

CONTRACEPTIVE PREVALENCE RATE		
Health	Healthcare Delivery	

1. INDICATOR

- (a) **Name:** Contraceptive Prevalence Rate (CPR).
- (b) **Brief Definition:** This indicator is generally defined as the percent of women of reproductive age (15-49 yrs) using any method of contraception at a given point in time. It is usually calculated for married women of reproductive age, but sometimes for other base population, such as all women of reproductive age at risk of pregnancy.
- (c) **Unit of Measurement:** %.
- (d) **Placement in the CSD Indicator Set:** Health/Healthcare Delivery.

2. POLICY RELEVANCE

- (a) **Purpose:** The measure indicates the extent of people's conscious efforts and capabilities to control their fertility. It does not capture all actions taken to control fertility, since induced abortion is common in many countries.
- (b) **Relevance to Sustainable/Unsustainable Development (theme/sub-theme):** Increased contraceptive prevalence, is, in general, the single most important proximate determinant of inter-country differences in fertility, and of ongoing fertility declines in developing countries. Contraceptive prevalence is also an indicator of access to reproductive health services one of the eight elements of primary health care (Ref: WHO/RHR/04.011). Agenda 21 discusses reproductive health programmes, which include family planning, as among the programmes that promote changes in demographic trends, factors towards sustainability and development.. Health benefits include the ability to prevent pregnancies that are too early, too closely spaced, too late, or too many. By preventing unintended pregnancies, contraception reduces resort to induced abortion - as well as avoiding potential complications of pregnancy including maternal morbidities and mortality. Current contraceptive practice depends not only on people's fertility desires, but also on availability, functioning, and quality of family planning services; social influences that affect contraceptive use; and other factors, such as marriage patterns and traditional birth-spacing practices, that independently influence the (supply of children?).
- (c) **International Conventions and Agreements:** Family planning is included and discussed in the broader context of reproductive, sexual health, and reproductive rights by Chapter VII of the Programme of Action, International Conference on Population and Development (ICPD); and Strategic Objective C of the Platform for Action adopted at the Fourth World Conference on Women.

(d) **International Targets/Recommended Standards:** International agreements do not establish specific national or global targets for contraceptive prevalence. Recent international conferences have strongly affirmed the right of couples and individuals to choose the number, spacing and timing of their children, and to have access to the information and means to do so. The ICPD Programme of Action states that "Governmental goals for family planning should be defined in terms of unmet needs for information and services. Demographic goals, while legitimately the subject of government development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients" (paragraph 7.12).

(e) **Linkages to Other Indicators:** The level of contraceptive use has a strong, direct effect on the total fertility rate (TFR) and, through the TFR, on the rate of population growth. Use of contraception to prevent pregnancies that are too early, too closely spaced, too late, or too many has benefits for maternal and child health. This indicator is also closely linked to access to primary health care services particularly those pertaining to reproductive health care. Furthermore, it has broader and predictive implications for many other sustainable development indicators and issues, such as rate of change of school-age population, woman's participation in the labour force, and natural resource use.

3. METHODOLOGICAL DESCRIPTION

(a) **Underlying Definitions and Concepts:** The standard indicator is the percentage currently using or whose partner is using any method of contraception among married (or in a stable union) women aged 15-49 or 15-44. In this context, the married group usually includes those in consensual or common-law unions in societies where such unions are common. Contraceptive prevalence is also frequently reported for all women of reproductive age at risk of pregnancy, and statistics are sometimes presented for men instead of, or in addition to, women (see attached document).

Users of contraception are defined as women who are practising, or whose male partners are practising, any form of contraception. These include female and male sterilization, hormonal methods (injectable and oral contraceptives, implants), intrauterine devices, diaphragms, spermicide, condoms, rhythm, withdrawal and abstinence, lactation amenorrhoea, among others.

For this indicator, *too early* is defined as under age 15. Such adolescents are 5 to 7 times more likely to die in pregnancy and childbirth than women in the lowest risk group of 20-24 years. *Too closely spaced* means women who become pregnant less than two years after a previous birth. Greater adverse consequences to women and their children are experienced under such circumstances. Women who have had five or more pregnancies (*too many*) or who are over 35 (*too late*), also face a substantially higher risk than the 20-24 year old group.

When presenting information about contraceptive use, it is useful to show the data according to specific type of contraception; by social characteristics such as rural/urban or region of residence, education, marital status; by 5-year age group, including specific attention to adolescents aged under 18 years; and by family size.

(b) **Measurement Methods:** Measurements of contraceptive prevalence come almost entirely from representative sample surveys of women or men of reproductive age.

Current use of contraception is usually assessed through a series of questions about knowledge and use of particular methods.

(c) Limitations of the Indicator: For surveys, under-reporting can occur when specific methods are not mentioned by the interviewer. This can be the case with the use of traditional methods such as rhythm and withdrawal, and use of contraceptive surgical sterilization. The list of specific methods is not completely uniform in practice, but in most cases is sufficiently consistent to permit meaningful comparison. "Current" use is often specified in surveys to mean "within the last month", but sometimes the time reference is left vague, and occasionally longer reference periods are specified. With statistics from family planning programmes, the accuracy of the assumptions is often difficult to assess. The derived estimates obviously omit contraceptive users who do not use the programme's services, and thus tend to underestimate the overall level of use.

Service statistics maintained by family planning programmes are also sometimes used to derive estimates of contraceptive prevalence. In such cases it is necessary to apply assumptions in order to derive estimates of numbers of current users from the records of numbers of family planning clients. Base population statistics (numbers of women or of married women) are in this case usually derived from census counts, adjusted to the reference date by the Population Division of the Department of Economic and Social Affairs (DESA), as part of its preparations of the official United Nations population estimates and projections.

(d) Status of the Methodology: The methodology is widely used in both developed and developing countries.

(e) Alternative Definitions/Indicators: None.

4. ASSESSMENT OF DATA

(a) Data Needed to Compile the Indicator: Number of women of reproductive age at risk of pregnancy using family planning methods. Number of women of reproductive age at risk of pregnancy. Both data sets are frequently limited to married women, and those in stable union.

(b) National and International Data Availability and Sources: The most recent United Nations review of contraceptive prevalence includes statistics for 119 countries and areas with information dating from 1975 or later. These countries include 90 per cent of world population. This review includes contraceptive prevalence measures for all women of reproductive age in 64 countries and areas and for samples of men in 27 countries and areas.

Contraceptive prevalence is one of the few topics for which data coverage is more complete and more current for developing than for developed countries. Most surveys provide estimates for major regions within countries as well as at the national level. Less frequently the sample design permits examining prevalence at the state, provincial, or lower administrative levels. In addition to those with national or near-national coverage, surveys covering this topic are sometimes available for particular geographic areas. Data are much

less widely available for population groups other than married women, although such information has increased in recent years.

(c) Data References: Executing agencies for surveys covering this topic vary. National statistical offices and ministries of health are the most common source, but other governmental offices, non-governmental voluntary or commercial organizations are frequently involved. Many surveys are conducted in collaboration with international survey programmes. The Population Division, DESA regularly compiles information about contraceptive prevalence and publishes it in the annual *World Population Monitoring* report.

5. AGENCIES INVOLVED IN THE DEVELOPMENT OF THE INDICATOR

(a) Lead Agency: The lead agency is the World Health Organization (WHO). The contact point is the Director, Reproductive Health and Research, fax no. (41 22) 791 3111.

(b) Other Contributing Organizations: The United Nations Department of Economic and Social Affairs (DESA), with the contact point as the Director, Population Division, fax no. (1 212) 963 2147.

6. REFERENCES

(a) Readings:

Levels and Trends of Contraceptive Use as Assessed in 1988 (United Nations, Sales No. E.89.XIII.4).

Levels and Trends of Contraceptive Use as Assessed in 1994 (United Nations, ST/ESA/SER.A/146, forthcoming).

Programme of Action of the International Conference on Population and Development, *Report of the International Conference on Population and Development*, Cairo, Egypt, September 5-13, 1994. (United Nations Document - A/CONF. 171/13).

World Population Monitoring, 1993 (Sales No. E.95.XIII.8, New York).

World Population Monitoring, 1996 (ESA/P/WP.131).

(b) Internet site: World Health Organization. <http://www.who.int>