### Definitions

Women of reproductive age (15-49 years) wishing to have no (additional) children or to postpone the next child and are currently using a modern contraceptive method.

### Numerator

Percentage of women on reproductive age (15-49 years) currently using, or whose sexual partner is currently using, at least one modern contraceptive method.

### Denominator

Family planning total demand (sum of contraceptive prevalence (any method) and unmet need for family planning).

- **Contraceptive prevalence**: The percentage of women currently using, or whose sexual partner is currently using, at least one contraceptive method, regardless of the method used.
- **Unmet need for family planning**: Defined as percentage of women of reproductive age, either married or in a union, wanting to stop or delay pregnancy, but are not using any contraceptive method. Standard definition of unmet need for family planning includes women of childbearing age and sexually active in the numerator, reporting that they do not want (more) children, or reporting that they want to delay birth of their next child for at least two years, or undecided about the time of the next birth, who are NOT using any contraceptive method. In addition, the numerator of unmet need includes pregnant women at the time of the survey whose gestation was unwanted or took place outside of the scheduled time, as well as postpartum amenorrheic women whose last gestation was unwanted or outside of scheduled time and not using any family planning method.

Must add a + b.

### Measuring unit

X percent (%).

### Considerations for indicator quality

Differences in survey design and implementation, as well as differences in how survey questionnaires are formulated and administered, can affect comparability of data. The most common differences are related to the range of contraceptive methods included. Time frame used to assess contraceptive prevalence may also vary. In most surveys there is no definition of what is meant by “currently using” a contraceptive method.

In some surveys, lack of probing questions, which are asked to make sure that the respondent understands the meaning of different contraceptive methods, can lead to an underestimation of contraceptive prevalence, particularly for traditional methods. Sampling variability can also be a problem, especially when measuring contraceptive prevalence for a specific subgroup (based on method, age group, level of educational attainment, place of residence) or by analyzing trends over time.

When complete data are not available for women ages 15-49, the following populations have been used: married or in union women ages 15-44, sexually active women (regardless of marital status), or women who have ever been married.

Estimates of this indicator are made for married women or in a union.

**Modern methods**: For analytical purposes, contraceptive methods are often classified as modern or traditional. Modern contraceptive methods include female and male sterilization, intrauterine device (IUD), implant, injectables, oral contraceptive pills, male and female condoms, vaginal barrier methods (including diaphragm, spermicidal foam, jelly, cream, and sponge), lactational amenorrhea (LAM) method, emergency contraception and other modern methods not reported separately (for example, contraceptive patch or vaginal ring). Traditional contraceptive methods include rhythm (i.e. fertility awareness-based methods, periodic abstinence), abstinence, and other traditional methods not reported separately.

### Interpretation implications

Levels of family planning demand met by modern methods of 75 percent or more are generally considered high, and values of 50 percent or less are generally considered extremely low.

Proportion of family planning demand met by modern methods is useful in evaluating overall levels of coverage on family planning programs and services. Access to and use of an effective means of preventing pregnancy helps women and their partners exercise their rights to freely and responsibly decide on the number and spacing of their children and to have the information, education and means to do so. Meeting the demand for family planning with modern methods also contributes to maternal and child health by preventing unwanted pregnancies and closely spaced pregnancies, which are at increased risk of poor obstetric outcomes.
## ODS framework

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Monitoring framework</th>
<th>Suggested stratifier for inequality analysis</th>
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</thead>
<tbody>
<tr>
<td>Survive</td>
<td>Woman</td>
<td>Imput Sex</td>
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<tr>
<td>Thrive</td>
<td>Childhood</td>
<td>Output Ethnicity</td>
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<td>Transform</td>
<td>Adolescence</td>
<td>Results Education</td>
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<td></td>
<td></td>
<td>Impact Socioeconomic level (quintiles of national wealth)</td>
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<td></td>
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<td>Product Place of residence (urban / rural, or geographic location)</td>
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### Preferred data source

**Household surveys:** Contraceptive Prevalence Surveys, Demographic and Health Surveys (DHS), Family and Fertility Surveys (FFS), Health Reproductive Surveys (HRS), Multipurpose Cluster Surveys (MICS), Monitoring and Accountability Surveys 2020 (PMA), World Fertility Surveys (WFS).

### Alternative data sources

N/A

### Inter-agency group estimates


### Global monitoring frameworks

- Global Strategy for Women's, Children's and Adolescents' Health

### For more information

- Global use of contraceptives 2019

### References