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Modern contraceptives are a key intervention for women to plan their families. Still several barriers keep women in need for contraceptives from using them. We show that there is progress in family planning, but this progress varies across world regions, some accelerating, some slowing down. Inequalities have steadily decreased, mostly due to a lack of progress among the richest 20% of women.



BACKGROUND

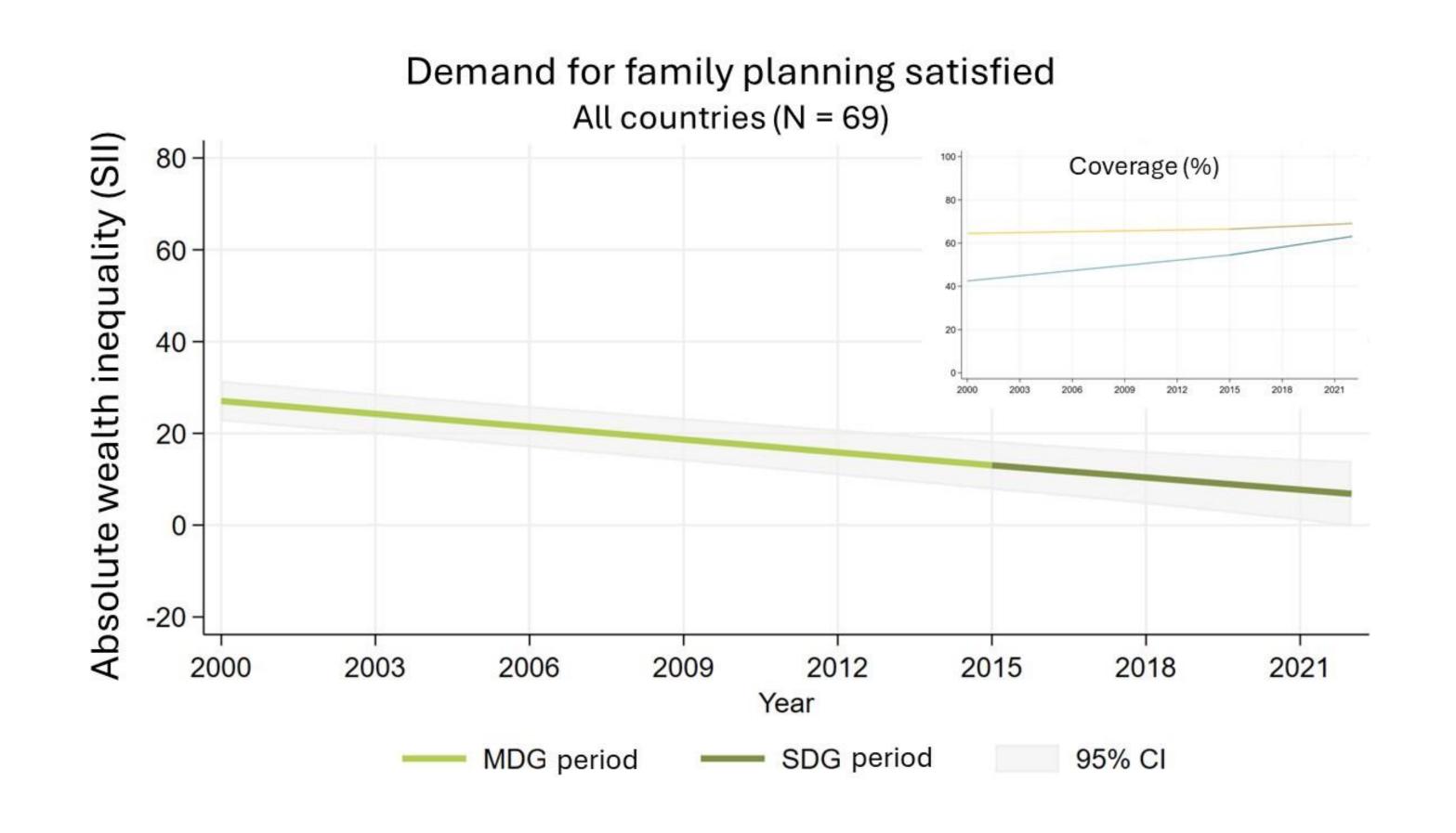
Family planning is a key intervention that positively impacts the health of women and children, and it also brings important social gains. There has been progress worldwide in the adoption of modern contraceptive methods, but it is uneven and limited by social norms in several contexts. There is a concern that progress has slowed down in the post-Millenium Development Goals (MDG) period. We explored how demand for family planning satisfied with modern methods (DFPSm) progressed over the MDG and the Sustainable Development Goals (SDG) periods. We also assessed trends in absolute wealth inequalities.

METHODS

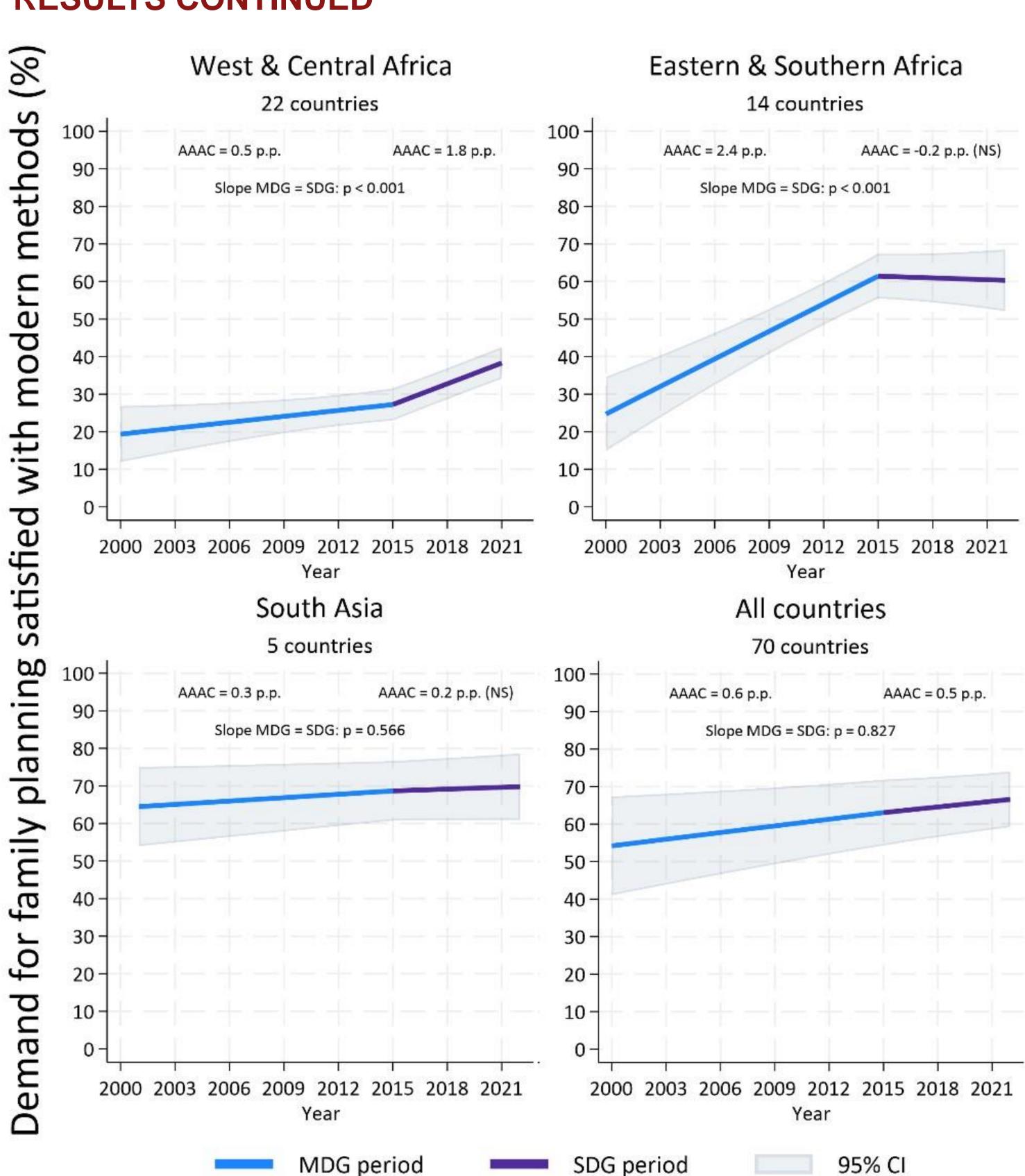
All countries with at least two surveys since 2000 that had estimates for DFPSm were selected for the analysis. Trends were estimated through a linear multilevel regression model (survey as level 1, country as level 2) with a knot in 2015 to estimate the absolute average annual change (AAAC) for the MDG and SDG periods for DFPSm coverage and wealth inequality measured by the slope index of inequality (SII).

RESULTS

Taking all countries together, the graph at the right shows that DFPSm increased at a steady pace during the whole period, at 0.5 percentage points per year (ppy). West and Central Africa presented acceleration in the SDG period, from 0.5 to 1.8 ppy, but DFPSm levels remain very low, around 40%. Eastern and Southern Africa presented a slowdown, from 2.4 ppy to zero, stagnating at 60% DFPSm. South Asia already had a slow increase in the MDGs, which plateaued in the SDGs, below 70% DFPSm coverage. On the other hand, absolute wealth-related inequalities measured by the SII decreased steadily over the period because coverage increased for the poorest 20% women (blue line in the small graph below) while it remained stable for the wealthiest 20% women (yellow line). The SII fell from 27 in 2000 to 7 pp in 2022.



RESULTS CONTINUED



CONCLUSIONS

The overall progress in DFPSm in LMICs hides important regional differences, with acceleration in WCA, slowing down in ESA and stagnation over the whole period for South Asia. Everywhere, DFPSm coverage is well below the desired levels, globally not reaching 70%. The reduction in DFPSm inequalities is positive but also far from ideal. It happened due to increased coverage among the poorest women while coverage among the wealthiest barely changed. Coverage among the wealthiest usually signals the coverage the less privileged subgroups of the population will eventually reach, which currently points to a ceiling of 70% coverage. This is insufficient and points to the need for new and creative approaches to family planning and contraceptive programs that cater to the needs of all women.

ADDITIONAL INFORMATION

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Countdown to 2030

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