any method) 2015			Contraceptive prevalence (modern methods) 2015			Unmet need for family planning 2015			Demand for family planning satisfied with modern methods 2015		
		Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound
Northern Africa		52.7	49.5	55.8	47.7	44.6	50.7	15.3	13.3	17.3	70.2	66.9	73.3
Algeria		59.4	51.1	67.3	51.2	43.3	58.9	12.9	8.4	18.5	70.9	61.9	78.4
Egypt		59.7	54.5	64.6	57.8	52.8	62.6	12.3	10.1	14.8	80.3	76.3	83.8
Libya		48.6	37.2	59.8	28.4	19.2	39.0	19.8	13.2	27.4	41.8	29.0	54.6
Morocco		68.2	59.6	75.9	58.0	49.3	66.1	9.7	6.1	14.5	74.5	65.6	81.8
Sudan		15.9	10.7	22.7	13.1	8.6	19.2	28.5	22.1	35.4	29.6	20.8	39.9
Tunisia		64.4	55.8	72.3	53.4	44.7	61.6	10.5	6.6	15.7	71.4	61.7	79.5
Southern Africa		63.9	53.7	73.0	63.0	52.9	72.0	13.0	8.5	18.8	81.9	73.2	88.3
Botswana		56.3	44.4	67.7	54.7	43.1	66.1	16.8	10.4	24.5	74.9	63.1	84.5
Lesotho		59.9	54.9	64.8	59.0	54.1	63.8	18.2	15.2	21.5	75.5	71.0	79.7
Namibia		57.4	51.0	63.6	56.7	50.3	62.8	16.9	13.3	20.8	76.3	70.4	81.5
South Africa		64.8	52.7	75.5	64.0	52.0	74.6	12.2	6.9	19.0	83.0	72.8	90.4
Swaziland		64.4	54.9	72.8	61.5	52.3	69.6	15.1	10.0	21.4	77.3	68.7	84.2
Western Africa		16.7	14.9	18.8	12.6	11.2	14.2	24.4	22.2	27.0	30.5	27.6	33.7
Benin		16.9	12.5	22.7	10.4	7.3	14.5	30.6	26.2	35.3	21.9	16.0	28.7
Burkina Faso		18.8	15.8	22.1	17.8	15.0	21.0	26.6	22.5	31.0	39.3	34.0	45.0
Cabo Verde		62.0	49.1	73.1	58.4	46.0	69.3	14.9	8.8	22.5	75.8	64.2	84.8
Côte d'Ivoire		20.4	15.1	26.9	14.5	10.4	19.6	23.8	20.0	28.1	32.7	25.3	40.5
Gambia		11.0	8.6	13.9	9.8	7.7	12.3	28.2	21.3	36.5	25.1	19.3	32.1
Ghana		22.2	19.1	25.6	20.3	17.5	23.4	34.0	29.5	38.7	36.2	31.5	40.9
Guinea		7.5	5.5	10.2	4.6	3.2	6.3	24.6	19.6	30.6	14.3	10.2	19.3
Guinea-Bissau		16.9	11.9	23.5	12.8	8.8	17.9	22.1	15.9	29.1	32.7	23.8	42.9
Liberia		20.1	16.3	24.7	19.5	15.8	23.9	31.6	27.9	35.3	37.7	32.0	43.9
Mali		12.2	9.3	15.8	11.4	8.7	14.8	26.9	23.0	30.7	29.2	23.4	35.6
Mauritania		14.1	10.1	19.5	12.5	9.0	17.2	30.9	24.8	37.4	27.8	20.9	35.8
Niger		15.4	11.7	20.1	9.8	7.2	13.2	17.6	14.9	20.8	29.6	23.1	36.7
Nigeria		16.0	12.8	19.8	10.8	8.4	13.7	21.9	17.8	26.6	28.5	22.9	34.7
Senegal		18.1	14.0	23.2	16.8	13.0	21.4	30.0	26.1	34.2	34.8	28.5	41.7
Sierra Leone		16.5	13.1	20.6	14.7	11.7	18.3	26.2	23.0	29.7	34.4	28.8	40.3
Togo		21.4	17.2	26.1	18.7	15.1	22.9	33.5	29.7	37.3	34.1	28.7	39.9
ASIA		67.8	63.8	71.4	61.8	58.0	65.4	10.2	8.5	12.2	79.2	76.0	82.0
Eastern Asia		81.8	75.1	86.8	80.4	73.7	85.3	4.5	2.9	7.4	93.1	89.3	95.3
China		83.4	76.1	88.8	82.5	75.2	87.9	3.8	2.0	6.9	94.6	90.6	96.9
China, Hong Kong SAR		79.7	71.9	85.9	75.1	67.0	81.7	5.4	2.9	9.6	88.3	81.8	92.6
Dem. People's Republic of Korea		69.6	60.8	77.3	62.8	53.6	71.0	10.7	6.4	16.2	78.3	69.4	85.3

Major area, region, country or area	Notes	Contraceptive prevalence (any method) 2015			Contraceptive prevalence (modern methods) 2015			Unmet need for family planning 2015			Demand for family planning satisfied with modern methods 2015		
		Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound
Japan		56.5	45.1	67.4	50.4	39.5	60.9	15.9	9.6	23.7	69.5	57.8	79.4
Mongolia		57.8	49.5	65.7	51.5	43.5	59.4	14.3	10.0	19.7	71.4	62.8	79.0
Republic of Korea		78.7	70.8	84.9	68.9	59.7	76.7	5.8	3.2	10.0	81.8	72.6	88.3
Central Asia		57.0	51.2	62.3	52.0	46.4	57.2	13.7	11.3	16.9	73.5	67.8	78.2
Kazakhstan		55.6	46.2	64.8	52.3	43.2	61.1	15.6	10.7	21.4	73.3	64.3	81.2
Kyrgyzstan		42.1	36.6	47.7	38.5	33.5	43.7	17.1	14.1	20.3	65.0	59.3	70.5
Tajikistan		33.1	26.7	40.3	30.0	24.2	36.6	21.9	18.3	25.7	54.5	47.1	61.8
Turkmenistan		57.0	45.4	68.0	50.7	39.6	61.3	14.9	9.3	21.4	70.5	58.6	80.0
Uzbekistan		67.2	56.2	76.7	60.8	50.0	70.4	9.5	5.5	15.3	79.3	69.4	86.7
Southern Asia		58.6	50.9	65.6	50.3	43.0	57.5	13.8	10.4	17.9	69.6	62.1	76.1
Afghanistan		29.3	22.0	37.7	24.1	17.8	31.5	27.1	19.9	35.3	42.7	33.0	53.0
Bangladesh		64.2	56.5	71.0	56.7	49.3	63.5	12.2	8.7	16.5	74.3	67.2	80.3
Bhutan		67.8	58.5	76.2	66.4	57.2	74.7	10.6	6.4	16.3	84.6	76.8	90.4
India		59.8	49.0	69.7	52.4	42.0	62.3	13.1	8.3	18.9	71.8	61.4	80.4
Iran (Islamic Republic of)		76.6	69.3	82.7	59.4	49.7	67.8	6.5	3.9	10.5	71.6	60.7	80.3
Maldives		42.0	32.6	51.8	34.0	25.8	43.1	25.0	19.1	30.8	50.9	41.0	60.6
Nepal		52.4	46.5	58.3	48.0	42.4	53.6	23.9	19.5	28.5	62.9	56.8	68.8
Pakistan		38.5	31.4	46.1	27.9	21.9	34.3	20.4	16.7	24.2	47.3	39.2	55.2
Sri Lanka		71.6	61.1	80.2	55.7	43.3	66.7	7.4	4.3	12.1	70.9	57.0	81.2
South-Eastern Asia		64.1	60.5	67.3	56.5	53.1	59.8	11.7	10.1	13.6	74.6	71.5	77.4
Cambodia		57.9	52.5	63.4	40.4	35.4	45.6	12.5	10.2	15.1	57.5	51.1	63.5
Indonesia		62.9	55.9	69.3	59.0	52.4	65.5	11.3	8.3	14.9	79.7	73.8	84.5
Lao People's Democratic Republic		53.6	45.0	62.2	46.2	38.3	54.4	17.9	13.2	22.9	64.7	56.2	72.4
Malaysia		57.1	44.6	68.8	41.7	29.5	54.0	15.4	9.0	23.4	57.6	42.4	71.1
Myanmar		52.0	41.4	62.2	48.7	38.6	58.6	16.3	10.7	23.0	71.1	60.9	80.2
Philippines		54.8	48.2	61.3	38.4	32.3	44.6	17.8	14.2	21.7	53.0	45.5	60.1
Singapore		66.0	52.6	77.6	57.5	43.7	69.9	11.1	5.6	18.9	74.7	60.5	85.1
Thailand		78.5	71.8	83.8	76.5	69.9	81.9	5.7	3.6	9.0	90.8	86.4	93.8
Timor-Leste		29.4	21.9	38.3	26.4	19.7	34.6	26.3	21.5	31.6	47.3	38.1	56.8
Viet Nam		76.8	71.9	80.8	65.3	59.6	70.4	6.5	4.5	9.1	78.6	72.7	83.4
Western Asia		58.4	55.4	61.4	39.6	36.2	42.9	14.3	12.7	16.1	54.5	50.2	58.6
Armenia		59.2	49.9	68.2	29.6	21.2	39.0	13.3	9.0	18.2	41.0	29.8	52.7
Azerbaijan		56.7	44.8	67.8	21.7	13.1	32.7	13.8	8.8	19.9	30.9	19.0	45.2
Bahrain		66.0	51.4	78.4	43.2	27.9	58.6	11.3	5.6	19.8	56.3	37.7	72.7
Georgia		51.8	41.9	62.0	36.7	27.3	46.8	16.8	11.3	23.3	53.6	41.4	65.0
Iraq		54.8	45.4	64.1	37.5	29.1	46.2	14.2	9.3	20.4	54.3	43.0	64.8

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Major area, region, country or area	Notes	Contraceptive prevalence (any method)			Contraceptive prevalence (modern methods)			Unmet need for family planning			Demand for family planning satisfied with modern methods		
		2015			2015			2015			2015		
		Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound
Israel		71.3	55.5	83.2	53.3	36.6	68.6	8.9	3.9	17.3	67.3	48.5	81.7
Jordan		61.8	54.4	68.9	42.7	35.1	50.2	12.0	8.7	15.7	57.9	48.6	66.4
Kuwait		56.2	42.1	69.3	44.4	31.0	58.0	15.9	8.9	24.5	61.7	45.8	75.3
Lebanon		63.0	51.1	73.6	40.4	28.4	52.6	12.7	7.2	20.3	53.5	38.7	67.1
State of Palestine		56.5	47.1	65.6	43.3	34.2	52.4	15.4	10.0	21.8	60.3	49.2	70.2
Oman		37.4	26.9	49.6	24.5	16.1	34.7	28.3	20.4	36.7	37.2	25.7	50.0
Qatar		43.5	35.6	52.0	36.7	29.7	44.4	19.2	13.7	25.5	58.5	49.3	67.5
Saudi Arabia		36.8	25.5	50.1	30.5	20.2	43.0	24.1	16.7	32.6	49.9	36.0	64.1
Syrian Arab Republic		57.7	47.8	67.1	41.2	31.7	50.9	15.1	9.8	21.9	56.6	45.0	67.2
Turkey		74.2	68.6	79.1	47.9	40.2	55.0	6.1	4.5	8.3	59.8	50.4	68.1
United Arab Emirates		48.1	33.4	63.9	38.5	25.2	53.6	19.5	11.3	28.4	56.9	40.9	72.1
Yemen		37.6	31.4	44.2	27.6	22.6	33.0	27.1	23.2	31.2	42.6	36.1	49.3
EUROPE		69.2	66.5	71.8	58.8	55.6	61.9	9.9	8.5	11.6	74.3	70.9	77.4
Eastern Europe		68.7	64.0	73.0	54.1	48.2	59.5	10.1	7.9	12.9	68.6	62.0	74.4
Belarus		65.4	57.4	72.6	53.8	45.4	61.5	10.5	6.8	15.6	71.0	61.3	78.7
Bulgaria		67.4	56.3	76.6	47.7	34.7	59.7	13.5	7.9	21.1	59.2	43.8	72.2
Czech Republic		77.8	68.7	84.9	69.1	58.1	77.9	6.9	3.8	11.9	81.8	71.1	88.9
Hungary		74.7	61.6	84.5	68.0	54.0	79.3	8.0	3.8	15.2	82.6	69.2	91.0
Poland		69.2	54.8	80.7	47.7	30.2	64.4	10.1	4.8	18.5	60.7	39.0	78.0
Republic of Moldova		63.3	55.2	71.1	44.7	36.1	53.2	12.7	8.6	17.6	59.1	48.0	68.8
Romania		69.0	58.0	78.3	53.7	40.1	65.9	9.5	5.3	15.7	69.0	52.9	80.7
Russian Federation		69.3	60.8	76.7	56.0	45.8	65.3	9.6	5.9	14.6	71.2	59.5	80.3
Slovakia		70.6	57.5	81.4	58.7	42.3	72.1	9.5	4.6	17.1	73.7	55.2	85.8
Ukraine		66.5	58.7	73.5	50.7	42.1	58.7	10.2	6.9	14.5	66.3	55.8	74.8
Northern Europe		76.7	71.7	80.9	73.4	68.2	77.7	7.3	5.3	10.1	87.4	83.5	90.3
Denmark		70.8	57.1	81.8	65.8	51.7	77.5	9.4	4.5	17.5	82.0	68.6	90.5
Estonia		64.6	52.5	75.2	59.1	46.9	70.1	12.5	6.9	20.3	76.7	64.6	85.8
Finland		74.6	60.6	84.8	72.2	58.4	82.7	7.8	3.5	15.5	87.6	76.6	93.9
Ireland		67.2	55.5	77.3	62.4	50.8	73.0	11.2	6.0	18.9	79.6	68.3	88.0
Latvia		68.0	54.3	79.3	59.8	45.2	72.3	11.6	5.8	20.1	75.3	59.9	86.0
Lithuania		63.4	51.7	73.7	52.9	40.8	64.3	13.0	7.4	20.4	69.3	55.8	80.2
Norway		78.6	68.4	86.0	71.5	59.9	80.6	6.1	3.1	11.5	84.6	74.2	91.3
Sweden		70.4	56.8	81.1	61.6	47.1	73.8	9.8	4.7	17.7	77.2	62.1	87.4
United Kingdom		81.3	73.4	87.2	80.0	72.1	86.0	5.1	2.7	9.2	92.6	87.3	95.8
Southern Europe		65.1	59.2	70.5	50.0	43.1	56.4	12.1	9.2	15.7	64.8	56.9	71.6

Major area, region, country or area	Notes	Contraceptive prevalence (any method) 2015			Contraceptive prevalence (modern methods) 2015			Unmet need for family planning 2015			Demand for family planning satisfied with modern methods 2015		
		Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound
Albania		66.4	55.8	75.3	18.9	11.3	29.5	12.8	8.1	18.8	24.0	14.4	37.0
Bosnia and Herzegovina		48.1	37.8	59.0	16.7	11.1	23.8	16.8	11.1	23.5	25.8	16.9	36.3
Croatia		65.7	49.5	79.5	42.1	22.6	62.6	11.4	5.1	20.6	55.3	30.4	77.5
Greece		68.7	56.0	79.2	45.9	30.3	60.6	10.1	5.1	17.7	58.6	39.7	74.4
Italy		65.3	51.2	77.2	48.9	32.4	63.9	11.4	5.8	19.3	64.4	44.1	79.6
Malta		81.1	69.2	89.2	59.4	39.2	74.9	4.9	2.1	10.5	69.9	46.5	85.2
Montenegro		34.4	25.8	44.3	10.2	7.1	14.0	23.5	17.1	30.7	17.5	12.0	24.5
Portugal		76.6	66.0	84.4	69.9	57.3	79.1	6.6	3.3	12.2	84.2	72.3	91.1
Serbia		57.5	49.4	65.9	22.1	17.1	27.7	13.3	8.7	18.7	31.2	23.7	39.9
Slovenia		74.7	61.7	84.3	63.6	47.4	76.5	7.9	3.8	15.1	77.7	60.1	88.6
Spain		66.8	56.2	75.6	63.3	53.1	72.2	12.3	7.2	19.2	80.2	70.5	87.4
TFYR Macedonia	c	48.5	36.9	60.5	16.6	10.9	24.0	18.2	11.8	25.9	25.0	16.1	36.0
Western Europe		70.0	64.4	75.0	66.8	61.2	72.0	8.8	6.3	12.0	84.9	80.2	88.6
Austria		67.5	57.2	76.5	65.2	54.9	74.3	10.0	5.6	16.4	84.1	75.0	90.4
Belgium		68.5	58.8	76.7	67.0	57.5	75.3	9.0	5.1	14.5	86.5	78.7	91.9
France		74.3	65.0	81.6	72.2	63.1	79.6	6.1	3.4	10.4	89.8	83.7	93.9
Germany		66.8	55.3	77.0	62.1	50.7	72.5	10.4	5.6	17.3	80.4	69.8	88.3
Netherlands		67.6	57.4	76.4	65.0	54.9	73.9	10.0	5.6	16.3	83.7	74.8	90.1
Switzerland		76.6	63.8	86.0	72.2	59.3	82.2	6.3	2.8	12.7	87.2	76.7	93.5
LATIN AMERICA AND THE CARIBBEAN		72.7	69.1	75.7	66.7	63.0	69.9	10.7	9.0	12.9	80.0	76.7	82.7
Caribbean		62.4	59.5	65.3	58.8	56.0	61.6	16.3	14.5	18.2	74.7	72.1	77.2
Anguilla		53.1	39.8	66.0	50.2	37.2	62.9	18.8	11.2	27.8	69.5	55.7	81.2
Antigua and Barbuda		62.8	47.3	76.7	59.8	44.8	73.6	13.8	6.7	23.5	77.9	63.3	88.5
Bahamas		67.0	51.5	79.6	64.7	49.4	77.3	11.8	5.6	21.1	82.1	68.3	91.0
Barbados		60.3	52.1	68.0	56.7	48.9	64.2	16.0	11.0	22.3	74.3	66.0	81.3
Cuba		73.6	68.6	78.0	72.3	67.4	76.8	8.6	6.0	11.9	88.0	83.9	91.3
Dominica		62.5	47.2	76.4	59.5	44.6	73.3	14.0	6.9	23.4	77.7	63.4	88.2
Dominican Republic		71.8	66.3	76.7	68.6	63.3	73.5	10.7	8.1	13.9	83.1	78.8	86.7
Grenada		63.9	47.6	77.7	60.3	44.5	74.2	13.3	6.3	23.1	77.9	62.9	88.6
Guadeloupe		58.2	40.7	74.2	50.6	34.2	67.4	16.2	7.8	26.6	68.2	50.2	83.2
Haiti		37.8	30.9	45.3	33.6	27.3	40.4	32.9	27.9	37.8	47.5	40.2	55.0
Jamaica		71.8	62.7	79.5	67.9	58.9	75.6	9.7	5.8	15.3	83.1	75.4	88.7
Martinique		60.2	43.1	75.4	53.5	36.8	69.2	15.2	7.4	25.4	71.0	53.1	84.6
Montserrat		63.9	47.5	77.6	62.4	46.3	76.2	13.4	6.4	23.1	80.7	65.9	90.6

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Major area, region, country or area	Notes	Contraceptive prevalence (any method) 2015			Contraceptive prevalence (modern methods) 2015			Unmet need for family planning 2015			Demand for family planning satisfied with modern methods 2015		
		Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound
Puerto Rico		78.3	68.1	86.1	68.6	56.5	78.1	6.0	3.0	11.3	81.5	69.7	89.2
Saint Kitts and Nevis		59.4	43.2	74.1	55.0	39.2	69.9	15.6	7.8	25.6	73.2	57.3	85.6
Saint Lucia		57.0	48.5	65.0	54.0	45.9	61.8	16.8	11.5	23.0	73.1	64.6	80.6
Saint Vincent and the Grenadines		65.1	49.8	78.5	61.8	46.9	75.3	12.7	6.0	22.1	79.4	65.2	89.3
Trinidad and Tobago		50.0	38.8	61.3	43.8	33.4	54.7	19.0	12.5	26.4	63.4	51.6	74.3
United States Virgin Islands		69.1	56.0	79.7	62.4	48.8	74.0	10.8	5.5	18.5	78.2	64.8	87.4
Central America		71.3	64.3	77.1	65.5	58.5	71.7	11.2	8.0	15.6	79.5	72.9	84.6
Belize		58.1	48.3	67.4	53.5	43.8	62.7	16.8	11.2	23.7	71.2	61.1	79.8
Costa Rica		78.9	72.6	83.9	75.7	69.6	81.0	6.2	3.9	9.7	89.1	84.3	92.5
El Salvador		70.7	60.5	79.1	64.3	53.7	73.4	11.9	7.1	18.5	77.9	67.9	85.6
Guatemala		57.2	46.7	67.0	47.8	38.0	57.6	17.3	11.6	24.2	64.1	53.3	73.8
Honduras		72.7	65.5	79.0	63.7	56.1	70.5	10.6	7.2	15.0	76.5	69.1	82.5
Mexico		72.6	63.4	80.4	67.4	58.0	75.5	10.5	6.3	16.4	81.0	72.4	87.5
Nicaragua		79.5	73.3	84.5	75.4	69.3	80.7	7.2	4.6	10.9	87.0	82.0	90.8
Panama		61.3	54.5	67.8	57.7	51.1	64.0	15.6	10.9	21.1	75.0	67.9	81.2
South America		74.6	69.9	78.3	68.2	63.4	72.2	9.7	7.7	12.5	80.9	76.7	84.1
Argentina		61.6	51.8	70.4	57.9	48.4	66.7	15.3	9.7	22.6	75.2	65.3	83.3
Bolivia (Plurinational State of)		62.5	51.9	71.9	40.4	29.6	51.2	18.0	11.9	25.3	50.4	37.6	62.3
Brazil		79.0	70.4	85.6	75.2	66.6	82.1	7.7	4.4	12.7	86.8	79.9	91.7
Chile		65.1	52.5	75.8	61.6	49.3	72.4	13.4	7.5	21.6	78.4	66.4	87.2
Colombia		78.2	70.8	84.3	71.7	63.5	78.3	8.2	5.1	12.6	83.0	75.7	88.2
Ecuador		72.6	61.6	81.5	61.2	49.4	71.5	9.1	5.0	15.4	75.1	62.9	84.1
Guyana		44.8	35.4	54.7	43.5	34.4	53.0	26.5	20.3	32.9	60.9	51.0	70.5
Paraguay		77.4	68.5	84.3	68.0	58.0	76.2	6.4	3.6	10.9	81.4	72.0	88.1
Peru		73.5	68.1	78.3	52.4	45.5	59.0	9.1	6.8	12.0	63.5	55.5	70.6
Suriname		51.8	42.4	61.2	50.8	41.5	60.0	19.4	13.4	26.6	71.1	61.1	80.0
Uruguay		77.0	66.5	84.6	73.8	63.2	81.9	7.6	3.9	13.6	87.3	78.9	92.7
Venezuela (Bolivarian Republic of)		70.0	57.3	80.3	63.8	51.3	74.9	12.0	6.3	20.3	77.8	65.7	87.1

Major area, region, country or area	Notes	Contraceptive prevalence (any method) 2015			Contraceptive prevalence (modern methods) 2015			Unmet need for family planning 2015			Demand for family planning satisfied with modern methods 2015		
		Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound
NORTHERN AMERICA		74.8	66.4	81.5	69.3	60.5	76.7	6.9	4.2	11.0	85.0	77.6	90.2
Canada		73.3	61.9	82.3	71.1	59.9	80.1	7.9	4.0	14.2	87.5	78.6	93.0
United States of America		75.1	65.8	82.4	69.2	59.5	77.4	6.7	3.8	11.2	84.7	76.6	90.4
OCEANIA		59.4	52.0	65.9	54.8	47.6	61.2	14.9	11.3	19.5	73.8	66.6	79.4
Australia/New Zealand		68.7	58.8	77.2	65.6	55.6	74.3	10.3	6.1	16.5	83.0	74.1	89.3
Australia		68.4	56.6	78.3	65.4	53.7	75.5	10.4	5.5	17.7	83.1	72.4	90.2
New Zealand		71.3	57.6	81.9	67.4	53.6	78.4	9.1	4.3	16.9	83.8	72.0	91.4
Melanesia, Micronesia and Polynesia		38.6	30.5	47.4	30.7	23.8	38.8	24.5	18.8	30.8	48.6	39.5	58.2
Cook Islands		54.0	39.8	67.6	50.0	36.6	63.5	19.2	11.0	28.9	68.1	53.9	80.7
Guam		53.6	39.1	67.3	44.5	30.9	58.3	16.8	9.4	25.7	63.5	47.6	76.9
Fiji		49.8	33.1	67.9	43.2	27.6	60.3	19.2	10.0	29.1	62.5	44.9	78.4
Kiribati		27.6	20.5	36.1	22.2	16.1	29.5	26.6	19.8	34.4	40.8	31.2	51.2
Marshall Islands		45.9	35.4	56.7	43.1	33.2	53.3	17.2	11.4	24.0	68.1	57.0	77.8
Nauru		38.1	28.3	49.0	27.5	19.3	37.0	23.4	16.4	31.2	44.6	33.2	56.5
Northern Mariana Islands		39.7	25.1	58.0	33.9	20.6	51.0	22.1	13.2	31.8	54.5	37.5	71.6
Palau		38.9	26.9	52.3	34.4	23.1	47.2	22.9	15.1	31.7	55.4	41.0	69.2
Papua New Guinea		37.0	26.9	48.1	28.7	20.2	38.7	25.0	17.9	32.9	46.3	34.6	58.2
Samoa		31.6	23.9	40.9	30.6	23.1	39.5	42.3	35.5	48.5	41.3	32.6	51.2
Solomon Islands		38.6	28.4	50.0	31.6	22.5	41.9	21.3	14.8	28.9	52.6	40.4	64.4
Tonga		34.9	28.4	42.2	29.8	23.9	36.2	28.0	21.0	35.6	47.3	38.9	55.9
Tuvalu		34.1	24.9	44.8	27.1	19.2	36.5	27.7	20.3	36.1	43.7	32.8	55.2
Vanuatu		47.2	40.6	54.0	37.4	31.6	43.4	24.3	20.1	28.7	52.3	45.4	58.9

NOTES:

(a) The group of least developed countries (LDCs) encompasses 48 countries designated as such by the General Assembly, and defined as low-income countries suffering from structural impediments to sustainable development. See http://www.un.org/en/development/desa/policy/cdp/ldc2/ldc_countries.shtml.

(b) The designation sub-Saharan Africa is commonly used to indicate all of Africa except northern Africa, with the Sudan included in sub-Saharan Africa.

(c) The former Yugoslav Republic of Macedonia.

Major area, region, country or area	Notes	Contraceptive prevalence (any method) 2015			Contraceptive prevalence (any method) 2030			Unmet need for family planning 2015			Unmet need for family planning 2030		
		Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound
WORLD		758 000	726 000	788 000	778 000	733 000	819 000	142 000	128 000	158 000	143 000	125 000	166 000
Least developed countries	a	60 800	57 500	63 900	96 700	89 400	103 000	34 000	32 100	36 000	36 300	32 800	40 300
AFRICA		56 800	54 700	59 000	99 200	92 400	107 000	38 000	36 200	39 800	43 800	40 100	47 800
Sub-Saharan Africa	b	40 800	38 900	42 700	80 600	74 200	87 600	34 700	33 000	36 600	40 600	37 000	44 400
Eastern Africa		22 300	21 100	23 600	43 600	39 500	47 600	13 500	12 600	14 400	13 900	11 800	16 300
Burundi		419	313	544	974	653	1 310	455	381	532	488	308	663
Comoros		28	22	35	59	40	81	36	31	41	38	27	50
Djibouti		22	17	28	55	37	76	28	21	36	29	17	40
Eritrea		207	129	321	529	318	787	297	237	366	338	216	452
Ethiopia		5 200	4 590	5 840	12 000	9 060	14 800	3 590	3 050	4 190	3 240	1 810	4 980
Kenya		3 650	3 360	3 940	5 660	4 510	6 660	1 180	952	1 420	1 200	656	1 920
Madagascar		1 840	1 420	2 280	3 130	2 270	3 910	751	538	973	776	404	1 230
Malawi		1 460	1 280	1 630	2 420	1 930	2 830	476	362	602	451	234	755
Mauritius		154	131	171	143	117	162	13	7	25	13	6	26
Mozambique		722	536	962	1 910	1 220	2 730	1 130	962	1 320	1 230	847	1 610
Réunion		61	50	70	77	61	89	8	4	14	9	4	18
Rwanda		799	660	936	1 410	1 080	1 710	297	217	383	319	164	521
Somalia		338	198	532	892	534	1 300	416	304	539	464	257	669
South Sudan		134	79	213	610	304	1 100	584	439	751	732	515	959
Uganda		1 620	1 390	1 860	3 980	2 840	5 140	1 810	1 580	2 040	1 900	1 230	2 620
United Republic of Tanzania		2 960	2 260	3 710	5 680	4 050	7 200	1 670	1 280	2 070	1 720	942	2 560
Zambia		1 080	933	1 220	1 920	1 470	2 300	421	340	507	438	236	688
Zimbabwe		1 570	1 440	1 690	2 170	1 770	2 510	270	203	350	319	165	540
Middle Africa		4 660	4 030	5 380	9 870	7 800	12 200	5 290	4 820	5 780	6 650	5 500	7 830
Angola		497	318	757	1 310	748	2 070	753	553	988	1 020	666	1 400
Cameroon		1 020	780	1 310	2 070	1 360	2 820	785	649	933	879	546	1 220
Central African Republic		215	152	294	381	245	549	211	163	269	227	154	304
Chad		132	86	198	451	251	782	493	389	616	720	546	927
Congo		297	240	357	468	335	593	111	84	141	131	73	198
Democratic Republic of the Congo		2 330	1 840	2 920	4 860	3 210	6 840	2 810	2 460	3 190	3 530	2 580	4 510
Equatorial Guinea		18	13	24	43	27	65	36	31	42	45	34	56
Gabon		74	59	91	127	88	171	55	46	64	62	40	84
Sao Tome and Principe		14	10	17	22	15	29	11	9	13	11	6	15

Major area, region, country or area	Notes	Contraceptive prevalence (any method) 2015			Contraceptive prevalence (any method) 2030			Unmet need for family planning 2015			Unmet need for family planning 2030		
		Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound
Northern Africa		17 000	16 000	18 000	20 900	18 500	23 300	4 930	4 300	5 580	5 050	3 930	6 350
Algeria		3 070	2 640	3 480	3 760	2 950	4 460	668	436	958	646	333	1 090
Egypt		8 540	7 790	9 240	10 100	8 080	12 000	1 760	1 450	2 110	1 710	925	2 770
Libya		330	253	406	467	343	583	134	90	186	129	70	202
Morocco		3 110	2 720	3 460	3 340	2 700	3 860	444	279	659	408	197	740
Sudan		949	642	1 360	2 250	1 390	3 330	1 700	1 320	2 120	1 890	1 370	2 460
Tunisia		992	859	1 110	1 030	825	1 210	161	101	241	146	74	256
Southern Africa		3 620	3 040	4 140	5 060	4 120	5 840	736	481	1 060	855	495	1 390
Botswana		123	97	148	192	144	234	37	23	54	42	21	70
Lesotho		169	155	183	225	181	263	52	43	61	44	24	72
Namibia		125	111	138	210	164	250	37	29	45	45	24	70
South Africa		3 110	2 530	3 630	4 300	3 360	5 070	586	334	914	692	335	1 220
Swaziland		92	78	104	137	109	160	22	14	31	24	12	41
Western Africa		9 200	8 190	10 400	19 600	15 700	24 700	13 500	12 200	14 800	17 100	14 900	19 700
Benin		286	211	383	628	390	941	518	444	597	624	474	784
Burkina Faso		592	499	697	1 220	802	1 750	838	708	979	1 070	808	1 350
Cabo Verde		38	30	45	51	38	62	9	5	14	10	5	17
Côte d'Ivoire		625	462	823	1 240	780	1 830	729	612	860	912	658	1 180
Gambia		30	23	38	78	49	119	76	58	99	105	78	135
Ghana		830	714	956	1 490	1 000	2 090	1 270	1 100	1 440	1 340	1 010	1 680
Guinea		155	113	209	442	255	734	508	405	630	668	512	850
Guinea-Bissau		44	31	61	94	57	145	58	41	76	75	52	101
Liberia		123	100	151	254	164	367	193	171	216	235	176	294
Mali		352	268	456	881	541	1 360	775	664	884	1 050	812	1 310
Mauritania		80	58	110	197	117	308	175	141	212	207	154	264
Niger		521	396	681	1 340	822	2 050	598	504	705	990	733	1 290
Nigeria		4 600	3 660	5 690	9 620	6 150	14 300	6 290	5 110	7 620	8 160	6 070	10 500
Senegal		430	331	550	897	563	1 320	710	620	810	873	662	1 090
Sierra Leone		169	134	211	344	211	520	269	236	304	303	224	386
Togo		262	211	320	487	323	691	411	364	458	465	351	577
ASIA		535 000	504 000	563 000	516 000	473 000	554 000	80 600	67 100	96 500	75 900	58 800	97 700
Eastern Asia		241 000	221 000	255 000	188 000	164 000	205 000	13 300	8 410	21 700	12 400	6 760	23 400
China		224 000	204 000	239 000	175 000	150 000	191 000	10 100	5 410	18 600	9 940	4 420	20 800
China, Hong Kong SAR		754	680	813	600	509	666	51	28	91	44	20	90

Major area, region, country or area	Notes	Contraceptive prevalence (any method) 2015			Contraceptive prevalence (any method) 2030			Unmet need for family planning 2015			Unmet need for family planning 2030		
		Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound
Dem. People's Republic of Korea		3 040	2 660	3 380	2 700	2 170	3 110	467	282	710	400	199	711
Japan		7 260	5 790	8 670	6 100	4 610	7 410	2 050	1 230	3 050	1 440	755	2 350
Mongolia		292	250	332	290	227	347	72	51	100	60	33	95
Republic of Korea		5 280	4 750	5 690	4 220	3 560	4 700	388	213	672	345	157	680
Central Asia		6 500	5 830	7 100	7 430	6 470	8 280	1 560	1 280	1 920	1 520	1 140	2 010
Kazakhstan		1 340	1 120	1 570	1 490	1 140	1 800	378	258	519	330	181	526
Kyrgyzstan		428	373	486	551	410	692	174	143	207	160	97	231
Tajikistan		504	408	614	811	570	1 060	334	279	392	328	211	454
Turkmenistan		530	422	632	621	470	754	138	87	199	129	67	211
Uzbekistan		3 700	3 090	4 220	3 980	3 140	4 680	522	300	839	538	257	964
Southern Asia		196 000	170 000	220 000	222 000	185 000	254 000	46 000	34 700	60 000	41 700	27 600	60 900
Afghanistan		1 420	1 070	1 830	3 560	2 480	4 670	1 310	961	1 710	1 490	890	2 170
Bangladesh		23 400	20 600	25 900	24 800	19 700	28 800	4 450	3 170	6 010	3 820	1 980	6 530
Bhutan		89	77	100	106	85	122	14	8	21	12	6	23
India		141 000	116 000	165 000	156 000	120 000	187 000	30 900	19 600	44 600	27 100	13 700	46 100
Iran (Islamic Republic of)		12 000	10 800	12 900	11 100	9 350	12 500	1 020	603	1 640	995	460	1 940
Maldives		29	22	35	40	29	51	17	13	21	14	8	21
Nepal		3 140	2 780	3 490	4 220	3 270	5 050	1 430	1 170	1 700	1 090	606	1 700
Pakistan		12 200	9 930	14 600	20 100	14 700	25 400	6 450	5 280	7 660	6 180	3 640	9 020
Sri Lanka		2 570	2 190	2 870	2 350	1 890	2 710	267	153	432	253	117	474
South-Eastern Asia		71 100	67 200	74 700	74 500	67 000	81 300	13 000	11 200	15 100	12 900	9 700	16 800
Cambodia		1 540	1 400	1 690	2 040	1 620	2 390	333	272	402	299	152	511
Indonesia		30 900	27 500	34 100	32 000	25 400	37 600	5 570	4 100	7 320	5 330	2 860	8 760
Lao People's Democratic Republic		649	544	752	919	708	1 110	216	160	277	192	100	312
Malaysia		2 950	2 310	3 550	3 680	2 770	4 480	795	465	1 210	816	418	1 350
Myanmar		4 070	3 240	4 870	4 980	3 750	6 100	1 280	836	1 800	1 010	516	1 680
Philippines		8 620	7 580	9 640	11 600	8 950	13 900	2 800	2 230	3 420	2 950	1 690	4 470
Singapore		512	408	601	545	423	644	86	44	147	85	40	153
Thailand		8 090	7 400	8 640	6 440	5 460	7 180	591	369	932	549	265	1 030
Timor-Leste		32	24	42	65	44	86	29	23	34	28	18	40
Viet Nam		13 800	12 900	14 500	12 700	10 800	14 200	1 160	815	1 630	1 180	595	2 160
Western Asia		22 100	21 000	23 300	26 100	24 000	28 000	5 430	4 820	6 100	5 300	4 350	6 400
Armenia		259	218	298	246	191	293	58	40	80	48	26	78
Azerbaijan		944	745	1 130	973	736	1 180	229	146	331	187	96	309
Bahrain		98	76	117	112	86	133	17	8	30	17	7	31

Major area, region, country or area	Notes	Contraceptive prevalence (any method) 2015			Contraceptive prevalence (any method) 2030			Unmet need for family planning 2015			Unmet need for family planning 2030		
		Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound
Georgia		325	263	389	280	211	344	106	71	146	66	36	105
Iraq		2 820	2 340	3 300	4 060	3 100	4 900	732	480	1 050	796	413	1 320
Israel		677	528	791	741	575	871	85	37	164	89	37	179
Jordan		731	644	815	803	638	944	142	103	186	135	71	224
Kuwait		232	174	286	332	246	407	66	37	101	72	35	121
Lebanon		402	326	469	465	360	551	81	46	129	80	39	140
State of Palestine		324	270	377	508	390	613	89	58	125	106	56	174
Oman		162	117	215	278	193	359	123	88	159	110	63	163
Qatar		97	79	115	128	94	160	43	31	57	38	22	58
Saudi Arabia		1 610	1 110	2 190	2 000	1 370	2 650	1 050	727	1 420	796	465	1 180
Syrian Arab Republic		1 790	1 480	2 080	2 610	2 000	3 130	469	305	678	527	273	876
Turkey		9 670	8 950	10 300	9 150	7 670	10 300	800	581	1 080	870	441	1 580
United Arab Emirates		627	435	832	859	604	1 100	254	148	371	231	116	379
Yemen		1 390	1 160	1 630	2 730	2 020	3 410	1 000	853	1 150	937	558	1 360
EUROPE		64 500	61 900	66 900	55 500	52 300	58 400	9 260	7 930	10 800	8 110	6 670	9 840
Eastern Europe		27 800	25 900	29 500	22 800	20 400	24 800	4 100	3 190	5 230	3 480	2 490	4 800
Belarus		856	751	950	696	557	816	138	89	205	115	60	195
Bulgaria		637	533	724	458	364	534	127	75	200	84	42	144
Czech Republic		984	869	1 070	795	661	897	88	49	150	84	39	156
Hungary		805	665	912	679	546	781	86	41	164	79	35	153
Poland		3 660	2 900	4 270	3 110	2 400	3 650	537	254	977	454	207	843
Republic of Moldova		400	349	449	332	264	390	80	54	111	60	32	99
Romania		2 330	1 960	2 640	1 690	1 340	1 970	321	178	528	246	123	434
Russian Federation		13 600	11 900	15 000	11 500	9 280	13 300	1 890	1 160	2 870	1 640	822	2 880
Slovakia		508	413	585	424	335	496	68	33	123	59	26	108
Ukraine		4 120	3 630	4 550	3 280	2 640	3 820	631	425	897	505	265	852
Northern Europe		9 030	8 440	9 520	8 670	7 800	9 320	856	623	1 190	914	624	1 370
Denmark		544	439	629	516	405	601	73	34	134	70	32	134
Estonia		95	77	111	83	65	98	18	10	30	15	8	26
Finland		529	430	602	496	396	568	56	25	110	53	23	109
Ireland		419	347	483	418	329	489	70	37	118	67	33	120
Latvia		149	119	174	128	100	152	25	13	44	21	10	38
Lithuania		249	203	290	211	163	251	51	29	80	41	21	70
Norway		535	466	585	526	433	591	42	21	79	49	22	99

Annex Table II *(continued)* . Number of married or in-union women aged 15 to 49 who are currently using any method of contraception or who have an unmet need for family planning (thousands), 2015 and 2030

Major area, region, country or area	Notes	Contraceptive prevalence (any method) 2015			Contraceptive prevalence (any method) 2030			Unmet need for family planning 2015			Unmet need for family planning 2030		
		Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound
Sweden		859	694	990	863	678	1 010	119	58	216	120	55	227
United Kingdom		5 700	5 140	6 110	5 480	4 650	6 070	358	188	647	422	193	852
Southern Europe		11 600	10 500	12 600	9 410	8 420	10 300	2 160	1 630	2 790	1 690	1 230	2 280
Albania		338	284	383	305	241	357	65	41	96	52	27	89
Bosnia and Herzegovina		247	194	303	254	187	317	86	57	120	70	39	108
Croatia		353	266	428	292	221	352	61	28	111	49	22	89
Greece		905	737	1 040	710	559	829	134	68	234	102	47	189
Italy		4 110	3 220	4 850	3 400	2 610	4 060	714	367	1 210	570	270	1 020
Malta		42	36	47	42	35	47	3	1	6	3	1	6
Montenegro		29	22	37	34	24	45	20	14	26	15	9	21
Portugal		932	802	1 030	722	592	819	81	41	148	71	32	140
Serbia		703	604	805	610	474	732	162	107	229	124	67	200
Slovenia		164	136	185	140	112	160	17	8	33	16	7	31
Spain		3 670	3 090	4 160	2 820	2 240	3 300	674	395	1 060	506	256	858
TFYR Macedonia	c	168	128	210	157	114	197	63	41	90	46	26	71
Western Europe		16 200	14 900	17 400	14 800	13 200	16 100	2 030	1 450	2 780	1 860	1 260	2 660
Austria		751	636	851	681	541	800	111	62	182	105	52	186
Belgium		1 020	880	1 150	933	750	1 080	135	76	218	116	56	213
France		6 470	5 660	7 110	6 010	4 960	6 810	529	293	904	543	253	1 040
Germany		5 750	4 760	6 630	5 080	4 000	5 950	894	479	1 490	722	341	1 320
Netherlands		1 420	1 200	1 600	1 260	1 010	1 470	210	118	343	181	87	325
Switzerland		888	740	997	912	736	1 040	73	32	147	82	35	171
LATIN AMERICA AND THE CARIBBEAN		67 700	64 400	70 600	71 800	66 700	76 000	9 960	8 350	12 000	10 700	8 430	13 700
Caribbean		3 750	3 580	3 920	3 890	3 520	4 250	981	871	1 090	928	711	1 160
Anguilla		1	1	1	1	1	1	0	0	1	0	0	1
Antigua and Barbuda		7	5	8	8	6	10	1	1	3	2	1	3
Bahamas		26	20	31	34	26	40	5	2	8	6	2	10
Barbados		15	13	17	20	15	23	4	3	6	4	2	7
Cuba		1 250	1 170	1 330	920	765	1 040	146	102	203	111	56	198
Dominica		4	3	5	6	4	7	1	1	2	1	1	2
Dominican Republic		1 080	1 000	1 160	1 180	975	1 340	162	122	210	168	88	290
Grenada		6	5	7	9	6	10	1	1	2	2	1	3
Guadeloupe		25	18	32	30	22	38	7	3	12	7	3	12

Major area, region, country or area	Notes	Contraceptive prevalence (any method) 2015			Contraceptive prevalence (any method) 2030			Unmet need for family planning 2015			Unmet need for family planning 2030		
		Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound
Haiti		617	505	739	975	707	1 250	536	455	617	498	320	679
Jamaica		205	179	227	228	185	261	28	17	44	31	15	56
Martinique		20	14	25	23	17	29	5	2	8	5	2	9
Montserrat		0	0	0	0	0	0	0	0	0	0	0	0
Puerto Rico		369	321	405	353	292	396	28	14	53	30	13	62
Saint Kitts and Nevis		4	3	5	5	4	6	1	1	2	1	1	2
Saint Lucia		13	11	15	16	12	19	4	3	5	4	2	6
Saint Vincent and the Grenadines		10	8	12	10	8	12	2	1	3	2	1	3
Trinidad and Tobago		95	74	117	97	72	120	36	24	50	28	16	42
United States Virgin Islands		5	4	6	6	5	7	1	0	2	1	0	2
Central America		19 200	17 300	20 800	20 700	17 900	22 900	3 010	2 150	4 210	3 160	2 020	4 870
Belize		31	26	36	41	32	50	9	6	13	10	5	16
Costa Rica		493	454	524	561	476	622	39	24	61	50	25	96
El Salvador		657	563	735	734	591	847	110	66	172	113	55	198
Guatemala		1 380	1 130	1 620	2 050	1 570	2 470	419	280	586	469	246	762
Honduras		919	828	999	1 150	948	1 310	134	92	189	159	80	278
Mexico		14 600	12 700	16 100	14 900	12 200	17 100	2 110	1 270	3 300	2 120	1 040	3 810
Nicaragua		777	717	826	873	741	970	70	45	107	83	40	158
Panama		359	319	397	424	336	499	91	64	124	93	51	150
South America		44 900	42 100	47 200	47 400	43 000	50 700	5 870	4 640	7 520	6 420	4 730	8 940
Argentina		3 770	3 170	4 300	4 130	3 230	4 890	937	595	1 390	868	450	1 450
Bolivia (Plurinational State of)		894	742	1 030	1 180	925	1 410	258	170	362	271	139	443
Brazil		24 100	21 500	26 100	24 100	20 200	26 900	2 340	1 330	3 870	2 530	1 200	4 820
Chile		1 310	1 060	1 530	1 520	1 180	1 800	270	152	436	282	135	492
Colombia		5 500	4 980	5 930	5 980	5 050	6 680	574	359	883	649	319	1 200
Ecuador		1 760	1 490	1 970	1 970	1 590	2 280	220	120	373	251	114	470
Guyana		55	43	66	65	48	82	32	25	40	26	16	37
Paraguay		827	732	901	1 020	844	1 140	68	38	116	92	42	181
Peru		3 430	3 180	3 660	3 780	3 150	4 280	427	319	561	497	254	872
Suriname		28	23	34	40	30	49	11	7	15	11	6	18
Uruguay		338	292	372	335	278	378	33	17	60	35	16	67
Venezuela (Bolivarian Republic of)		3 050	2 500	3 500	3 560	2 810	4 160	524	273	884	587	274	1 060

Major area, region, country or area	Notes	Contraceptive prevalence (any method) 2015			Contraceptive prevalence (any method) 2030			Unmet need for family planning 2015			Unmet need for family planning 2030		
		Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound	Median	80 per cent lower bound	80 per cent upper bound
NORTHERN AMERICA		31 600	28 100	34 400	32 800	27 400	36 800	2 930	1 790	4 640	3 400	1 780	6 050
Canada		3 080	2 600	3 450	3 150	2 550	3 610	332	169	597	357	163	682
United States of America		28 600	25 100	31 400	29 700	24 400	33 700	2 560	1 450	4 270	2 990	1 440	5 630
OCEANIA		3 110	2 730	3 450	3 570	3 050	4 040	779	593	1 020	827	589	1 130
Australia/New Zealand		2 480	2 120	2 790	2 710	2 230	3 110	372	220	596	398	213	677
Australia		2 040	1 690	2 330	2 250	1 780	2 640	309	164	528	330	155	604
New Zealand		448	362	515	462	365	538	57	27	106	60	27	115
Melanesia, Micronesia and Polynesia		630	497	775	866	641	1 110	400	307	503	418	286	565
Cook Islands		1	1	1	1	1	2	0	0	1	0	0	1
Guam		11	8	14	13	9	17	3	2	5	4	2	6
Fiji		69	46	94	70	46	93	27	14	40	23	11	36
Kiribati		5	4	7	8	5	11	5	4	6	5	3	7
Marshall Islands		4	3	5	4	3	6	1	1	2	1	1	2
Nauru		1	0	1	1	0	1	0	0	1	0	0	0
Northern Mariana Islands		..	..	..	..	..	..	..	..	..	..	..	..
Palau		1	1	1	2	1	2	1	0	1	1	0	1
Papua New Guinea		468	341	609	672	455	910	317	227	417	337	209	479
Samoa		8	6	10	10	7	13	10	9	12	8	6	11
Solomon Islands		36	26	46	50	34	67	20	14	27	22	13	31
Tonga		5	4	5	6	4	8	4	3	5	4	2	5
Tuvalu		1	0	1	1	1	1	0	0	1	0	0	1
Vanuatu		21	18	23	28	20	36	11	9	13	12	7	16

NOTES:

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

(a) The group of least developed countries (LDCs) encompasses 48 countries designated as such by the General Assembly, and defined as low-income countries suffering from structural impediments to sustainable development. See http://www.un.org/en/development/desa/policy/cdp/ldc2/ldc_countries.shtml.

(b) The designation sub-Saharan Africa is commonly used to indicate all of Africa except northern Africa, with the Sudan included in sub-Saharan Africa.

(c) The former Yugoslav Republic of Macedonia.

Major area, region, country or area	Notes	Any method	Female sterilization	Male sterilization	Pill	Injectable	Implant	IUD	Male condom	Vaginal barrier methods[e]	Other modern methods[f]	Rhythm[g]	With-drawal	Other traditional methods[h]
WORLD		63.6	19.2	2.4	8.8	4.6	0.7	13.7	7.7	0.1	0.2	2.6	3.1	0.5
Least developed countries	a	39.5	2.8	0.4	12.3	12.9	2.0	1.0	2.2	0.0	0.1	2.7	1.4	1.7
AFRICA		33.4	1.6	0.0	8.7	9.8	2.3	3.8	2.1	0.1	0.1	2.2	1.3	1.3
Sub-Saharan Africa	b	28.4	1.6	0.0	5.1	10.7	2.6	0.9	2.4	0.1	0.2	2.2	1.3	1.3
Eastern Africa		39.5	2.0	0.0	6.8	19.1	5.2	1.1	1.7	0.0	0.1	1.4	0.8	1.4
Burundi		27.5	0.8	0.0	3.2	13.7	0.8	3.6	1.3	0.0	0.0	1.9	2.3	0.0
Comoros		23.7	1.0	0.0	4.0	7.2	2.0	0.1	2.7	0.0	0.0	3.6	2.1	1.0
Djibouti		23.5	0.5	0.0	13.6	7.6	0.8	0.0	0.0	0.0	0.0	0.4	0.2	0.4
Eritrea		20.0	0.6	0.0	4.2	7.8	0.0	1.2	1.8	0.0	0.0	1.1	0.2	3.2
Ethiopia		36.2	0.3	0.0	1.7	25.1	7.6	0.7	0.2	0.0	0.0	0.4	0.1	0.0
Kenya		57.4	3.0	0.0	8.6	28.1	10.8	3.5	1.9	0.0	0.0	0.6	0.0	0.8
Madagascar		46.0	1.4	0.1	7.9	23.5	2.0	0.5	1.4	0.0	0.0	7.6	0.6	0.9
Malawi		57.7	9.9	0.1	2.1	31.1	9.1	1.0	1.9	0.1	0.2	0.9	0.5	0.9
Mauritius		75.7	12.1	0.1	21.7	5.0	0.1	1.9	12.1	0.3	0.0	6.2	16.1	0.0
Mozambique		17.5	0.3	0.0	6.5	7.4	0.0	0.1	1.6	0.0	0.1	0.3	0.3	0.9
Réunion		72.4	..	..	..	..	..	..	..	..	..	..	..	..
Rwanda		53.5	0.9	0.0	7.6	28.1	6.7	0.5	3.1	0.0	0.1	3.0	3.0	0.5
Somalia		23.7	0.0	0.0	4.2	1.1	0.0	0.5	0.0	0.0	0.0	0.5	0.4	17.0
South Sudan		6.8	0.2	0.0	0.6	0.9	0.0	0.0	0.9	0.0	0.0	2.6	0.5	1.2
Uganda		29.9	2.0	0.0	2.3	16.1	3.5	0.9	2.0	0.0	0.6	0.0	0.0	2.4
United Republic of Tanzania		40.6	4.5	0.0	8.6	13.7	3.0	0.8	3.0	0.0	0.0	2.6	2.5	2.0
Zambia		51.2	2.0	0.0	12.2	19.9	5.7	1.2	4.1	0.0	0.2	0.9	3.4	1.6
Zimbabwe		66.0	0.9	0.0	42.8	8.8	8.2	0.4	3.2	0.2	0.2	0.2	0.6	0.4
Middle Africa		22.6	0.6	0.1	2.1	2.1	0.6	0.3	5.0	0.3	0.0	7.0	3.1	1.4
Angola		18.6	0.2	0.0	4.3	2.7	0.0	0.8	4.4	0.2	0.0	4.2	0.4	1.4
Cameroon		29.1	0.6	0.0	2.4	3.7	0.9	0.2	9.4	0.0	0.1	8.6	2.3	0.9
Central African Republic		23.6	0.3	0.0	8.0	0.7	0.3	0.0	3.1	0.0	0.3	5.2	0.4	5.4
Chad		6.2	0.2	0.0	0.9	1.6	0.0	0.0	0.2	0.0	0.0	0.3	0.0	3.0
Congo		47.2	0.1	1.6	3.3	3.2	0.1	0.2	13.9	0.1	0.2	16.9	5.6	1.9
Democratic Republic of the Congo		22.5	0.8	0.1	0.8	1.4	0.8	0.2	3.9	0.5	0.0	8.1	4.9	1.0
Equatorial Guinea		16.0	1.3	0.0	2.9	2.7	0.0	0.6	2.8	0.0	0.3	1.9	1.6	1.9
Gabon		34.4	0.7	0.1	6.2	0.4	0.4	0.2	13.1	0.2	0.0	10.1	2.6	0.3
Sao Tome and Principe		40.5	1.3	0.0	16.5	12.5	0.0	0.4	5.2	0.1	0.0	2.3	1.0	1.1

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Major area, region, country or area	Notes	Any method	Female sterilization	Male sterilization	Pill	Injectable	Implant	IUD	Male condom	Vaginal barrier methods [e]	Other modern methods [f]	Rhythm [g]	With-drawal	Other traditional methods [h]
Northern Africa		52.7	1.4	0.0	24.9	4.1	0.3	16.1	0.8	0.1	0.0	2.1	1.3	1.6
Algeria		59.4	0.5	0.0	46.5	0.1	0.2	2.1	1.6	0.1	0.0	3.1	3.2	1.9
Egypt		59.7	1.2	0.0	16.3	8.6	0.5	30.6	0.5	0.1	0.0	0.3	0.3	1.2
Libya		48.6	2.1	0.0	13.0	0.4	0.0	9.5	3.2	0.0	0.1	15.2	2.7	2.2
Morocco		68.2	3.0	0.0	49.6	0.0	0.0	4.3	1.2	0.0	0.0	4.2	3.9	2.0
Sudan		15.9	0.9	0.0	10.3	1.2	0.0	0.7	0.0	0.0	0.0	0.6	0.2	2.0
Tunisia		64.4	3.3	0.0	20.3	1.1	0.4	27.0	1.2	0.1	0.0	9.5	0.5	1.0
Southern Africa		63.9	13.5	0.7	11.4	28.8	0.1	1.1	7.4	0.0	0.1	0.3	0.4	0.2
Botswana		56.3	2.2	0.1	6.5	7.3	0.5	0.9	35.8	0.6	0.7	1.1	0.4	0.1
Lesotho		59.9	1.7	0.1	14.0	23.7	1.4	1.3	16.7	0.0	0.2	0.4	0.4	0.0
Namibia		57.4	6.6	0.3	7.2	27.5	0.2	1.2	12.3	0.0	1.3	0.1	0.2	0.4
South Africa	c	64.8	15.3	0.7	11.6	30.3	0.0	1.1	4.9	0.0	0.0	0.0	0.0	0.0
Swaziland		64.4	5.1	0.3	10.4	20.8	1.8	1.1	21.9	0.0	0.2	0.3	1.5	1.1
Western Africa		16.7	0.5	0.0	3.3	4.4	1.3	0.9	1.8	0.0	0.3	1.6	1.3	1.2
Benin		16.9	0.1	0.0	1.9	2.9	1.4	0.7	2.6	0.0	0.9	3.4	0.9	2.1
Burkina Faso		18.8	0.2	0.0	3.8	7.3	4.0	0.4	1.9	0.1	0.1	0.8	0.0	0.1
Cabo Verde		62.0	15.2	0.0	22.0	11.6	0.7	2.3	6.3	0.1	0.1	1.6	1.9	0.1
Côte d'Ivoire		20.4	0.1	0.0	8.4	2.8	0.2	0.1	2.1	0.1	0.7	3.7	0.6	1.7
Gambia		11.0	0.7	0.0	2.5	4.7	0.7	0.4	0.7	0.0	0.0	0.3	0.4	0.5
Ghana		22.2	2.8	0.0	3.8	7.9	3.5	0.4	1.0	0.2	0.7	1.5	0.1	0.3
Guinea		7.5	0.1	0.0	1.6	1.7	0.1	0.3	0.7	0.0	0.0	0.4	0.4	2.2
Guinea-Bissau		16.9	0.5	0.0	1.5	1.9	0.0	5.0	4.0	0.0	0.0	1.1	0.0	3.1
Liberia		20.1	0.3	0.0	5.1	11.4	2.1	0.2	0.4	0.0	0.0	0.6	0.0	0.0
Mali		12.2	0.1	0.0	3.1	4.6	2.9	0.5	0.1	0.0	0.0	0.0	0.2	0.7
Mauritania		14.1	0.2	0.2	7.5	1.1	1.6	1.1	0.5	0.1	0.0	0.0	1.4	0.2
Niger		15.4	0.1	0.0	6.7	2.5	0.4	0.1	0.0	0.0	0.0	0.1	0.0	5.5
Nigeria		16.0	0.4	0.0	2.1	3.8	0.5	1.3	2.5	0.0	0.4	2.0	2.2	1.0
Senegal		18.1	0.3	0.0	5.3	6.5	2.8	1.0	0.6	0.0	0.1	0.4	0.1	0.9
Sierra Leone		16.5	0.5	0.0	3.9	7.5	2.4	0.1	0.2	0.0	0.0	0.1	0.1	1.7
Togo		21.4	0.3	0.0	2.4	7.7	5.1	0.9	2.3	0.0	0.0	2.2	0.3	0.1
ASIA		67.8	23.7	2.2	6.4	3.9	0.4	17.4	7.6	0.1	0.1	2.7	2.9	0.4
Eastern Asia		81.8	26.0	4.4	1.2	0.0	0.4	37.7	10.4	0.2	0.1	0.8	0.6	0.0
China		83.4	28.2	4.4	1.2	0.0	0.3	39.9	8.3	0.2	0.0	0.5	0.5	0.0
China, Hong Kong SAR		79.7	7.1	0.6	6.7	1.2	0.0	9.3	50.1	0.2	0.0	2.6	2.0	0.0
Dem. People's Republic of Korea		69.6	..	..	..	..	..	..	..	..	..	..	..	..

Major area, region, country or area	Notes	Any method	Female sterilization	Male sterilization	Pill	Injectable	Implant	IUD	Male condom	Vaginal barrier methods[e]	Other modern methods[f]	Rhythm[g]	With-drawal	Other traditional methods[h]
Japan		56.5	1.7	0.5	1.1	0.0	0.0	1.0	46.1	0.0	0.0	1.2	4.3	0.5
Mongolia		57.8	2.9	0.4	12.7	4.7	0.3	23.2	7.2	0.1	0.0	5.8	0.0	0.5
Republic of Korea		78.7	5.8	16.5	2.0	0.2	4.4	12.6	23.9	0.9	2.7	9.7	0.0	0.0
Central Asia		57.0	1.5	0.0	3.6	1.8	0.1	40.8	4.0	0.1	0.1	1.3	1.5	2.2
Kazakhstan		55.6	1.3	0.0	7.5	0.3	0.0	35.4	7.6	0.1	0.1	0.9	1.1	1.3
Kyrgyzstan		42.1	1.3	0.0	4.1	0.2	0.0	22.4	10.5	0.0	0.0	0.7	1.1	1.7
Tajikistan		33.1	0.7	0.0	2.7	2.3	0.0	21.7	2.6	0.0	0.0	0.1	2.6	0.3
Turkmenistan		57.0	0.1	0.0	1.9	0.7	0.1	46.8	1.0	0.1	0.0	0.9	2.4	3.0
Uzbekistan		67.2	2.2	0.1	2.4	2.8	0.1	51.0	2.2	0.1	0.1	1.9	1.3	3.2
Southern Asia		58.6	30.0	1.2	7.5	2.7	0.1	2.2	6.4	0.0	0.2	4.4	3.5	0.4
Afghanistan		29.3	0.7	0.2	6.8	11.9	1.0	1.5	1.6	0.1	0.2	0.0	1.5	3.8
Bangladesh		64.2	3.8	0.6	32.5	14.1	0.9	0.6	4.0	0.0	0.2	5.2	0.9	1.4
Bhutan		67.8	7.2	12.8	7.6	29.3	0.1	3.8	5.6	0.0	0.0	0.7	0.0	0.7
India		59.8	39.0	1.2	3.9	0.1	0.0	2.0	6.0	0.0	0.2	5.1	2.3	0.0
Iran (Islamic Republic of)		76.6	14.8	2.9	15.6	3.6	0.0	8.4	13.7	0.0	0.2	0.3	16.9	0.2
Maldives		42.0	12.7	0.6	5.8	1.5	0.6	1.0	11.7	0.0	0.0	3.5	4.3	0.1
Nepal		52.4	18.3	4.8	4.8	13.2	1.3	1.7	3.8	0.1	0.0	0.4	3.9	0.2
Pakistan		38.5	9.8	0.3	1.8	3.2	0.0	2.6	9.9	0.0	0.2	0.8	8.4	1.5
Sri Lanka		71.6	17.3	0.7	8.6	15.7	0.3	6.9	6.1	0.0	0.0	10.0	5.7	0.2
South-Eastern Asia		64.1	6.6	0.3	16.8	18.9	1.7	8.2	4.0	0.0	0.0	3.3	3.7	0.7
Cambodia		57.9	3.1	0.1	18.5	9.5	2.3	4.6	2.2	0.0	0.1	3.0	14.4	0.1
Indonesia		62.9	3.2	0.2	13.9	32.6	3.3	3.9	1.8	0.0	0.0	1.2	2.2	0.4
Lao People's Democratic Republic		53.6	5.0	0.0	23.2	14.9	0.1	1.8	1.2	0.0	0.0	4.8	1.9	0.7
Malaysia		57.1	10.1	0.0	17.0	0.0	0.0	5.4	9.2	0.0	0.0	8.1	3.6	3.7
Myanmar		52.0	3.8	0.4	12.3	29.4	0.1	2.2	0.4	0.0	0.0	1.1	0.0	2.2
Philippines		54.8	8.8	0.1	19.9	3.9	0.0	3.6	2.0	0.0	0.1	4.8	11.0	0.6
Singapore		66.0	..	..	..	..	..	..	..	..	..	..	..	..
Thailand		78.5	26.7	1.1	33.7	11.3	0.8	1.3	1.6	0.0	0.0	0.9	0.5	0.5
Timor-Leste		29.4	1.0	0.0	2.2	20.2	1.0	1.7	0.3	0.0	0.0	1.7	0.7	0.5
Viet Nam		76.8	3.2	0.1	13.7	2.0	0.2	32.4	13.6	0.1	0.0	8.2	3.3	0.0
Western Asia		58.4	5.5	0.0	8.4	1.6	0.1	15.1	8.6	0.2	0.1	2.0	15.1	1.7
Armenia		59.2	0.2	0.0	1.7	0.0	0.0	10.9	16.6	0.1	0.0	2.9	25.1	1.6
Azerbaijan		56.7	0.7	0.0	1.8	0.0	0.0	15.2	3.6	0.3	0.0	3.7	30.1	1.3
Bahrain		66.0	..	..	..	..	..	..	..	..	..	..	..	..
Georgia		51.8	3.1	0.1	4.3	0.1	0.0	13.2	14.4	1.6	0.0	6.0	9.0	0.0
Iraq		54.8	3.5	0.0	17.6	3.5	0.1	10.5	2.0	0.4	0.0	1.0	14.2	2.1

Major area, region, country or area	Notes	Any method	Female sterilization	Male sterilization	Pill	Injectable	Implant	IUD	Male condom	Vaginal barrier methods[e]	Other modern methods[f]	Rhythm[g]	With-drawal	Other traditional methods[h]
Israel		71.3	..	..	..	..	..	..	..	..	..	..	..	..
Jordan		61.8	2.3	0.0	8.4	0.9	0.3	22.3	8.2	0.0	0.2	3.3	13.6	2.2
Kuwait		56.2	..	..	..	..	..	..	..	..	..	..	..	..
Lebanon		63.0	3.7	0.0	15.1	0.0	0.0	16.5	5.1	0.0	0.0	11.1	11.1	0.4
State of Palestine		56.5	2.7	0.0	7.0	0.7	0.0	27.5	5.0	0.2	0.1	2.4	7.3	3.5
Oman		37.4	5.6	0.0	5.2	5.6	0.0	3.9	4.2	0.0	0.0	2.8	7.2	2.8
Qatar		43.5	0.9	1.3	15.8	5.1	0.2	12.7	3.8	0.0	0.1	1.3	1.1	1.0
Saudi Arabia		36.8	4.2	0.0	6.5	1.2	0.1	11.6	6.6	0.1	0.1	0.7	5.1	0.6
Syrian Arab Republic		57.7	2.9	0.0	9.8	1.0	0.0	25.0	2.3	0.2	0.0	9.0	1.8	5.7
Turkey		74.2	9.5	0.0	4.6	0.6	0.0	16.9	15.9	0.1	0.2	0.3	25.8	0.2
United Arab Emirates		48.1	..	..	..	..	..	..	..	..	..	..	..	..
Yemen		37.6	2.5	0.1	12.7	4.6	0.7	6.5	0.5	0.0	0.0	1.9	3.1	4.9
EUROPE		69.2	3.7	3.3	21.9	0.4	0.2	11.3	16.7	0.9	0.4	2.4	7.8	0.2
Eastern Europe		68.7	1.5	0.0	13.2	0.0	0.0	13.6	24.1	1.5	0.2	2.5	11.8	0.2
Belarus		65.4	2.3	0.0	10.0	0.0	0.0	24.7	16.8	0.0	0.0	3.9	6.7	1.1
Bulgaria		67.4	2.5	0.1	7.4	0.0	0.0	10.6	26.5	0.2	0.4	1.4	18.3	0.0
Czech Republic		77.8	1.1	0.0	48.4	0.0	0.0	6.5	11.7	1.1	0.2	1.5	6.9	0.3
Hungary		74.7	..	..	..	..	..	..	..	..	..	..	..	..
Poland		69.2	..	..	..	..	..	..	..	..	..	..	..	..
Republic of Moldova		63.3	4.7	0.0	5.7	0.0	0.0	21.2	12.7	0.4	0.0	3.1	14.1	1.4
Romania		69.0	4.2	0.2	17.2	0.4	0.0	6.7	24.1	0.4	0.5	10.4	4.8	0.0
Russian Federation		69.3	1.0	0.0	13.2	0.0	0.0	14.3	25.5	2.0	0.0	1.0	12.3	0.0
Slovakia		70.6	..	..	..	..	..	..	..	..	..	..	..	..
Ukraine		66.5	1.0	0.0	6.9	0.0	0.1	15.0	26.1	1.0	0.5	2.6	12.5	0.8
Northern Europe		76.7	6.9	16.4	25.5	1.6	1.0	10.4	8.8	1.1	1.6	1.4	1.9	0.0
Denmark		70.8	..	..	..	..	..	..	..	..	..	..	..	..
Estonia		64.6	0.1	0.0	19.4	0.0	0.0	22.0	13.8	0.7	3.2	3.3	2.2	0.0
Finland		74.6	..	..	..	..	..	..	..	..	..	..	..	..
Ireland		67.2	3.1	7.3	17.5	0.7	0.4	8.5	23.7	0.1	1.1	2.9	1.8	0.0
Latvia		68.0	..	..	..	..	..	..	..	..	..	..	..	..
Lithuania		63.4	2.2	0.3	18.8	0.0	0.1	10.0	20.3	0.8	0.2	4.4	6.2	0.0
Norway		78.6	6.7	0.0	27.0	0.0	2.9	20.3	11.1	3.6	0.0	3.1	4.0	0.0
Sweden		70.4	..	..	..	..	..	..	..	..	..	..	..	..
United Kingdom		81.3	8.0	21.0	28.0	2.0	1.0	10.0	7.0	1.0	2.0	0.5	0.8	0.0

Major area, region, country or area	Notes	Any method	Female sterilization	Male sterilization	Pill	Injectable	Implant	IUD	Male condom	Vaginal barrier methods [e]	Other modern methods [f]	Rhythm [g]	With-drawal	Other traditional methods [h]
Southern Europe		65.1	4.1	4.1	15.7	0.2	0.0	5.1	20.6	0.1	0.0	1.4	12.9	0.7
Albania		66.4	5.5	0.2	2.9	1.3	0.0	1.7	7.4	0.0	0.0	0.6	46.5	0.3
Bosnia and Herzegovina		48.1	0.3	0.0	2.2	0.0	0.0	5.3	8.6	0.0	0.3	3.4	27.7	0.3
Croatia		65.7	..	..	..	..	..	..	..	..	..	..	..	..
Greece		68.7	3.6	0.0	4.8	0.0	0.0	3.6	33.9	0.0	0.0	1.1	21.7	0.0
Italy		65.3	..	..	..	..	..	..	..	..	..	..	..	..
Malta		81.1	..	..	..	..	..	..	..	..	..	..	..	..
Montenegro		34.4	0.1	0.0	1.8	0.0	0.0	3.7	4.6	0.1	0.0	0.9	23.0	0.3
Portugal		76.6	4.3	0.0	49.9	0.0	0.0	6.2	9.5	0.0	0.0	2.5	4.2	0.0
Serbia		57.5	0.5	0.0	4.0	0.0	0.0	2.6	14.9	0.0	0.1	4.3	31.0	0.1
Slovenia		74.7	..	..	..	..	..	..	..	..	..	..	..	..
Spain		66.8	5.7	8.0	17.5	0.2	0.0	6.5	25.2	0.2	0.0	0.3	1.9	1.3
TFYR Macedonia	d	48.5	0.9	0.0	2.1	0.3	0.0	2.6	10.7	0.0	0.1	2.4	29.4	0.0
Western Europe		70.0	5.9	2.7	37.5	0.8	0.2	11.7	7.4	0.3	0.5	2.6	0.6	0.0
Austria		67.5	6.1	4.1	23.1	1.8	0.8	14.8	13.5	0.3	0.7	1.7	0.6	0.0
Belgium		68.5	8.1	8.1	35.9	0.0	0.0	8.9	5.8	0.0	0.1	0.8	0.7	0.0
France		74.3	3.7	0.8	39.5	1.0	0.1	18.4	7.7	0.2	0.9	1.7	0.4	0.0
Germany		66.8	8.4	2.4	37.4	0.7	0.3	5.9	6.2	0.5	0.2	4.0	0.7	0.0
Netherlands		67.6	2.9	6.8	38.8	0.0	0.0	7.8	8.7	0.0	0.0	2.2	0.5	0.0
Switzerland		76.6	..	..	..	..	..	..	..	..	..	..	..	..
LATIN AMERICA AND THE CARIBBEAN		72.7	25.7	2.6	15.0	6.8	0.3	6.4	9.6	0.1	0.2	2.8	2.6	0.6
Caribbean		62.4	21.9	0.5	9.9	8.5	0.8	7.7	9.3	0.1	0.2	1.6	1.3	0.7
Anguilla		53.1	3.2	0.0	21.6	2.1	0.0	3.2	18.4	0.5	1.1	1.1	1.9	0.0
Antigua and Barbuda		62.8	..	..	..	..	..	..	..	..	..	..	..	..
Bahamas		67.0	..	..	..	..	..	..	..	..	..	..	..	..
Barbados		60.3	4.8	0.1	21.7	5.1	0.8	3.2	20.0	0.5	0.5	0.9	1.8	0.8
Cuba		73.6	24.5	0.0	7.3	0.6	0.0	23.8	15.5	0.2	0.3	0.5	0.3	0.4
Dominica		62.5	..	..	..	..	..	..	..	..	..	..	..	..
Dominican Republic		71.8	41.0	0.2	16.6	5.7	0.5	1.7	2.6	0.0	0.2	1.1	1.6	0.5
Grenada		63.9	..	..	..	..	..	..	..	..	..	..	..	..
Guadeloupe		58.2	..	..	..	..	..	..	..	..	..	..	..	..
Haiti		37.8	1.6	0.1	3.0	21.0	2.1	0.1	5.5	0.0	0.1	1.9	1.3	1.0
Jamaica		71.8	9.9	0.0	17.2	13.7	0.7	1.0	25.1	0.0	0.3	0.4	3.6	0.0
Martinique		60.2	..	..	..	..	..	..	..	..	..	..	..	..

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Major area, region, country or area	Notes	Any method	Female sterilization	Male sterilization	Pill	Injectable	Implant	IUD	Male condom	Vaginal barrier methods [e]	Other modern methods [f]	Rhythm [g]	With-drawal	Other traditional methods [h]
Montserrat		63.9	..	..	..	..	..	..	..	..	..	..	..	..
Puerto Rico		78.3	36.6	5.0	14.7	2.6	0.0	1.1	8.4	0.2	0.0	6.7	1.7	1.4
Saint Kitts and Nevis		59.4	..	..	..	..	..	..	..	..	..	..	..	..
Saint Lucia		57.0	7.3	0.0	22.6	5.1	0.3	3.4	14.6	0.2	0.5	1.3	1.0	0.7
Saint Vincent and the Grenadines		65.1	..	..	..	..	..	..	..	..	..	..	..	..
Trinidad and Tobago		50.0	9.8	0.1	12.7	2.8	0.3	2.9	15.1	0.1	0.0	2.2	2.3	1.8
United States Virgin Islands		69.1	16.5	1.8	16.2	4.5	0.0	1.2	21.8	0.4	0.0	4.3	0.6	1.8
Central America		71.3	33.3	1.9	5.8	8.2	0.0	9.5	6.1	0.3	0.4	2.5	2.3	1.0
Belize		58.1	21.4	0.1	12.9	11.8	0.1	1.7	5.3	0.2	0.1	2.9	1.4	0.4
Costa Rica		78.9	27.7	4.7	21.0	8.8	0.1	2.4	11.0	0.1	0.0	1.9	0.6	0.6
El Salvador		70.7	34.4	0.3	4.8	19.5	0.0	0.8	4.2	0.0	0.4	3.8	2.5	0.1
Guatemala		57.2	20.5	1.4	3.9	15.9	0.1	1.4	3.9	0.1	0.5	6.0	3.4	0.1
Honduras		72.7	22.3	0.3	11.9	18.1	0.0	6.8	4.3	0.0	0.0	2.7	6.2	0.1
Mexico		72.6	36.3	2.2	4.8	5.1	0.0	11.8	6.5	0.4	0.4	2.1	2.0	1.1
Nicaragua		79.5	29.3	0.4	11.1	25.6	0.0	3.4	5.3	0.0	0.2	1.5	1.7	0.9
Panama		61.3	24.1	0.5	11.0	15.7	0.2	2.3	3.4	0.6	0.0	1.1	1.4	1.1
South America		74.6	22.5	3.2	19.9	6.0	0.5	4.8	11.3	0.0	0.1	3.1	2.9	0.4
Argentina		61.6	3.5	0.0	27.7	2.6	0.0	6.9	17.0	0.0	0.1	1.1	0.5	2.1
Bolivia (Plurinational State of)		62.5	7.8	0.1	4.0	13.6	0.0	10.1	4.8	0.1	0.0	17.1	4.0	0.9
Brazil		79.0	28.4	5.0	24.1	3.9	0.1	1.9	11.9	0.0	0.0	1.3	2.5	0.0
Chile		65.1	6.1	0.0	24.8	0.6	0.0	23.1	6.9	0.1	0.0	2.1	1.1	0.2
Colombia		78.2	34.4	3.3	7.5	9.1	3.1	7.4	6.9	0.1	0.0	2.4	3.7	0.5
Ecuador		72.6	25.2	0.0	13.9	6.2	0.0	10.5	4.5	0.2	0.7	6.1	4.6	0.6
Guyana		44.8	5.8	0.0	10.1	5.3	0.2	8.0	14.1	0.0	0.0	0.3	0.7	0.3
Paraguay		77.4	9.6	0.2	17.4	16.0	0.0	11.9	12.8	0.1	0.0	4.5	4.3	0.5
Peru		73.5	9.0	0.3	9.3	17.8	0.2	2.6	12.9	0.2	0.0	12.9	7.3	0.9
Suriname		51.8	11.9	0.1	26.5	4.7	0.2	2.1	5.0	0.0	0.1	0.8	0.3	0.0
Uruguay		77.0	5.3	0.8	23.5	0.2	0.0	12.1	30.3	0.0	1.6	2.1	1.0	0.0
Venezuela (Bolivarian Republic of)		70.0	..	..	..	..	..	..	..	..	..	..	..	..
NORTHERN AMERICA		74.8	20.6	11.9	16.5	0.1	0.9	4.7	11.9	0.3	2.4	1.2	4.3	0.0
Canada		73.3	10.9	21.7	20.7	1.0	0.0	1.0	14.8	1.0	0.0	0.8	1.5	0.0
United States of America		75.1	21.8	10.8	16.0	0.0	1.0	5.1	11.6	0.2	2.7	1.3	4.6	0.0

Major area, region, country or area	Notes	Any method	Female sterilization	Male sterilization	Pill	Injectable	Implant	IUD	Male condom	Vaginal barrier methods[e]	Other modern methods[f]	Rhythm[g]	With-drawal	Other traditional methods[h]
OCEANIA		59.4	8.0	6.3	21.6	5.0	1.9	1.1	10.2	0.5	0.2	2.1	1.7	0.8
Australia/New Zealand		68.7	6.4	9.0	28.9	2.0	2.7	1.5	14.1	0.8	0.3	1.3	1.8	0.0
Australia		68.4	6.3	8.9	28.8	2.0	2.7	1.5	14.0	0.8	0.3	1.2	1.7	0.0
New Zealand		71.3	..	..	..	..	..	..	..	..	..	..	..	..
Melanesia, Micronesia and Polynesia		38.6	11.1	0.6	5.7	11.1	0.1	0.3	1.8	0.0	0.0	3.8	1.8	2.3
Cook Islands		54.0	..	..	..	..	..	..	..	..	..	..	..	..
Guam		53.6	13.9	3.0	18.3	3.5	0.0	0.5	5.3	0.0	0.0	2.7	2.3	4.0
Fiji		49.8	..	..	..	..	..	..	..	..	..	..	..	..
Kiribati		27.6	5.0	0.6	1.6	9.6	4.0	0.8	0.5	0.0	0.0	3.8	1.2	0.5
Marshall Islands		45.9	25.5	0.2	2.8	9.4	3.9	0.0	1.4	0.0	0.0	1.8	0.8	0.3
Nauru		38.1	15.9	0.2	0.7	2.7	0.0	4.5	3.3	0.0	0.0	4.0	3.8	2.8
Northern Mariana Islands		39.7	..	..	..	..	..	..	..	..	..	..	..	..
Palau		38.9	1.5	0.0	19.6	5.1	6.5	1.0	0.7	0.0	0.0	0.9	0.0	3.6
Papua New Guinea		37.0	10.2	0.6	5.4	10.8	0.0	0.0	1.7	0.0	0.0	3.9	1.7	2.7
Samoa		31.6	7.7	0.0	6.7	15.8	0.0	0.2	0.2	0.0	0.0	0.6	0.3	0.1
Solomon Islands		38.6	15.4	0.3	1.5	10.2	0.0	2.4	1.7	0.0	0.0	4.5	2.1	0.4
Tonga		34.9	14.8	0.0	2.2	7.1	0.0	3.9	1.7	0.0	0.0	2.6	2.1	0.4
Tuvalu		34.1	10.3	0.0	2.7	10.2	1.8	1.6	0.6	0.0	0.0	5.1	1.0	0.9
Vanuatu		47.2	11.3	0.6	10.8	10.0	0.0	2.5	2.3	0.0	0.0	5.1	3.7	1.0

NOTES:

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

(a) The group of least developed countries (LDCs) encompasses 48 countries designated as such by the General Assembly, and defined as low-income countries suffering from structural impediments to sustainable development. See http://www.un.org/en/development/desa/policy/cdp/ldc2/ldc_countries.shtml.

(b) The designation sub-Saharan Africa is commonly used to indicate all of Africa except northern Africa, with the Sudan included in sub-Saharan Africa.

(c) Estimates of method-specific prevalence do not sum exactly to the estimate of total prevalence because no traditional method use was reported in the underlying survey data.

(d) The former Yugoslav Republic of Macedonia.

(e) Including diaphragms, cervical caps and spermicidal foams, jelly, cream and sponges.

(f) May include emergency contraception, female condom and modern methods not reported separately.

(g) Also called periodic abstinence or the calendar method.

(h) May include the Lactational Amenorrhea Method (LAM), prolonged abstinence, douching, folk methods and traditional methods not reported separately.

Major area, region, country or area	Notes	Any method	Female sterilization	Male sterilization	Pill	Injectable	Implant	IUD	Male condom	Vaginal barrier methods [e]	Other modern methods [f]	Rhythm [g]	With-drawal	Other traditional methods [h]
WORLD		58.7	19.6	4.6	7.9	1.4	0.2	13.4	4.5	0.3	0.1	3.0	3.1	0.7
Least developed countries	a	20.8	3.4	0.8	6.4	2.4	0.0	1.0	1.2	0.0	0.0	2.7	1.2	1.7
AFRICA		21.4	1.5	0.1	7.4	2.2	0.0	3.9	0.9	0.1	0.0	2.2	1.1	1.9
Sub-Saharan Africa	b	15.4	1.3	0.1	4.3	2.6	0.0	1.1	0.8	0.1	0.0	2.2	0.9	1.9
Eastern Africa		15.4	1.6	0.0	4.9	2.5	0.0	0.9	0.9	0.0	0.0	2.2	1.2	1.2
Burundi		11.1	0.3	0.0	0.6	1.5	0.0	0.9	0.3	0.0	0.0	4.7	0.7	2.0
Comoros		18.4	2.5	0.0	2.6	3.8	0.0	0.3	0.9	0.0	0.0	2.9	4.7	0.8
Djibouti		5.5	..	..	..	..	..	..	..	..	..	..	..	..
Eritrea		7.1	0.3	0.0	1.8	0.7	0.0	0.5	0.3	0.0	0.0	0.7	0.2	2.7
Ethiopia		3.2	0.1	0.0	1.1	1.3	0.0	0.0	0.1	0.0	0.0	0.4	0.1	0.0
Kenya		34.2	5.6	0.0	9.6	7.3	0.0	4.3	0.8	0.1	0.0	5.1	0.5	1.0
Madagascar		17.6	1.2	0.0	1.9	2.2	0.0	0.7	0.7	0.1	0.0	8.4	2.0	0.5
Malawi		17.0	2.5	0.0	3.2	2.2	0.0	0.4	2.3	0.1	0.0	2.4	1.7	2.2
Mauritius		75.1	6.5	0.2	19.1	4.2	0.0	2.5	11.9	0.4	0.0	11.1	18.8	0.5
Mozambique		5.6	0.7	0.0	1.3	2.2	0.0	0.3	0.3	0.0	0.0	0.2	0.0	0.7
Réunion		70.3	3.3	0.0	44.3	0.0	0.0	13.5	3.3	0.2	1.4	2.1	2.2	0.0
Rwanda		18.6	0.5	0.0	2.2	6.0	0.2	0.1	0.1	0.0	0.0	5.8	3.5	0.1
Somalia		5.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.1	5.6
South Sudan		1.0	..	..	..	..	..	..	..	..	..	..	..	..
Uganda		11.3	1.2	0.0	2.2	2.1	0.0	0.3	0.7	0.0	0.0	2.4	0.4	1.9
United Republic of Tanzania		18.4	1.9	0.0	5.2	2.6	0.0	0.9	1.6	0.0	0.0	2.0	2.4	1.9
Zambia		19.9	2.7	0.0	5.5	0.1	0.0	0.6	2.3	0.1	0.0	1.2	4.0	3.2
Zimbabwe		47.8	2.3	0.2	33.3	3.2	0.2	1.0	2.2	0.0	0.0	0.1	3.7	1.5
Middle Africa		13.2	0.6	0.0	1.0	0.6	0.0	0.2	0.7	0.2	0.2	3.9	1.2	4.5
Angola		5.7	0.0	0.0	1.3	0.8	0.0	0.5	0.2	0.0	0.0	0.8	0.1	1.8
Cameroon		15.6	1.5	0.0	1.5	0.5	0.0	0.4	1.1	0.4	0.0	5.9	1.3	3.1
Central African Republic		13.8	0.4	0.0	1.1	0.6	0.0	0.1	1.0	0.1	0.0	4.5	0.5	5.6
Chad		2.8	0.2	0.0	0.5	0.2	0.0	0.0	0.2	0.0	0.0	1.3	0.2	0.3
Congo		29.3	..	..	..	..	..	..	..	..	..	..	..	..
Democratic Republic of the Congo		15.0	0.4	0.0	0.7	0.5	0.0	0.1	0.7	0.3	0.4	4.2	1.7	6.1
Equatorial Guinea		8.4	..	..	..	..	..	..	..	..	..	..	..	..
Gabon		24.4	..	..	..	..	..	..	..	..	..	..	..	..
Sao Tome and Principe		24.6	..	..	..	..	..	..	..	..	..	..	..	..

Major area, region, country or area	Notes	Any method	Female sterilization	Male sterilization	Pill	Injectable	Implant	IUD	Male condom	Vaginal barrier methods[e]	Other modern methods[f]	Rhythm[g]	With-drawal	Other traditional methods[h]
Northern Africa		43.2	2.2	0.0	19.6	0.3	0.0	14.4	1.2	0.3	0.0	2.1	1.5	1.5
Algeria		54.1	1.2	0.0	41.7	0.1	0.0	2.6	0.5	0.2	0.0	1.7	1.8	4.3
Egypt		48.2	1.1	0.0	13.1	0.5	0.0	28.4	2.0	0.4	0.0	0.8	0.8	1.1
Libya		42.8	1.6	0.0	10.0	0.2	0.0	11.6	0.9	0.2	0.0	7.5	5.4	5.3
Morocco		48.2	3.4	0.0	32.1	0.1	0.0	3.7	1.0	0.2	0.0	3.9	3.4	0.4
Sudan		9.0	0.9	0.0	4.8	0.1	0.0	0.6	0.1	0.0	0.0	1.8	0.2	0.5
Tunisia		59.4	14.3	0.0	10.9	1.0	0.0	21.2	1.6	1.3	0.0	6.1	2.4	0.7
Southern Africa		49.9	8.1	1.3	13.7	19.5	0.0	5.4	0.8	0.2	0.0	0.2	0.3	0.4
Botswana		38.7	5.1	0.4	17.5	6.4	0.0	6.6	1.5	0.0	0.0	0.2	0.3	0.8
Lesotho		24.5	0.6	0.0	6.5	9.6	0.0	2.4	2.3	0.2	0.0	0.8	1.9	0.2
Namibia		33.0	8.8	0.2	9.9	9.1	0.0	2.5	0.4	0.1	0.0	0.5	0.2	1.3
South Africa		52.8	8.6	1.5	14.2	21.1	0.0	5.7	0.8	0.2	0.0	0.1	0.2	0.3
Swaziland		25.4	4.3	0.3	7.5	7.5	0.0	2.4	0.9	0.3	0.0	0.4	0.9	0.9
Western Africa		11.5	0.3	0.0	3.3	1.0	0.0	0.9	0.9	0.1	0.0	2.1	0.7	2.2
Benin		13.3	0.3	0.0	0.8	0.6	0.0	0.4	0.6	0.1	0.0	5.4	4.2	1.0
Burkina Faso		15.9	0.2	0.0	2.3	0.2	0.0	0.8	1.0	0.1	0.0	1.9	0.0	9.5
Cabo Verde		39.9	9.3	0.0	13.2	5.6	0.0	3.1	2.2	0.1	0.0	4.6	1.9	0.0
Côte d'Ivoire		10.7	0.1	0.0	2.2	0.8	0.0	0.2	0.7	0.0	0.4	5.4	0.3	0.6
Gambia		11.2	0.5	0.0	3.9	2.0	0.0	1.1	0.5	0.0	0.0	1.9	0.0	1.3
Ghana		18.8	0.9	0.0	3.3	1.6	0.0	0.9	2.2	1.2	0.0	6.4	1.8	0.4
Guinea		2.8	0.0	0.0	0.7	0.3	0.0	0.1	0.1	0.0	0.2	1.2	0.1	0.0
Guinea-Bissau		6.5	..	..	..	..	..	..	..	..	..	..	..	..
Liberia		8.0	1.5	0.0	4.4	0.4	0.0	0.8	0.0	0.3	0.0	0.4	0.1	0.1
Mali		5.7	0.3	0.0	2.7	0.2	0.1	0.3	0.3	0.0	0.1	1.3	0.1	0.4
Mauritania		4.7	0.2	0.0	0.8	0.2	0.0	0.5	0.2	0.2	0.0	0.3	1.2	1.2
Niger		5.5	0.1	0.0	2.0	0.7	0.0	0.3	0.0	0.0	0.0	0.1	0.0	2.4
Nigeria		11.8	0.2	0.0	4.2	1.2	0.0	1.1	1.0	0.0	0.0	1.3	0.6	2.1
Senegal		8.6	0.5	0.0	2.8	0.3	0.0	1.8	0.5	0.1	0.0	0.8	0.1	1.7
Sierra Leone		3.6	0.0	0.0	1.8	0.2	0.0	0.4	0.1	0.0	0.0	0.0	0.0	1.0
Togo		24.0	0.3	0.0	0.9	1.6	0.4	0.7	1.1	0.2	0.0	6.1	1.4	11.2
ASIA		61.3	24.3	5.4	4.8	1.4	0.3	16.4	3.5	0.1	0.0	2.3	2.2	0.4
Eastern Asia		81.7	32.7	9.3	2.9	0.0	0.0	30.3	4.7	0.0	0.0	1.2	0.3	0.2
China		83.8	35.6	10.1	3.1	0.0	0.0	32.8	1.4	0.0	0.0	0.6	0.2	0.1
China, Hong Kong SAR		85.8	18.9	0.9	17.1	1.7	0.0	5.1	34.6	1.5	0.0	4.5	0.6	0.8
Dem. People's Republic of Korea		64.8	..	..	..	..	..	..	..	..	..	..	..	..

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Major area, region, country or area	Notes	Any method	Female sterilization	Male sterilization	Pill	Injectable	Implant	IUD	Male condom	Vaginal barrier methods[e]	Other modern methods[f]	Rhythm[g]	With-drawal	Other traditional methods[h]
Japan		59.1	3.4	0.7	0.4	0.0	0.0	2.2	45.7	0.6	0.0	3.9	2.0	0.1
Mongolia		57.1	0.9	0.0	2.5	1.1	0.3	33.7	3.5	0.0	0.0	12.3	0.6	2.3
Republic of Korea		77.2	28.3	11.5	1.8	0.0	0.0	10.4	14.2	0.0	0.0	7.8	0.0	3.3
Central Asia		54.1	0.5	0.0	1.6	1.0	0.0	39.5	2.6	0.1	0.0	3.4	3.6	1.6
Kazakhstan		58.2	0.0	0.0	1.8	0.5	0.0	39.2	3.7	0.3	0.1	6.3	3.1	3.2
Kyrgyzstan		55.8	1.7	0.0	1.6	1.2	0.0	36.0	5.4	0.1	0.0	2.9	5.5	1.4
Tajikistan		32.7	..	..	..	..	..	..	..	..	..	..	..	..
Turkmenistan		55.6	..	..	..	..	..	..	..	..	..	..	..	..
Uzbekistan		56.1	0.7	0.0	1.7	1.4	0.0	45.3	1.7	0.0	0.0	1.4	3.5	0.5
Southern Asia		42.9	23.9	3.1	3.9	0.6	0.0	2.3	2.8	0.1	0.1	3.2	2.5	0.4
Afghanistan		6.0	..	..	..	..	..	..	..	..	..	..	..	..
Bangladesh		46.5	8.5	1.1	18.2	4.8	0.0	2.3	3.1	0.0	0.0	4.9	2.4	1.1
Bhutan	c	19.9	3.2	8.2	2.5	4.1	0.0	1.0	0.3	0.0	0.0	0.0	0.0	0.0
India		44.1	29.4	3.8	1.3	0.0	0.0	2.0	2.6	0.0	0.0	3.2	1.7	0.2
Iran (Islamic Republic of)		69.8	11.1	1.2	22.0	0.5	0.0	7.8	6.6	0.0	1.9	2.2	14.9	1.6
Maldives		33.2	5.1	0.0	12.6	2.5	0.0	1.3	2.5	0.0	0.0	4.8	3.7	0.6
Nepal	c	24.6	11.5	7.2	1.0	2.2	0.3	0.2	0.6	0.0	0.0	0.0	0.0	0.0
Pakistan		18.2	4.1	0.1	2.1	0.4	0.0	2.7	3.4	0.9	0.0	0.8	3.4	0.3
Sri Lanka		67.6	24.2	3.8	5.7	4.7	0.1	3.1	3.4	0.0	0.0	15.3	5.0	2.2
South-Eastern Asia		53.3	7.0	1.0	13.5	8.9	2.1	11.1	1.8	0.0	0.0	3.6	3.5	0.7
Cambodia		12.1	1.5	0.0	1.5	2.6	0.0	1.8	0.3	0.0	0.1	2.1	1.7	0.3
Indonesia		53.7	3.1	0.7	16.9	15.1	4.9	10.2	0.9	0.0	0.0	0.8	0.6	0.5
Lao People's Democratic Republic		19.6	5.8	0.0	7.3	2.4	0.1	1.4	0.1	0.0	0.0	2.2	0.3	0.1
Malaysia		54.1	8.3	0.0	14.6	0.0	0.0	4.2	5.9	0.0	0.0	7.6	5.9	7.6
Myanmar		24.0	5.5	2.7	5.9	4.6	0.0	1.3	0.1	0.0	0.0	2.7	0.5	0.6
Philippines		44.7	12.5	0.4	8.9	0.1	0.0	3.2	1.1	0.0	0.0	8.9	9.1	0.5
Singapore		63.8	16.2	0.0	7.1	0.0	0.0	7.1	22.2	0.0	0.0	5.3	5.0	1.0
Thailand		74.9	20.0	2.8	27.5	15.0	0.0	5.8	1.9	0.0	0.0	0.9	0.9	0.0
Timor-Leste		22.3	0.1	0.0	2.0	14.1	2.9	1.0	0.2	0.0	0.0	0.9	0.0	1.1
Viet Nam		64.9	4.1	0.2	2.2	0.2	0.0	34.7	4.2	0.1	0.0	8.9	10.2	0.2
Western Asia		46.7	2.4	0.0	7.4	0.3	0.0	13.2	4.0	0.7	0.0	2.5	14.1	1.9
Armenia		54.5	0.0	0.0	1.6	0.0	0.0	7.3	14.8	0.0	0.0	0.0	17.9	12.9
Azerbaijan		48.2	..	..	..	..	..	..	..	..	..	..	..	..
Bahrain		58.4	6.5	1.0	11.4	0.0	0.0	3.0	10.1	0.0	0.0	2.7	22.2	1.4
Georgia		36.4	..	..	..	..	..	..	..	..	..	..	..	..
Iraq		26.7	2.5	0.0	8.5	0.9	0.0	5.1	1.8	0.0	0.0	4.9	2.6	0.5

Major area, region, country or area	Notes	Any method	Female sterilization	Male sterilization	Pill	Injectable	Implant	IUD	Male condom	Vaginal barrier methods [e]	Other modern methods [f]	Rhythm [g]	With-drawal	Other traditional methods [h]
Israel		67.9	3.9	0.0	11.5	0.5	0.0	26.5	3.5	3.5	0.0	4.6	12.7	1.2
Jordan		46.4	3.6	0.0	5.6	0.6	0.1	20.0	2.1	0.4	0.2	4.5	7.0	2.2
Kuwait		43.2	0.4	0.0	29.9	0.0	0.0	6.4	1.2	0.0	0.0	2.5	2.0	0.9
Lebanon		62.1	4.2	0.0	10.1	0.1	0.0	17.1	5.7	0.2	0.0	10.3	12.2	2.1
State of Palestine		43.7	2.2	0.1	3.7	0.3	0.0	20.7	2.3	0.2	0.1	3.8	5.3	5.1
Oman		21.1	4.1	0.0	5.5	3.4	0.0	2.0	1.4	0.0	0.0	0.9	2.0	2.0
Qatar		38.5	4.0	0.0	15.5	0.0	0.0	8.8	2.8	0.5	0.0	1.4	4.2	1.1
Saudi Arabia		29.8	0.9	0.0	17.5	0.2	0.0	5.9	0.8	0.0	0.2	1.6	1.1	1.7
Syrian Arab Republic		40.9	2.3	0.0	10.2	0.0	0.0	16.2	0.3	0.2	0.0	6.9	1.0	3.7
Turkey		62.9	3.0	0.0	5.0	0.1	0.0	19.1	6.7	1.2	0.0	1.0	25.9	0.9
United Arab Emirates		27.8	4.0	0.1	11.5	1.3	0.0	3.6	1.9	0.2	0.0	2.0	1.8	1.3
Yemen		13.4	1.0	0.1	4.1	0.8	0.0	1.5	0.1	0.1	0.0	0.8	0.9	3.9
EUROPE		69.0	4.5	2.4	17.7	0.0	0.0	15.5	9.7	1.3	0.0	6.5	10.3	1.0
Eastern Europe		66.7	1.1	0.0	5.1	0.0	0.0	23.3	10.0	1.8	0.0	10.1	13.7	1.6
Belarus		55.5	0.8	0.0	6.7	0.0	0.0	29.2	4.8	0.8	0.0	4.7	8.2	0.2
Bulgaria		80.1	0.0	0.0	9.3	0.0	0.0	22.3	14.0	0.0	0.0	3.5	29.2	1.7
Czech Republic		69.6	2.9	0.0	8.7	0.0	0.0	16.6	20.2	0.2	0.0	1.7	19.3	0.0
Hungary		78.0	4.7	0.0	37.4	0.0	0.0	17.3	7.7	0.6	0.0	2.9	7.3	0.2
Poland		68.8	0.0	0.0	3.6	0.0	0.0	8.9	14.1	3.0	0.0	25.0	14.3	0.0
Republic of Moldova		68.5	2.6	0.0	1.6	0.0	0.0	29.8	4.6	0.0	0.0	2.5	27.0	0.3
Romania		60.5	1.6	0.0	3.5	0.0	0.0	4.7	4.4	2.1	0.0	8.8	35.5	0.0
Russian Federation		66.2	0.9	0.0	3.9	0.0	0.0	32.2	8.1	2.2	0.0	8.6	7.3	3.1
Slovakia		70.8	4.3	0.0	5.4	0.0	0.0	11.8	22.5	0.0	0.0	10.7	14.5	1.7
Ukraine		67.0	1.4	0.0	2.9	0.1	0.1	18.1	13.1	0.8	0.1	10.6	19.9	0.0
Northern Europe		76.3	11.1	13.0	20.1	0.1	0.0	10.7	14.8	2.0	0.0	1.8	2.3	0.4
Denmark		72.1	4.3	9.1	19.2	0.0	0.0	21.8	10.8	1.0	0.0	2.8	2.1	1.0
Estonia		61.9	0.0	0.0	3.3	0.0	0.0	30.8	13.8	0.5	0.0	7.9	4.4	1.2
Finland		75.5	14.5	1.1	11.0	1.8	0.0	25.1	19.5	0.3	0.0	0.7	0.6	0.8
Ireland		71.0	7.2	8.4	22.7	0.1	0.0	1.3	21.3	0.5	0.0	3.3	2.7	3.7
Latvia		67.4	0.0	2.1	11.2	0.1	0.0	27.7	13.5	0.4	0.0	7.2	4.6	0.7
Lithuania		53.0	0.0	0.0	3.8	0.2	0.0	16.3	15.2	0.0	0.0	10.1	6.5	0.9
Norway		76.2	10.3	4.1	17.7	0.0	0.0	23.9	12.4	0.4	0.0	3.7	2.9	0.8
Sweden		70.8	7.3	8.5	19.9	0.0	0.0	11.8	11.9	0.5	0.0	2.7	8.1	0.0
United Kingdom		80.3	14.0	18.0	22.9	0.0	0.0	6.0	15.0	3.0	0.0	0.5	1.0	0.0

Major area, region, country or area	Notes	Any method	Female sterilization	Male sterilization	Pill	Injectable	Implant	IUD	Male condom	Vaginal barrier methods[e]	Other modern methods[f]	Rhythm[g]	With-drawal	Other traditional methods[h]
Southern Europe		66.0	5.8	2.1	12.9	0.1	0.0	5.2	13.9	0.4	0.0	4.2	21.0	0.4
Albania		68.8	..	..	..	..	..	..	..	..	..	..	..	..
Bosnia and Herzegovina		50.9	..	..	..	..	..	..	..	..	..	..	..	..
Croatia		63.7	..	..	..	..	..	..	..	..	..	..	..	..
Greece		66.4	5.3	0.0	2.0	0.0	0.0	3.3	20.0	0.0	0.0	3.1	32.8	0.0
Italy		63.0	5.5	0.1	12.9	0.1	0.0	5.3	12.9	0.2	0.0	4.4	21.4	0.2
Malta		83.8	2.3	2.3	16.2	0.0	0.0	3.0	22.5	1.0	0.0	10.4	21.8	4.3
Montenegro		54.2	..	..	..	..	..	..	..	..	..	..	..	..
Portugal		74.3	0.8	0.4	39.8	0.3	0.0	6.4	9.5	1.3	0.0	4.7	10.3	0.7
Serbia		60.7	..	..	..	..	..	..	..	..	..	..	..	..
Slovenia		77.6	5.6	0.1	21.8	0.3	0.0	21.5	7.6	2.4	0.0	8.7	9.3	0.2
Spain		72.7	10.6	7.1	12.8	0.2	0.0	6.7	21.3	0.5	0.0	1.9	11.4	0.3
TFYR Macedonia	d	50.3	..	..	..	..	..	..	..	..	..	..	..	..
Western Europe		71.8	6.8	1.9	43.5	0.0	0.0	10.2	3.8	0.5	0.0	2.8	1.8	0.4
Austria		53.4	..	..	..	..	..	..	..	..	..	..	..	..
Belgium		68.9	9.6	6.2	41.3	0.0	0.0	4.4	4.2	0.1	0.0	1.6	1.5	0.0
France		75.6	8.1	0.0	35.9	0.0	0.0	20.0	5.0	0.7	0.0	1.8	3.6	0.6
Germany		69.8	5.4	0.5	51.9	0.0	0.0	5.2	1.1	0.6	0.0	4.2	0.6	0.3
Netherlands		74.5	4.5	9.9	46.4	0.0	0.0	3.4	7.3	0.0	0.0	1.6	1.0	0.2
Switzerland		80.4	13.4	8.1	33.2	0.3	0.0	5.8	13.8	0.9	0.0	2.5	2.4	0.0
LATIN AMERICA AND THE CARIBBEAN		65.1	27.8	1.3	14.5	1.9	0.1	7.2	3.6	0.3	0.4	4.5	2.5	1.0
Caribbean		56.6	23.2	0.4	10.2	1.3	0.4	13.6	3.6	0.2	0.0	1.7	1.8	0.2
Anguilla		42.6	..	..	..	..	..	..	..	..	..	..	..	..
Antigua and Barbuda		55.5	11.9	0.0	27.4	3.3	0.0	1.2	5.8	3.3	0.0	0.7	1.4	0.5
Bahamas		62.4	16.5	0.0	31.7	4.8	0.0	3.7	2.3	1.4	0.0	0.9	1.0	0.1
Barbados		55.7	10.0	0.3	27.0	0.9	0.0	5.2	7.4	2.6	0.0	0.9	1.4	0.0
Cuba		69.6	22.2	0.0	10.1	0.0	0.0	33.3	2.0	0.0	0.0	1.0	1.0	0.0
Dominica		55.2	13.1	0.0	18.9	12.3	0.0	1.8	6.6	0.0	0.0	1.5	1.1	0.0
Dominican Republic		61.1	39.0	0.2	12.3	0.7	0.6	2.4	1.3	0.0	0.0	1.9	2.0	0.7
Grenada		55.2	1.0	0.0	15.1	9.0	0.0	3.0	21.9	2.1	0.0	0.5	2.7	0.0
Guadeloupe		46.7	..	..	..	..	..	..	..	..	..	..	..	..
Haiti		16.2	3.1	0.0	3.1	2.7	1.2	0.4	2.6	0.0	0.0	1.2	1.5	0.2
Jamaica		60.6	12.1	0.0	20.8	6.0	0.1	0.9	16.4	0.0	0.2	0.8	3.2	0.1
Martinique		50.7	..	..	..	..	..	..	..	..	..	..	..	..

Major area, region, country or area	Notes	Any method	Female sterilization	Male sterilization	Pill	Injectable	Implant	IUD	Male condom	Vaginal barrier methods[e]	Other modern methods[f]	Rhythm[g]	With-drawal	Other traditional methods[h]
Montserrat		57.4	..	..	..	..	..	..	..	..	..	..	..	..
Puerto Rico		77.1	45.1	3.5	9.6	1.1	0.0	1.0	6.3	0.4	0.0	6.1	4.0	0.0
Saint Kitts and Nevis		49.4	..	..	..	..	..	..	..	..	..	..	..	..
Saint Lucia		49.9	8.0	0.0	19.3	7.8	0.0	4.8	6.2	1.8	0.0	0.7	1.3	0.0
Saint Vincent and the Grenadines		60.0	13.7	0.0	25.0	6.9	0.0	2.7	7.6	1.1	0.0	0.9	2.1	0.0
Trinidad and Tobago		46.5	7.3	0.2	12.5	0.7	0.0	3.9	10.6	4.5	0.0	2.2	4.4	0.2
United States Virgin Islands		63.2	..	..	..	..	..	..	..	..	..	..	..	..
Central America		61.4	25.6	0.6	10.0	2.8	0.0	10.0	3.2	0.0	1.3	5.0	0.9	2.1
Belize		47.6	18.8	0.0	15.0	4.3	0.0	1.9	1.9	0.0	0.0	2.9	0.0	2.8
Costa Rica		76.2	20.4	1.3	18.6	1.0	0.0	9.0	16.3	0.2	0.0	6.3	3.0	0.1
El Salvador		53.5	31.2	0.4	8.6	3.6	0.0	2.1	2.1	0.0	0.0	3.3	2.2	0.0
Guatemala		31.3	14.0	1.5	3.7	2.4	0.0	2.5	2.2	0.0	0.0	3.9	1.0	0.1
Honduras		48.4	17.4	0.2	11.3	0.6	0.0	5.7	3.2	0.3	0.0	5.4	4.0	0.2
Mexico		65.2	26.9	0.6	10.1	3.1	0.0	11.4	3.0	0.0	1.7	5.3	0.6	2.6
Nicaragua		54.1	20.7	0.3	14.5	1.3	0.0	10.4	2.9	0.1	0.0	2.7	1.1	0.0
Panama		57.7	31.7	0.4	11.5	0.8	0.0	5.9	1.6	1.2	0.0	2.7	1.6	0.4
South America		67.6	29.3	1.7	17.1	1.5	0.1	5.0	3.8	0.4	0.0	4.6	3.3	0.7
Argentina		56.4	..	..	..	..	..	..	..	..	..	..	..	..
Bolivia (Plurinational State of)		43.7	5.0	0.0	3.1	0.9	0.0	8.8	1.4	0.1	0.0	19.4	1.5	3.4
Brazil		74.0	38.6	2.5	19.9	1.2	0.0	1.1	4.2	0.1	0.0	3.0	3.1	0.3
Chile		56.7	..	..	..	..	..	..	..	..	..	..	..	..
Colombia		70.8	25.4	0.7	12.7	2.5	0.7	11.0	4.2	1.4	0.0	5.0	5.6	1.7
Ecuador		57.6	19.9	0.1	10.2	0.5	0.0	11.9	2.6	0.6	0.3	7.8	3.7	0.0
Guyana		6.5	0.4	0.0	0.8	0.1	0.0	0.5	0.3	0.1	0.0	1.5	1.2	1.5
Paraguay		54.3	6.6	0.0	13.2	6.0	0.0	7.4	6.3	0.7	0.0	5.8	3.2	5.0
Peru		61.1	9.1	0.1	6.6	2.2	0.0	15.5	3.2	1.2	0.0	18.3	3.5	1.4
Suriname		44.1	5.3	0.0	29.9	1.7	0.0	1.3	4.4	0.0	0.0	0.5	0.4	0.6
Uruguay		80.2	25.0	1.5	29.7	1.2	0.1	6.8	8.0	1.9	0.0	3.0	2.8	0.2
Venezuela (Bolivarian Republic of)		61.6	13.2	1.8	27.2	1.5	0.1	10.2	1.7	0.5	0.0	0.0	5.4	0.0
NORTHERN AMERICA		75.0	24.1	13.2	15.2	1.2	0.6	0.9	12.7	1.7	0.0	2.1	2.1	1.1
Canada		75.3	30.7	15.2	14.4	0.0	0.0	2.9	9.4	0.8	0.0	0.7	0.8	0.2
United States of America		74.9	23.4	13.0	15.3	1.4	0.7	0.7	13.1	1.8	0.0	2.2	2.2	1.2

Major area, region, country or area	Notes	Any method	Female sterilization	Male sterilization	Pill	Injectable	Implant	IUD	Male condom	Vaginal barrier methods [e]	Other modern methods [f]	Rhythm [g]	With-drawal	Other traditional methods [h]
OCEANIA		60.0	12.0	9.1	21.7	1.5	0.0	1.8	9.5	0.6	0.2	2.2	0.7	0.6
Australia/New Zealand		69.4	13.4	11.5	26.4	0.3	0.0	2.3	12.0	0.7	0.3	1.8	0.7	0.0
Australia		68.7	13.3	10.1	27.7	0.0	0.0	2.1	12.1	0.7	0.3	1.8	0.6	0.0
New Zealand		72.9	14.0	18.7	19.9	1.7	0.0	3.3	11.0	0.8	0.0	2.1	1.3	0.1
Melanesia, Micronesia and Polynesia		29.4	8.6	0.2	5.4	7.6	0.0	0.3	0.6	0.0	0.1	3.1	0.6	2.9
Cook Islands		58.7	9.9	0.0	19.9	18.3	4.1	2.9	0.0	0.0	0.0	0.7	1.4	1.4
Guam		46.2	..	..	..	..	..	..	..	..	..	..	..	..
Fiji		44.1	..	..	..	..	..	..	..	..	..	..	..	..
Kiribati		30.4	..	..	..	..	..	..	..	..	..	..	..	..
Marshall Islands		34.0	19.4	2.1	4.1	0.2	0.0	1.1	2.3	0.3	0.0	2.4	0.4	1.9
Nauru		30.4	..	..	..	..	..	..	..	..	..	..	..	..
Northern Mariana Islands		31.2	..	..	..	..	..	..	..	..	..	..	..	..
Palau		30.4	..	..	..	..	..	..	..	..	..	..	..	..
Papua New Guinea		26.0	7.5	0.2	4.3	6.7	0.0	0.1	0.5	0.0	0.0	3.1	0.6	3.0
Samoa		23.9	2.1	0.1	6.3	12.2	0.0	1.3	0.9	0.0	0.0	0.5	0.3	0.3
Solomon Islands		30.2	..	..	..	..	..	..	..	..	..	..	..	..
Tonga		28.4	..	..	..	..	..	..	..	..	..	..	..	..
Tuvalu		26.5	..	..	..	..	..	..	..	..	..	..	..	..
Vanuatu		36.0	9.9	0.3	13.2	0.1	0.2	3.9	0.9	0.3	2.0	3.2	0.0	2.0

NOTES:

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

(a) The group of least developed countries (LDCs) encompasses 48 countries designated as such by the General Assembly, and defined as low-income countries suffering from structural impediments to sustainable development. See http://www.un.org/en/development/desa/policy/cdp/ldc2/ldc_countries.shtml.

(b) The designation sub-Saharan Africa is commonly used to indicate all of Africa except northern Africa, with the Sudan included in sub-Saharan Africa.

(c) Estimates of method-specific prevalence do not sum exactly to the estimate of total prevalence because no traditional method use was reported in the underlying survey data.

(d) The former Yugoslav Republic of Macedonia.

(e) Including diaphragms, cervical caps and spermicidal foams, jelly, cream and sponges.

(f) May include emergency contraception, female condom and modern methods not reported separately.

(g) Also called periodic abstinence or the calendar method.

(h) May include the Lactational Amenorrhea Method (LAM), prolonged abstinence, douching, folk methods and traditional methods not reported separately.

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