

Universal Access to Reproductive Health

PROGRESS AND CHALLENGES



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Executive Summary

The importance of reproductive health and access to family planning in particular are now well recognized, to not only improve women's chances of surviving pregnancy and childbirth, but also to contribute to related issues such as gender equality, better child health, an improved response to HIV, greater education outcomes and poverty reduction. This report profiles existing data around the main MDG5b indicators to identify progress achieved, and old and new challenges that could be addressed under the SDGs, particularly the nine targets under SDG3. The report highlights the most vulnerable and disadvantaged population groups, and their access to and use of reproductive health services.

In 2015, two out of three women of reproductive age who are married or in a union, use some form of contraception, either modern or traditional, and another 12 per cent have an unmet need for contraception. The most common methods, female sterilization and the IUD, account for more than 60 per cent of modern method use. One out of four users is using either pill or male condom.

Combining contraceptive use and unmet need shows that over eight out of ten women aged 15-49 who were married or in a union had their family planning demand satisfied, but with substantial variation across regions and countries. However, in Africa, less than half of women who are married or in a union who need contraception have their family planning demand satisfied.

While the MDGs are close to an end, through the SDGs, it is critical for the international community to reaffirm the promise of universal access to reproductive health and family planning, and increase investment in this area. Special attention needs to go to those regions and countries lagging behind and making little or slower progress.

Worldwide, some 1.2 billion adolescents, aged 10-19, comprise more than 16 per cent of the total population. An estimated 250 million adolescent girls live in developing countries, accounting for about one-sixth of all women of reproductive age. More than one in five of these adolescent girls are currently married or in a union, and 3 per cent are unmarried but sexually active. In 2015, 15.3 million adolescent girls will give birth, a figure rising to 19.2 million by 2035 if current patterns remain unchanged. Demand and use of contraception among adolescent girls have increased, but current levels are still remarkably lower than for other age groups. Expanding access to family planning services to adolescents will require political and financial commitments from governments and civil society to use existing evidence to develop policies and interventions that focus particularly on the most vulnerable groups of adolescents—those who live in rural areas, are out of school, have little or no education and/or reside in the poorest households. About 15 per cent of adolescent girls who are married or in a union are using modern contraception. Single methods seem to dominate, such as injectable in East and Southern Africa, the pill in the Arab States, and male condoms in Latin America and the Caribbean. In 2015, 12.7 million adolescent girls have an unmet need for family planning. This number will increase to 15.1 million by 2035 if current trends continue.

Births rates among adolescents and contraceptive dynamics are significantly affected by place of residence, level of education and household wealth. Adolescent fertility rates are considerably higher in rural areas, among those without or with low levels of education, and in the poorest households.

In all developing regions, women in rural areas, in poor households and with no or low levels of education have lower levels of contraceptive use. This report shows that women from the wealthiest households, living in urban areas and with higher levels of education experience lower levels of unmet need for contraception.

There are many determinants of contraceptive use in developing countries, including access and availability to modern methods. For Ethiopia and Nigeria, a comparison of survey results contrasted changes in contraceptive use with method availability at service delivery points (SDPs). This revealed a possible contradiction between the high availability of modern methods in all SDPs, and Nigeria's low levels of CPR, and Ethiopia's high concentration on injections. In trying to understand these differences, this paper documented the main reasons for not using contraception among women with an unmet need as well as levels of informed choice. Important percentages of women with an unmet need in both countries were in the postpartum period and/or breastfeeding, while fertility-related reasons were of greater relevance among younger mothers. Since postpartum or breastfeeding periods carry the potential for pregnancy, counselling needs to target women in this group.

Guaranteeing informed choice to current and future users of contraception fulfils basic reproductive rights and indicates quality of care. In the long run, it contributes to the relevance, effectiveness, efficiency and sustainability of family planning programmes.

Introduction



2015 marks the end of the Millennium Development Goals (MDGs) and the beginning of the Sustainable Development Goals (SDGs), looking towards 2030. The international community is identifying new challenges and alternative solutions, and assessing progress, including on the fifth MDG on improving maternal health, with its targets for reducing maternal mortality (MDG5a) and achieving universal access to reproductive health (MDG5b).

Reproductive health¹ is critical to advancing development. Its importance, particularly in terms of access to rights-based family planning, is now well recognized in not only improving women's chances of surviving pregnancy and childbirth, but also in contributing to gender equality, better child health, preventing and responding to HIV transmission, better education outcomes and poverty reduction.

This report highlights existing data around the main indicators under MDG5b. It considers progress achieved as well as old and new challenges that could be addressed under the SDGs, particularly the nine targets under SDG3.

Universal access to reproductive health affects and is affected by many aspects of life. It involves individuals' most intimate relationships, including negotiation and decision-making within sexual relationships, and interactions with health providers regarding contraceptive methods and options.² This report seeks to identify areas where reproductive health has advanced or not according to four main indicators:

- Adolescent birth rate (ABR)
- Contraceptive prevalence rate (CPR)
- Unmet need for family planning rate (UNR)
- Proportion of demand for contraception satisfied (PDS)

The report is organized to present levels, trends and differentials, and to assess progress at the country, regional and global levels. Chapter 2 presents estimates of global and regional levels and trends from 1990 to 2015. It describes different family planning methods used across regions, and explores relationships between methods and improved availability of good quality, human rights-based family planning services.

Chapter 3 assesses progress on the reproductive health of adolescents, starting with a mapping of these populations by region, according to marital status and sexual activity. Since many developing countries are experiencing large cohorts of adolescents, the chapter includes numerical estimates and relevance to public policies and strategies. The chapter describes adolescents' existing access to contraception, their unmet need for it and the proportion of demand currently satisfied. The absolute number of adolescents in need of contraception is presented, as is the mix of methods they are currently using.

Chapter 4 looks at demographic disparities (age, place of residence), and social and economic inequalities (education, household wealth) observed across the indicators, towards identifying priorities for policies, programmes and interventions for 2016 to 2030, under the SDGs. Measuring progress based on such factors is important to determine whether the most

¹“Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and process.” UNFPA. 2014. Programme of Action. Adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994, p. 45.

² UNFPA. 2010. “How Universal is Access to Reproductive Health? A review of the evidence,” p. 9. Access to reproductive health is ultimately determined by social, cultural, religious, financial and legal issues. statement.” 1997, reiterated in 2008. Geneva: World Health Organization (WHO).

vulnerable and disadvantaged groups have equal access to reproductive health services.

Chapter 5 features country case studies as examples of progress in using reproductive health indicators, highlighting interventions in place as well as remaining challenges. Chapter 6 concludes the report with a summary of findings intended to inform coming efforts under the sustainable development agenda, and geared towards finishing the agenda of universal access to reproductive health.

The analysis, tables, graphs and maps are produced from data compiled by UNFPA from vital statistics, population censuses, the Demographic and Health Surveys (DHS), and the Multiple Indicators Cluster Surveys (MICS).³ Other data, such as projections and population estimates, were obtained from the United Nations Population Division. Fortunately, the quality of data around the four indicators is good enough to provide the desired analysis for this report, particularly data produced by the DHS and MICS, which have substantially contributed to filling data gaps in many developing countries during the last 10-15 years.

Family planning global and regional trend data and analysis came from model estimates by the United

1.1. Indicator definitions

This paper attempts to measure progress towards universal access to reproductive health using the MDG5b indicators (ABR, CPR and UNR) plus a more recent indicator under the SDGs (PDS). See Table 1.1. These are linked to other indicators of health, gender equity and other factors that in one way or another shape reproductive health.

PDS "reflects the extent to which partners, communities and the health system support women [and girls] in acting on their choices, and monitors whether women's stated desires regarding contraception are being fulfilled. It calls attention to inequities in service access and is therefore used to promote a human rights-based approach to reproductive health."⁵

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