

The WHO estimates that 214 million women of reproductive age in developing countries who want to avoid pregnancy are not using a modern contraceptive method (WHO, 2018[1]). The SDG targeting reproductive health care services aims to provide universal access by 2030, and to integrate reproductive and sexual health into national agendas, strategies and programs. The global agenda for sexual and reproductive health and rights is linked to gender equality and women's wellbeing, affecting newborn, child, adolescent and maternal health, and their roles in shaping future economic development and environmental sustainability (Starrs et al., 2018[2]). Family planning is a key component of any essential package of reproductive and sexual health services, and it is one of the most cost-effective public health interventions, contributing to significant reductions in child and maternal mortality and morbidity (UNFPA, 2018[3]).

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, providing parents with the best chance of having a healthy, happy and prosperous baby when they are ready to start or extend their family. Women who have access to contraception can protect themselves from unwanted pregnancy and some methods double as protection against sexually transmitted diseases as well (e.g. condoms). 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, well beyond the pregnancy period and birth.

The prevalence of contraceptive use varies widely in the LAC region. In Costa Rica, Colombia, Nicaragua and Brazil, over three quarters of married or in union women of reproductive age report using any contraceptive method (Figure 4.1). However, both Haiti and Guyana report that less than 35% of married women or in union of reproductive age use any contraceptive methods. Regarding modern methods of contraception, less than 50% of women are using them in Haiti, Guyana, Trinidad and Tobago, Bolivia, Suriname, Belize and Guatemala.

In eight LAC countries with data, demand for family planning is generally satisfied at higher rates among women living in urban areas, with higher income and education levels (Figure 4.2). These differences are particularly stark in Haiti and Guatemala, between six to more than 20% lower access in the least advantaged groups. Some countries such as Paraguay report less significant differences with similar access in the three categories. In most cases where both least and more socially advantaged women report high access to family planning (over 80-85%), the rates tends to be similar between both groups. This supports the fact that providing wide availability to family planning services contributes not only to more access but also to reduced social inequalities in the utilisation of these services.

LAC countries can continue improving the information and services related to sexual and reproductive health, which should be

accessible and affordable to all individuals. Modern family planning interventions can be further incorporated in the essential services package to provide universal coverage, paying special attention to the poorest and most vulnerable people. In addition, countries must also take actions beyond the health sector to change social norms, laws, and policies to uphold human rights and promote gender equality (Starrs et al., 2018[2]; WHO, 2018[1]).

Definition and comparability

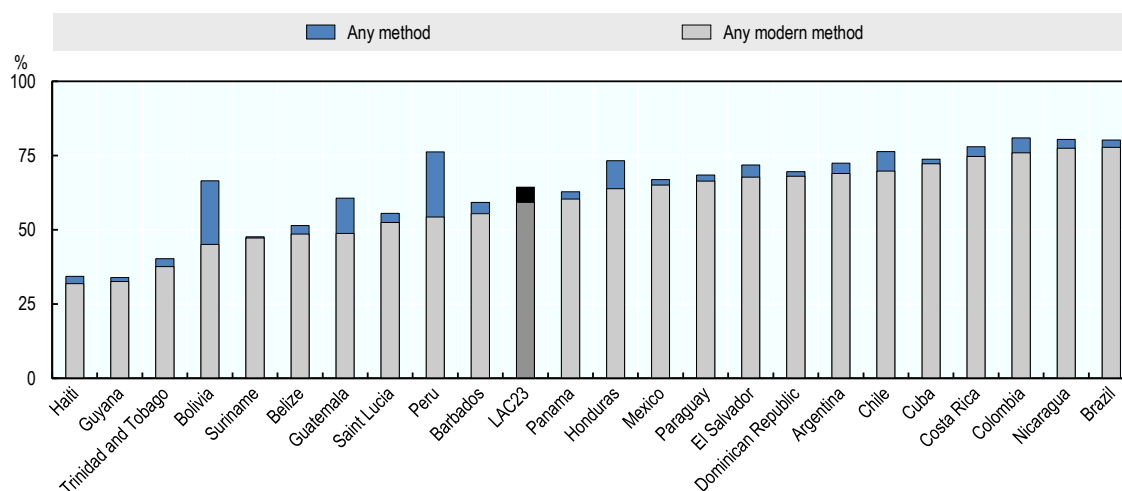
Contraceptive prevalence is the percentage of women who are currently using, or whose sexual partner is currently using, at least one method of contraception, regardless of the method used. It is usually reported as a percentage of married or in union women aged 15-49. Modern methods of contraception include combined oral contraceptives ("the pill"), progestogen-only pills ("the minipill"), implants, injectables, patches, vaginal ring, intrauterine device (cooper and levonorgestrel), male and female condoms, vasectomy, tubal ligation, lactational amenorrhea method, emergency contraception pills, standard days method, basal body temperature method, two-day method and symptom-thermal method. Traditional methods considers the calendar or rhythm method, and the withdrawal or coitus interruptus.

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. The most commonly used survey formats are the Demographic and Health Surveys (DHS) and the Multiple Indicator Cluster Surveys (MICS).

References

- [2] Starrs, A. et al. (2018), "Accelerate progress-sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission.", *Lancet (London, England)*, Vol. 391/10140, pp. 2642-2692, [http://dx.doi.org/10.1016/S0140-6736\(18\)30293-9](http://dx.doi.org/10.1016/S0140-6736(18)30293-9).
- [3] UNFPA (2018), *Strategic plan 2018-2021*, United Nations Population Fund, <https://www.unfpa.org/resources/strategic-plan-2018-2021>.
- [1] WHO (2018), *Family planning / Contraception*, World Health Organization, <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>.

Figure 4.1. Contraceptive prevalence, married or in-union women, 2015 or latest available estimate

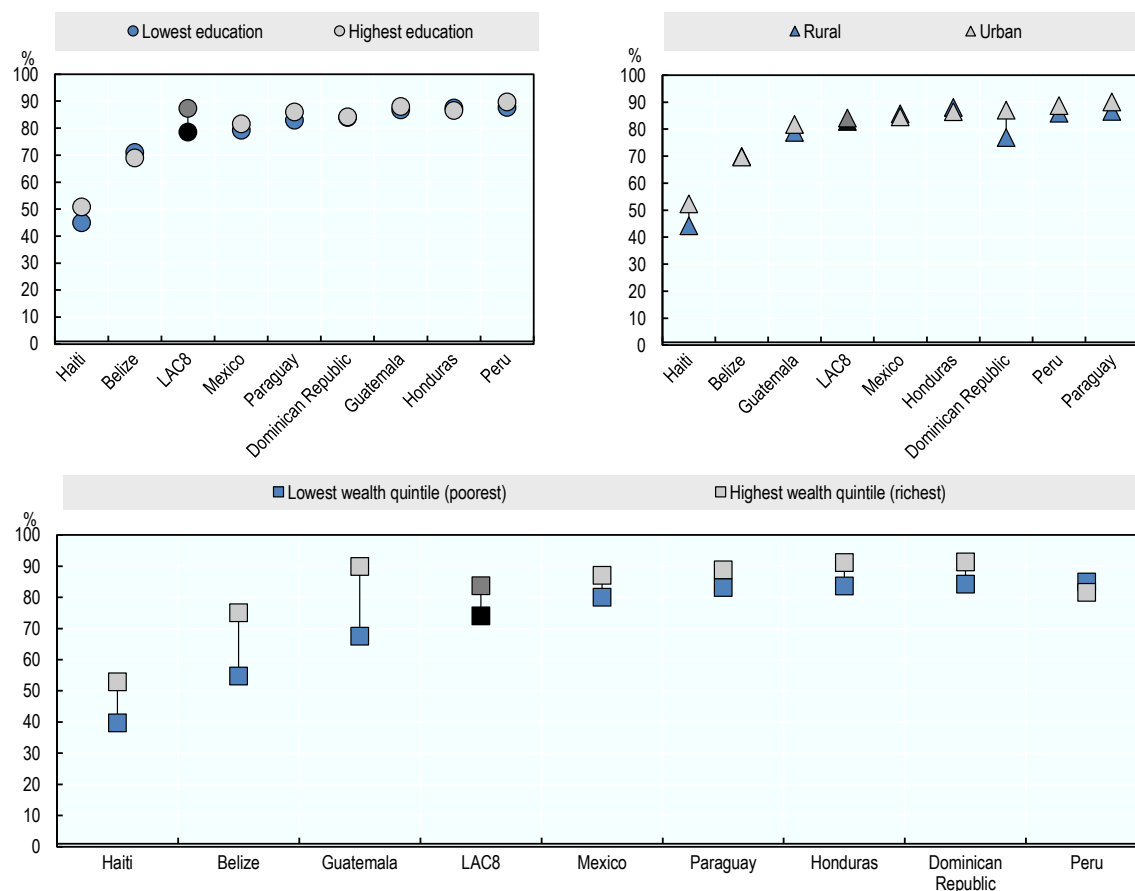


Note: Data for Haiti is 2016 and for Surinam is 2010.

Source: World Contraceptive use 2019, UNDP. Ministry of Health for Costa Rica.

StatLink <https://stat.link/0vgc4h>

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



Source: DHS and MICS surveys, various years.

StatLink <https://stat.link/1oi5ws>



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