Estimating Progress Towards Meeting Women’s Contraceptive Needs in 185 Countries: A Bayesian Hierarchical Modelling Study

S1 APPENDIX

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1 OVERVIEW

The major components of the project, their interconnections, and sequencing are shown in Figure A.

![Diagram illustrating project workflow. Components were worked on in order, from top to bottom. Boxes in light grey indicate inputs from external projects.](image)

Figure A. Diagram illustrating project workflow. Components were worked on in order, from top to bottom. Boxes in light grey indicate inputs from external projects.

2 DATA

2.1 Definitions of regions, sub-regions and income groups

The definition of regions and sub-regions follows that implemented in the most recent publications of the United Nations (2019; see supplementary Table G). The classification of countries into income groups follows the World Bank (2019). Results for the total population of Melanesia, Micronesia and Polynesia combined are referred to as Mela-Micro-Polynesia.

2.2 Definitions of family planning indicators

While family planning indicators among married or in a union women of reproductive age (MWRA) are commonly used and readily interpreted, more caution and consideration needs to be given to the calculation and interpretation of the family planning indicators among unmarried and not in a union women of reproductive age (UWRA) and women of reproductive age irrespective of marital status (WRA).

The major differences in the approaches used for estimating family planning indicators among UWRA were related to the distinction of whether the universe of analyses was all UWRA or only UWRA who are deemed to be sexually active (as defined by sexual activity in past 28 days; Kantorová et al., 2017). In this paper, the population of UWRA refers to all unmarried and not in a union women of reproductive age, irrespective of sexual activity (United Nations, Department of Economic and Social Affairs, Population Division [UN Population Division], 2019).

Marital/Union status  WRA pertains to all women of reproductive age. MWRA pertains to women who are married (defined in relation to the marriage laws or customs of a country) and to women in a union, which refers to women living with their partner in the same household (also referred to as cohabiting unions, consensual unions, unmarried unions, or “living together”). UWRA pertains to women who are not married and not in a union and is a complement to MWRA (UN Population Division, 2017, 2018a).

Contraceptive prevalence  Contraceptive prevalence is the proportion of women who are currently using, or whose sexual partner is currently using, at least one method of contraception, regardless of the method being used (UN Population Division, 2019). It is reported as a percentage with reference to women of the respective marital status. For analytical purposes, contraceptive methods are classified as either modern or traditional. Modern methods of contraception include female and male sterilization, the intra-uterine device (IUD), the implant, injectables, oral contraceptive pills, male and female condoms, vaginal barrier methods (including the diaphragm, cervical cap and spermicidal foam, jelly, cream and sponge), the lactational amenorrhoea method (LAM), emergency contraception and other modern methods not reported separately (e.g., the contraceptive patch or vaginal ring). Traditional methods of contraception include rhythm (e.g., fertility awareness-based methods, periodic abstinence), withdrawal, and other traditional methods not reported separately.

Unmet need for family planning  The unmet need for family planning illustrates the gap between women’s reproductive intentions and their contraceptive behaviour. It is defined as the proportion of women who want to stop or delay childbearing but are not using any method of contraception. In this paper, unmet need for family planning is reported as a percentage with reference to women of the respective marital status (UN Population Division, 2019).
The standard definition of unmet need for family planning includes in the numerator women who are fecund and sexually active and report not wanting any (more) children, or who report wanting to delay the birth of their next child for at least two years, or are undecided about the timing of the next birth but who are not using any method of contraception. The numerator also includes i) pregnant women whose pregnancies were unwanted or mistimed at the time of conception, and ii) postpartum amenorrheic women who are not using family planning and whose last birth was unwanted or mistimed. Infecund women are excluded from the numerator. Women are assumed to be infecund if:

1. They were first married more than five years ago, have not had a birth in the past five years, are not currently pregnant, and have never used any kind of contraceptive method; or
2. They report being infecund or menopausal, having had a hysterectomy, never having menstruated, or being postpartum amenorrheic for five years or longer; or
3. They are not pregnant or in postpartum amenorrhea and they report that their last menstrual period occurred six months or more prior to the survey.

Postpartum amenorrheic women are women who have not had a menstrual period since the birth of their last child where the birth occurred in the period 0–23 months prior to the survey. If their period has not returned 24 months or more after the previous birth, women are considered fecund, unless they fall into one of the infecund categories above.

MWRA are assumed to be sexually active. For UWRA, it is necessary to determine the timing of their most recent sexual activity. UWRA who are not pregnant or postpartum amenorrheic are considered currently at risk of pregnancy (and thus could potentially be included in the numerator as having unmet need) if they have had intercourse in the four weeks prior to the survey interview. The unmet need for UWRA who are pregnant or postpartum amenorrheic is determined in the same way as for MWRA and regardless of their most recent sexual activity. Pregnant UWRA whose pregnancies were unwanted or mistimed at the time of conception, and postpartum amenorrheic UWRA who are not using family planning and whose last birth was unwanted or mistimed, are assumed to have an unmet need.

Figure B indicates the procedure set out by the Demographic and Health Survey (DHS) program for computing the number of women of reproductive age who have an unmet need for family planning (referred to as the 2012 DHS definition). These data are available in DHSs from Round 2, and in Multiple Indicator Cluster Surveys (MICSs) from Round 4 for MWRA and from Round 5 for UWRA. Further information on the operational definition of the unmet need for family planning, as well as survey questions and statistical programs needed to derive the indicator, can be found in Bradley et al. (2012) and DHS Program (2019).

**Demand satisfied for family planning** The demand for family planning that is satisfied by using modern methods of contraception (as defined in UN Population Division, 2019) describes the number of women who are currently using, or whose sexual partner is currently using, at least one modern contraceptive method as a proportion of the number of women of reproductive age who have a demand for family planning.

The indicator is calculated using measures of contraceptive prevalence and the unmet need for family planning, the numerator being the prevalence of contraceptive use for any modern method, and the denominator being the total demand for family planning, which equals the sum of contraceptive prevalence for any method and the unmet need for family planning.
2.3 Data on contraceptive prevalence and unmet need for family planning

2.3.1 Data set compilation

To obtain the data compilation needed to estimate and project family planning indicators by marital status, we assessed and compiled data from nationally representative household surveys. The starting point was the data sources listed in UN Population Division (2019).

Demographic and Health Surveys We used data from 306 DHSs. Family planning indicators were derived from microdata for 274 of these surveys. To facilitate the calculation of survey estimates, original DHS family planning variables were harmonized across surveys. The harmonization process followed the approach used in the Integrated Demographic and Health Survey (iDHS), part of the Integrated Public Use Microdata Series (IPUMS; Boyle et al., 2017). The iDHS project harmonizes DHS data sets over time and across countries. Variables are consistently coded and documentation is organized in a cross-survey, variable specific way. For each variable, a ‘translation-table’ is created that shows the original and the harmonized variable name and variable codes across all available DHSs in a single spreadsheet. These translation tables were available for 116 DHSs from the iDHS project and were extended by the UN Population Division to cover an additional 158 surveys. Minor differences exist between the iDHS project and the work of the UN Population Division in the classification of contraceptive methods into modern and traditional methods related to the distinction of breastfeeding and LAM.

In the case of 25 surveys from Bangladesh, Egypt, Jordan, Nepal, Maldives, Thailand, Turkey
and Sri Lanka, where the DHS women questionnaire was limited to ever-married women, survey
estimates were adjusted to produce family planning indicators for all women and for UWRA.
The assumption was made that contraceptive use among never married women of reproductive
age was zero. The available survey estimates for formerly married women were then weighted by
the proportion of formerly married women among UWRA to produce estimates of contraceptive
prevalence among UWRA. Perturbation multipliers were used in the model to account for the
expected downward bias (see Section 3.5.7).

For 32 DHSs where microdata sets were not available the data were obtained from calculations
based on the data presented in the survey reports.

Multiple Indicator Cluster Surveys The MICS final reports present family planning indi-
cators only for MWRA. We used the MICS microdata sets to estimate family planning indicators
for UWRA. Microdata sets were available for 135 of the 160 MICs included in the data set. For
the remaining 25 surveys, data were obtained from calculations based on the data presented in the
survey reports.

There is a high level of diversity among MICs in terms of availability of questions, variable
names, categories within the variables, and labels. Whereas DHS produces one cleaned variable
for current use of contraception, MICS produces a multitude of variables, one for each method.
Additionally, codebooks were not widely available for MICs. These inconsistencies have meant
that the impressive availability of MICS microdata sets have previously been underused because
the variables are not in a format that can be easily used.

In response to this challenge, we developed a methodology to standardise the variables, following
the approach of iDHS. For each variable requiring standardization, cross-survey variable-specific
‘translation-tables’ were organized in spreadsheet format. Variable names, categories, and labels
for each survey were listed out and ‘translated’ into standardised variable names, categories and
labels. The variables of interest included age, marital status, current use of contraception, the 22
variables which captured current method of contraception, and the 31 variables needed to calculate
unmet need for family planning.

Performance, Monitoring and Accountability 2020 surveys Family planning estimates
were derived from publicly available microdata sets from the Performance Monitoring and Ac-
countability 2020 surveys (PMAs).

Gender and Generation Survey Harmonised microdata from the first two rounds of the Gen-
erations and Gender Survey (GGS) are publicly available and were used to produce family planning
estimates. A review of the survey questions underlying harmonised family planning variables re-
vealed differences that did not allow the inclusion of all surveys into the data set.

Other multi-country survey programmes and national surveys Additional data were from
the published reports and tabulations of other multi-country survey programmes that routinely col-
lect the necessary data, including Contraceptive Prevalence Surveys (CPSs), Fertility and Family
Surveyss (FFSs), Reproductive Health Surveys (RHSs), World Fertility Surveys (WFSs) and na-
tional surveys. If observations of contraceptive prevalence among WRA were tabulated in the survey
reports, generally there is no discrepancy between them and the estimates in the data compilation
(UN Population Division, 2019), except for occasional re-categorization of methods according to
modern/traditional.
In some cases, when contraceptive prevalence among all UWRA was not tabulated, we calculated the estimates based on the published tabulations of the contraceptive prevalence among WRA and MWRA, weighted by the number of women by marital status and age. We also summarised metadata, such as the survey population eligible for the woman’s questionnaire, availability of resources (including final report and questionnaire), whether formerly and never married women are asked about current use, and how the results were tabulated. Where relevant, biases concerning age, marital status, contraceptive method, weighting and questionnaire were noted. As part of a separate investigation, we also recorded whether questions on knowledge/awareness of family planning methods preceded the question on current use.

2.3.2 Data availability

For MWRA, the data compilation (UN Population Division, 2019) contains family planning indicators for 1243 observations of contraceptive prevalence for 195 countries or areas for the period from 1950 to 2019 and 540 observations of unmet need for family planning for 143 countries. For UWRA, the data compilation includes 551 observations of contraceptive prevalence for 136 countries and areas for the period from 1976 to 2019. The earliest observation is from the New Zealand 1976 National Survey of Contraceptive Practice, and the most recent is from the Kazakhstan 2018 Gender and Generations Survey. Out of the 136 countries or areas with any data on contraceptive prevalence among UWRA, 72 countries or areas had data on unmet need for family planning (250 observations in total). Reasons for fewer data points for UWRA include:

1. UWRA were not eligible for the women’s questionnaire;
2. UWRA were not asked about current contraceptive use;
3. The results for contraceptive prevalence among UWRA were not tabulated and presented in reports; or
4. Only a subset of UWRA (usually formerly married women) were included.

Data availability for all countries Figure C gives an overview on data availability by development status, region, and period, for observations on total prevalence among UWRA compared to MWRA. More than half of the 195 countries and areas with data on contraceptive prevalence for MWRA had five or more observations. Data series for UWRA are shorter. Only 35 percent of the 136 countries and areas with data on contraceptive prevalence for UWRA had five or more observations. Only 26 percent of countries had any data before 1990 and 51 percent of countries had data available for the period 1990 to 1999. Therefore, we interpret the model-based estimates only for the period after 2000.

In Africa, 45 developing countries and areas had any data on contraceptive prevalence among UWRA compared to 54 among MWRA. Developing countries with data in Africa also had the most observations on contraceptive prevalence over the full time period (56 percent had five or more observations for UWRA and another 8.9 percent had four observations). Developing countries in Latin America and the Caribbean also had relatively good data coverage overall; of 39 countries in the MWRA data compilation, 26 countries had data for UWRA (of which 46 percent had five or more observations). Only about half of the developing countries in Asia had any data on contraceptive use among UWRA (25 countries compared to 45 countries in the MWRA women data set). Of these, 28 percent had only one data point. Developing countries in Oceania tended to have the most limited data available overall and across the different time periods in both marital groups.
### Data on contraceptive prevalence and unmet need for family planning

#### Figure C. Overview of the percentage of countries with 0, 1, 2, 3, 4, or 5+ observations on total contraceptive prevalence among UWRA (left) and MWRA (right), summarized for all countries, for all developed countries combined, and by region for the developing countries. The first row (green) for each group of countries refers to the entire observation period; each cell contains the percentage of countries with 0, 1, 2, 3, 4, or 5+ observations. Similarly, subsequent rows (blue) show the percentage of countries by number of observations in the period before 1990, from 1990 to 1999, from 2000 to 2009 and from 2010 to 2019. The coloured shading visualizes the percentage of countries in each cell. The number with the subgroup refers to the total number of countries within that subgroup. Country totals for geographic areas exclude developed countries. “LAC” refers to Latin America and the Caribbean.
2.4 Classification of countries based on sexual activity among UWRA

Of the 551 observations on contraceptive prevalence for UWRA across all countries and years, 265 observations were from DHSs. Twenty-seven of these were classified separately for modeling purposes because the values for UWRAs were derived from the number ever married. Of the remaining, 94 were from MICSs, 14 from GGSs, 8 from CPS, 36 from RHSs, and 34 from PMAs. Other international survey programs, and national surveys that were not conducted as part of an internationally coordinated program, accounted for 100 observations.

The concentration towards one international survey programme was more pronounced for the unmet need for family planning indicator where 184 observations are from DHSs. A further 21 observations came from MICSs, 34 from PMAs, 7 from RHSs, and 4 from national surveys.

The largest gap in the data compilation was China, which represented 14 percent of the global population of UWRA. In China, only ever married women were asked about contraceptive use, even in light of growing evidence from studies (though not nationally-representative) that sexual activity and contraceptive use among unmarried women is increasingly common (Li et al., 2013; Li and Newcomer, 1996).

2.4 Classification of countries based on data and information on sexual activity among UWRA

Models of reproductive behaviour among MWRA commonly assume that all MWRA are sexually active. This assumption could not be applied to UWRA. There were large differences in the prevalence of sex among UWRA (Ueffing et al., 2017) that needed to be accounted for in the hierarchical structure of our model of reproductive behaviour (further explained in Section 3). Two groups of countries were defined: i) countries with very low levels of sexual activity (Group 0), and ii) all other countries (Group 1; Table G).

Countries were classified as having very low prevalence of sex among UWRA when the proportion of UWRA reporting recent sexual activity (sexual intercourse in past four weeks) was less than 2 percent. These estimates were sourced from 81 DHSs and MICS surveys.

For countries where no data on sexual activity were available from DHS or MICS, information on the acceptance of sex between unmarried adults was used as a proxy for sexual activity among UWRA. The Pew Research Center’s 2013 Global Attitudes survey asked 40,117 respondents in 40 countries if they “personally believe that sex between unmarried adults is morally acceptable, morally unacceptable, or is it not a moral issue?” (Pew Research Center, 2014). The World Values Survey (WVS) Wave 6, covering 2010 and 2014, asked 86,274 respondents in 51 countries how much they would agree with the statement that sex before marriage is justifiable on a scale from 1 “Never justifiable” to 10 “Always justifiable” (Inglehart et al., 2013). Both surveys found that countries with predominantly Muslim populations in Asia and Northern Africa were least accepting of sex between unmarried adults. More than 80 percent of respondents in the Pew surveys in Egypt, Jordan, Lebanon, Malaysia, Pakistan, State of Palestine, Tunisia, and Turkey answered that sex before marriage is justifiable on a scale from 1 “Never justifiable” to 10 “Always justifiable” (Inglehart et al., 2013). Both surveys found that countries with predominantly Muslim populations in Asia and Northern Africa were least accepting of sex between unmarried adults. More than 80 percent of respondents in the Pew surveys in Egypt, Jordan, Lebanon, Malaysia, Pakistan, State of Palestine, Tunisia, and Turkey answered that sex before marriage is justifiable on a scale from 1 “Never justifiable” to 10 “Always justifiable” (Inglehart et al., 2013). The justifiability scores from WVS correlated highly with the proportion of the population regarding unmarried sex as acceptable from Pew (R-Square = 0.94, n = 22). Ten countries were assigned to the low sexual activity group (Group 0) based on these two surveys, and 33 to Group 1.

When neither data on sexual activity nor on the acceptance/justification of sex among unmarried adults were available, information on religious affiliation published in the 2012 Study on the Global Religious Landscape (Pew Research Center, 2012) was used. Eighteen countries in Asia and Northern Africa with 70 percent or more of the population Muslim were assigned to the low sexual activity group (Group 0).
2.4 Classification of countries based on sexual activity among UWRA

Classification of countries based on sexual activity among unmarried women:
- Countries with low levels of sexual activity among unmarried women
- Countries with higher levels of sexual activity among unmarried women

**Figure D.** Classification of countries around the world based on the information about the level of, acceptance of, or justification for sexual activity among unmarried women. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. The dotted lines represent approximates. 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. The final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

Activity group. The 70 percent break was derived from the set of countries that were classified as low sexual activity countries based on one of the previous direct or indirect measures of sexual activity.

An additional two countries (Myanmar and Sri Lanka) that lacked data on the sexual activity among UWRA were classified as low sexual activity countries on the basis of cultural and geographical proximity. All other countries in South and South-Eastern Asia were classified as low sexual activity countries, with the exception of Thailand, Philippines, and Singapore.

In total, 45 countries (23 percent) were classified as having low sexual activity among unmarried women. All of these countries were in either Africa or Asia, predominantly in the following subregions: Northern Africa, Western Asia, South-Central Asia and South-Eastern Asia (Figure D).
Table A. Frequency table of countries by sexual activity classification and survey or method used to classify them. Survey type DHS are Demographic and Health Survey; survey type MICS are the Multiple Indicator Cluster Survey. See text for explanation of the method labelled “Main religion”.

<table>
<thead>
<tr>
<th>Survey/Method</th>
<th>Sexual Activity Group</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group 0</td>
<td>Group 1</td>
<td>Total</td>
</tr>
<tr>
<td>DHS and MICS</td>
<td>17</td>
<td>64</td>
<td>81</td>
</tr>
<tr>
<td>Pew 2013 Global Attitudes Survey</td>
<td>8</td>
<td>21</td>
<td>29</td>
</tr>
<tr>
<td>World Values Survey Wave 6</td>
<td>2</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>Main religion</td>
<td>18</td>
<td>53</td>
<td>71</td>
</tr>
<tr>
<td>Total</td>
<td>45</td>
<td>150</td>
<td>195</td>
</tr>
</tbody>
</table>
3 METHODS

3.1 Models for contraceptive prevalence among married and unmarried women

Alkema et al. (2013) developed a model for national-level contraceptive prevalence and unmet need among MWRA. This was extended to UWRA by Wheldon et al. (2019). Further methodological improvements to Alkema et al.’s (2013) MWRA model were made by Cahill et al. (2017) and we used this model to generate our estimates for MWRA. For UWRA, we applied Cahill et al.’s (2017) improvements to Wheldon et al.’s (2019) model. To avoid too much repetition of explanations that remain unchanged, we give brief descriptions here and refer the reader to the aforementioned studies for further details. Unless otherwise specified, discussion of specific parameters or data characteristics throughout this Methods section refers to the new model for UWRA only.

3.2 Target of inference

The goal of the study was the categorization of UWRA (the base population) as users of traditional contraceptive methods, users of modern contraceptive methods, having unmet need for contraceptive methods, and not having need for any method. Thus the outcome of interest was the same compositional vector modelled by Cahill et al. (2017) and Alkema et al. (2013): $p_{c,t} = (p_{c,t,1}, p_{c,t,2}, p_{c,t,3}, p_{c,t,4})$, where $p_{c,t,m}$ denotes the proportion of women in country $c$, in year $t$, who use traditional methods ($m = 1$), modern methods ($m = 2$), have unmet need for contraceptive methods ($m = 3$), or do not use and do not need contraceptive methods ($m = 4$), see Figure E.

![Composition of p](image)

**Figure E. Illustration of composition $p_{c,t} = p_{c,t}$.** Categorization of women who use traditional contraceptive methods, women who use modern contraceptive methods, women who have unmet need for contraceptive methods, and women who do not need any method (who are not avoiding a pregnancy).
The vector \( p_{c,t} \) was not observed. Instead, we observed \( y_i = y_{i,1:4} \), where \( y_{i,m} \) denotes the proportion of women in category \( m \) (traditional, modern, unmet need, no need, respectively) for observation \( i = 1, \ldots, I \) for country \( c[i] \) and year \( t[i] \). The data model for an observation \( y_i \) given \( p_{c[i],m[i]} \) is described in Section 3.5.

### 3.3 Time trends in contraceptive prevalence and unmet need

#### 3.3.1 Modeling components of the compositional vector

To ensure that the components of \( p_{c,t} \) sum to unity, as required, we modelled the following quantities:

\[
P_{c,t} = p_{c,t,1} + p_{c,t,2} \tag{3.1}
\]

\[
R_{c,t} = \frac{p_{c,t,2}}{p_{c,t,1} + p_{c,t,2}} \tag{3.2}
\]

\[
Z_{c,t} = \frac{p_{c,t,3}}{p_{c,t,3} + p_{c,t,4}} \tag{3.3}
\]

where \( 0 \leq P_{c,t}, R_{c,t}, Z_{c,t} \leq 1 \). \( P_{c,t} \) is the total contraceptive prevalence, \( R_{c,t} \) is the ratio of modern to total prevalence, and \( Z_{c,t} \) is the ratio of unmet need to no contraceptive use, all in country \( c \), year \( t \). An expanded explanation is given in Alkema et al. (2013, Supplementary Appendix Section 2.1).

Briefly, these three equations completely specify all four elements of the compositional vector since

\[
p_{c,t,1} = (1 - R_{c,t}) \cdot P_{c,t} \tag{3.4}
\]

\[
p_{c,t,2} = R_{c,t} \cdot P_{c,t} \tag{3.5}
\]

\[
p_{c,t,3} = (1 - P_{c,t}) \cdot Z_{c,t} \tag{3.6}
\]

\[
p_{c,t,4} = (1 - P_{c,t}) \cdot (1 - Z_{c,t}) \tag{3.7}
\]

Moreover, by substituting (3.4)–(3.7) for \( p_{c,t,m} \), we have \( \sum_{m=1}^{4} p_{c,t,m} = 1 \).

We applied the logit transform to \( \{P_{c,t}, R_{c,t}, Z_{c,t}\} \) to restrict the outcomes to be between 0 and 1. \( R_{c,t} \) and \( Z_{c,t} \) were modelled by systematic (latent) trends with autocorrelated distortions added:

\[
\text{logit}(R_{c,t}) = \text{logit}(R_{c,t}^*) + \eta_{c,t} \tag{3.8}
\]

\[
\text{logit}(Z_{c,t}) = \text{logit}(Z_{c,t}^*) + \theta_{c,t} \tag{3.9}
\]

In the above, \( \{R_{c,t}^*, Z_{c,t}^*\} \) are country-specific systematic trends and \( \{\eta_{c,t}, \theta_{c,t}\} \) are their respective autocorrelated distortions. Distortions were added to first differences of logit(\( P_{c,t} \)) (Cahill et al., 2017, Supplementary Appendix Section 2.2, explained further below):

\[
\text{logit}(P_{c,t}) - \text{logit}(P_{c,t-1}) = \delta_{c,t} + \varepsilon_{c,t}, \ t \neq t^* = 1990 \tag{3.10}
\]

All distortions were modelled by autoregressive processes of order 1:

\[
\varepsilon_{c,t} \sim N(\rho \varepsilon_{c,t-1}, \tau_\varepsilon^2) \tag{3.11}
\]

\[
\eta_{c,t} \sim N(\rho \eta_{c,t-1}, \tau_\eta^2) \tag{3.12}
\]

\[
\theta_{c,t} \sim N(\rho \theta_{c,t-1}, \tau_\theta^2) \tag{3.13}
\]

with autoregressive parameter \( 0 < \rho < 1 \) and variance \( \tau^2 \). The distributions for the distortions in
the first observation year $t_{c,1}$ in country $c$ were:

$$
\varepsilon_{c,t_{c,1}} \sim N\left(0, \frac{\sigma^2_\varepsilon}{1 - \rho^2_\varepsilon}\right)
$$

(3.14)

$$
\eta_{c,t_{c,1}} \sim N\left(0, \frac{\sigma^2_\eta}{1 - \rho^2_\eta}\right)
$$

(3.15)

$$
\theta_{c,t_{c,1}} \sim N\left(0, \frac{\sigma^2_\theta}{1 - \rho^2_\theta}\right)
$$

(3.16)

### 3.3.2 Systematic trends in contraceptive use

Alkema et al. (2013) modelled the systematic trends in total contraceptive prevalence, $P_{c,t}^\ast$, and the ratio of modern to total use, $R_{c,t}^\ast$, as logistic curves parameterized by, respectively, asymptotes, $\{\tilde{P}_c, \tilde{R}_c\}$, pace parameters, $\{\omega_c, \psi_c\}$, and locations $\{\Omega_c, \Psi_c\}$:

$$
P_{c,t}^\ast = \frac{\tilde{P}_c}{1 + \exp(-\omega_c(t - \Omega_c))}
$$

(3.17)

$$
R_{c,t}^\ast = \frac{\tilde{R}_c}{1 + \exp(-\psi_c(t - \Psi_c))}
$$

(3.18)

Cahill et al. (2017) found that defining $P_{c,t}$ in terms of successive differences and the level at a specific year, $P_{c,t}^\ast$, yielded a better fit:

$$
\logit(P_{c,t}) = \logit(P_{c,t-1}) + \delta_{c,t} + \varepsilon_{c,t}, \ t \neq t^* = 1990
$$

(3.19)

where $\delta_{c,t}$ is a function of the asymptote ($\tilde{P}_c$), pace ($\omega_c$), and prevalence in the previous year ($P_{c,t-1}$). The systematic trend in total prevalence is still a logistic curve, but in this parameterization the location parameter $\Omega_c$ is replaced with prevalence at a specific year, $P_{c,t^*}$; we call this the “set-level” parameter. $t^*$ was fixed at 1990 for all countries because this was close to the centre of the range of available data.

### Diffusion Process Among UWRA

It is reasonable to expect that contraceptive prevalence among UWRA is driven by a similar diffusion of ideas as in MWRA, with an important exception. Among UWRA, we hypothesize a prerequisite stage in which sexual activity increases before contraceptive prevalence can become more prevalent. Following sufficient increase in sexual activity, contraceptive prevalence among UWRA follows a similar pattern as among MWRA, with different parameter values.

### Examples of systematic trends

The systematic trends in total prevalence, its break-down into modern and traditional method use, and example trajectories after adding the autocorrelated distortion terms, are illustrated in Figure F (Panel (a)). Note that the trend in traditional method use (the inverted U-shape in the illustration) is not modelled explicitly, it follows from the logistic curves for total prevalence and for the ratio of modern to total prevalence. The actual trend in a country of interest depends on the timing, pace and asymptotes for total prevalence, and the uptake of modern methods as a ratio of any method. The asymptotes of total contraceptive use and the ratio of modern to total prevalence in a country may vary for a number of reasons, in part due to restrictions on the availability of modern methods or the extent to which induced abortion is practised. We do not take into account these other factors.
Examples of different segments of “contraceptive prevalence transitions” are given in Panels (b) and (c) for Colombia and Uganda, respectively.

Figure F. Theoretical model of contraceptive prevalence (total, modern and traditional methods) over time. (a) Model representation: stylized examples of systematic trends (smooth lines, modelled by parametric functions on contraceptive prevalence and the ratio of modern use to any method use), and simulated trajectories (non-smooth lines, modelled by the systematic trends with autocorrelated distortions) of total, modern and traditional prevalence. (b) and (c): Trajectories of contraceptive prevalence for Colombia and Uganda among unmarried and not in a union women of reproductive age.

Systematic trends among UWRA We used the same functional forms for the systematic trends in prevalence for UWRA as Cahill et al. (2017) used for MWRA. However, we modelled the two marital groups separately because, even within the same country, the timing and pace of the uptake can be very different among the two marital groups. As illustrated in Figure G, prevalence has already begun to increase among UWRA in some countries (e.g., Ecuador), while in others it has not (e.g., Bangladesh). Even in Ecuador, the timing of the increase is much later for UWRA.
3.3.3 Systematic trends in unmet need

The country-specific systematic trend in the ratio of unmet need to no contraceptive use, \( Z_{c,t}^* \), was modelled as a function of total prevalence \( P_{c,t} \) using the same functional form as Cahill et al. (2017) and Alkema et al. (2013). We did this because we expected the systematic trend in unmet need as a function of total prevalence for UWRA would have the same characteristics as the trend for MWRA. The model for the ratio is given by:

\[
Z_{c,t}^* = \frac{1}{1 + \exp(-z_c - \beta_1(P_{c,t} - 0.4) - \beta_2 \cdot (P_{c,t} - 0.4)^2)},
\]

with country-specific intercept \( z_c \) and world-level parameters \( \{\beta_1, \beta_2\} \). (Note that 0.4 was subtracted from \( P_{c,t} \) to reduce correlation between the \( z_c \)'s and the \( \beta \)'s; it does not affect the shape of the curve). This model was motivated by observed trends on the world and country level.

3.4 Bayesian hierarchical model

Estimating the country-specific parameters of the systematic trends presented a challenge because of the limited number of observations for each country. We used a Bayesian hierarchical model (Gelman et al., 2013; Lindley and Smith, 1972) to estimate the parameters in each country, such that the estimates were based on the observations in the country of interest, as well as the experiences of other countries. As described by Wheldon et al. (2019), we used the classification of countries based on estimated sexual activity (see Section 2.4) and United Nations (sub-)regional classifications (United Nations, 2019).

3.4.1 Hierarchical modelling and estimation by pooling

Cahill et al. (2017) and Alkema et al. (2013) used a four-level hierarchy based on United Nations (2019) geographical aggregates to improve estimation among MWRA for countries with few data points. The levels of the hierarchy were: i) country (e.g., Kenya), ii) subregion (e.g., Eastern

---

**Figure G.** Available data on total contraceptive prevalence. Ga Bangladesh; Gb Ecuador.
African), iii) region (e.g., Africa), and iv) world. Each country belonged to one of 22 subregions and each subregion belonged to one of six regions. The world consisted of all regions. The imposition of such a hierarchy had the effect of clustering countries together in subregions and clustering subregions into regions.

Clustering countries into subregions meant that country-specific parameters were estimated by pooling data within subregion; similarly, subregional parameters were estimated by pooling subregions within regions. This implied that results for countries in the same subregion were a priori expected to be more strongly correlated with one another than with countries in different subregions (Bijak and Bryant, 2016; Gelman et al., 2013). Under the assumption that countries within a subregion really are more similar to each other than to other countries in general, point estimates for countries with few observations from a hierarchical model are more accurate (less biased) and uncertainty intervals are narrower (more precise) than under a model with no hierarchical structure. In contrast, grouping dissimilar countries and subregions together can lead to biased parameter estimates and mis-estimation of precision.

3.4.2 Hierarchical model with sexual activity for unmarried women

Per country, data for contraceptive use among MWRA were scarce or not recent but there was at least one data point for each of the countries. Data for UWRA were more scarce and, in some cases, non-existent (see Section 2). In a hierarchical model, the impact of pooling on the results is greatest for countries with relatively few observations. Hence, the structure of the hierarchy is particularly important for UWRA.

Exploratory investigations identified countries that, based on prior subject matter knowledge, and data available, differed markedly from those in countries in the same geographic subregion. For example, in Eastern Africa, contraceptive prevalence among UWRA in Kenya was estimated to be over 10 percent in 2003 (DHS), while in Eritrea it was estimated to be 1.1 percent in 2010 (DHS). The Eastern Africa subregion also contains countries such as Somalia, where premarital sex is viewed as unacceptable. Therefore demand for family planning and, consequently, contraceptive prevalence among UWRA was expected to be low.

Variation in contraceptive prevalence among UWRA in many cases is likely due to variation in sexual activity. Sexual activity was not included in either of Cahill et al.’s (2017) or Alkema et al.’s (2013) models because being married was taken as a reasonable proxy for being sexually active in all countries. Something different was needed for UWRA. One approach to accounting for inter-country variation in sexual activity would be to enter it into the statistical model explicitly as a parameter to be estimated. This would have required the specification of its functional relationship with prevalence. However, sufficient data to estimate and check these were not available. We took a different approach and, instead, modified the hierarchical structure to include information about sexual activity by using the sexual activity classification described in Section 2.4. We retained a four-level hierarchy:

1. country,
2. region / subregion / India,
3. sexual activity group,
4. world

For countries in sexual activity group 0 (countries with very low levels of sexual activity), region was used at Level 2 for all countries except India which was treated as its own cluster. For countries in group 1 (all other countries), subregion was used at Level 2. Sexual activity group 0 had far fewer countries than group 1, making the use of subregions at Level 2 infeasible. The choice to model
India separately was based on exploratory data analysis and expert knowledge. Careful attention to India is warranted because the country’s large population means that small changes in prevalence estimates translate to large changes in absolute numbers and India is of particular interest to the family planning research community (e.g., FP2020 2016). The structure is illustrated in Figure H and compared with the geographic structure in Table B.

**Table B.** Comparison of the purely geographic (original) and sexual activity inclusive (new) classifications of countries for estimating contraceptive prevalence among unmarried and not in a union women of reproductive age (UWRA).

<table>
<thead>
<tr>
<th>Classification Scheme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographic</td>
</tr>
<tr>
<td>Level 1</td>
</tr>
<tr>
<td>Level 2</td>
</tr>
<tr>
<td>Level 3</td>
</tr>
<tr>
<td>Level 4</td>
</tr>
</tbody>
</table>

### 3.4.3 Parameter definitions and hierarchical structure

Different levels of hierarchy were used for different sets of country parameters to best incorporate expected differences and similarities across countries, geographical areas, and sexual activity groups. Country-specific asymptotes for total contraceptive prevalence (denoted $\tilde{P}_c$) and the ratio of modern to total contraceptive use (denoted $\tilde{R}_c$) were estimated with a hierarchical model with two levels (world and country):

$$\log\left(\frac{\tilde{P}_c - 0.1}{1 - \tilde{P}_c}\right) \sim N(\tilde{P}_w, \kappa_{P}^{(c)})$$

$$\log\left(\frac{\tilde{R}_c - 0.1}{1 - \tilde{R}_c}\right) \sim N(\tilde{R}_w, \kappa_{R}^{(c)})$$

where both asymptotes were restricted to be between 10 percent and 100 percent, and $\tilde{P}_w$ is the world mean and $\kappa_{P}^{(c)}$ the variance of the $\tilde{P}_c$’s, and $\tilde{R}_w$ is the world mean and $\kappa_{R}^{(c)}$ the variance of the $\tilde{R}_c$’s. Alkema et al. (2013) and Cahill et al. (2017) restricted asymptotes to be above 50 percent for MWRA but this was considered too high for UWRA given the very low levels of contraceptive prevalence expected in some countries.

For pace parameters $\omega_c$ and $\psi_c$, four-level hierarchical models were used because these parameters were expected to vary across countries, (sub-)regions, and sexual activity groups. For pace parameters $\omega_c$, the uptake of any method, the transformation

$$\omega_c^* = \log\left(\frac{\omega_c - 0.01}{0.5 - \omega_c}\right)$$

was used, such that $\omega_c$ was restricted to be between 0.01 and 0.5. This range was chosen to be weakly informative; it corresponds to assuming the duration of the transition from 10 percent to 90 percent of $\tilde{P}_c$ is between 10 and 400 years.
3 METHODS

3.4 Bayesian hierarchical model

Figure H. Nested structure of the sexual activity inclusive hierarchy used to model contraceptive prevalence among unmarried and not in a union women of reproductive age (UWRA). Level 1 consists of individual countries which, save the examples, are omitted due to lack of space. “SA0” and “SA1” are sexual activity groups 0 and 1, respectively.

The hierarchical distributions for countries in sexual activity group 0 (denoted $c \in \text{SA0}$) were:

Level 1: \[ \omega_c^* \sim N(\omega_{r[c]}^*, \kappa_\omega^{(c)}) \], $c \in \text{SA0}$ \hspace{1cm} (3.23)
Level 2: \[ \omega_r^* \sim N(\omega_{\text{SA0}}^*, \kappa_\omega^{(r)}) \] \hspace{1cm} (3.24)
Level 3: \[ \omega_{\text{SA0}}^* \sim N(\omega_w^*, \kappa_\omega^{(\text{SA})}) \]. \hspace{1cm} (3.25)

\( \omega_r^* \) (the Level 2 parameter) is the logistic trend for pace for region $r$, where India was considered a separate region. $r[c]$ is the region of country $c$. For countries in sexual activity group 1 (denoted $c \in \text{SA1}$):

Level 1: \[ \omega_c^* \sim N(\omega_{s[c]}^*, \kappa_\omega^{(c)}) \], $c \in \text{SA1}$ \hspace{1cm} (3.27)
Level 2: \[ \omega_s^* \sim N(\omega_{\text{SA1}}^*, \kappa_\omega^{(s)}) \] \hspace{1cm} (3.28)
Level 3: \[ \omega_{\text{SA1}}^* \sim N(\omega_w^*, \kappa_\omega^{(\text{SA})}) \]. \hspace{1cm} (3.29)

\( \omega_s^* \) (the Level 2 parameter) is the logistic trend for pace for subregion $s$. $s[c]$ is the subregion of country $c$. This structure meant that the (logit-transformed) $\omega_c$‘s were distributed around (sub-)regional means; $\omega_{r[s]}^*$ for countries in sexual activity group 0 and $\omega_{s[c]}^*$ for countries in group 1. The variances on the country, subregional and regional level were $\kappa_\omega^{(c)}$, $\kappa_\omega^{(s)}$ and $\kappa_\omega^{(r)}$ respectively.
Similarly, for pace parameter $\psi_c$, the uptake of modern methods as a proportion of any method,

$$
\psi^*_c = \log \left( \frac{\psi_c - 0.01}{0.5 - \psi_c} \right)
$$

Level 1:  
$$
\psi^*_c \sim N(\psi^*_r[c], \kappa^c_r), \ c \in SA0
$$  \hspace{1cm} (3.30)

Level 2:  
$$
\psi^*_r \sim N(\psi^*_SA0, \kappa^r),
$$  \hspace{1cm} (3.31)

Level 3:  
$$
\psi^*_SA0 \sim N(\psi^*_w, \kappa^{SA}),
$$  \hspace{1cm} (3.32)

and

Level 1:  
$$
\psi^*_c \sim N(\psi^*_s[c], \kappa^c_s), \ c \in SA1
$$  \hspace{1cm} (3.33)

Level 2:  
$$
\psi^*_s \sim N(\psi^*_SA1, \kappa^s),
$$  \hspace{1cm} (3.34)

Level 3:  
$$
\psi^*_SA1 \sim N(\psi^*_w, \kappa^{SA}),
$$  \hspace{1cm} (3.35)

The same structure was used for the timing of the uptake of modern methods as a proportion of any method, $\Psi_c$:

Level 1:  
$$
\Psi_c \sim N_T(\Psi^*[c], \kappa^c), \ c \in SA0
$$  \hspace{1cm} (3.36)

Level 2:  
$$
\Psi_r \sim N(\Psi^*_{SA0}, \kappa^r),
$$  \hspace{1cm} (3.37)

Level 3:  
$$
\Psi^*_{SA0} \sim N(\Psi^*_w, \kappa^{SA}),
$$  \hspace{1cm} (3.38)

and

Level 1:  
$$
\Psi_c \sim N_T(\Psi^*[s[c], \kappa^c), \ c \in SA1
$$  \hspace{1cm} (3.39)

Level 2:  
$$
\Psi_s \sim N(\Psi^*_{SA1}, \kappa^s),
$$  \hspace{1cm} (3.40)

Level 3:  
$$
\Psi^*_{SA1} \sim N(\Psi^*_w, \kappa^{SA}),
$$  \hspace{1cm} (3.41)

where the country-specific timings were restricted to be later than 1800 (a non-informative lower bound).

For countries in sexual activity group 0, the set-levels, $S_{c,t^*} := \logit(P_{c,t^*})$, were modelled as distributed around a single mean:

$$
S_{c,t^*} \sim N(S_{SA0,t^*}, \kappa^{SA0}_S), \ c \in SA0.
$$  \hspace{1cm} (3.42)

For countries in sexual activity group 1, the following hierarchical structure was used:

Level 1:  
$$
S_{c,t^*} \sim N(S_{s[c],t^*}, \kappa^{c}_S), \ c \in SA1
$$  \hspace{1cm} (3.43)

Level 2:  
$$
S_{s,t^*} \sim N(S_{SA1,t^*}, \kappa^{s}_S),
$$  \hspace{1cm} (3.44)

Level 3:  
$$
S_{SA1,t^*} \sim N(S_{w,t^*}, \kappa^{SA1}_S),
$$  \hspace{1cm} (3.45)

where $t^* = 1990$. There was no pooling between the sexual activity group parameters $S_{SA0,t^*}$ and $S_{SA1,t^*}$. This is similar to what was done by Cahill et al. (2017) for MWRA, except they classified countries as “developed” and “developing” instead of according to sexual activity group. We did this because we wanted to ensure that the model was flexible enough to capture the difference in prevalence between the two sexual activity groups. Modeling the set-level parameters at the sexual activity group level as if they were from a common world distribution would have undermined this.

All other parameters were modelled as in Cahill et al. (2017).
3.5 Data Model

The data model was the same as Cahill et al.’s (2017), with one exception. Those authors rounded all direct estimates of prevalence less than one percent up to one percent to avoid computational difficulties due to numerical over/under-flow. This approach was not followed for UWRA because too many data points would have been affected, introducing bias. For these surveys, the approach described in Section 3.5.2 was used.

3.5.1 Total prevalence greater than one percent

The data model for observations with total prevalence greater than or equal to 1 percent was identical to that used by Cahill et al. (2017) and Alkema et al. (2013, Online Supplement, Section 2.3). Briefly, observations which provided an estimate of prevalence broken down by modern/traditional status were modelled using a bivariate normal distribution on the logit scale

\[
\begin{bmatrix}
\log \left( \frac{y_{i,1}}{y_{i,3+4}} \right) \\
\log \left( \frac{y_{i,2}}{y_{i,3+4}} \right)
\end{bmatrix} 
\sim \mathcal{N} \left( \begin{bmatrix}
\log \left( \frac{q_{i,1}}{q_{i,3+4}} \right) \\
\log \left( \frac{q_{i,2}}{q_{i,3+4}} \right)
\end{bmatrix}, \Sigma_{S[i]} \right),
\tag{3.46}
\]

where \(y_{i,3+4} = y_{i,3} + y_{i,4}\), the \(q_{i,m}\) are the bias-adjusted and perturbed proportions (see Sections 3.5.7 and 3.5.8), and

\[
\Sigma_i = \begin{bmatrix}
\sigma_{i,1}^2 & \phi_i \sigma_{i,1} \sigma_{i,2} \\
\phi_i \sigma_{i,1} \sigma_{i,2} & \sigma_{i,2}^2
\end{bmatrix}
\tag{3.47}
\]

In the above, \(\sigma_{i,k}^2\) is the error variance of observation \(i\) coming from source \(S\) for the log-ratios \(k = 1\) (traditional) and \(k = 2\) (modern), and \(\phi_i\) is the correlation of the log-ratios. Error variances were decomposed further into sampling and non-sampling components (see Section 3.5.4).

Observations providing only an estimate of total prevalence were modelled similarly but with a univariate normal:

\[
\log \left( \frac{y_{i,1+2}}{1 - y_{i,1+2}} \right) 
\sim \mathcal{N} \left( \log \left( \frac{q_{i,1+2}}{1 - q_{i,1+2}} \right), \sigma_T^2 \right),
\tag{3.48}
\]

where \(\sigma_T^2\) is the error variance for total prevalence on the logit-transformed scale. A common error variance was assumed for all sources due to the small number of observations falling in this category.

3.5.2 Total prevalence less than one percent

For 41 observations (7.4 percent), estimated total prevalence was less than 1 percent \((y_1 + y_2 < 0.01)\). These observations were found to have a large influence on posterior estimates of source variances \((\sigma_{S,k}^2)\). This appeared to be a side effect of the transformation used. On the logistic scale a few small proportions become extreme outliers after transformation and the resulting set of transformed observations are not well-modelled by a single (source-specific) logistic-normal distribution. To account for this, results from all surveys reporting a total prevalence estimate of less than or equal to one percent were assigned to the new source type. This was done irrespective of the original source type (DHS, MICS, etc.).
3.5.3 Unmet need

The data model for the break-down of women who do not use any method (categories 3 and 4) into the category unmet/no need was the same as that used by Cahill et al. (2017):

\[
\logit \left( \frac{y_{i,3}}{y_{i,3+4}} \right) = \log \left( \frac{y_{i,3}}{y_{i,4}} \right) \sim N \left( \log \left( \frac{q_{i,3}}{q_{i,4}} \right), \sigma^2_{S[i],3} \right),
\]

(3.49)

where \( \sigma^2_{S[i],3} \) is the error variance of observation \( i \) coming from source \( S \) for the log-ratios of unmet need to no need. This model was used irrespective of the estimate for total prevalence. Error variances were decomposed further into sampling and non-sampling components (see Section 3.5.4).

3.5.4 Sampling and non-sampling errors

The variance components of the data models for contraceptive prevalence and unmet need for observations providing a breakdown between modern and traditional methods (Eqns. (3.47) and (3.49)) were decomposed into sampling error, \( \nu_{i,k} \), and non-sampling error, \( \zeta^2_{S[i],k} \). One correlation parameter, \( r_{S[i]} \), was used for all observations with a common source.

\[
\sigma^2_{i,k} = \nu^2_{i,k} + \zeta^2_{S[i],k}
\]

(3.50)

\[
\phi_i = r_{S[i]}
\]

(3.51)

Estimates of sampling error were derived from microdata, thereby using information about the survey-design when available. The \( \nu_{i,k} \) were fixed at these estimated values. Sampling errors for breakdown observations were imputed when insufficient information was available to calculate them. Details are given in Cahill et al. (2017, Supplementary Appendix Section 2.5). The variance components for observations not providing a breakdown into modern and traditional prevalence were not decomposed in this way as none had sufficient survey design information.

3.5.5 Reference periods

The data model means (Eqns. (3.46), (3.48), (3.49)) applied to the entire reference period of the survey. See Cahill et al. (2017, Supplementary Appendix Section 2.6) for further details.

3.5.6 Data categorization based on source types

The number of observations by data source category, estimate of total prevalence (less than, or greater than or equal to, 1 percent), and availability of modern-traditional breakdown are shown in Table C. Separate variance-covariance matrices (\( \Sigma_S \)) were estimated for observations with a modern-traditional breakdown. The data model for unmet need grouped all non-DHS observations together in one category.

3.5.7 Data categorization based on characteristics of the population sampled and perturbation multipliers

As in Cahill et al. (2017) and Alkema et al. (2013), perturbation multipliers were included to account for differences between the characteristics of sampled populations and the base population. Table D shows the seven categories of different characteristics that were summarized.

The first two categories describe differences specific to sampled populations of UWRA. Category one comprises observations from surveys where questions on contraceptive use were only asked
Table C. Number of observations for contraceptive prevalence and unmet need by data model source and availability of breakdown of contraceptive use into use of modern methods and use of traditional methods.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Trad./Mod. Breakdown</th>
<th>DHS</th>
<th>MICS</th>
<th>PMA</th>
<th>National survey</th>
<th>Other</th>
<th>CP &lt; 1%</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive use</td>
<td>Avail.</td>
<td>176</td>
<td>92</td>
<td>34</td>
<td>79</td>
<td>106</td>
<td>27</td>
<td>511</td>
</tr>
<tr>
<td></td>
<td>Unavail.</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>16</td>
<td>—</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>176</td>
<td>92</td>
<td>34</td>
<td>95</td>
<td>53</td>
<td>41</td>
<td>551</td>
</tr>
<tr>
<td>Unmet</td>
<td></td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>10</td>
<td>—</td>
<td>282</td>
</tr>
</tbody>
</table>

Table D. Categorisation of non-base population samples, number of observations in each category and comparison of the expected prevalence levels in the non-base category compared to the base category of unmarried and not in a union women of reproductive age (UWRA).

<table>
<thead>
<tr>
<th>No.</th>
<th>Label</th>
<th>Characteristics of sample population</th>
<th># obs.</th>
<th>Contraceptive use compared to base population of UWRA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>With partner only</td>
<td>Contraceptive use questions were asked only among women with a partner</td>
<td>10</td>
<td>Modern and traditional use expected to be lower</td>
</tr>
<tr>
<td>2</td>
<td>Sterilization only</td>
<td>Unmarried/Not-in-union data pertain to female sterilization only</td>
<td>18</td>
<td>Modern and traditional use expected to be lower</td>
</tr>
<tr>
<td>3</td>
<td>Geographical region</td>
<td>Specific geographical region or population group</td>
<td>14</td>
<td>Potentially different</td>
</tr>
<tr>
<td>4</td>
<td>Higher risk of pregnancy</td>
<td>Data pertain to women exposed to an elevated risk of pregnancy, e.g., recently sexually active or incl. women in cohabiting unions.</td>
<td>5</td>
<td>Modern and traditional use expected to be higher</td>
</tr>
<tr>
<td>5</td>
<td>Age group with - bias</td>
<td>Age group starts at ages 13-17 but ends after 51</td>
<td>1</td>
<td>Modern and traditional use expected to be lower</td>
</tr>
<tr>
<td>6</td>
<td>Age group with + bias</td>
<td>Age groups starts at ages 18-25 and ends before 51</td>
<td>37</td>
<td>Modern and traditional use expected to be higher</td>
</tr>
<tr>
<td>7</td>
<td>Age group different</td>
<td>Other age group (not described by groups 6 and 7)</td>
<td>40</td>
<td>Potentially different</td>
</tr>
</tbody>
</table>
among UWRA who had a non-cohabiting partner. Women without a partner, while included in the samples, were not asked about contraceptive use and were therefore not counted in the numerator when calculating the family planning indicators. As a result, observations of contraceptive use were expected to be too low. This concerns the majority of observations (10) from the first and second rounds of the Gender and Generation Program. Category two consists of observations (18) from DHS data that pertain to female sterilisation only (asked of formerly married women only). Other contraceptive methods were not reported for UWRA so that these samples under-estimate contraceptive use.

Categories three to seven describe differences between characteristics of sampled populations and the base population. Category three refers to samples covering specific geographic regions or population groups with potentially different levels of contraceptive prevalence compared to the base population (14 observations). Category four includes observations that covered women living in a cohabiting union in the group of UWRA (5) because this was likely to have elevated the risk of pregnancy. This was the case for data from the German 1985 Survey on Family Planning Behaviour and from the Japan 2014 Biodemography Project Survey. Contraceptive prevalence among UWRA is expected to be higher for these two observations than for the base population due to the inclusion of women in cohabiting unions who tend to have higher levels of contraceptive use.

Categories five, six and seven apply to observations from surveys, which sampled UWRA populations in age groups other than 13–51 years, which was set as the “baseline” population, allowing for some flexibility outside the nominal 15–49 years age range. Age groups starting at ages between 13 and 17 (inclusive) and ending at ages 52 or above (1 observation) were assumed to have lower contraceptive use than the baseline. Age groups starting at ages between 18 and 25 (inclusive) and ending at ages 51 and below (37 observations) were expected to have higher contraceptive use relative to baseline. Sample populations with other age ranges (40 observations) were deemed to be potentially different, but with unknown direction.

Perturbation multipliers to model these expected differences in prevalence between non-baseline groups and UWRA were applied in the same way as in Cahill et al. (2017) and Alkema et al. (2013). The perturbed compositional vector for observation $i$ is denoted $\tilde{q}_i = (\tilde{q}_{i,1}, \tilde{q}_{i,2}, \tilde{q}_{i,3}, \tilde{q}_{i,4})$.

### 3.5.8 Misclassification biases

Bias parameters were included in the model to account for survey misclassification errors; that is, women who were classified as belonging to one contraceptive use component when they should have been classified as belonging to another. The same parameters as used by Cahill et al. (2017) and Alkema et al. (2013, see Supplementary Appendix Section 2.3.3) for MWRA were used here for UWRA. These were:

1. Exclusion of sterilization from modern method use, expected to have lead to under-reporting of total and modern method use (9 observations).
2. Inclusion of sterilization for non-contraceptive reasons in modern method use, expected to have led to over-reporting of total and modern method use (24 observations).
3. Inclusion of folk methods in traditional method use, expected to have lead to over-reporting of total and traditional method use (26 observations).
4. Absence of probing questions about knowledge of contraceptive methods, expected to have led to under-reporting of traditional method use (94 observations).

The corrected (perturbed and bias adjusted) compositional vector for observation $i$ is denoted $q_i = (q_{i,1}, q_{i,2}, q_{i,3}, q_{i,4})$. 

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3.5.9 Bias and perturbation parameters: The examples of Austria and Belgium

Misclassification biases were included to account for survey misclassification errors, while perturbation multipliers were intended to account for errors due to sampling from a population different from the target (i.e., UWRA). We explain by way of the examples of Austria and Belgium. The model inputs for these two countries are in Table E. The age groups targeted by the surveys available for Austria and Belgium were all different from the nominal range 15–49, hence a perturbation multiplier for “Age group different” (group 7, Table D) will be applied. The observation for Belgium from the 2009 GGS pertains not to UWRA but to partnered women (PW) only so a multiplier for “With partner only” (group 1, Table D) will also be applied. Finally, since the GGS for these two countries counted sterilization for non-contraceptive reasons as modern method use, a portion of those women classified as modern method users need to be re-classified as non-users. This is done through the misclassification bias parameter $\gamma_{2,4}$, where subscripts correspond to the components of the composition $p_{c,t} = p_{c,t}$ (see Section 3.2).

Table E. Example: Input data for Austria and Belgium, including indicators used to estimate misclassification biases and perturbation multipliers. Data source ‘GGS’ is the Generations and Gender Survey (GGS) and ‘NS’ is national surveys; population type ‘PW’ is partnered women (PW).
Source: UN Population Division (2018b) and surveys as indicated.

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Age</th>
<th>Source</th>
<th>Modern use</th>
<th>Trad. use</th>
<th>Pop. type</th>
<th>Age bias</th>
<th>Modern method bias</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>2013.1</td>
<td>18-49</td>
<td>GGS</td>
<td>Other</td>
<td>57.37</td>
<td>1.64</td>
<td>UWRA</td>
<td>+</td>
</tr>
<tr>
<td>Belgium</td>
<td>2009.2</td>
<td>18-49</td>
<td>GGS</td>
<td>Other</td>
<td>35.00</td>
<td>0.20</td>
<td>PW</td>
<td>+</td>
</tr>
<tr>
<td>Belgium</td>
<td>2013.5</td>
<td>15-54</td>
<td>NS</td>
<td>NS</td>
<td>55.32</td>
<td>0.71</td>
<td>UWRA</td>
<td>-</td>
</tr>
</tbody>
</table>

---

S1 Appendix, Contraceptive Use and Needs for Family Planning Worldwide
### 3.6 Full model specification and prior distributions

#### 3.6.1 List of main symbols

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$p_{c,t,m}$</td>
<td>Unobserved proportion of UWRA in country $c$, year $t$ in category $m$ (referring to traditional and modern use, unmet need and no need respectively)</td>
</tr>
<tr>
<td>$n_{c,t,m}$</td>
<td>Unobserved number of UWRA in country $c$, year $t$ in category $m$ (referring to traditional and modern use, unmet need and no need respectively)</td>
</tr>
<tr>
<td>$P_{c,t}$</td>
<td>Total contraceptive prevalence in country $c$, year $t$</td>
</tr>
<tr>
<td>$R_{c,t}$</td>
<td>Ratio of modern to total prevalence in country $c$, year $t$</td>
</tr>
<tr>
<td>$Z_{c,t}$</td>
<td>Ratio of unmet need to no method in country $c$, year $t$</td>
</tr>
<tr>
<td>$S_{c,t}$</td>
<td>logit($P_{c,t}$)</td>
</tr>
<tr>
<td>$P^*_{c,t}$</td>
<td>Systematic trend in $P_{c,t}$</td>
</tr>
<tr>
<td>$R^*_{c,t}$</td>
<td>Systematic trend in $R_{c,t}$</td>
</tr>
<tr>
<td>$Z^*_{c,t}$</td>
<td>Systematic trend in $Z_{c,t}$</td>
</tr>
<tr>
<td>$P_c$</td>
<td>Asymptote of $P^*_{c,t}$</td>
</tr>
<tr>
<td>$R_c$</td>
<td>Asymptote of $R^*_{c,t}$</td>
</tr>
<tr>
<td>$\psi_c$</td>
<td>Pace parameter for increase in $R^*_{c,t}$</td>
</tr>
<tr>
<td>$\omega_c$</td>
<td>Pace parameter for increase in $P^*_{c,t}$</td>
</tr>
<tr>
<td>$\psi_c$</td>
<td>Midpoint for increase in $R^*_{c,t}$</td>
</tr>
<tr>
<td>$P_{c,t}^*$</td>
<td>Set-level of prevalence, $P_{c,t}$, $t^* = 1990.$</td>
</tr>
<tr>
<td>$z_c$</td>
<td>“Intercept” parametric model for $Z^*_{c,t}$</td>
</tr>
<tr>
<td>${\beta_1, \beta_2}$</td>
<td>Coefficients of parametric model for $Z^*_{c,t}$</td>
</tr>
<tr>
<td>$\kappa^{(c)}$</td>
<td>Variance parameter in hierarchical distributions on country, subregional and regional level ($\kappa^{(c)}$, $\kappa^{(s)}$ and $\kappa^{(r)}$ respectively)</td>
</tr>
<tr>
<td>$\varepsilon_{c,t}$</td>
<td>AR(1) distortion for $P_{c,t}$</td>
</tr>
<tr>
<td>$\eta_{c,t}$</td>
<td>AR(1) distortion for $R_{c,t}$</td>
</tr>
<tr>
<td>$\theta_{c,t}$</td>
<td>AR(1) distortion for $Z_{c,t}$</td>
</tr>
<tr>
<td>${\rho_{e}, \rho_{\eta}, \rho_{\theta}}$</td>
<td>Autoregressive coefficients for the AR(1) distortions</td>
</tr>
<tr>
<td>${\tau_{e}, \tau_{\eta}, \tau_{\theta}}$</td>
<td>Variance parameters of the AR(1) distortions</td>
</tr>
</tbody>
</table>
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3.6 Full model specification and prior distributions

$q_{i,m}$ Perturbed and bias-adjusted proportion of women for observation $i$

$y_{i,m}$ Observed proportion of women in observation $i$

$\gamma_{n,m}$ Misclassification bias parameter (from category $n$ to $m$)

$\{\xi_m^2, \lambda_m^2\}$ Variance parameters for perturbation multipliers for $m = 1, 2$

$\mu_p$ Mean of (transformed) perturbation multipliers (that were expected to be different from 1)

$\sigma_T^2$ Error variance for all observations providing only an estimate of total prevalence

$\sigma_{i,k}^2$ Error variance for observation $i$, for traditional/total use, modern/total use and unmet need/no use ($k = 1, 2, 3$)

$\nu_{i,k}^2$ Sampling error variance for observation $i$, for traditional/total use, modern/total use and unmet need/no use ($k = 1, 2, 3$)

$\zeta_{S[i],k}^2$ Non-sampling error variance for observation $i$ coming from source $S$, for traditional/total use, modern/total use and unmet need/no use ($k = 1, 2, 3$)

$\phi_i$ Correlation parameter for observation $i$ coming from source $S$. $\phi_i = r_S[i]$ for all observations $i$ coming from source $S$.

$V_{j,m}^{(g)}$ $j$-th Multiplier for perturbation category $g$, contraceptive use category $m$

### 3.6.2 List of indices

These symbols index the following quantities when used as indices of the main symbols.

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$c$</td>
<td>country</td>
</tr>
<tr>
<td>$g$</td>
<td>perturbation category</td>
</tr>
<tr>
<td>$i$</td>
<td>observation (i.e., one survey data point)</td>
</tr>
<tr>
<td>$j$</td>
<td>perturbation multiplier for a given perturbation category, $g$</td>
</tr>
<tr>
<td>$k$</td>
<td>data model (traditional/total use, modern/total use and unmet need/no use ($k = 1, 2, 3$)</td>
</tr>
<tr>
<td>$m$</td>
<td>contraceptive prevalence category (referring to traditional and modern use, unmet need and no need respectively)</td>
</tr>
<tr>
<td>$r, r[s], r[c]$</td>
<td>$r$ indicates region (e.g., Africa), $r[s]$ or $r[c]$ indicates the region the subregion or country belongs to</td>
</tr>
<tr>
<td>$s, s[c]$</td>
<td>$s$ indicates subregion (e.g., Eastern Africa), $s[c]$ indicates subregion country $c$ belongs to</td>
</tr>
<tr>
<td>$S$</td>
<td>observation source (e.g., DHS, MICS, etc.)</td>
</tr>
<tr>
<td>$S[i]$</td>
<td>source (e.g., DHS, MICS, etc.) from which observation $i$ comes</td>
</tr>
<tr>
<td>$SA, SA[c]$</td>
<td>$SA$ indicates sexual activity group (0 or 1), $SA[c]$ indicates the sexual activity group country $c$ belongs to</td>
</tr>
<tr>
<td>$t$</td>
<td>time (in years)</td>
</tr>
<tr>
<td>$w$</td>
<td>world</td>
</tr>
</tbody>
</table>

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3.6 Full model specification and prior distributions

3.6.3 Model specification

\[ p_{c,t,1} = (1 - R_{c,t}) \cdot P_{c,t} \]  
(3.52)

\[ p_{c,t,2} = R_{c,t} \cdot P_{c,t} \]  
(3.53)

\[ p_{c,t,3} = (1 - P_{c,t}) \cdot Z_{c,t} \]  
(3.54)

\[ p_{c,t,4} = (1 - P_{c,t}) \cdot (1 - Z_{c,t}) \]  
(3.55)

\[ R_{c,t} = \logit^{-1} \left( \logit(R_{c,t}^*) + \eta_{c,t}\right) \]  
(3.56)

\[ Z_{c,t} = \logit^{-1} \left( \logit(Z_{c,t}^*) + \theta_{c,t}\right) \]  
(3.57)

\[ \eta_{c,t} \sim N(\rho_\eta \cdot \eta_{c,t-1}, \tau^2_\eta) \]  
(3.58)

\[ \theta_{c,t} \sim N(\rho_\theta \cdot \theta_{c,t-1}, \tau^2_\theta) \]  
(3.59)

\[ \eta_{c,t,1} \sim N\left(0, \frac{\tau^2_\eta}{1 - \rho^2_\eta}\right) \]  
(3.60)

\[ \theta_{c,t,1} \sim N\left(0, \frac{\tau^2_\theta}{1 - \rho^2_\theta}\right) \]  
(3.61)

\[ R_{c,t}^* = \frac{\bar{R}_c}{1 + \exp(-\psi_c(t - \Psi_c))} \]  
(3.62)

\[ Z_{c,t}^* = \frac{1}{1 + \exp(z_c + \beta_1(P_{c,t} - 0.4) + \beta_2 \cdot (P_{c,t} - 0.4)^2)} \]  
(3.63)

\[ S_{c,t} := \logit(P_{c,t}) \]  
(3.64)

\[ S_{c,t}^* := \logit\left(\bar{P}_c \logit^{-1}\left(\logit\left(\frac{P_{c,t-1}}{P_c}\right) + \omega_c\right)\right) + \varepsilon_{c,t}, \text{ when } P_{c,t-1} < \bar{P}_c, \]  
(3.65)

\[ t > t^*: \begin{cases} 
\logit\left(\bar{P}_c \logit^{-1}\left(\logit\left(\frac{P_{c,t+1}}{P_c}\right) + \omega_c\right)\right) + \varepsilon_{c,t}, \text{ when } P_{c,t-1} < \bar{P}_c, \\
S_{c,t-1} + \varepsilon_{c,t}, \text{ otherwise.} \end{cases} \]  
(3.65)

\[ t < t^*: \begin{cases} 
\logit\left(\bar{P}_c \logit^{-1}\left(\logit^{-1}(S_{c,t+1} - \varepsilon_{c,t}) - \omega_c\right)\right), \text{ when } \logit^{-1}(S_{c,t+1} - \varepsilon_{c,t}) < \bar{P}_c, \\
S_{c,t+1} - \varepsilon_{c,t}, \text{ otherwise.} \end{cases} \]  
(3.66)

\[ \varepsilon_{c,t} \sim N(\rho_\varepsilon \cdot \varepsilon_{c,t-1}, \tau^2_\varepsilon) \]  
(3.67)

\[ \varepsilon_{c,t,1} \sim N\left(0, \frac{\tau^2_\varepsilon}{1 - \rho^2_\varepsilon}\right) \]  
(3.68)
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3.6 Full model specification and prior distributions

\[
\log \left( \frac{\tilde{P}_c - 0.1}{1 - \tilde{P}_c} \right) \sim N(\tilde{P}_w, \kappa_P^{(c)})
\]

\[
\log \left( \frac{\tilde{R}_c - 0.1}{1 - \tilde{R}_c} \right) \sim N(\tilde{R}_w, \kappa_R^{(c)})
\]

\[
\omega_c^* = \log \left( \frac{\omega_c - 0.01}{0.5 - \omega_c} \right)
\]

\[
\omega_c^* \sim \begin{cases} 
N(\omega_{c|c}, \kappa^{(c)}_{c}), & c \in SA0 \\
N(\omega_{s|c}, \kappa^{(c)}_{s}), & c \in SA1
\end{cases}
\]

\[
\omega_s^* \sim N(\omega_{SA1}^*, \kappa^{(s)}_w)
\]

\[
\omega_r^* \sim N(\omega_{SA0}^*, \kappa^{(r)}_w)
\]

\[
\omega_{SA0}^* \sim N(\omega_{w|c}^*, \kappa^{(SA)}_w)
\]

\[
\omega_{SA1}^* \sim N(\omega_{w|c}^*, \kappa^{(SA)}_w)
\]

\[
\psi_c^* = \log \left( \frac{\psi_c - 0.01}{0.5 - \psi_c} \right)
\]

\[
\psi_c^* \sim \begin{cases} 
N(\psi_{c|c}, \kappa^{(c)}_{c}), & c \in SA0 \\
N(\psi_{s|c}, \kappa^{(c)}_{s}), & c \in SA1
\end{cases}
\]

\[
\psi_s^* \sim N(\psi_{SA1}^*, \kappa^{(s)}_\psi)
\]

\[
\psi_r^* \sim N(\psi_{SA0}^*, \kappa^{(r)}_\psi)
\]

\[
\psi_{SA0}^* \sim N(\psi_{w|c}^*, \kappa^{(SA)}_\psi)
\]

\[
\psi_{SA1}^* \sim N(\psi_{w|c}^*, \kappa^{(SA)}_\psi)
\]

\[
\Psi_c \sim \begin{cases} 
N_T(\Psi_{c|c}, \kappa^{(c)}_{\Psi}), & c \in SA0 \\
N_T(\Psi_{s|c}, \kappa^{(c)}_{\Psi}), & c \in SA1
\end{cases}
\]

\[
\Psi_s \sim N(\Psi_{SA1}^*, \kappa^{(s)}_\Psi)
\]

\[
\Psi_r \sim N(\Psi_{SA0}^*, \kappa^{(r)}_\Psi)
\]

\[
\Psi_{SA0} \sim N(\Psi_{w|c}^{(SA)}, \kappa^{(SA)}_\Psi)
\]

\[
\Psi_{SA1} \sim N(\Psi_{w|c}^{(SA)}, \kappa^{(SA)}_\Psi)
\]

\[
S_{c,t^*} \sim \begin{cases} 
N(S_{SA0,t^*}, \kappa^{(SA0)}_S), & c \in SA0 \\
N(S_{s|c}, t^*, \kappa^{(c)}_S), & c \in SA1
\end{cases}
\]

\[
S_{s,t^*} \sim N(S_{SA1,t^*}, \kappa^{(SA)}_S)
\]

\[
S_{SA1,t^*} \sim N(S_{w|c}, \kappa^{(SA1)}_S)
\]

\[
z_c \sim N(z_{c|c}, \kappa^{(c)}_z)
\]

\[
z_s \sim N(z_{w|c}, \kappa^{(r)}_z)
\]
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3.6 Full model specification and prior distributions

**Data Model**

\[
\begin{align*}
\left[ \log \left( \frac{y_{i,1}}{y_{i,2} \cdot y_{i,3+4}} \right) \right] & \sim N \left( \left[ \log \left( \frac{q_{i,1}}{q_{i,2} \cdot q_{i,3+4}} \right) \right], \Sigma_i \right), \quad y_i = (y_{i,1}, y_{i,2}, y_{i,3}, y_{i,4}) \\
\Sigma_i & = \begin{bmatrix}
\sigma_{i,1}^2 & \phi_i \sigma_{i,1} \sigma_{i,2} \\
\phi_i \sigma_{i,1} \sigma_{i,2} & \sigma_{i,2}^2
\end{bmatrix} \\
\log \left( \frac{y_{i,1+2}}{1 - y_{i,1+2}} \right) & \sim N \left( \log \left( \frac{q_{i,1+2}}{1 - q_{i,1+2}} \right), \sigma_T^2 \right), \quad y_i = (y_{i,1+2}, y_{i,3}, y_{i,4}) \\
\log \left( \frac{y_{i,3}}{y_{i,4}} \right) & \sim N \left( \log \left( \frac{q_{i,3}}{q_{i,4}} \right), \sigma_{i,3}^2 \right) \\
\sigma_{i,k}^2 & = \nu_{i,k}^2 + \zeta_{S[i],k}^2 \\
\phi_i & = r S[i]
\end{align*}
\]

**Perturbation multipliers**

\[
\begin{align*}
\tilde{q}_{i,m} & = \frac{p_{c[i],t[i],m} \cdot v_{i,m}}{\sum_{n=1}^{G} p_{i,n} \cdot v_{i,n}} \\
v_{i,m} & = \prod_{g=1}^{G} V_{i,m}^{(g)} \\
V_{i,m}^{(g)} & = \begin{cases} 
1 & \text{if } m = 3, 4 \text{ or if } i \notin S^{(g)}, \\
V_{j[i,g],m}^{(g)} & \text{if } m = 1, 2 \text{ and if } i \in S^{(g)},
\end{cases} \\
V_{j,m}^{(g)} & = \begin{cases} 
\sim \log N(0, \xi_m^2), & \text{for } g = 1, 2, 3, 6, m = 1, 2 \text{ and for } g = 4, m = 1 \\
1/(1 + W_{j,m}^{(g)}), & \text{for } g = 8, m = 1, 2 \\
1 + W_{j,m}^{(g)}, & \text{otherwise},
\end{cases} \\
\log(W_{j,m}^{(g)}) & = \begin{cases} 
\mu_1, & \text{for } m = 1 \\
N(\mu_2, \lambda_2^2), & \text{for } m = 2,
\end{cases}
\end{align*}
\]

**Misclassification biases**

\[
\begin{align*}
q_{i,1} & = \tilde{q}_{i,1}(1 - \gamma_{1,3}) + \tilde{q}_{i,3}\gamma_{3,1} \\
q_{i,2} & = \tilde{q}_{i,2}(1 - \gamma_{2,4}) + \tilde{q}_{i,4}\gamma_{4,2} \\
q_{i,3} & = \tilde{q}_{i,3}(1 - \gamma_{3,1}) + \tilde{q}_{i,1}\gamma_{1,3} \\
q_{i,4} & = \tilde{q}_{i,4}(1 - \gamma_{4,2}) + \tilde{q}_{i,2}\gamma_{2,4}
\end{align*}
\]
3.6.4 Prior distributions

Spread-out prior distributions were used for the world-level mean parameters of the logistic curves and parametric function for unmet need:

- \( \tilde{P}_w \sim N(0, 10^2) \) (3.108)
- \( \tilde{R}_w \sim N(0, 10^2) \) (3.109)
- \( \omega^*_w \sim N(-1, 10^2) \) (3.110)
- \( S_{SA0,t^*} \sim N(-1, 10^2) \) (3.111)
- \( S_{SA1,t^*} \sim N(-1, 10^2) \) (3.112)
- \( \psi^*_w \sim N(-1, 10^2) \) (3.113)
- \( \Psi_w \sim N(1980, 50^2) \) (3.114)
- \( z_w \sim N(-2, 1) \) (3.115)
- \( \beta_1 \sim N(-6, 5^2) \) (3.116)
- \( \beta_2 \sim U(-35, 0) \) (3.117)

The priors on the correlations and non-sampling error variance parameters in the data model (see Sections 3.5.1–3.5.4 and Eqns (3.93)–(3.51)) were defined marginally in JAGS as:

- \( \sigma_T \sim \text{IGamma}(0.5, 0.5 \cdot 0.15^2) \) (3.118)
- \( \zeta_{S,k} \sim U(0.01, 2) \) (3.119)
- \( r_S \sim U(-1, 1) \) (3.120)

The covariance matrices for observations with modern/traditional breakdown, \( \Sigma_{S[i]} \) were constrained to be positive definite. The prior on \( \sigma_T \) was somewhat informative due to the small number of observations with no modern/traditional breakdown. It was set using estimates from observations that did provide a modern/traditional breakdown. The priors for the \( \zeta_{S,k} \)s and \( r_S \) were intended to be proper but non-informative. Examination of traceplots and prior/posterior plots for these parameters did not suggest the posteriors were restricted by the priors.

Unless specified below, the remaining prior distributions were the same as those used by Cahill et al. (2017, Supplementary Appendix, Section 2):

\[
\begin{align*}
\sqrt{K^{(c)}} & \sim U(0, 5) \\
\sqrt{K^{(s,r,SA0,SA1)}} & \sim U(0, K_{K^c}^{(s,r,SA0,SA1)})
\end{align*}
\] (3.121) (3.122)

\( K_{K^c}^{(s,r,SA0,SA1)} \) was set large enough to ensure the prior did not restrict the posterior.

3.7 Computation and Inference

Samples from the joint posterior distribution of the model parameters (e.g., \( \tilde{P}_{c,t}, \omega_{c,t}, \varepsilon_{c,t} \), etc.) were obtained via Markov chain Monte Carlo (MCMC) sampling implemented in the statistical software packages R 3.5.2 (R Core Team, 2018) and JAGS 4.2.0 (Plummer, 2003, 2015), and R-packages R2jags 0.5-7 (Su and Yajima, 2015) and rjags 4-6 (Plummer et al., 2016). We ran 20 chains, discarded the first 20000 as burn-in, and kept every 30th iteration thereafter. The total number of saved iterations before thinning, across all chains, was 500 000. Convergence of the MCMC algorithm and the sufficiency of the number of samples obtained was checked through
visual inspection of trace plots and convergence diagnostics of Raftery and Lewis (Raftery and Lewis, 1992a,b, 1996), and Gelman and Rubin (1992), both implemented in the coda package (Plummer et al., 2006).

The trajectories of contraceptive prevalence and unmet need for each country were obtained from the MCMC sample by transforming the vector of country-specific model parameters into the indicators in the same way as done by Alkema et al. (2013, Supplementary Appendix, Section 2.5). We summarized the joint posterior distribution with 2.5, 50 (median) and 97.5 percentiles of each parameter for each country, for each year from 1970 to 2030. Our preferred point estimates (the “best” estimates) are the median outcomes in each year.

3.7.1 Countries and parameters without data

Fifty-nine countries had no data on contraceptive prevalence among UWRA. Sixty-four countries had data on prevalence, but not on unmet need (all countries with data on unmet need also had data on prevalence). Estimates of prevalence and unmet need in these cases were based on samples from the respective hierarchical distributions as described below.

Estimates of unmet need for countries without data on unmet need were derived using the method described by Alkema et al., 2013, Supplementary Appendix, Section 2.5. For countries without data on contraceptive prevalence, the same idea was applied. For example, the $j^{th}$ sample $R_{c,t}^{*}$ for a country $c$ with no prevalence data was defined as

$$R_{c,t}^{*} = \frac{\tilde{R}_{c,t}^{(j)}}{1 + \exp(-\psi_{c,t}^{(j)}(t - \Psi_{c,t}^{(j)}))}$$ (3.123)

where the component parameters were sampled from their hierarchical distributions. For example,

$$\log\left(\frac{\tilde{R}_{c,t}^{(j)} - 0.1}{1 - \tilde{R}_{c,t}^{(j)}}\right) \sim N(\tilde{R}_{w}^{(j)}, \kappa_{c,0}^{(j)})$$ (3.124)

$$\psi_{c,t}^{(j)} = \log\left(\frac{\psi_{c,t}^{(j)} - 0.01}{0.5 - \psi_{c,t}^{(j)}}\right)$$ (3.125)

$$\psi_{c,t}^{(j)} \sim \begin{cases} N(\psi_{c,0}^{(j)}, \kappa_{c,0}^{(j)}), & c \in SA0, \\ N(\psi_{c,1}^{(j)}, \kappa_{c,1}^{(j)}), & c \in SA1, \end{cases}$$ (3.126)

$$\psi_{s}^{(j)} \sim N(\psi_{s,0}^{(j)}, \kappa_{s}^{(j)})$$ (3.127)

$$\psi_{r}^{(j)} \sim N(\psi_{r,0}^{(j)}, \kappa_{r}^{(j)})$$ (3.128)

$$\psi_{SA0}^{(j)} \sim N(\psi_{w}^{(j)}, \kappa_{SA0}^{(j)})$$ (3.129)

$$\psi_{SA1}^{(j)} \sim N(\psi_{w}^{(j)}, \kappa_{SA1}^{(j)})$$ (3.130)

3.7.2 Estimates and projections of numbers of users

The model produces estimates and projections on the proportion scale, where the proportion expresses the share of each country’s population in each of the four categories of interest: prevalences of modern method use ($p_{c,t,1}$), traditional method use ($p_{c,t,2}$), unmet need ($p_{c,t,3}$), and no need ($p_{c,t,4}$; see Section 3.2). However, estimates on the count scale were also of interest. For example, at the 2012 London Summit the Family Planning 2020 (FP2020) initiative set a goal of 120 million additional users of modern contraceptives by 2020 (FP2020, 2016; Stover and Sonneveldt, 2017).
Estimates and projections of numbers of users, and number experiencing unmet need, were produced by using the estimated number of UWRA in each country to transform the proportion vector \( (p_{c,t}) \) to a count vector. Denoting the number of UWRA in country \( c \) in year \( y \) as \( W_{c,t} \), the number of women in each category, \( n_{c,t} = (n_{c,t,1}, n_{c,t,2}, n_{c,t,3}, n_{c,t,4}) \), was calculated as

\[
n_{c,t} = W_{c,t} \cdot p_{c,t}.
\]

### 3.7.3 Estimates and projections for country aggregates

Estimates and projections for country aggregates (e.g., for sexual activity groups or (sub)-regions) were constructed following Alkema et al. (2013, Supplementary Appendix, Section 2.5.1), that is by summing numbers of users over countries in the respective aggregate on the count scale. These were summarized by sample quantiles, as was done for the \( p_{c,t} \). This approach assumes that future/past distortions of the time trends are independent.

### 3.7.4 Estimates and projections for women of reproductive age irrespective of marital status

Estimates and projections for WRA were derived as follows. A posterior distribution of counts was constructed by summing MCMC sample trajectories of numbers of users and numbers experiencing unmet need among UWRA and MWRA, within country, within year. Sample trajectories of counts for MWRA were obtained from the latest model-based estimates and projections of family planning indicators (UN Population Division, 2019). For country \( c \), year \( t \), denote the \( j \)th count trajectory for WRA, MWRA, and UWRA as \( n_{c,t}^{[\text{WRA}]}(j) \), \( n_{c,t}^{[\text{MWRA}]}(j) \), \( n_{c,t}^{[\text{UWRA}]}(j) \), respectively. Then,

\[
n_{c,t}^{[\text{WRA}]}(j) = n_{c,t}^{[\text{MWRA}]}(j) + n_{c,t}^{[\text{UWRA}]}(j), \quad j = 1, \ldots, J
\]

where \( J \) is the number of trajectories in the smaller of the two sets ([UWRA] and [MWRA]). Note that, since the MCMC samples for UWRA and MWRA are random samples, hence in a random order, we obtain a random sample for WRA regardless of which UWRA trajectory is paired with, and added to, which MWRA (as long as each trajectory is used only once). For convenience, we add them in the order they appear in the dataset. The \( n_{c,t}^{[\text{WRA}]}(j) \) can be summarized by sample quantiles in the usual way. They can also be converted to proportions for WRA using the method in Section 3.7.3 but using the numbers of WRA instead. This approach assumes that the [UWRA] and [MWRA] trajectories are conditionally independent, given the data.

### 3.7.5 Inference on changes

Inference about changes in the indicators over set time periods of interest were derived in exactly the same was as done by Alkema et al. (2013, Supplementary Appendix, Section 2.5.2).

### 3.7.6 Aggregate median adjustments

The estimates and projections include adjusted median values derived from the posterior distributions of the Bayesian hierarchical model. To perform the adjustments, the medians of the Bayesian posterior distributions for total contraceptive prevalence, \( p_{c,t,1} + p_{c,t,2} = P_{c,t} \), modern contraceptive prevalence, \( p_{c,t,2} = P_{c,t} R_{c,t} \), and unmet need for any method of contraception, \( p_{c,t,3} = (1 - P_{c,t}) Z_{c,t} \), were retained as estimated by the model. Posterior medians of these values were used to compute adjusted posterior medians for the other indicators, such as traditional contraceptive prevalence,
$p_{c,t,1}$, total demand for family planning, $D_{c,t} := p_{c,t,1} + p_{c,t,2} + p_{c,t,3}$, and the ratio of modern contraceptive prevalence to total demand for family planning $M_{c,t} := p_{c,t,2} / D_{c,t}$. The last of these measures serves as sustainable development goal (SDG) indicator 3.7.1.

The mathematical operations performed to obtain the adjusted indicators were as follows:

\[
\begin{align*}
  p_{c,t,1}^* &= \tilde{P}_{c,t} - \tilde{p}_{c,t,2} \\
  D_{c,t}^* &= \tilde{P}_{c,t} + \tilde{p}_{c,t,3} \\
  M_{c,t}^* &= \frac{\tilde{p}_{c,t,2}}{D_{c,t}^*}
\end{align*}
\]

where the notation $x^*$ signifies the adjusted value of variable $x$ and $\tilde{y}$ signifies the posterior median of the variable $y$. These adjustments ensure that the reported values conform to the identities required by their definitions, namely: $\tilde{P}_{c,t} = p_{c,t,1}^* + \tilde{p}_{c,t,2}$; $D_{c,t}^* = \tilde{P}_{c,t} + \tilde{p}_{c,t,3}$; and $M_{c,t}^* = \tilde{p}_{c,t,2} / D_{c,t}^*$.

The adjustments described here were used to derive adjusted median values only. A similar adjustment was not applied to other percentiles of the posterior distributions, and therefore the identities mentioned above do not hold, in general, for the endpoints of the uncertainty ranges.

3.8 Model validation

Model performance was assessed using a set of cross-validation exercises like those employed by Alkema et al. (2013, Supplementary Appendix, Section 2.6):

- **Exercise 1** Leave out 20 percent of the observations within each country at random.
- **Exercise 2** Leave out all data with observation years 2014 or later (20 percent).
- **Exercise 3** Leave out all unmet need observations for a randomly chosen 20 percent of countries with at least one. Due to a small number of countries remaining in the test set, this exercise was repeated five times and the results averaged.

Exercise 1 assesses general out-of-sample performance, Exercise 2 assesses forecast performance, and Exercise 3 assesses the fit to the unmet need data.

The following measures were used to summarize the results:

1. Median prediction error and median absolute prediction error.
   - For example, the error in predicting total prevalence for left out observation $i$ was computed as $e_{i,1+2} = y_{i,1+2} - \hat{y}_{i,1+2}$, where $\hat{y}_{i,1+2}$ is the predictive posterior median of $y_{i,1+2}$ (taking into account perturbations and biases).
2. Proportion of the left out observations less than their posterior predictive median. If the model is well calibrated, we expect this to be around 50 percent.
3. Coverage of 95 percent prediction intervals with respect to the left out observations.
   - This was defined as the proportion of the left out observations that fell inside the respective posterior predictive intervals. If the model is well calibrated, and if the left out observations are independent from one another, we expect this to be the nominal level (e.g., for 95 percent intervals, this should be close to 0.95).

Only one left out observation per country was used to calculate the above measures so as to reduce bias due to dependence among observations within country.
4 RESULTS

In this section we present estimates of model parameters other than the main contraceptive prevalence parameter components, such as source variances, bias parameters, and perturbation multipliers. We also summarize the results of the model assessment exercises. Supplementary tables and figures summarizing results for the contraceptive prevalence components are in Sections 5 and Supplementary Appendix II.

4.1 Error variance parameters

The error variance parameters of the data model represent uncertainty due to sampling and non-sampling error in the data. Posterior estimates for the log-ratios of modern to no-use, traditional to no-use, and unmet need, by source type, for the UWRA and MWRA models are in Figure I. Overall, errors for MWRA are lower than those for UWRA, primarily reflecting the greater data availability for the former group.

Within source type, errors are smaller for the modern to no-use log-ratios than they are for the traditional to no-use log-ratios. Among sources, errors for DHS sourced observations are the generally the lowest, particularly for traditional to no-use log-ratios.

4.2 Misclassification biases and perturbation multipliers

Posterior estimates of the misclassification bias parameters for UWRA are in Figure J. Proportions potentially misclassified due to exclusion of sterilization or an absence of probing questions were at 32 percent and 34 percent, respectively (95 percent UIs: (9, 53) and (20, 46)). The estimated proportion misclassified due to inclusion of sterilization was 0.4 percent (95 percent UI: (0.02, 1)) and due to inclusion of folk methods was 3 percent (95 percent UI: (0.2, 9)).

Estimates of the perturbation multipliers are in Figure K. Uncertainty about these parameters was generally high for those about which a direction was not assumed. Most of these were due to surveys sampling age groups different from the nominal 15–49 year old group. Multipliers for the directional age group multipliers, and those for PW, sterilization only (SO), and other positive biases, were estimated with lower variance.

4.3 Model validation

Results of the out-of-sample validations are in Table F. For Exercises 1 and 2 the proportions of left out observations falling inside the 80% and 95% prediction intervals are close to the nominal amounts for all components of contraceptive prevalence. Proportions of left out observations falling below the posterior predictive median are also close to the nominal amounts for Exercise 1. For Exercise 2 they are a little lower than the nominal value but the median errors (MEs) and median absolute errors (MAEs) are small (less than 3.2 percent).

Exercise 3 was repeated five times, and the results averaged, to compensate for the small size of the test set. The estimated coverages of the posterior predictive intervals under Exercise 3 are close to the nominal values and MEs and MAE are small.
4 RESULTS

4.3 Model validation

Figure I. Posterior estimates of standard deviation parameters of observed contraceptive prevalence log-ratios by source for (a) unmarried and not in a union women of reproductive age (UWRA) and (b) married or in a union women of reproductive age (MWRA). Dots are posterior medians, vertical lines indicate posterior 95% uncertainty intervals. The source types are: Demographic and Health Survey (DHS), Multiple Indicator Cluster Survey (MICS), national surveys (NS), other international survey (Other) and Performance Monitoring and Accountability 2020 survey (PMA).
**Figure J.** Posterior estimates of misclassification bias parameters for unmarried and not in a union women of reproductive age (UWRA). The parameters estimate bias due to exclusion of sterilization from modern method use regardless of the reason of the sterilization, inclusion of sterilization for non-contraceptive reason in modern method use, inclusion of folk methods in traditional method use, and the absence of probing questions about knowledge of specific methods.
Figure K. Posterior estimates of the perturbation multiplier parameters for unmarried and not in a union women of reproductive age (UWRA).
Table F. Summary of model validation results based on out-of-sample validation experiments. For each exercise and component, the values are the proportion of left out observations that fall outside, or inside, the respective 95% prediction intervals, and below their posterior predictive median estimate, and their median error (ME) and median absolute error (MAE). The ‘# Obs’ column gives the number of observations in the test set in each replication of each exercise. Exercise 3 was repeated five times with different randomly chosen test sets of size ‘# Obs’.

<table>
<thead>
<tr>
<th>Component</th>
<th># Obs</th>
<th>95% prediction interval</th>
<th>Median Errors (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>%Below %Within %Above</td>
<td>% Below ME MAE</td>
</tr>
<tr>
<td>Exercise 1 (leave out 20% of obs.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>73</td>
<td>2.7 93.2 4.1</td>
<td>45.2 0.4 2.1</td>
</tr>
<tr>
<td>Modern</td>
<td>73</td>
<td>2.7 94.5 2.7</td>
<td>47.9 0.1 1.7</td>
</tr>
<tr>
<td>Traditional</td>
<td>73</td>
<td>1.4 94.5 4.1</td>
<td>43.8 0.1 0.4</td>
</tr>
<tr>
<td>Unmet</td>
<td>34</td>
<td>2.9 91.2 5.9</td>
<td>41.2 0.7 1.4</td>
</tr>
<tr>
<td>Exercise 2 (end)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>64</td>
<td>2.0 97.0 2.0</td>
<td>40.6 0.8 3.1</td>
</tr>
<tr>
<td>Modern</td>
<td>64</td>
<td>3.0 97.0 0.0</td>
<td>42.2 1.0 3.0</td>
</tr>
<tr>
<td>Traditional</td>
<td>64</td>
<td>2.0 95.0 3.0</td>
<td>42.2 0.1 0.3</td>
</tr>
<tr>
<td>Unmet</td>
<td>45</td>
<td>0.0 100.0 0.0</td>
<td>37.8 0.5 1.0</td>
</tr>
<tr>
<td>Exercise 3 (unmet)*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unmet</td>
<td>14</td>
<td>2.8 94.4 2.8</td>
<td>45.7 0.6 2.1</td>
</tr>
<tr>
<td>Values Expected</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.5 95.0 2.5</td>
<td>50.0</td>
</tr>
</tbody>
</table>

* Repeated five times; results are averages over all replicates.
These tables contain results for selected years from a systematic and comprehensive set of annual, model-based estimates and projections of key indicators of the practice of family planning in a population. They include the prevalence of the use of modern contraceptive methods and the demand for family planning that is being met by use of modern contraceptive methods alone. The results for the latter for UWRA are shown only for the countries not classified as belonging to the low sexually activity (see Section 2.4).

Estimates based on medians, as well as 95 percent uncertainty intervals, are provided for 185 countries or areas, sub-regions, regions, and the world. The results are based on data available as of February 2019.

Note: The designations employed and the material presented in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. The term “country” as used in this publication also refers, as appropriate, to territories or areas. Countries or aggregates listed individually are only those with 90,000 inhabitants or more in 2017; the rest are included in the aggregates but are not listed separately.
### 5.1 Classification of countries by geographical area

**Table G.** Classification of countries by geographical area, income and sexual activity groups, and data sources used to determine sexual activity group.


<table>
<thead>
<tr>
<th>Country or aggregate</th>
<th>Region</th>
<th>Sub-region</th>
<th>World Bank income group&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Sexual activity group</th>
<th>Source data for sexual activity group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>Asia</td>
<td>Southern Asia</td>
<td>Low</td>
<td>0</td>
<td>PEW GRL</td>
</tr>
<tr>
<td>Albania</td>
<td>Europe</td>
<td>Southern Europe</td>
<td>Upper middle</td>
<td>1</td>
<td>DHS/MICS</td>
</tr>
<tr>
<td>Algeria</td>
<td>Africa</td>
<td>Northern Africa</td>
<td>Upper middle</td>
<td>0</td>
<td>PEW GRL</td>
</tr>
<tr>
<td>Angola</td>
<td>Africa</td>
<td>Middle Africa</td>
<td>Lower middle</td>
<td>1</td>
<td>PEW GRL</td>
</tr>
<tr>
<td>Anguilla&lt;sup&gt;b&lt;/sup&gt;</td>
<td>LAC</td>
<td>Caribbean</td>
<td></td>
<td>1</td>
<td>PEW GRL</td>
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<tr>
<td>Antigua and Barbuda</td>
<td>LAC</td>
<td>Caribbean</td>
<td>High</td>
<td>1</td>
<td>PEW GRL</td>
</tr>
<tr>
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<td>LAC</td>
<td>South America</td>
<td>Upper middle</td>
<td>1</td>
<td>PEW GAS</td>
</tr>
<tr>
<td>Armenia</td>
<td>Asia</td>
<td>Western Asia</td>
<td>Upper middle</td>
<td>0</td>
<td>DHS/MICS</td>
</tr>
<tr>
<td>Australia</td>
<td>Oceania</td>
<td>Australia and New Zealand</td>
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<td>1</td>
<td>PEW GRL</td>
</tr>
<tr>
<td>Austria</td>
<td>Europe</td>
<td>Western Europe</td>
<td>High</td>
<td>1</td>
<td>PEW GRL</td>
</tr>
<tr>
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<td>Asia</td>
<td>Western Asia</td>
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<td>DHS/MICS</td>
</tr>
<tr>
<td>Bahamas</td>
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<td>Caribbean</td>
<td>High</td>
<td>1</td>
<td>PEW GRL</td>
</tr>
<tr>
<td>Bahrain</td>
<td>Asia</td>
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<td>High</td>
<td>0</td>
<td>PEW GRL</td>
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<td>Asia</td>
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<td>Europe</td>
<td>Western Europe</td>
<td>High</td>
<td>1</td>
<td>PEW GRL</td>
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<td>LAC</td>
<td>Central America</td>
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<td>Low</td>
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<td>South America</td>
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</tbody>
</table>

*continued*
Table G. Classification of countries by World Bank income group and sexual activity group, and data sources for sexual activity group (cont’d).

<table>
<thead>
<tr>
<th>Country or aggregate</th>
<th>Region</th>
<th>Sub-region</th>
<th>World Bank income group</th>
<th>Sexual activity group</th>
<th>Source data for sexual activity group</th>
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<tr>
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<td>PEW GRL</td>
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<td>DHS/MICS</td>
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<td>DHS/MICS</td>
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<td>Cameroon</td>
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<td>Lower middle</td>
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<td>Canada</td>
<td>N. America</td>
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<td>Low</td>
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Table G. Classification of countries by World Bank income group and sexual activity group, and data sources for sexual activity group (cont’d).

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continued
Table G. Classification of countries by World Bank income group and sexual activity group, and data sources for sexual activity group (cont’d).

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<sup>a</sup> Classification of countries by geographical area.
Table G. Classification of countries by World Bank income group and sexual activity group, and data sources for sexual activity group (cont’d).

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<sup>a</sup> World Bank income group classification: Low, Lower middle, Upper middle, High. Sexual activity group: 0, 1.
Table G. Classification of countries by World Bank income group and sexual activity group, and data sources for sexual activity group (cont’d).

<table>
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<tr>
<th>Country or aggregate</th>
<th>Region</th>
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<th>Sexual activity group</th>
<th>Source data for sexual activity group</th>
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continued
Table G. Classification of countries by World Bank income group and sexual activity group, and data sources for sexual activity group (cont’d).

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<th>Country or aggregate</th>
<th>Region</th>
<th>Sub-region</th>
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<th>Sexual activity group</th>
<th>Source data for sexual activity group</th>
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</table>


<sup>b</sup> World Bank income groups are not available for Anguilla, Cook Islands, Guadeloupe, Martinique, Montserrat, Réunion.
### 5.2 Unmarried and not in a union women of reproductive age

#### 5.2.1 Modern contraceptive prevalence in 185 countries or areas

**Table H.** Modern contraceptive prevalence, unmarried and not in a union women of reproductive age (UWRA), 2000, 2019, and 2000–2019 change, in 185 countries or areas.

*Key.* PPI = posterior probability of an increase; • = observations available; ◦ no observations available.

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<td>15.4 (12–23.1)</td>
<td>20.1 (16.3–26.3)</td>
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<tr>
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<td>31.4 (25.8–37.4)</td>
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<td>7.8 (1–15.1)</td>
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<td>Least developed countries&lt;sup&gt;a,d&lt;/sup&gt;</td>
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<td>4.8 (3.5–6.3)</td>
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<tr>
<td>Less dev. regions excl. China&lt;sup&gt;a,c&lt;/sup&gt;</td>
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<td>13.3 (11.6–15.3)</td>
<td>4.7 (2.8–6.8)</td>
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<tr>
<td>Less dev. excl. least dev. &lt;sup&gt;a,e&lt;/sup&gt;</td>
<td>11.2 (7–22.2)</td>
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<td>25.1 (16.3–41.6)</td>
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<tr>
<td>Lower-middle-income countries</td>
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<td>7.1 (5.9–9.1)</td>
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*continued*
### Table H. Modern contraceptive prevalence, unmarried and not in a union women of reproductive age (UWRA), 2000, 2019, and 2000–2019 change (cont’d).

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Table H. Modern contraceptive prevalence, unmarried and not in a union women of reproductive age (UWRA), 2000, 2019, and 2000–2019 change (cont’d).

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Table H. Modern contraceptive prevalence, unmarried and not in a union women of reproductive age (UWRA), 2000, 2019, and 2000–2019 change (cont’d).

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Table H. Modern contraceptive prevalence, unmarried and not in a union women of reproductive age (UWRA), 2000, 2019, and 2000–2019 change (cont’d).

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Table H. Modern contraceptive prevalence, unmarried and not in a union women of reproductive age (UWRA), 2000, 2019, and 2000–2019 change (cont’d).

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Table H. Modern contraceptive prevalence, unmarried and not in a union women of reproductive age (UWRA), 2000, 2019, and 2000–2019 change (cont’d).
**Table H.** Modern contraceptive prevalence, unmarried and not in a union women of reproductive age (UWRA), 2000, 2019, and 2000–2019 change (cont’d).

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*continued*
Table H. Modern contraceptive prevalence, unmarried and not in a union women of reproductive age (UWRA), 2000, 2019, and 2000–2019 change (cont’d).

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a The designation “more developed” and “less developed” regions are intended for statistical purposes and do not express a judgment about the stage reached by a particular country or area in the development process.
b More developed regions comprise Europe, Northern America, Australia/New Zealand and Japan.
c Less developed regions comprise all regions of Africa, Asia (except Japan), Latin America and the Caribbean plus Melanesia, Micronesia and Polynesia.
d The group of least developed countries includes 47 countries: 32 in Sub-Saharan Africa, 2 in Northern Africa and Western Asia, 4 in Central and Southern Asia, 4 in Eastern and South-Eastern Asia, 1 in Latin America and the Caribbean, 4 in Oceania. Further information is available at [http://unohrlls.org/about-ldcs/](http://unohrlls.org/about-ldcs/).
e Other less developed countries comprise the less developed regions excluding the least developed countries.
### Table I. Demand for family planning met by modern methods, unmarried and not in a union women of reproductive age (UWRA), 2000, 2019, and 2000–2019 change, in countries in sexual activity group 1 and country aggregates with at least one country in sexual activity group 1. Country aggregates with at least one country in sexual activity group 1 are based on all countries in the aggregate.

**Key.** PPI = posterior probability of an increase; \( \bullet \) = observations available; \( \circ \) no observations available.

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<td>81.9 (71.5–88.5)</td>
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<td>Least developed countries(^{a,d})</td>
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<td>Less dev. regions excl. China(^{a,c})</td>
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<td>Less dev. excl. least dev. (^{a,e})</td>
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<td>74.5 (60.4–85.1)</td>
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<td>56.8 (50.9–62.6)</td>
<td>16.1 (7.7–23.5)</td>
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<td>( \circ )</td>
<td>( \bullet )</td>
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<th>Met demand (modern) 2019 (51.6–70.9)</th>
<th>Change 2000–2019 (9.4 -2.8–21.5)</th>
<th>PPI 2000–2019 94</th>
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<th>Unmet Data 94</th>
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*continued*
Table I. Demand for family planning met by modern methods, unmarried and not in a union women of reproductive age (UWRA), 2000, 2019, and 2000–2019 change, in countries in sexual activity group 1 (cont’d).

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<td>90</td>
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<td>Mali</td>
<td>32.6 (23.6–42.2)</td>
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<td>Nigeria</td>
<td>44 (32.3–55.3)</td>
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<td>Senegal</td>
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### Table I. Demand for family planning met by modern methods, unmarried and not in a union women of reproductive age (UWRA), 2000, 2019, and 2000–2019 change, in countries in sexual activity group 1 (cont’d).

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Table I. Demand for family planning met by modern methods, unmarried and not in a union women of reproductive age (UWRA), 2000, 2019, and 2000–2019 change, in countries in sexual activity group 1 (cont’d).

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*continued*
Table I. Demand for family planning met by modern methods, unmarried and not in a union women of reproductive age (UWRA), 2000, 2019, and 2000–2019 change, in countries in sexual activity group 1 (cont’d).

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* The designation “more developed” and “less developed” regions are intended for statistical purposes and do not express a judgment about the stage reached by a particular country or area in the development process.

* More developed regions comprise Europe, Northern America, Australia/New Zealand and Japan.

* Less developed regions comprise all regions of Africa, Asia (except Japan), Latin America and the Caribbean plus Melanesia, Micronesia and Polynesia.

* The group of least developed countries includes 47 countries: 32 in Sub-Saharan Africa, 2 in Northern Africa and Western Asia, 4 in Central and Southern Asia, 4 in Eastern and South-Eastern Asia, 1 in Latin America and the Caribbean, 4 in Oceania. Further information is available at [http://unohrlls.org/about-ldc](http://unohrlls.org/about-ldc)/.

* Other less developed countries comprise the less developed regions excluding the least developed countries.
### 5.3 Married or in a union women of reproductive age

#### 5.3.1 Modern contraceptive prevalence in 185 countries or areas

**Table J.** Modern contraceptive prevalence, married or in a union women of reproductive age (MWRA), 2000, 2019, and 2000–2019 change, in 185 countries or areas.

*Key.* PPI = posterior probability of an increase; • = observations available; ◦ no observations available.

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*continued*
Table J. Modern contraceptive prevalence, married or in a union women of reproductive age (MWRA), 2000, 2019, and 2000–2019 change (cont’d).

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Table J. Modern contraceptive prevalence, married or in a union women of reproductive age (MWRA), 2000, 2019, and 2000–2019 change (cont’d).

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### Table J. Modern contraceptive prevalence, married or in a union women of reproductive age (MWRA), 2000, 2019, and 2000–2019 change (cont’d).

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Table J. Modern contraceptive prevalence, married or in a union women of reproductive age (MWRA), 2000, 2019, and 2000–2019 change (cont’d).

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continued
**Table J.** Modern contraceptive prevalence, married or in a union women of reproductive age (MWRA), 2000, 2019, and 2000–2019 change (cont’d).

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a The designation “more developed” and “less developed” regions are intended for statistical purposes and do not express a judgment about the stage reached by a particular country or area in the development process.

b More developed regions comprise Europe, Northern America, Australia/New Zealand and Japan.

c Less developed regions comprise all regions of Africa, Asia (except Japan), Latin America and the Caribbean plus Melanesia, Micronesia and Polynesia.

d The group of least developed countries includes 47 countries: 32 in Sub-Saharan Africa, 2 in Northern Africa and Western Asia, 4 in Central and Southern Asia, 4 in Eastern and South-Eastern Asia, 1 in Latin America and the Caribbean, 4 in Oceania. Further information is available at [http://unohrlls.org/about-ldcs/](http://unohrlls.org/about-ldcs/).

e Other less developed countries comprise the less developed regions excluding the least developed countries.
5.3.2 Demand for family planning satisfied by modern methods in 185 countries or areas

Table K. Demand for family planning met by modern methods, married or in a union women of reproductive age (MWRA), 2000, 2019, and 2000–2019 change.

Key. PPI = posterior probability of an increase; • = observations available; ◦ no observations available.

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<td>or aggregate</td>
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<td>2019</td>
<td>2000–2019</td>
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<td>Less dev. regions excl. China&lt;sup&gt;a,c&lt;/sup&gt;</td>
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<td>Less dev. excl. least dev.&lt;sup&gt;a,e&lt;/sup&gt;</td>
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<td>68.1 (63.1–72.8)</td>
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<td>21 (18–23.9)</td>
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Table K. Demand for family planning met by modern methods, married or in a union women of reproductive age (MWRA), 2000, 2019, and 2000–2019 change, in countries in sexual activity group 1 (cont’d).

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Table K. Demand for family planning met by modern methods, married or in a union women of reproductive age (MWRA), 2000, 2019, and 2000–2019 change, in countries in sexual activity group 1 (cont’d).

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<th>Country or aggregate</th>
<th>Met demand (modern) 2000 (95% CI)</th>
<th>Met demand (modern) 2019 (95% CI)</th>
<th>Change PPI 2000–2019 (95% CI)</th>
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Table K. Demand for family planning met by modern methods, married or in a union women of reproductive age (MWRA), 2000, 2019, and 2000–2019 change, in countries in sexual activity group 1 (cont’d).

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Table K. Demand for family planning met by modern methods, married or in a union women of reproductive age (MWRA), 2000, 2019, and 2000–2019 change, in countries in sexual activity group 1 (cont’d).

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Table K. Demand for family planning met by modern methods, married or in a union women of reproductive age (MWRA), 2000, 2019, and 2000–2019 change, in countries in sexual activity group 1 (cont’d).

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Table K. Demand for family planning met by modern methods, married or in a union women of reproductive age (MWRA), 2000, 2019, and 2000–2019 change, in countries in sexual activity group 1 (cont’d).

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### Table K. Demand for family planning met by modern methods, married or in a union women of reproductive age (MWRA), 2000, 2019, and 2000–2019 change, in countries in sexual activity group 1 (cont’d).

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<td>84.8 (70.4–92.5)</td>
<td>85.6 (61.5–95.5)</td>
<td>0.7 (-18–12.2)</td>
<td>54</td>
<td>●</td>
</tr>
<tr>
<td>Melanesia</td>
<td>41.5 (32–51.7)</td>
<td>50.4 (33.2–68)</td>
<td>8.6 (-9.7–27.2)</td>
<td>82</td>
<td>●</td>
</tr>
<tr>
<td>Fiji</td>
<td>59.5 (32.2–82.2)</td>
<td>65.6 (31.6–88.8)</td>
<td>5.3 (-17.4–26.3)</td>
<td>69</td>
<td>●</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>38.1 (27.7–50)</td>
<td>48.6 (28–69.1)</td>
<td>10 (-12.4–32.3)</td>
<td>81</td>
<td>●</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>45.3 (29.9–61.9)</td>
<td>46.4 (33.1–60.4)</td>
<td>1.1 (-19.7–21.2)</td>
<td>54</td>
<td>●</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>46.3 (33.2–60.4)</td>
<td>60.1 (42.2–76.1)</td>
<td>13.5 (-6.7–32.6)</td>
<td>91</td>
<td>●</td>
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<tr>
<td>Micronesia</td>
<td>58.8 (46–67.8)</td>
<td>60.4 (46.9–71.6)</td>
<td>1.8 (-10.8–13.9)</td>
<td>62</td>
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<tr>
<td>Guam</td>
<td>67.9 (44.7–81.2)</td>
<td>72.5 (46.1–88.6)</td>
<td>5 (-16.7–23.3)</td>
<td>68</td>
<td>●</td>
</tr>
<tr>
<td>Kiribati</td>
<td>44.4 (29.5–59.6)</td>
<td>41.3 (23.5–60.8)</td>
<td>-3.3 (-24.1–18.6)</td>
<td>38</td>
<td>●</td>
</tr>
<tr>
<td>Polynesia</td>
<td>38.9 (30.9–48.1)</td>
<td>44.3 (34.5–54.8)</td>
<td>5.3 (-8.1–19)</td>
<td>78</td>
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<tr>
<td>Samoa</td>
<td>34.3 (25.1–44.9)</td>
<td>38.8 (26–53.3)</td>
<td>4.5 (-12.9–22.4)</td>
<td>69</td>
<td>●</td>
</tr>
</tbody>
</table>

*continued*
Table K. Demand for family planning met by modern methods, married or in a union women of reproductive age (MWRA), 2000, 2019, and 2000–2019 change, in countries in sexual activity group 1 (cont’d).

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tonga</td>
<td>42.5 (24.2–63.3)</td>
<td>7.6 (-17.1–31.5)</td>
<td>73</td>
<td>•</td>
<td>•</td>
</tr>
</tbody>
</table>

a The designation “more developed” and “less developed” regions are intended for statistical purposes and do not express a judgment about the stage reached by a particular country or area in the development process.

b More developed regions comprise Europe, Northern America, Australia/New Zealand and Japan.

c Less developed regions comprise all regions of Africa, Asia (except Japan), Latin America and the Caribbean plus Melanesia, Micronesia and Polynesia.

d The group of least developed countries includes 47 countries: 32 in Sub-Saharan Africa, 2 in Northern Africa and Western Asia, 4 in Central and Southern Asia, 4 in Eastern and South-Eastern Asia, 1 in Latin America and the Caribbean, 4 in Oceania. Further information is available at http://unohrls.org/about-ldcis/.

e Other less developed countries comprise the less developed regions excluding the least developed countries.
## 5.4 Women of reproductive age irrespective of marital status

### 5.4.1 Modern contraceptive prevalence in 185 countries or areas

Table L. Modern contraceptive prevalence, women of reproductive age irrespective of marital status (WRA), 2000, 2019, and 2000–2019 change, in 185 countries or areas.

*Key.* PPI = posterior probability of an increase.

<table>
<thead>
<tr>
<th>Country or aggregate</th>
<th>Modern contraceptive prevalence</th>
<th>Change 2000–2019</th>
<th>PPI 2000–2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>World</td>
<td>42 (40.5–44.6)</td>
<td>44.3 (42.1–47)</td>
<td>2.2 (-0.1–4.6)</td>
</tr>
<tr>
<td>More developed regions</td>
<td>46.3 (43.2–49.4)</td>
<td>51.3 (46.9–55.8)</td>
<td>5 (0.8–9.4)</td>
</tr>
<tr>
<td>Less developed regions</td>
<td>40.9 (39.4–44.1)</td>
<td>43.1 (40.7–46.1)</td>
<td>2 (-0.6–4.7)</td>
</tr>
<tr>
<td>Least developed countries</td>
<td>15.9 (15.2–16.6)</td>
<td>27.1 (25.1–29)</td>
<td>11.2 (9.1–13.2)</td>
</tr>
<tr>
<td>Less dev. regions excl. China</td>
<td>30.9 (29.9–31.9)</td>
<td>36.4 (34.2–38.7)</td>
<td>5.5 (3.1–8)</td>
</tr>
<tr>
<td>Less dev. excl. least dev.</td>
<td>44.5 (42.7–48)</td>
<td>46.2 (43.3–49.7)</td>
<td>1.6 (-1.4–4.6)</td>
</tr>
<tr>
<td>High-income countries</td>
<td>48.7 (45.3–52.3)</td>
<td>51.6 (47.2–56.1)</td>
<td>2.9 (-1.3–7.2)</td>
</tr>
<tr>
<td>Upper-middle-income countries</td>
<td>54.5 (51.7–60.4)</td>
<td>57.1 (52.9–63.1)</td>
<td>2.4 (-1.7–6.8)</td>
</tr>
<tr>
<td>Lower-middle-income countries</td>
<td>30 (28.6–31.5)</td>
<td>35.5 (32.2–38.9)</td>
<td>5.4 (1.8–9.1)</td>
</tr>
<tr>
<td>Low-income countries</td>
<td>12.4 (11.7–13.3)</td>
<td>23.9 (22.4–25.5)</td>
<td>11.5 (9.9–13.1)</td>
</tr>
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</table>

**Africa**

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Eastern Africa</td>
<td>13.5 (12.8–14.1)</td>
<td>30.2 (28.3–32.2)</td>
<td>16.7 (14.7–18.9)</td>
</tr>
<tr>
<td>Burundi</td>
<td>5.5 (4.3–7.2)</td>
<td>17 (12.8–22)</td>
<td>11.4 (7–16.6)</td>
</tr>
<tr>
<td>Comoros</td>
<td>11.7 (9.1–14.9)</td>
<td>14.4 (8.3–23.2)</td>
<td>2.7 (-4.4–11.7)</td>
</tr>
<tr>
<td>Djibouti</td>
<td>3.2 (2–8.1)</td>
<td>11 (6.2–21.8)</td>
<td>8 (2.7–15.9)</td>
</tr>
<tr>
<td>Eritrea</td>
<td>4.5 (3.6–5.6)</td>
<td>8.1 (4–15.8)</td>
<td>3.7 (-0.7–11.3)</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>5 (4.4–5.7)</td>
<td>26 (22.3–30.1)</td>
<td>21 (17.3–25.1)</td>
</tr>
<tr>
<td>Kenya</td>
<td>23.5 (20.5–26.7)</td>
<td>43.8 (38.7–49.2)</td>
<td>20.4 (14.3–26.5)</td>
</tr>
<tr>
<td>Madagascar</td>
<td>10.5 (8.6–12.8)</td>
<td>34.1 (27–41.7)</td>
<td>23.7 (16.1–31.5)</td>
</tr>
<tr>
<td>Malawi</td>
<td>20.4 (18.7–21.8)</td>
<td>46.9 (39.1–54.7)</td>
<td>26.6 (18.5–34.4)</td>
</tr>
<tr>
<td>Mauritius</td>
<td>30.4 (23.9–36.3)</td>
<td>26.4 (17.5–35.7)</td>
<td>-3.8 (-14.1–6.8)</td>
</tr>
<tr>
<td>Mozambique</td>
<td>12.4 (10.1–15.2)</td>
<td>23.1 (15.8–32.5)</td>
<td>10.8 (2.9–20.4)</td>
</tr>
<tr>
<td>Réunion</td>
<td>46.4 (35.1–60.8)</td>
<td>47.5 (26.9–73.4)</td>
<td>0.9 (-16.9–21.8)</td>
</tr>
</tbody>
</table>

*continued*
Table L. Modern contraceptive prevalence, women of reproductive age irrespective of marital status (WRA), 2000, 2019, and 2000–2019 change, in all countries (cont’d).

<table>
<thead>
<tr>
<th>Country</th>
<th>Modern contraceptive prevalence 2000 (95% CI)</th>
<th>Modern contraceptive prevalence 2019 (95% CI)</th>
<th>Change 2000–2019 (95% CI)</th>
<th>PPI 2000–2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rwanda</td>
<td>3.9 (3.4–4.6)</td>
<td>29.3 (22.9–36.1)</td>
<td>25.4 (19–32.2)</td>
<td>100</td>
</tr>
<tr>
<td>Somalia</td>
<td>0.6 (0.1–3.5)</td>
<td>5.6 (1.3–18.3)</td>
<td>5.2 (0.8–16.3)</td>
<td>100</td>
</tr>
<tr>
<td>South Sudan</td>
<td>2.6 (1.4–5.8)</td>
<td>4.4 (2.3–10.3)</td>
<td>1.9 (-1.2–6.5)</td>
<td>88</td>
</tr>
<tr>
<td>Uganda</td>
<td>14.9 (13.2–16.7)</td>
<td>29.6 (25.7–33.9)</td>
<td>14.7 (10.3–19.2)</td>
<td>100</td>
</tr>
<tr>
<td>United Rep. of Tanzania</td>
<td>16.5 (14.1–19.2)</td>
<td>29.9 (22.3–38.5)</td>
<td>13.5 (5.3–22.3)</td>
<td>100</td>
</tr>
<tr>
<td>Zambia</td>
<td>16.3 (13.9–18.9)</td>
<td>35.6 (26.5–45.4)</td>
<td>19.3 (9.8–29.5)</td>
<td>100</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>37.2 (34.3–40.3)</td>
<td>49.7 (41.9–57.2)</td>
<td>12.4 (4–20.4)</td>
<td>100</td>
</tr>
<tr>
<td>Middle Africa</td>
<td>6.7 (5.7–8)</td>
<td>14.5 (11.3–18.7)</td>
<td>7.8 (4.4–12)</td>
<td>100</td>
</tr>
<tr>
<td>Angola</td>
<td>5.5 (4–7.8)</td>
<td>14.3 (10.2–19.9)</td>
<td>8.7 (4–14.5)</td>
<td>100</td>
</tr>
<tr>
<td>Cameroon</td>
<td>10.3 (8–13.2)</td>
<td>24.9 (15.9–35.9)</td>
<td>14.6 (5.1–25.7)</td>
<td>100</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>7.9 (5.8–10.6)</td>
<td>16.2 (8–29.4)</td>
<td>8.5 (-0.3–21.5)</td>
<td>97</td>
</tr>
<tr>
<td>Chad</td>
<td>2.2 (1.7–3)</td>
<td>5.9 (3.8–9.2)</td>
<td>3.7 (1.4–7)</td>
<td>100</td>
</tr>
<tr>
<td>Congo</td>
<td>10.1 (4.9–18.4)</td>
<td>26.3 (16.5–37.9)</td>
<td>16 (3–29.3)</td>
<td>99</td>
</tr>
<tr>
<td>Democratic Rep. of the Congo</td>
<td>5.9 (4.1–8.4)</td>
<td>11.2 (6.1–18.6)</td>
<td>5.2 (-0.4–13)</td>
<td>96</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>6.5 (3.9–11.2)</td>
<td>14.4 (8–24.7)</td>
<td>7.8 (-0.1–18.4)</td>
<td>97</td>
</tr>
<tr>
<td>Gabon</td>
<td>15.2 (13.4–17.1)</td>
<td>28.3 (17.6–41.5)</td>
<td>13.3 (2.3–26.5)</td>
<td>99</td>
</tr>
<tr>
<td>Sao Tome and Principe</td>
<td>19.7 (14.8–26)</td>
<td>35 (24.2–47.1)</td>
<td>15.2 (2.7–28.7)</td>
<td>99</td>
</tr>
<tr>
<td>Northern Africa</td>
<td>26.8 (25.6–28.5)</td>
<td>30.6 (26.7–34.9)</td>
<td>3.9 (-0.3–7.9)</td>
<td>97</td>
</tr>
<tr>
<td>Algeria</td>
<td>25.2 (21.1–30.6)</td>
<td>27 (19.5–37.2)</td>
<td>2.1 (-6.3–10.8)</td>
<td>68</td>
</tr>
<tr>
<td>Egypt</td>
<td>35.4 (33.9–36.8)</td>
<td>41.7 (33.1–49.6)</td>
<td>6.4 (-2.3–14.4)</td>
<td>93</td>
</tr>
<tr>
<td>Libya</td>
<td>11.2 (8.1–16.9)</td>
<td>8.6 (5.3–18.5)</td>
<td>-2.4 (-7.4–4.4)</td>
<td>21</td>
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<tr>
<td>Morocco</td>
<td>29.4 (25.5–34.5)</td>
<td>31.8 (27.7–39.2)</td>
<td>2.6 (-3.1–9)</td>
<td>82</td>
</tr>
<tr>
<td>Sudan</td>
<td>4.4 (3–7.6)</td>
<td>9 (5.1–17.1)</td>
<td>4.8 (0.3–11.6)</td>
<td>98</td>
</tr>
<tr>
<td>Tunisia</td>
<td>28.6 (25.2–33.5)</td>
<td>29.5 (21.3–39.4)</td>
<td>1.1 (-7.7–9.7)</td>
<td>60</td>
</tr>
<tr>
<td>Southern Africa</td>
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<td>49.4 (42–56.7)</td>
<td>1.6 (-6.8–10)</td>
<td>65</td>
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<tr>
<td>Botswana</td>
<td>38.3 (27.6–52.2)</td>
<td>49.1 (30.1–70.8)</td>
<td>10.3 (-4.9–27.8)</td>
<td>90</td>
</tr>
<tr>
<td>Eswatini</td>
<td>25.6 (20.1–33)</td>
<td>52.3 (40.1–64.7)</td>
<td>26.4 (12.2–40.4)</td>
<td>100</td>
</tr>
<tr>
<td>Lesotho</td>
<td>25.2 (21.7–29.1)</td>
<td>50.7 (40.4–61.2)</td>
<td>25.3 (14.3–36.7)</td>
<td>100</td>
</tr>
</tbody>
</table>

continued
Table L. Modern contraceptive prevalence, women of reproductive age irrespective of marital status (WRA), 2000, 2019, and 2000–2019 change, in all countries (cont’d).

<table>
<thead>
<tr>
<th>Country or aggregate</th>
<th>Modern contraceptive prevalence</th>
<th>Change</th>
<th>PPI 2000–2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Namibia</td>
<td>37.3 (34.1–40.6)</td>
<td>51.7 (38.8–64.8)</td>
<td>14.5 (1.1–27.8)</td>
</tr>
<tr>
<td>South Africa</td>
<td>49.9 (44.9–54.7)</td>
<td>49.1 (40.9–57.5)</td>
<td>-0.7 (-10.3–8.9)</td>
</tr>
<tr>
<td>Western Africa</td>
<td>8.2 (7.5–9)</td>
<td>18.4 (16.6–20.3)</td>
<td>10.2 (8.2–12.2)</td>
</tr>
<tr>
<td>Benin</td>
<td>6 (4.9–7.4)</td>
<td>13.8 (10.4–18.3)</td>
<td>7.9 (4–12.5)</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>7.1 (5.8–8.5)</td>
<td>25.7 (21–31)</td>
<td>18.6 (13.7–24.1)</td>
</tr>
<tr>
<td>Cabo Verde</td>
<td>34 (28.7–40.1)</td>
<td>46.4 (29.1–65.5)</td>
<td>12.3 (-5.6–31.9)</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>10.2 (7.9–12.8)</td>
<td>21.4 (17.2–26.3)</td>
<td>11.2 (6.3–16.5)</td>
</tr>
<tr>
<td>Gambia</td>
<td>9.6 (7.7–12.2)</td>
<td>8 (4.8–13.4)</td>
<td>-1.6 (-5.7–4)</td>
</tr>
<tr>
<td>Ghana</td>
<td>11.9 (10.1–14)</td>
<td>22.6 (18.3–27.8)</td>
<td>10.7 (5.9–16.2)</td>
</tr>
<tr>
<td>Guinea</td>
<td>5.1 (4.2–6.3)</td>
<td>9.6 (6.5–14.1)</td>
<td>4.5 (1.2–9)</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
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<td>25.9 (16.9–37.4)</td>
<td>18.9 (9.3–30.5)</td>
</tr>
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<td>Liberia</td>
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<td>17 (8.3–26.7)</td>
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<tr>
<td>Mali</td>
<td>6.5 (5.4–7.7)</td>
<td>14 (9–21.6)</td>
<td>7.5 (2.3–15.1)</td>
</tr>
<tr>
<td>Mauritania</td>
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<td>8.8 (5.2–16.6)</td>
<td>5.5 (1.7–11.7)</td>
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<td>Niger</td>
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<td>13.9 (10.3–18.3)</td>
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<td>Nigeria</td>
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<td>Senegal</td>
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<td>19.6 (15.5–24.5)</td>
<td>12.4 (8–17.4)</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>6.3 (4.9–8.4)</td>
<td>24.9 (18.6–33)</td>
<td>18.6 (11.7–26.8)</td>
</tr>
<tr>
<td>Togo</td>
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<td>19.7 (12.9–29)</td>
<td>9 (1.5–18.4)</td>
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<td>Asia</td>
<td>45.1 (43–49.3)</td>
<td>46 (42.7–50.2)</td>
<td>0.8 (-2.7–4.3)</td>
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<tr>
<td>Central Asia</td>
<td>37 (35.1–38.9)</td>
<td>38.9 (31.7–45)</td>
<td>1.9 (-5.5–8.3)</td>
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<td>Kazakhstan</td>
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<td>40 (33.9–46.3)</td>
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</tr>
<tr>
<td>Kyrgyzstan</td>
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<td>27.7 (18.7–37.7)</td>
<td>-5.1 (-15.5–6)</td>
</tr>
<tr>
<td>Tajikistan</td>
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<td>20.1 (15.9–24.8)</td>
<td>-0.2 (-7.4–6.7)</td>
</tr>
<tr>
<td>Turkmenistan</td>
<td>34.9 (32.6–36.9)</td>
<td>33.4 (24.3–42.8)</td>
<td>-1.2 (-10.6–8.1)</td>
</tr>
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<td>Uzbekistan</td>
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<td>46 (31.6–58.2)</td>
<td>5.6 (-0.1–18)</td>
</tr>
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<td>Eastern Asia</td>
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<td>65.2 (58.3–75.6)</td>
<td>1.3 (-5.1–8.4)</td>
</tr>
<tr>
<td>China</td>
<td>66.9 (62.1–77.5)</td>
<td>67.9 (60.4–79.3)</td>
<td>0.6 (-6.5–8.5)</td>
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continued
Table L. Modern contraceptive prevalence, women of reproductive age irrespective of marital status (WRA), 2000, 2019, and 2000–2019 change, in all countries (cont’d).

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Table L. Modern contraceptive prevalence, women of reproductive age irrespective of marital status (WRA), 2000, 2019, and 2000–2019 change, in all countries (cont’d).

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**Table L.** Modern contraceptive prevalence, women of reproductive age irrespective of marital status (WRA), 2000, 2019, and 2000–2019 change, in all countries (cont’d).
Table L. Modern contraceptive prevalence, women of reproductive age irrespective of marital status (WRA), 2000, 2019, and 2000–2019 change, in all countries (cont’d).

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<td>7 (-5.2–20.1)</td>
<td>87</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>47.8 (40.2–58.4)</td>
<td>6.5 (-7–20.4)</td>
<td>83</td>
</tr>
<tr>
<td>El Salvador</td>
<td>38.7 (32.9–44.5)</td>
<td>8.4 (-2.6–19.6)</td>
<td>93</td>
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<td>Guatemala</td>
<td>21.3 (18.3–24.6)</td>
<td>13.6 (5.5–21.9)</td>
<td>100</td>
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<td>Honduras</td>
<td>33.3 (27.9–38.7)</td>
<td>12.6 (1.1–24.5)</td>
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<td>Mexico</td>
<td>43 (38.4–48.2)</td>
<td>7.9 (-2–17.7)</td>
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<td>Nicaragua</td>
<td>41.3 (39–43.5)</td>
<td>8.1 (-0.3–15.8)</td>
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<td>Panama</td>
<td>38.5 (28.4–49.7)</td>
<td>7.7 (-7.8–23.1)</td>
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continued
Table L. Modern contraceptive prevalence, women of reproductive age irrespective of marital status (WRA), 2000, 2019, and 2000–2019 change, in all countries (cont’d).

<table>
<thead>
<tr>
<th>Country or aggregate</th>
<th>Modern contraceptive prevalence</th>
<th>Change</th>
<th>PPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>South America</td>
<td>46.6 (43.5–49.8)</td>
<td>57.5 (50.8–64.2)</td>
<td>10.8 (3.9–17.8)</td>
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<tr>
<td>Argentina</td>
<td>45.1 (36.1–55.9)</td>
<td>54.7 (41.2–68.1)</td>
<td>9.2 (-5.7–24.3)</td>
</tr>
<tr>
<td>Bolivia, Plurinational State of</td>
<td>17.9 (15.1–20.8)</td>
<td>31.1 (23.5–39.7)</td>
<td>13.3 (5.1–22.1)</td>
</tr>
<tr>
<td>Brazil</td>
<td>53.1 (47.4–58.6)</td>
<td>63.1 (50.8–75.1)</td>
<td>9.9 (-2.8–22.7)</td>
</tr>
<tr>
<td>Chile</td>
<td>38.5 (27.9–51.5)</td>
<td>56.2 (43.7–69)</td>
<td>17.6 (2.4–32.4)</td>
</tr>
<tr>
<td>Colombia</td>
<td>45.4 (42.8–47.6)</td>
<td>59.9 (52.2–67.5)</td>
<td>14.6 (6.6–22.5)</td>
</tr>
<tr>
<td>Ecuador</td>
<td>35.7 (31.2–40.3)</td>
<td>52.3 (39.9–64.9)</td>
<td>16.6 (3.5–29.8)</td>
</tr>
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<td>Guyana</td>
<td>24.9 (20.1–31)</td>
<td>31.4 (21.6–42.7)</td>
<td>6.4 (-4.8–18.6)</td>
</tr>
<tr>
<td>Paraguay</td>
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<td>54.6 (44.7–62.8)</td>
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<tr>
<td>Peru</td>
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<td>40.2 (33.9–46.2)</td>
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<td>Suriname</td>
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<td>Uruguay</td>
<td>48 (40–60.2)</td>
<td>54.4 (41.8–70.6)</td>
<td>5.8 (-5.4–19.5)</td>
</tr>
<tr>
<td>Venezuela, Bolivarian Republic of</td>
<td>41.1 (35.1–48.4)</td>
<td>51.8 (37.4–68)</td>
<td>10.4 (-3.5–25.6)</td>
</tr>
<tr>
<td>Northern America</td>
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<td>56.9 (46.5–67)</td>
<td>0.4 (-0.8–10.5)</td>
</tr>
<tr>
<td>Canada</td>
<td>68.2 (59.2–75.4)</td>
<td>68.5 (47.4–84.6)</td>
<td>0.3 (-19–15.4)</td>
</tr>
<tr>
<td>United States of America</td>
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<td>55.7 (44.3–66.8)</td>
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</tr>
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<td>Oceania</td>
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<td>46.5 (37.9–54.8)</td>
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<td>Australia and New Zealand</td>
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<td>55.8 (44.4–66.4)</td>
<td>0.6 (-11.4–12.5)</td>
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<tr>
<td>Australia</td>
<td>54.9 (44.7–64.6)</td>
<td>55.6 (42.9–67)</td>
<td>0.5 (-12.9–14.1)</td>
</tr>
<tr>
<td>New Zealand</td>
<td>56.4 (41.6–72.1)</td>
<td>57.5 (32.9–80.6)</td>
<td>1.2 (-19.6–19.7)</td>
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<tr>
<td>Melanesia</td>
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<td>22.7 (13.3–35.5)</td>
<td>5.7 (-4.3–18.3)</td>
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<tr>
<td>Fiji</td>
<td>26 (12.1–44.6)</td>
<td>31.3 (11.6–57.3)</td>
<td>4.9 (-10.4–23.4)</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>15.4 (11.4–20.5)</td>
<td>21.6 (10.6–36.8)</td>
<td>6.3 (-5.7–21.6)</td>
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<tr>
<td>Solomon Islands</td>
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<td>19.4 (13.1–27.5)</td>
<td>2.1 (-9–12.6)</td>
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<td>Vanuatu</td>
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<td>31.8 (20.7–44.4)</td>
<td>11.1 (-1.8–24.4)</td>
</tr>
<tr>
<td>Micronesia</td>
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<td>30 (20.6–43.8)</td>
<td>1.4 (-7.2–11.2)</td>
</tr>
<tr>
<td>Guam</td>
<td>33.6 (20.9–52.7)</td>
<td>36.2 (18.5–63.9)</td>
<td>2.4 (-11.9–20.8)</td>
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<tr>
<td>Kiribati</td>
<td>21.6 (15.2–29)</td>
<td>18.1 (9.3–32.1)</td>
<td>-3.3 (-14.6–11.2)</td>
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</table>

continued
**Table L.** Modern contraceptive prevalence, women of reproductive age irrespective of marital status (WRA), 2000, 2019, and 2000–2019 change, in all countries (cont’d).

<table>
<thead>
<tr>
<th>Country or aggregate</th>
<th>Modern contraceptive prevalence</th>
<th>Change 2000–2019</th>
<th>PPI 2000–2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polynesia</td>
<td>16.4 (12.9–20.6)</td>
<td>1.8 (-4.5–8.3)</td>
<td>71</td>
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<tr>
<td>Samoa</td>
<td>14.9 (10.7–20.1)</td>
<td>0.9 (-7.1–9.4)</td>
<td>58</td>
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<tr>
<td>Tonga</td>
<td>13.8 (7.3–23.5)</td>
<td>3.2 (-8–13.9)</td>
<td>72</td>
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</tbody>
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The designation “more developed” and “less developed” regions are intended for statistical purposes and do not express a judgment about the stage reached by a particular country or area in the development process.

More developed regions comprise Europe, Northern America, Australia/New Zealand and Japan.

Less developed regions comprise all regions of Africa, Asia (except Japan), Latin America and the Caribbean plus Melanesia, Micronesia and Polynesia.

The group of least developed countries includes 47 countries: 32 in Sub-Saharan Africa, 2 in Northern Africa and Western Asia, 4 in Central and Southern Asia, 4 in Eastern and South-Eastern Asia, 1 in Latin America and the Caribbean, 4 in Oceania. Further information is available at [http://unohrrls.org/about-ldcs/](http://unohrrls.org/about-ldcs/).

Other less developed countries comprise the less developed regions excluding the least developed countries.
### Table M. Demand for family planning met by modern methods, women of reproductive age irrespective of marital status (WRA), 2000, 2019, and 2000–2019 change, in 185 countries or areas.

Key. PPI = posterior probability of an increase.

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<tbody>
<tr>
<td>World</td>
<td>73.5 (71.3–75.3)</td>
<td>75.7 (73.2–78)</td>
<td>2.2 (-0.3–4.7)</td>
<td>96</td>
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<tr>
<td>More developed regions&lt;sup&gt;a,b&lt;/sup&gt;</td>
<td>72.9 (68.9–76)</td>
<td>79.4 (74.6–82.9)</td>
<td>6.5 (2.4–10.3)</td>
<td>100</td>
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<tr>
<td>Less developed regions&lt;sup&gt;a,c&lt;/sup&gt;</td>
<td>73.8 (71.2–75.7)</td>
<td>75.1 (72.3–77.6)</td>
<td>1.3 (-1.6–4.2)</td>
<td>81</td>
</tr>
<tr>
<td>Least developed countries&lt;sup&gt;a,d&lt;/sup&gt;</td>
<td>39.1 (37.5–40.8)</td>
<td>57.6 (54.4–60.6)</td>
<td>18.5 (14.9–21.8)</td>
<td>100</td>
</tr>
<tr>
<td>Less dev. regions excl. China&lt;sup&gt;a,c&lt;/sup&gt;</td>
<td>63.1 (61.2–64.6)</td>
<td>68.8 (65.6–71.7)</td>
<td>5.8 (2.3–9.1)</td>
<td>100</td>
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<tr>
<td>Less dev. excl. least dev.&lt;sup&gt;a,e&lt;/sup&gt;</td>
<td>77.2 (74.3–79.2)</td>
<td>77.8 (74.5–80.5)</td>
<td>0.5 (-2.6–3.8)</td>
<td>63</td>
</tr>
<tr>
<td>High-income countries</td>
<td>76 (71.7–79.3)</td>
<td>79.9 (75–83.5)</td>
<td>3.9 (0–6.4)</td>
<td>98</td>
</tr>
<tr>
<td>Upper-middle-income countries</td>
<td>84.1 (79.9–86.4)</td>
<td>85.7 (81.8–88.4)</td>
<td>1.5 (-1.6–3.6)</td>
<td>84</td>
</tr>
<tr>
<td>Lower-middle-income countries</td>
<td>62.2 (59.4–64.5)</td>
<td>67.9 (62.8–72.4)</td>
<td>5.7 (0.3–9)</td>
<td>98</td>
</tr>
<tr>
<td>Low-income countries</td>
<td>32.1 (30.5–34)</td>
<td>52.6 (50.1–55.2)</td>
<td>20.5 (17.6–22.4)</td>
<td>100</td>
</tr>
<tr>
<td>Africa</td>
<td>43.1 (41.8–44.4)</td>
<td>57.8 (55.6–60)</td>
<td>14.7 (12.2–17.1)</td>
<td>100</td>
</tr>
<tr>
<td>Eastern Africa</td>
<td>34.8 (33.2–36.4)</td>
<td>62.6 (59.7–65.4)</td>
<td>27.8 (24.5–31)</td>
<td>100</td>
</tr>
<tr>
<td>Burundi</td>
<td>19.6 (14.9–25.3)</td>
<td>43.2 (34.5–52.4)</td>
<td>23.5 (13.1–34)</td>
<td>100</td>
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<tr>
<td>Comoros</td>
<td>29.4 (23.4–35.9)</td>
<td>37.6 (24.5–52.4)</td>
<td>8.2 (-6.5–23.9)</td>
<td>86</td>
</tr>
<tr>
<td>Djibouti</td>
<td>18.3 (10.9–36.1)</td>
<td>46.4 (29.1–66.3)</td>
<td>26.7 (9.4–45.3)</td>
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</tr>
<tr>
<td>Eritrea</td>
<td>18.5 (14.6–23.1)</td>
<td>30.1 (16.5–48.3)</td>
<td>11.7 (-3.9–30.8)</td>
<td>92</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>15.7 (13.7–18.2)</td>
<td>62.5 (55.5–69.4)</td>
<td>46.7 (39.5–54)</td>
<td>100</td>
</tr>
<tr>
<td>Kenya</td>
<td>48.1 (42.8–53.3)</td>
<td>78.7 (72.2–83.9)</td>
<td>30.4 (22.3–38.1)</td>
<td>100</td>
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<td>Madagascar</td>
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<td>61.5 (50.9–71.3)</td>
<td>35.4 (23.7–46.2)</td>
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<tr>
<td>Malawi</td>
<td>42.5 (39.3–45.3)</td>
<td>75.8 (67.3–82.7)</td>
<td>33.3 (24.4–41.1)</td>
<td>100</td>
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<td>Mauritius</td>
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<td>55.2 (37.3–71.1)</td>
<td>-6.7 (-26–11.9)</td>
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<td>Mozambique</td>
<td>36.6 (30.6–43.2)</td>
<td>52.4 (40.7–64.3)</td>
<td>15.7 (1.5–30)</td>
<td>98</td>
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<tr>
<td>Réunion</td>
<td>79.4 (67.3–88.1)</td>
<td>82.1 (63.5–94.5)</td>
<td>1.9 (-12.5–15.3)</td>
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<tr>
<td>Rwanda</td>
<td>13.3 (11.4–15.6)</td>
<td>66.8 (56.1–75.9)</td>
<td>53.3 (42.5–62.7)</td>
<td>100</td>
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<tr>
<td>Somalia</td>
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<td>17.7 (4.6–44.8)</td>
<td>15.5 (2.7–40.4)</td>
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continued
**Table M.** Demand for family planning met by modern methods, women of reproductive age irrespective of marital status (WRA), 2000, 2019, and 2000–2019 change, in all countries (cont’d).

<table>
<thead>
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<th>Country or aggregate</th>
<th>Met demand (modern)</th>
<th>Change</th>
<th>PPI</th>
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<td>11 (5.6–23.2)</td>
<td>17.8 (9.5–35.4)</td>
<td>7.1 (-4.6–21.1)</td>
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<td>55.4 (49.5–61.3)</td>
<td>21.5 (14.5–28.3)</td>
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<tr>
<td>United Rep. of Tanzania</td>
<td>40.6 (35.2–45.9)</td>
<td>57.9 (47.2–67.8)</td>
<td>17.4 (5.4–28.7)</td>
</tr>
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<td>Zambia</td>
<td>37.8 (32.6–43.1)</td>
<td>66.7 (55.2–76.5)</td>
<td>28.7 (16.4–39.9)</td>
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<td>72.6 (68.3–76.4)</td>
<td>85 (77.5–90.3)</td>
<td>12.4 (4.2–19.3)</td>
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<td>16.1 (9.5–23.3)</td>
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<td>17.8 (7.5–28.1)</td>
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<td>24.2 (8.3–38.9)</td>
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<td>Chad</td>
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<td>23.6 (15.9–33.5)</td>
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<td>Congo</td>
<td>19.5 (9.5–34.4)</td>
<td>46.8 (31.2–61.9)</td>
<td>27 (4.7–46.9)</td>
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<td>Democratic Rep. of the Congo</td>
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<td>25.6 (15.1–38)</td>
<td>11.3 (-0.4–24.4)</td>
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<td>Equatorial Guinea</td>
<td>19.5 (12–29.8)</td>
<td>35.8 (22.9–50.3)</td>
<td>15.8 (-0.1–32.6)</td>
</tr>
<tr>
<td>Gabon</td>
<td>27.4 (23.5–31.3)</td>
<td>50.4 (34.8–65.5)</td>
<td>23.1 (7.3–38.9)</td>
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<tr>
<td>Sao Tome and Principe</td>
<td>40.9 (32.2–50.4)</td>
<td>58.2 (44.3–71.8)</td>
<td>17 (0.5–33.3)</td>
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<td>Northern Africa</td>
<td>67 (63.5–70)</td>
<td>71.7 (65.2–77.2)</td>
<td>4.8 (-2–10.6)</td>
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<td>Algeria</td>
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<td>74.8 (59.3–85.8)</td>
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<td>Egypt</td>
<td>75.8 (72.8–78)</td>
<td>80.1 (69.2–87.8)</td>
<td>4.2 (-6.5–12.5)</td>
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<tr>
<td>Libya</td>
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<td>33.3 (21.6–51.5)</td>
<td>-1.8 (-17.3–14.6)</td>
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<td>Morocco</td>
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<td>74.1 (64.5–81.7)</td>
<td>5.4 (-5.4–15.4)</td>
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<td>Sudan</td>
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<td>32.6 (20.2–50)</td>
<td>14.3 (0.4–30.1)</td>
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<td>Southern Africa</td>
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<td>81.3 (74.3–87.2)</td>
<td>2.4 (-5.6–9.7)</td>
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<td>Botswana</td>
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<td>81.3 (64–92.3)</td>
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<td>82 (70.8–90.2)</td>
<td>26.1 (12.8–37.7)</td>
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<td>Lesotho</td>
<td>51.4 (45.3–57.6)</td>
<td>80.6 (70.9–88.2)</td>
<td>29 (17.9–39)</td>
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<td>Namibia</td>
<td>69.2 (65.4–72.6)</td>
<td>83 (71.3–91.5)</td>
<td>13.6 (1.8–23.1)</td>
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<tr>
<td>South Africa</td>
<td>80.7 (75.7–84.7)</td>
<td>81.3 (73.3–88)</td>
<td>0.7 (-8.5–8.9)</td>
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</table>
Table M. Demand for family planning met by modern methods, women of reproductive age irrespective of marital status (WRA), 2000, 2019, and 2000–2019 change, in all countries (cont’d).

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<tr>
<th></th>
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<tr>
<td>Western Africa</td>
<td>25.4 (23.4–27.5)</td>
<td>45.7 (41.9–49.5)</td>
<td>20.3 (15.9–24.7)</td>
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Table M. Demand for family planning met by modern methods, women of reproductive age irrespective of marital status (WRA), 2000, 2019, and 2000–2019 change, in all countries (cont’d).

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Table M. Demand for family planning met by modern methods, women of reproductive age irrespective of marital status (WRA), 2000, 2019, and 2000–2019 change, in all countries (cont’d).

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Table M. Demand for family planning met by modern methods, women of reproductive age irrespective of marital status (WRA), 2000, 2019, and 2000–2019 change, in all countries (cont’d).

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continued
Table M. Demand for family planning met by modern methods, women of reproductive age irrespective of marital status (WRA), 2000, 2019, and 2000–2019 change, in all countries (cont’d).

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continued
### Table M. Demand for family planning met by modern methods, women of reproductive age irrespective of marital status (WRA), 2000, 2019, and 2000–2019 change, in all countries (cont’d).

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*continued*
### Table M. Demand for family planning met by modern methods, women of reproductive age irrespective of marital status (WRA), 2000, 2019, and 2000–2019 change, in all countries (cont’d).

<table>
<thead>
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<th>Country or aggregate</th>
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<th>Change</th>
<th>PPI</th>
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<td>Tonga</td>
<td>43 (25.7–62.5)</td>
<td>50.5 (33.7–67)</td>
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</table>

a The designation “more developed” and “less developed” regions are intended for statistical purposes and do not express a judgment about the stage reached by a particular country or area in the development process.
b More developed regions comprise Europe, Northern America, Australia/New Zealand and Japan.
c Less developed regions comprise all regions of Africa, Asia (except Japan), Latin America and the Caribbean plus Melanesia, Micronesia and Polynesia.
d The group of least developed countries includes 47 countries: 32 in Sub-Saharan Africa, 2 in Northern Africa and Western Asia, 4 in Central and Southern Asia, 4 in Eastern and South-Eastern Asia, 1 in Latin America and the Caribbean, 4 in Oceania. Further information is available at [http://unohrrls.org/about-ldcs/](http://unohrrls.org/about-ldcs/).
e Other less developed countries comprise the less developed regions excluding the least developed countries.
6 GLOSSARY

CPS Contraceptive Prevalence Survey.

DHS Demographic and Health Survey.

FFS Fertility and Family Surveys.

GGS Generations and Gender Survey.

iDHS Integrated Demographic and Health Survey.
IPUMS Integrated Public Use Microdata Series.
IUD intra-uterine device.

LAM lactational amenorrhoea method.

MAE median absolute error.
MCMC Markov chain Monte Carlo.
ME median error.
MICS Multiple Indicator Cluster Survey.
MWRA married or in a union women of reproductive age.

PMA Performance Monitoring and Accountability 2020 survey.
PPI posterior probability of an increase.
PW partnered women.

RHS Reproductive Health Survey.

SDG sustainable development goal.
SO sterilization only.

UN Population Division United Nations, Department of Economic and Social Affairs, Population Division.

UWRA unmarried and not in a union women of reproductive age.

WFS World Fertility Survey.
WRA women of reproductive age irrespective of marital status.
WVS World Values Survey.
7 REFERENCES


