Family Planning:

Facts & Trends in Eastern Europe & Central Asia

[UNFPA logo]
Contraceptive prevalence

The use of contraception in Eastern Europe and Central Asia has increased over the past 25 years. Currently, 67% of women of reproductive age in the region are using some form of contraception, modern or traditional. This is higher than the world average (63%) and close to the figure for the world’s more developed countries (68%).

**Use of Family Planning: Any Method**

Modern vs. traditional methods

Although the use of contraception is common in the region, relatively few women use modern methods. Region-wide, only 53% of women of reproductive age currently use modern contraceptives, below world average (56%). In the Western Balkans and the Caucasus, the percentages are even lower (37% and 39%, respectively), similar to the level of the world’s least developed countries (37%). Although not yet reflected in official UN data, recent surveys suggest a stagnation or even decline in modern contraceptive prevalence rates in some countries.

Traditional vs. Modern Contraceptive Prevalence, 2019

![Graph showing modern versus traditional contraceptive prevalence rates for 2019 across different countries, with Turkey, Belarus, Bulgaria, and others listed. Source: UNDESA, Estimates and Projections of Family Planning Indicators 2018.]

Modern Contraceptive Prevalence

- World
- Eastern Europe & Central Asia

![Graph showing modern contraceptive prevalence rates from 1994 to 2019 for married/unmarried women aged 15-49. Source: UNDESA, Estimates and Projections of Family Planning Indicators 2018. Note: Weighted averages.]

Nevertheless, there is a low unmet need for family planning in the region. Only 10% of sexually active women of reproductive age who do not want to become pregnant are not using any form of contraception. This is the same level as in the world’s most developed countries. The unmet need for modern contraceptives, however, is significantly higher: 24% of women are using traditional methods or no contraception at all (although not necessarily out of lack of choice). In six of the region’s 20 countries, unmet need for modern methods is over 40%; in Albania, it is even over 50%.

Unmet Need for Modern Contraception (region)


Note: Weighted average.
Demand satisfied

This corresponds to the level of the demand satisfied by modern methods (SDG indicator 3.7.1), which remains relatively low at 69%, below the averages for the world (78%) and for the world’s most developed countries (79%). Demand satisfied by modern methods is particularly low in the Western Balkans and the Caucasus, mainly due to higher reliance on traditional methods.

Modern Contraceptives: Demand Satisfied

Abortion

With increased access to family planning services, the region’s average abortion rate has dropped from previously very high levels and is now over three times lower than in 1994. A further decrease in unmet need for family planning and increase in the use of modern contraceptives is likely to lead to a further decrease in abortion rates.

**MCPR vs. Abortion per 1,000 Live Births**

- **MCPR**
- **Abortion per 1,000 live births**

Source: UNDESA, Estimates and Projections of Family Planning Indicators 2018; WHO European Health Information Gateway
Reasons for low use of modern methods

Qualitative research and surveys in the region have revealed the following factors contributing to the region’s low use of modern contraceptives:

• Insufficient commitment by policymakers, including lack of implementation measures and inadequate funding
• Dissatisfaction with quality of services or availability of methods
• Lack of knowledge, misinformation and distrust towards modern (hormonal) methods of contraception
• Barriers limiting young people’s access to family planning methods, in particular the lack of confidential and youth-friendly services
• Misinformation conveyed by service providers, which often confirms myths
• Limitations in the range of modern contraceptive methods available on the market
• Lack of affordability for specific population groups
• Expectations with regards to sex and sexuality and gender power dynamics, including partners’ pressure and other socioeconomic factors limiting women’s decision-making on contraceptive use
Addressing unmet need for family planning in the region

UNFPA is committed to work with partners to end unmet need for family planning in Eastern Europe and Central Asia by 2030. UNFPA works to accelerate progress by advancing policy frameworks; strengthening health systems; supporting institutional capacity-building and knowledge management; promoting public-private partnerships; achieving sustainable domestic financing; and securing quality rights-based services and demand for rights-based family planning services and safe behaviour.

UNFPA supports the repositioning of family planning in the region, streamlining coordinated technical assistance at regional and country levels, and strengthening South-South and triangular cooperation in line with the European SRH Action Plan and UNFPA’s Regional Contraceptive Security Strategic Framework (2017-2021), developed with inputs from 17 countries in the region (see inset).
The Strategic Framework’s Planning and Progress Monitoring Tool lays new groundwork for coordinated technical assistance and tracking progress across five focus areas:

1. **Commitment**
2. **Capital for sustainable contraceptive security programmes**
3. **Coordination and cooperation between partners to ensure efficient and optimal utilization of limited resources**
4. **Capacities at national level for running a sustainable contraceptive security programme**
5. **Client demand for modern contraceptive methods**

A number of regional initiatives have been coordinated at a regional level and rolled out nationally in support of the implementation of the Regional SRH Action Plan and the Regional Contraceptive Security Strategic Framework to operationalize UNFPA’s transformative vision with regard to family planning.

They include generating and disseminating arguments for evidence-based family planning advocacy to reposition family planning in the region; facilitating multisectoral cooperation for universal access to contraception; assessing existing laws, regulations, structures and processes for public procurement of contraceptives; and developing policy briefs to support and sustain contraceptive security decisions.
Innovative and cost-effective approaches such as switching from classroom trainings to distance (virtual) learning have been at the core of implementation modalities. The interactive learning package (Virtual Contraceptive Consultation – ViC) on evidence-informed and rights-based family planning counseling has been introduced into national medical education systems in 10 countries and territories in the region and fully institutionalized in three of them. The regional online Course on Developing and Implementing Clinical Guidelines for Sexual and Reproductive Health has been instrumental in improving the capacity of health managers and decision-makers in quality management and has been key to the introduction of evidence-based practice in family planning.

UNFPA supports countries with the development of new client-focused joint m-health initiatives with high consumer reach, and partners with the popular period tracker and women’s health platform Flo to bring quality sexual and reproductive health information, including on modern contraception, to millions of app users in the region and beyond.

UNFPA promotes networking and cooperation opportunities among universities and public health institutions working in the area of sexual and reproductive health to further impact-oriented policies and practices in the region. This is being done in the framework of UNFPA’s “Bridging Science with Policies” and “Knowledge Transfer from West to East” initiatives in the region, under which UNFPA has been rendering assistance to countries in mobilizing regional and global technical networks and establishing alliances with the European Society of Contraception and Reproductive Health (ESC), European Board and College of Obstetrics and Gynaecology (EBCOG), Ghent University’s Academic Network for Sexual and Reproductive Health and Rights Policy (ANSER), and East European Institute for Reproductive Health (EEIRH).
Learn more at

eeca.unfpa.org