

Reproductive health involves having a responsible, satisfying and safe sexual life, along with the freedom to make decisions about reproduction. This includes accessing methods of fertility regulation and appropriate health care services, so as to provide parents with the best chance of having a healthy baby.

In the Asian region, the leading risk factor for death and disability among women of reproductive age is unsafe sex (WHO, 2009c). Women who have access to contraception can protect themselves from unwanted pregnancy, and lower the risk of abortion-related deaths and disability. Spacing births can also have positive benefits on both the reproductive health of the mother and the overall health and well-being of the child.

The quality of reproductive health varies widely across the countries of the Asia/Pacific region. Among 66 million births in 2010, maternal mortality estimates ranged from three per 100 000 births in Singapore to 470 in the Lao PDR (see Indicator 1.8 “Maternal mortality”). Infant mortality rates also differed widely (see Indicator 1.2 “Infant mortality”).

In China; the Republic of Korea; Thailand; Hong Kong, China and Viet Nam, more than three-quarters of all women of reproductive age, or their partners, report using contraceptives (Figure 2.1.1). This proportion was higher than the OECD average. But across all Asian countries and economies, only 59% of couples reported using contraceptives, and this included around 9% who use traditional methods such as rhythm, withdrawal and folk methods. In Pakistan, the Solomon Islands, Papua New Guinea, the Lao PDR, Myanmar and Malaysia, less than half of couples report using any method of contraception.

Countries with lower contraceptive prevalence report higher rates of unmet need for family planning (Figure 2.1.1). In the Lao PDR, Pakistan, Nepal and Cambodia, one quarter or more of all women not using contraceptives also reported wanting to delay or cease having any more children. Unmet needs were lowest in China, Thailand and Viet Nam, countries where contraceptive use was most prevalent.

Contraceptive use is less prevalent among poorer women in a number of countries including Cambodia, India, Nepal and Pakistan (Figure 2.1.2). In Pakistan, a

country reporting low use of contraceptives, prevalence is especially low among women in the poorest wealth quintile. Other countries such as Bangladesh, Indonesia, Mongolia, Thailand and Viet Nam, however, indicate a relatively equal use of contraceptives by women, regardless of wealth.

Around 27 million unwanted pregnancies were terminated in the Asia/Pacific region in 2008 (Sedgh *et al.*, 2012; WHO, 2011g). Of these, it was estimated that 11 million (or 40%) were unsafe, occurring outside national legal systems. About 12% of all maternal deaths in the region are due to unsafe abortions (WHO, 2011g). Alarmingly, high rates of unsafe abortion occur in South-central and South-East Asian countries (Figure 2.1.3). Abortion is legally restricted in Bangladesh, Indonesia, the Lao PDR, Malaysia, Myanmar, the Philippines, Sri Lanka, Thailand and most South Pacific island countries.

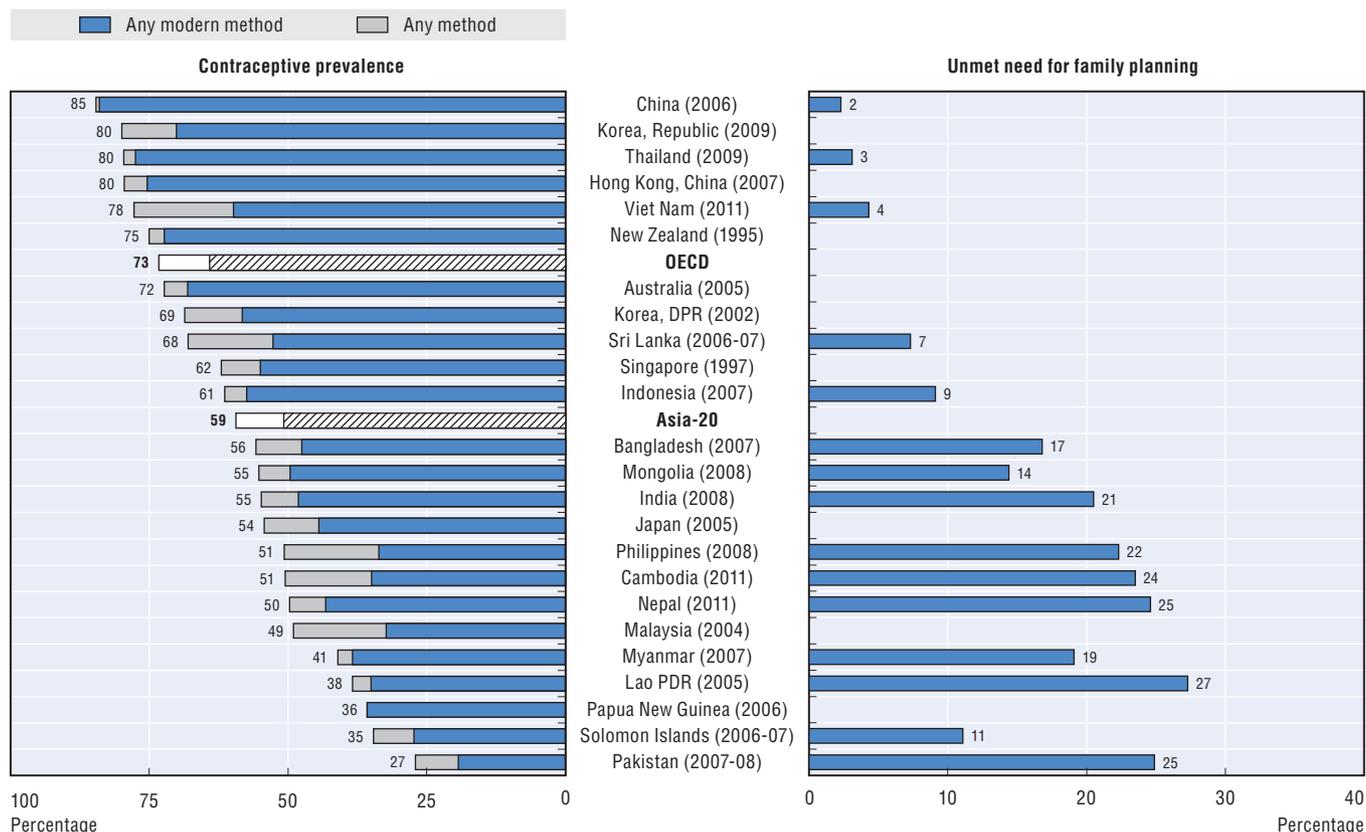
Definition and comparability

Contraceptive prevalence is the percentage of women who are currently using, or whose sexual partner is currently using at least one method of contraception, regardless of the method used. It is usually reported as a percentage of married or in union women aged 15 to 49.

Women with unmet need for family planning are those who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the birth of their next child. It is also reported as a percentage of married or in union women aged 15 to 49.

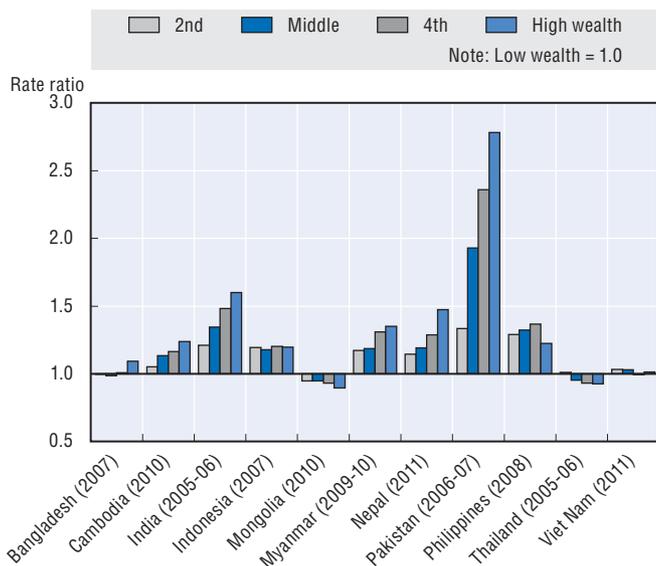
Information on contraceptive use and unmet need for family planning is generally collected through nationally representative household surveys. Estimates of safe and unsafe abortion are derived from administrative and hospital data, as well as from national and household surveys. Survey years and age groups surveyed differ across countries.

2.1.1. Contraceptive prevalence and unmet need for family planning, latest available estimate



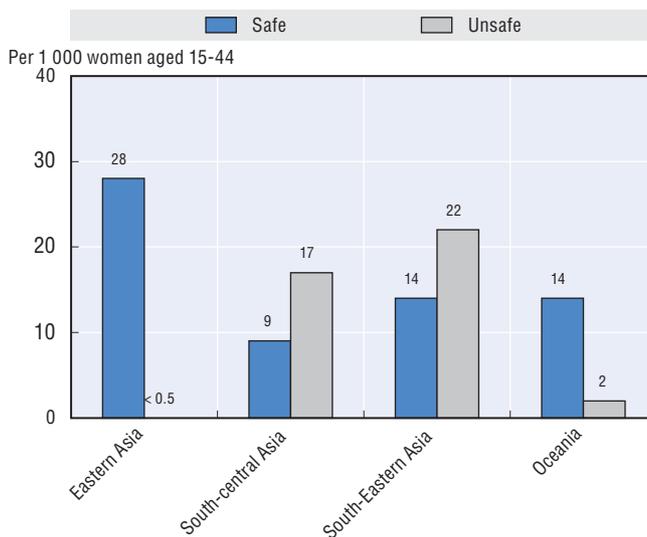
Source: United Nations (2012b).

2.1.2. Current contraceptive use among women, by wealth quintile, selected countries and years



Source: Demographic and Health Survey (DHS) and Multiple Indicator Cluster Survey (MICS) 2006-2011.

2.1.3. Estimated rate of safe and unsafe abortions, by region, 2008



Source: WHO (2011g).

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