

FAMILY PLANNING

The UN Sustainable Development Goals set a target of ensuring universal access to reproductive health care services by 2030, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes. Providing family planning services is one of the most cost-effective public health interventions, contributing to significant reductions in maternal mortality and morbidity (UNFPA, 2018).

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 through pregnancy and childbirth, so as to provide parents with the best chance of having a healthy baby.

Women who have access to contraception can protect themselves from unwanted pregnancy. 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 prevalence of contraceptive use varies across countries in Asia-Pacific. In China; the Republic of Korea; Thailand; Korea DPR; Macau, China and Viet Nam, more than three-quarters of married or in union women of reproductive age report using contraceptive methods (Figure 4.1). However, in lower-middle and low income Asia-Pacific countries only one in two married or in union women with reproductive age report using contraceptives methods. In Papua New Guinea and the Solomon Islands only one out of three married or in union women report using any method of contraception, and only one in four reports using any modern method.

The provision of medical care and counselling during antenatal care visits with trained health professionals are also key determinants of maternal and child health. WHO recommends a minimum of eight antenatal visits, comprising pregnancy monitoring,

managing problems such as anaemia, counselling and advice on preventive care, diet, and delivery by or under the supervision of skilled health personnel.

In Asia-Pacific, demand for family planning satisfied is generally higher among women of higher income and education levels (Figure 4.2). In Pakistan, demand satisfied in women from households in the richer income quintile is 60% higher than that among women in the poorest quintile. Differences in unmet need by income status are also large in Myanmar and India. In the Philippines, demand satisfied in women with highest education is 40% higher than that among women with the lowest education. Differences in unmet need by education level are also large in Myanmar and Pakistan. Unsatisfied demand for family planning is also high among adolescents and youth in Asia-Pacific countries with a young age of marriage and high gender inequality (UNESCAP, 2017).

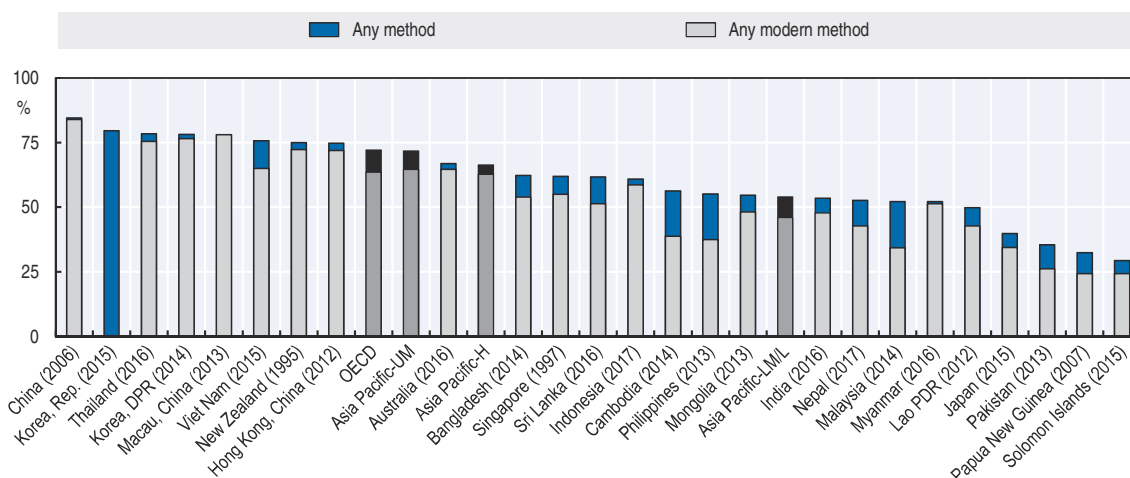
Definition and comparability

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 15-49.

Women with a demand for family planning satisfied are those who are fecund and sexually active, are using a method of contraception, and report wanting more children. It is also reported as a percentage of married or in union women aged 15-49.

Information on contraceptive use and unmet need for family planning is generally collected through nationally representative household surveys.

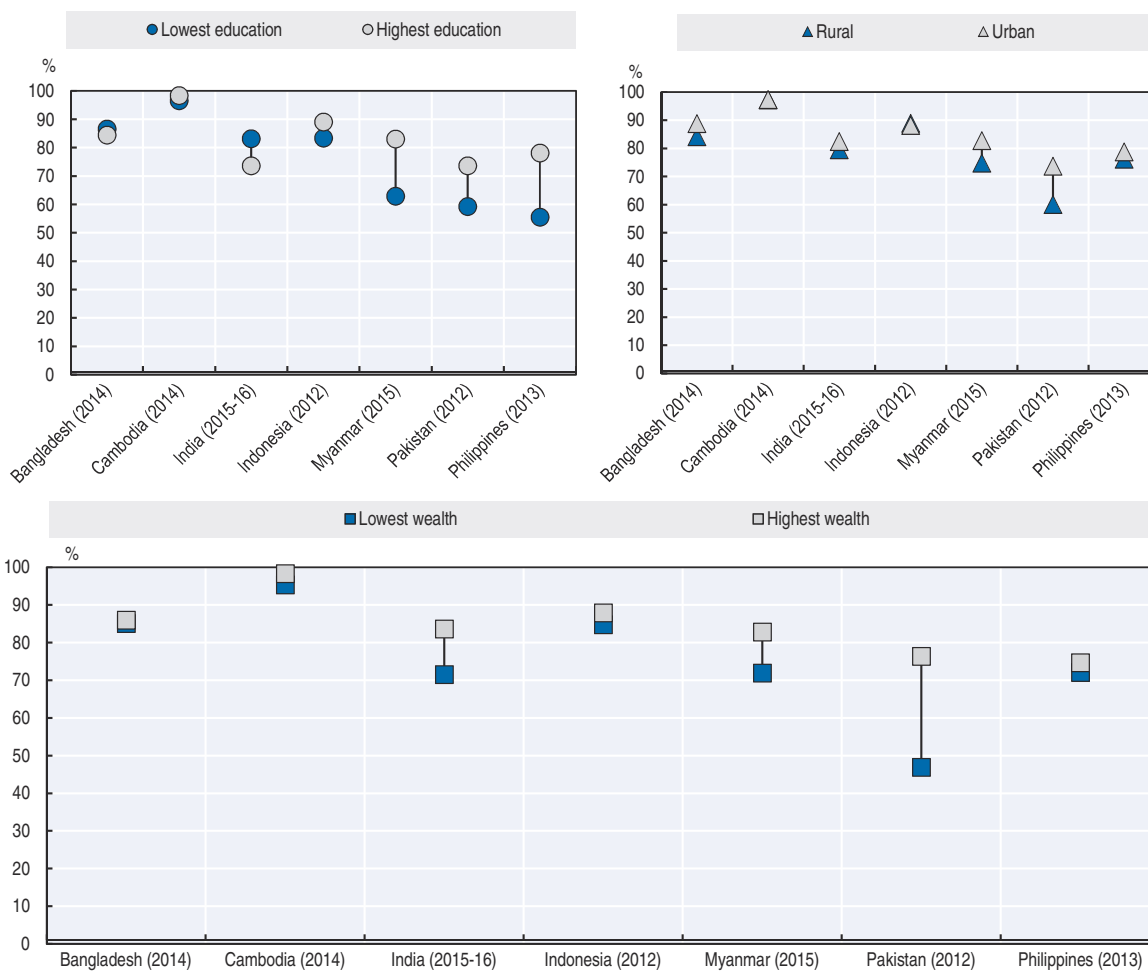
4.1. Contraceptive prevalence, married or in-union women, latest available estimate



Source: World Contraceptive Use 2018, UNDP.

StatLink <http://dx.doi.org/10.1787/888933867740>

4.2. Demand for family planning satisfied by socio-economic characteristics, selected countries, latest available estimate



Source: DHS and MICS surveys, various years.

StatLink <http://dx.doi.org/10.1787/888933867949>



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