

# Data resources in FP/CAC research and learning



**Gurpreet Kaur Rana, MLIS**  
**Taubman Health Sciences Library**  
**University of Michigan**

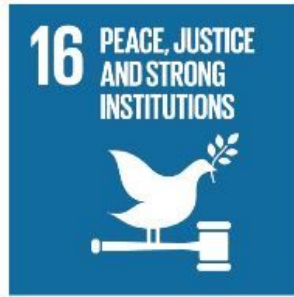
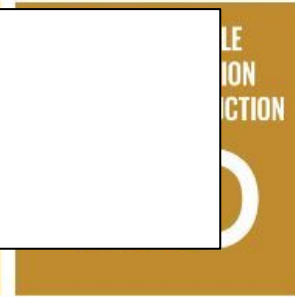
**17 December 2019**

# Today: An “information sharing” webinar

- Review and/or introduction to selected data visualizations tools relevant in FP/CAC research and learning
- Review and/or introduction to selected data sources
- We may not get through all - **independent study highly encouraged!**



# Matching information resource to information need



## Overview

## Research &amp; Clinical Resources

## EBM &amp; Critical Appraisal

## Open Access Journals

## E-books and Publications

## Educational Toolkits

## Data Sources

## Data Sources - Ethiopia

## Data Sources - Rwanda

## Mobile Resources

## Organizations &amp; Initiatives

## Global Burden of Disease (GBD)

## Scholarly Communication

## Information Resource Training

## Learning Videos and Webinars

## Multimedia

- [The Global Goals](#)  
YouTube channel for the UN Global Goals for Sustainable Development
- [Medical Aid Films](#)  
Film collections from reproductive

## Statistical Sources (selected)

- [data.unicef.org](http://data.unicef.org)  
UNICEF Data: Monitoring the Situation of Children and Women
- [Demographic and Health Surveys](#)  
The Demographic and Health Surveys (DHS) program has collected, analyzed, and disseminated accurate and representative data on population, health, HIV, and nutrition through more than 260 surveys in over 90 countries.
- [EQUIST \(Equitable Impact Sensitive Tool\) Dashboard](#)  
"Designed to help decision-makers develop equitable strategies to improve health and nutrition for the most vulnerable children and women."
- [Family Planning and Reproductive Health Indicators Database](#)  
From the MEASURE Evaluation project. A comprehensive listing of the most widely used indicators for evaluating family planning and reproductive health programs in developing countries.
- [FP2020 Data Hub](#)
- [Global Health Data Exchange \(GHDx-Data\)](#)  
A new catalog of the world's health and demographic datasets from the Institute of Health Metrics and Evaluation.
- [HealthMap: Global Disease Alert Map](#)  
Brings together several data sources on current global state of infectious diseases and their effect on human and animal health. Data is aggregated by disease and displayed by location on global and regional maps.
- [Institute of Health Metrics and Evaluation](#)  
The Institute for Health Metrics and Evaluation (IHME) is an independent global health research center at the University of Washington.
- [Millennium Development Goals Indicators](#)  
This site presents the official data, definitions, methodologies and sources for more than 60 indicators to measure progress towards the Millennium Development Goals.
- [PMA2020 \(Performance, Management and Accountability 2020\)](#)

## Visualizing Global Data

- [World Population 2018 Dashboard](#)  
Source: UNFPA
- [FP2020 Data Hub](#)
- [Track 2020 FP2020](#)  
"The Track20 Project monitors progress towards achieving the goals of the global FP2020 initiative, adding an additional 120 million modern method users between 2012 and 2020 in the world's 69 poorest countries."
- [Data Visualization - Institute for Health Metrics and Evaluation](#)  
Data freely and easily accessible and to provide innovative ways to visualize complex global topics.
- [STATcompiler \(beta\)](#)  
Visualize and explore data in custom tables, column charts, line graphs, maps, and scatterplots on hundreds of demographic and health indicators across more than 70 countries.
- [Guttmacher Data](#)  
State, national, and global sexual and reproductive health data.
- [Gapminder: for world view](#)  
Display various

# “Seeing is Believing”: Exploring data visualization sources



“The greatest value of a picture is when it forces us to notice what we never expected to see.”

—Tukey, John W. *Exploratory Data Analysis*, Reading, Mass. : Addison-Wesley Pub. Co., 1977.

# So many data visualization sources...a few selected

## General:

- [Global Burden of Disease](#)

## Subject-specific:

- [Maternal Mortality: Levels & Trends 2000-2017](#)
- [IHME Maternal Health Atlas](#)
- [EQUIST](#)
- [Track 20 | FP2020](#)
- [Guttmacher Institute | Data Center](#)



## Global Burden of Disease (GBD) data: An Introduction

<http://www.healthdata.org/gbd>

*“The Global Burden of Disease Study (GBD) is the most comprehensive worldwide observational epidemiological study to date. It describes mortality and morbidity from major diseases, injuries and risk factors to health at global, national and regional levels. Examining trends from 1990 to the present and making comparisons across populations enables understanding of the changing health challenges facing people across the world in the 21st century.”*

The Lancet | Global Burden of Disease  
<https://www.thelancet.com/gbd>

## Global Burden of Disease (GBD)

GBD

[GBD Home](#)

[GBD 2017 Resources](#)

[About GBD](#)

[Call for Collaborators](#)

[Data Resources](#)

[Data Visualizations](#)

[Country Profiles](#)

[Publications](#)

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[Acting on Data](#)

[IHME Foundations](#)

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### Baby 'Boom' and 'Bust': Nations' Rates of Childbirth Vary Significantly

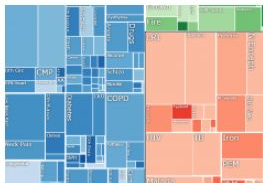
Ninety-one nations are not producing enough children to maintain their current populations, while the opposite is true in 104 countries where high birth rates are driving population increases, according to a new scientific study.



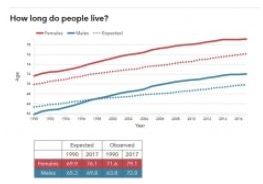
[GBD 2017 Resources](#)



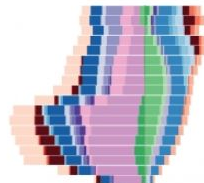
[Download GBD 2017 Data](#)



[GBD Data Visualizations](#)



[Country Profiles](#)



[GBD Publications](#)



[The Lancet GBD 2017](#)

# Accessing the Global Burden of Disease data

<http://www.healthdata.org/gbd>



## GBD Data Visualizations

### GBD

[GBD Home](#)[GBD 2017 Resources](#)[About GBD](#)[Call for Collaborators](#)[Data Resources](#) [Data Visualizations](#)[Country Profiles](#)[Publications](#)[Infographics & Briefs](#)[News & Events](#)[Acting on Data](#)[IHME Foundations](#)[Training](#)

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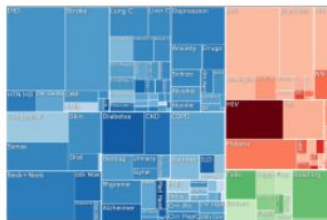


DECEMBER 14, 2018

### China Subnational MDG 4/5

Data Visualization

See how China is progressing toward Millennium Development Goal 4 and 5 (MDG 4/5) at the subnational level by exploring and comparing province and county trends for under-5 mortality rates and maternal mortality ratio in China in the past two decades.



NOVEMBER 8, 2018

### GBD Compare

Data Visualization

Analyze updated data about the world's health levels and trends from 1990 to 2017 in this interactive tool using estimates from the Global Burden of Disease (GBD) study. Use treemaps, maps, arrow diagrams, and other charts to compare causes and risks within a country (now at the US state-level), compare countries with regions or the world, and explore patterns and trends by country, age, and gender. Drill from a global view into specific details.



NOVEMBER 8, 2018

### Mortality Visualization

Data Visualization

How do input data become GBD estimates? Walk through the estimation process for mortality trends for children and adults for 195 countries and territories using the Mortality visualization. See source and comparative data and step through the stages in the estimation process to reveal the final mortality estimates from 1950 to 2017.

NOVEMBER 8, 2018

## GBD Compare

### RESULTS

[GBD Results Tool](#)

[Data Visualizations](#)

[Country Profiles](#)

[Healthcare Access and](#)

[Quality](#)

[US Health](#)

[Policy Reports](#)

[Research Articles](#)

[Infographics](#)

[Topics](#)

[Data & Tools](#)

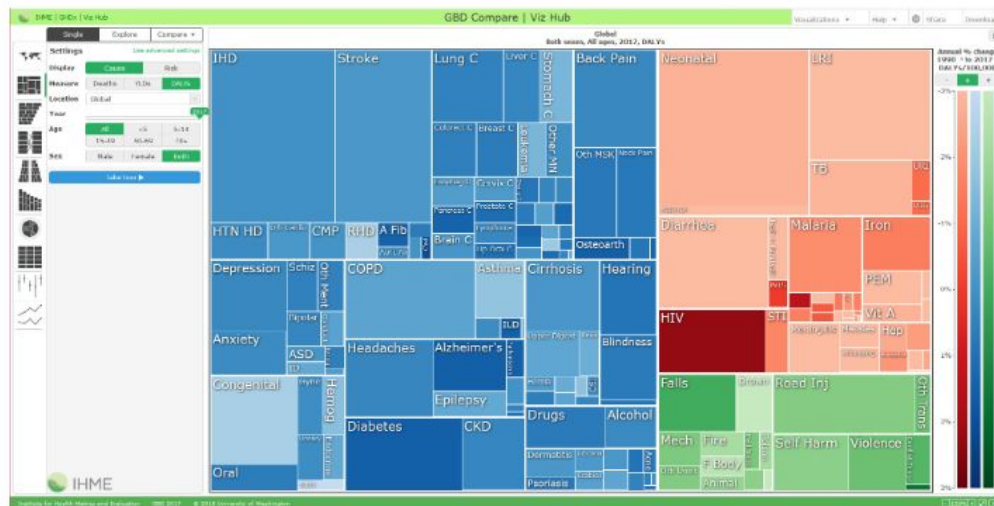
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Publication date:

November 8, 2018



### ABOUT THE TOOL

Analyze updated estimates of the world's health for 359 diseases and injuries and 84 risk factors from 1990 to 2017 in this interactive tool. Use maps and treemaps, arrow diagrams, and many other charts to compare causes and risks within a country, compare countries with regions or the world, and explore patterns and trends by

Single | Explore | Compare ▾

**Settings** Use advanced settings

Display: Cause | Risk

Measure: Deaths | YLDs | **DALYs**

Location: Global

Year: 2017

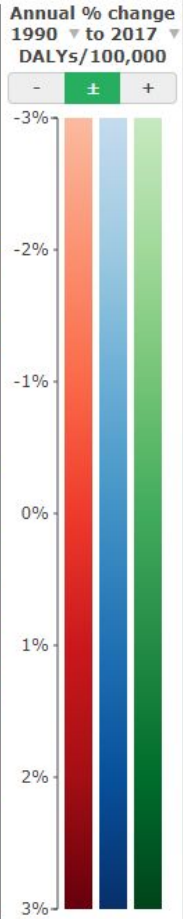
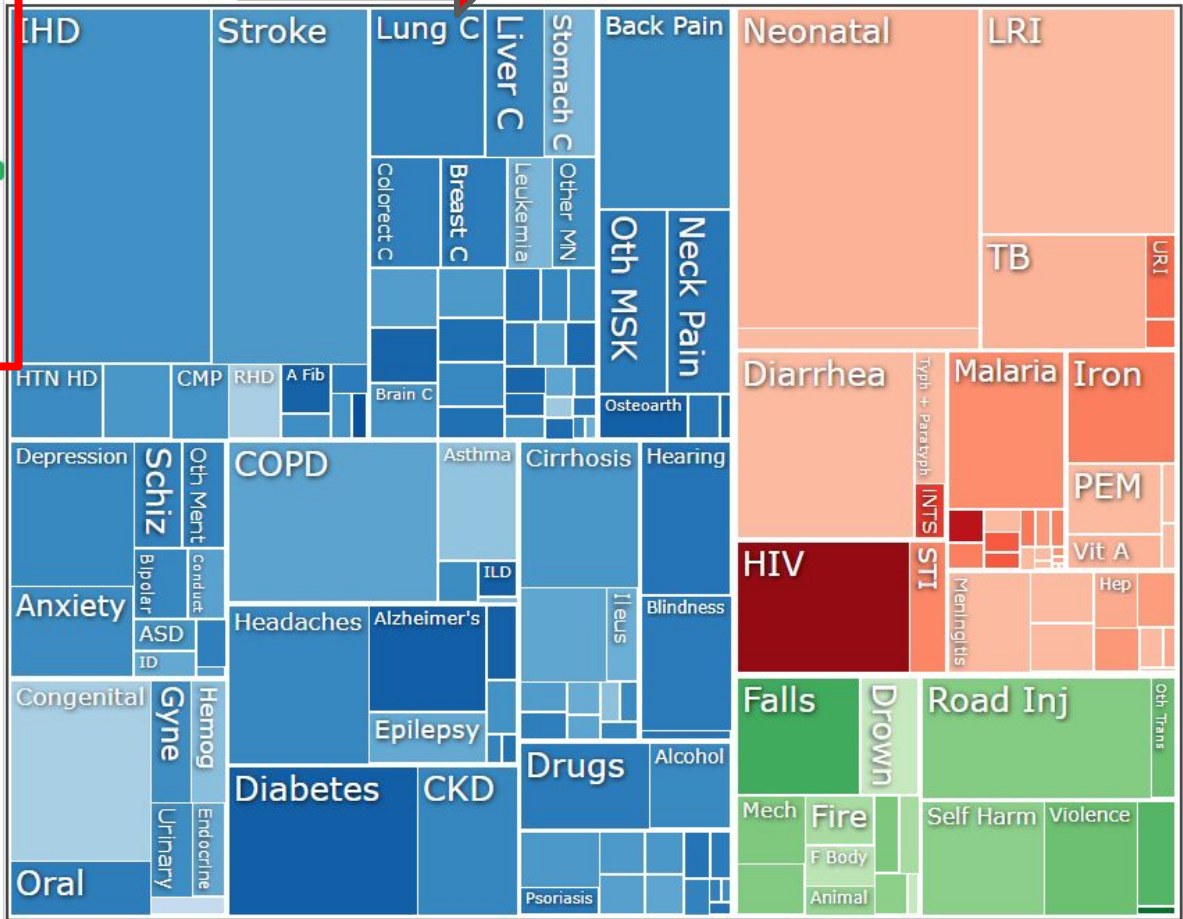
Age: All | <5 | 5-14  
15-49 | 50-69 | 70+

Sex: Male | Female | **Both**

[Take tour ▶](#)



Global  
Both sexes, All ages, 2017, DALYs



Single | Explore | Compare ▾

**Settings** Use advanced settings

**Display** Cause | Risk

**Measure** Deaths | YLDs | **DALYs**

**Location** Rwanda

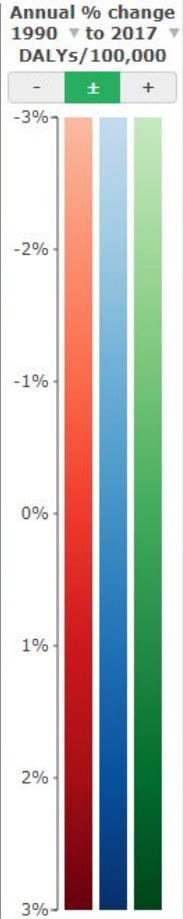
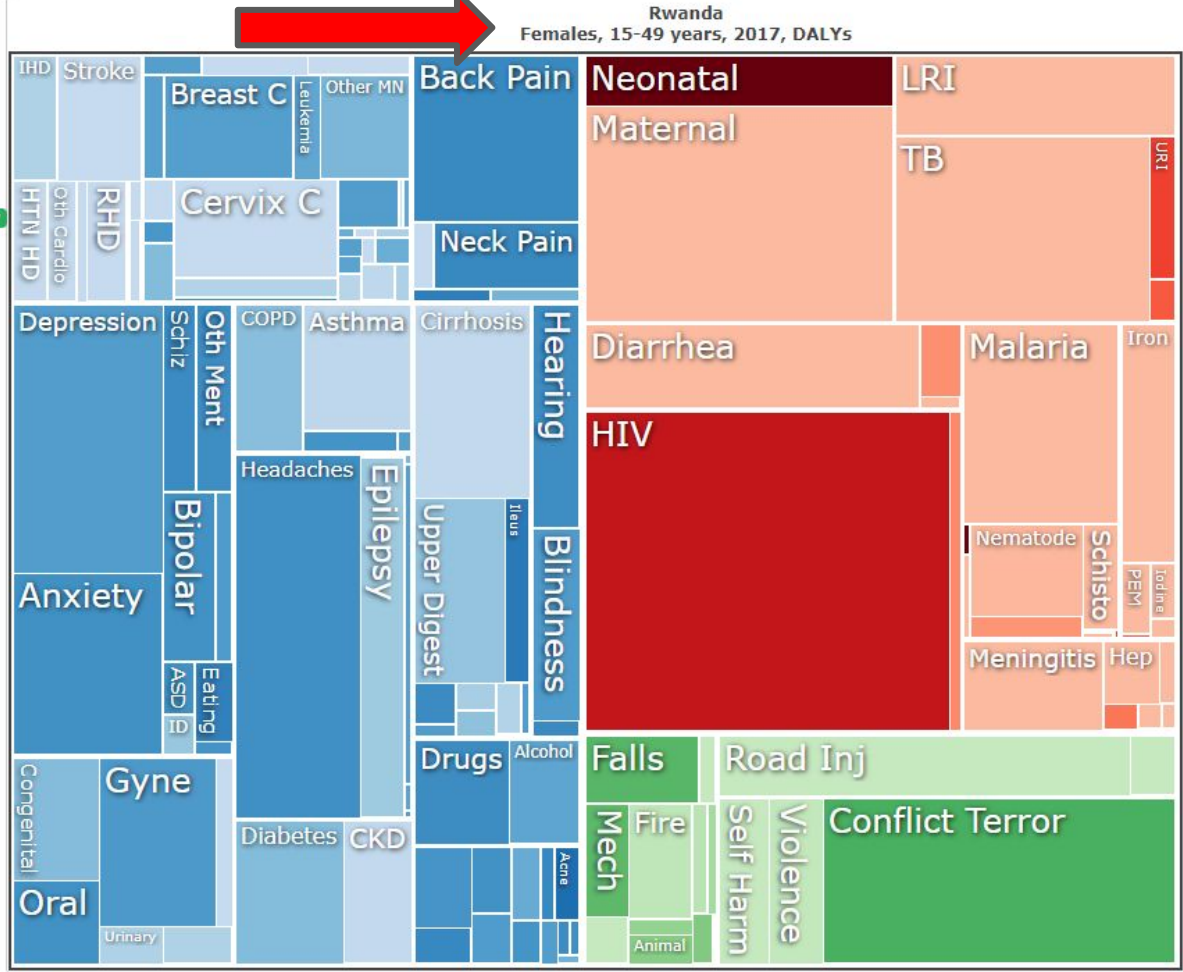
**Year** 2017

**Age**

All	<5	5-14
<b>15-49</b>	50-69	70+

**Sex** Male | **Female** | Both

[Take tour ▶](#)



Single Explore Compare ▾

Settings Use advanced settings

Display **Cause** Risk

Rank **Cause** Location

Category All causes

Level 4

Measure Deaths YLDs **DALYs**

Location Rwanda

Range 2000 2017

Age All <5 5-14  
**15-49** 50-69 70+

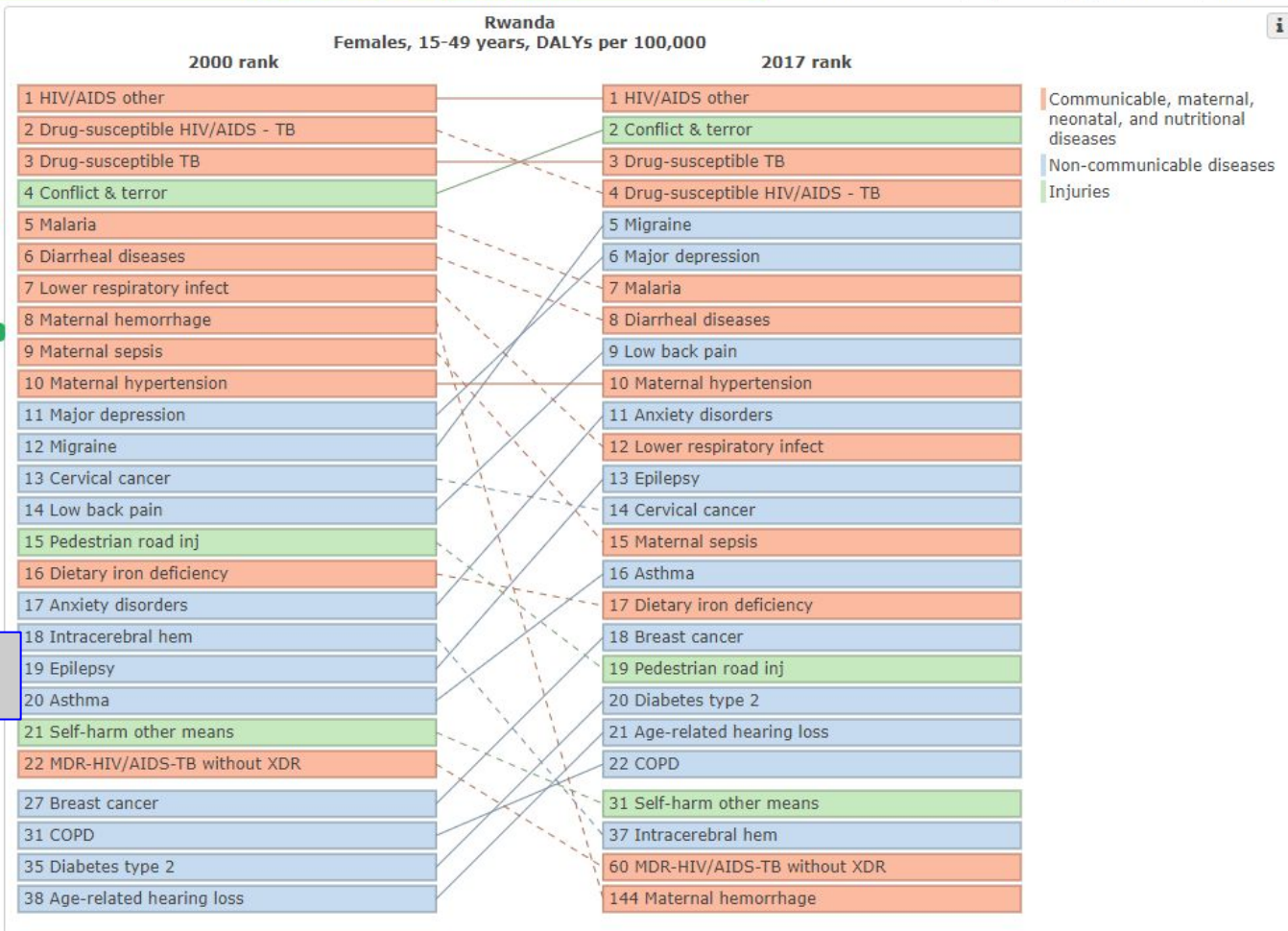
Sex Male **Female** Both

Units # **Rate** %

[Take tour ▶](#)

<http://ihmeuw.org/4zx8>

IHME



Maternal hemorrhage

Year: 2000

Rank: 1

Change: -98.2%

Rate: 1,101.59 DALYs per 100,000 (626.87 — 1,668.34)

Females, 15-49

Rwanda  
15-49 years, DALYs per 100,000

2017 rank

Single | Explore

### Settings

Use a

Display **Cause** Risk

Rank **Cause** Location

Category **Maternal disorders**

Level  4

Measure Deaths YLDs **DALYs**

Location Rwanda

Range  2000  2017

Age All <5 5-14

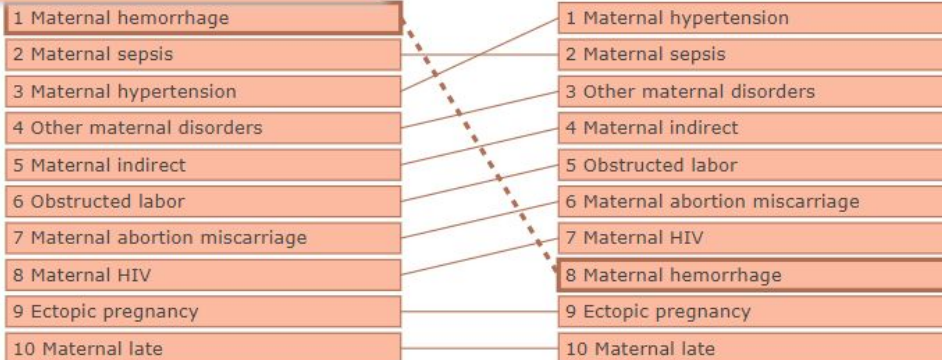
**15-49** 50-69 70+

Sex Male **Female** Both

Units # **Rate** %

Take tour ▶

<http://ihmeuw.org/4zx9>



Communicable, maternal, neonatal, and nutritional diseases

Non-communicable diseases

Injuries



Single | Explore | **Compare ▾**

**Shared Settings** [Use advanced settings](#)

**Rank** Cause | Location

**Measure** Deaths | YLDs | **DALYs**

**Location** Rwanda ▾

**Range** 2000 | 2017

**Age**

All	<5	5-14
<b>15-49</b>	50-69	70+

**Sex** Male | **Female** | Both

**Units** # | **Rate** | %

**Top chart Settings**

**Category** Maternal disorders ▾

**Level** 4

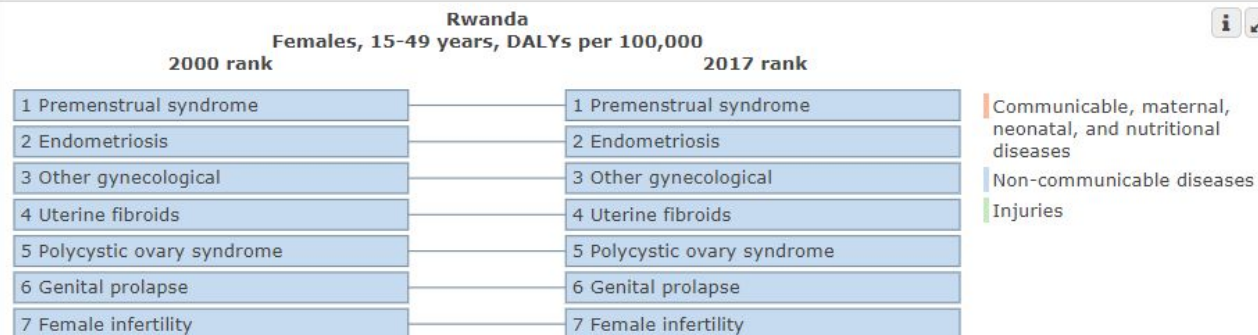
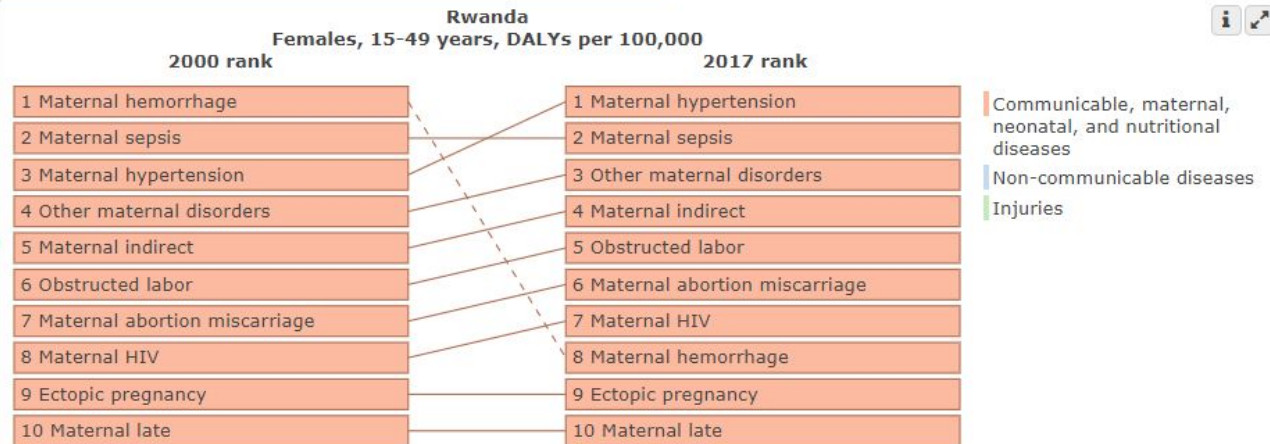
**Bottom chart Settings**

**Category** Gynecological diseases ▾

**Level** 4

[Take tour ▶](#)

<http://ihmeuw.org/4zxa>



What is the rate of YLLs due to maternal abortion and miscarriage among women ages 15-49 years in Eastern Sub-Saharan countries over time?

Resource to investigate:

[GBD Compare](#)



Single **Explore** Compare ▾

## Shared Settings

Use basic settings

**Display**

Cause  Risk

Etiology  Impairment

Injuries by nature

**Cause**

A.6.1.5 Maternal abortion an... ▾

**Measure**

YLLs (Years of Life Lost) ▾

**Age**

15-49 years ▾

**Sex**

Male  **Female**  Both

**Units**

#  **Rate**  %

## Map Settings

**Year**

2017

**Rate of change**

Off

**Scale**

**Unlocked**  Years

**Detail**

1

**Value**

**Observed**  Expected  O/E ratio

## Line Settings

**Locations**

Switch location group ▾

Add/Remove locations (15) ✕ ▾

**Uncertainty**

Off

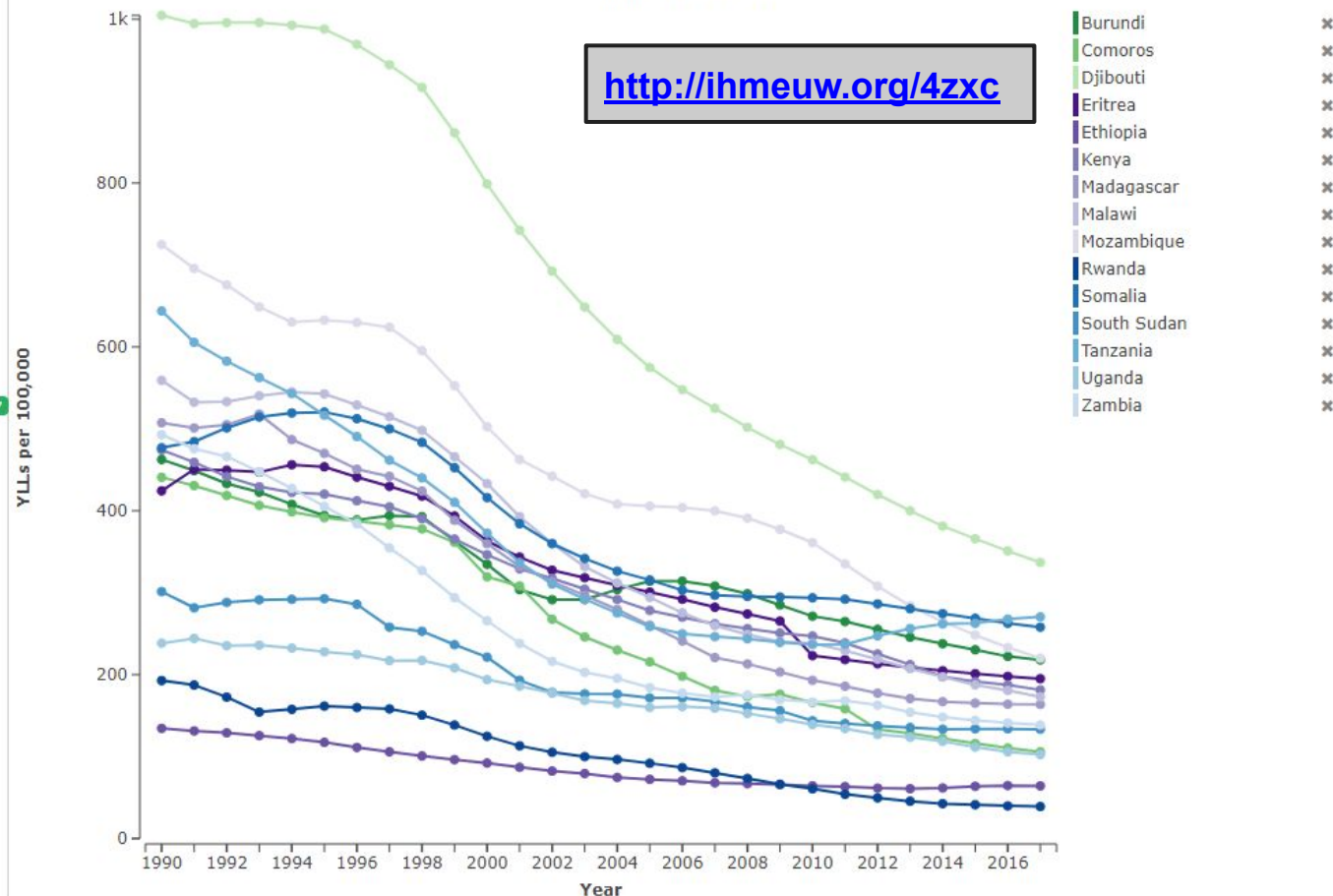
**Value**

**Observed**  Expected

**Rank**

Off

Take tour ▶

Maternal abortion and miscarriage  
Females, 15-49 years

I want to create a visualization of maternal mortality ratio over time comparing countries in South Asia.

Resource to investigate:

[Maternal Mortality: Levels & Trends 2000-2017](#)

# MATERNAL MORTALITY

## LEVELS and TRENDS 2000 to 2017

Despite the decrease in the number of maternal deaths, the world will fail to meet its 2030 Sustainable Development Goal target. In human terms, this means, at the current rate of progress, over an additional million women will lose their lives. Explore the latest maternal mortality estimates for 2017 as well as trends since 2000. To learn more, [click here](#) [1].

### WORLD

#### WHO

- Eastern Mediterranean
- Europe
- Africa
- Americas
- Western Pacific
- South-East Asia
- Other

#### UN GEOGRAPHIC REGIONS FOR STATISTICAL USE M49

- Asia
- Europe
- Northern Africa
- Oceania
- Sub-Saharan Africa

### SELECT COUNTRIES

Select All / Select None

COUNTRY	2000	2017	COUNTRY	2000	2017	COUNTRY	2000	2017
✓ Afghanistan	1450	638	✓ India	370	145	✓ Pakistan	286	140
✓ Bangladesh	434	173	✓ Maldives	125	53	✓ Sri Lanka	56	36
✓ Bhutan	423	183	✓ Nepal	553	186			

#### UNFPA

- Asia and the Pacific
- Eastern Europe and Central Asia
- Arab States
- East and Southern Africa
- Latin America and the Caribbean
- West and Central Africa
- EECA

#### World Bank Regions

- South Asia
- Europe and Central Asia
- Middle East and North Africa
- East Asia & Pacific
- Sub-Saharan Africa
- Latin America & Caribbean
- North America
- Latin America and Caribbean
- East Asia and Pacific

#### World Bank Income Group

- Low income
- Upper middle income
- High income
- Lower middle income

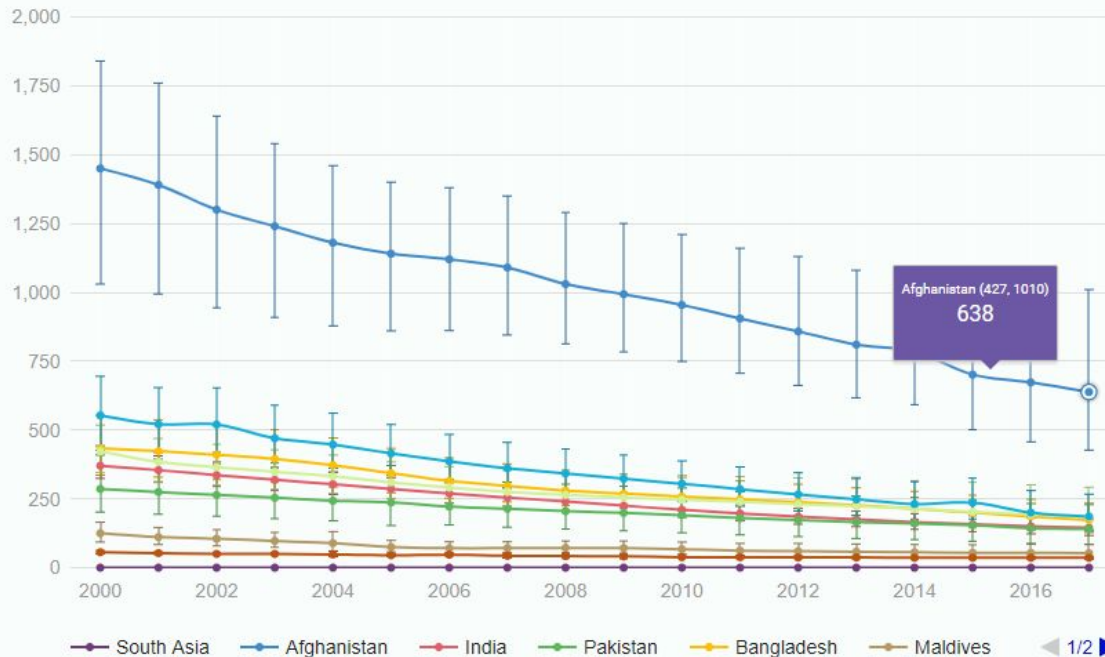
#### UNPD

- Less developed regions
- More developed regions

Years Range: 2000 - 2017



Line Chart / Bar Chart



# 03

**TRENDS**

**IN MATERNAL MORTALITY**

**METHODS**

## CONTENT

---

- 14 Data inputs for the estimation process
- 17 Other data inputs to the model
- 18 Statistical methods

<https://www.who.int/reproductivehealth/publications/maternal-mortality-2000-2017/en/>

What are the Key Drivers of maternal deaths in Ethiopia, Rwanda and Afghanistan? How do they compare?

Resource to investigate:

[IHME Maternal Health Atlas](#)

# Maternal Health Atlas

## RESULTS

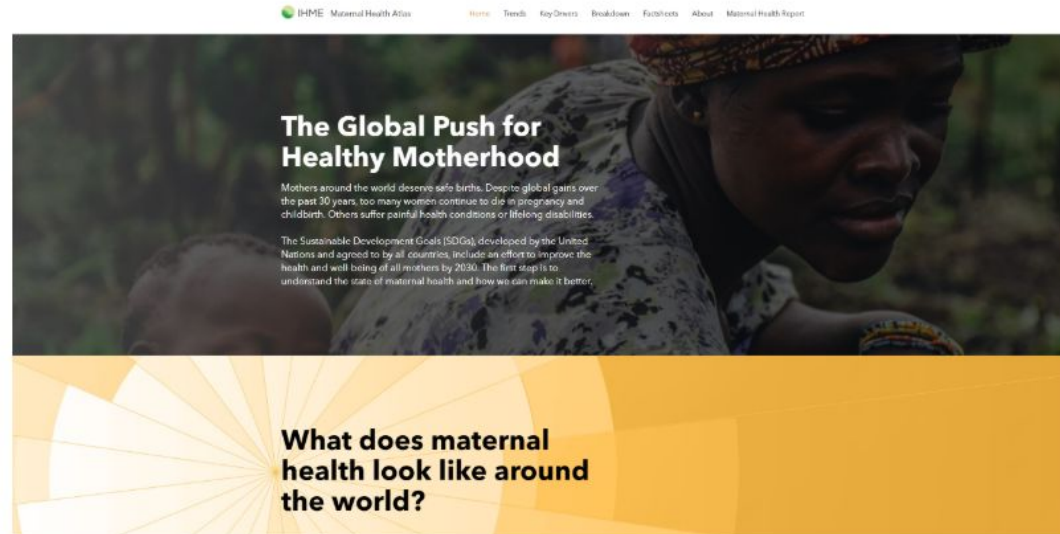
[GBD Results Tool](#)[Data Visualizations](#)[Country Profiles](#)[Healthcare Access and Quality](#)[US Health](#)[Policy Reports](#)[Research Articles](#)[Infographics](#)[Topics](#)[Data & Tools](#)

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Publication date:

November 12, 2019



IHME Maternal Health Atlas

Home Trends Key Drivers Breakdown Factsheets About Maternal Health Report

## The Global Push for Healthy Motherhood

Mothers around the world deserve safe births. Despite global gains over the past 30 years, too many women continue to die in pregnancy and childbirth. Others suffer painful health conditions or lifelong disabilities.

The Sustainable Development Goals (SDGs), developed by the United Nations and agreed to by all countries, include an effort to improve the health and well-being of all mothers by 2030. The first step is to understand the state of maternal health and how we can make it better.

### What does maternal health look like around the world?

# Key Drivers of Maternal Deaths

Changes in a country's population size, age, and birth rate impact maternal mortality. Where has population growth led to more maternal deaths? What about an increase in birth rates in older mothers? Have pregnancies become safer or more dangerous over time?

In the graphic below, you can compare the biggest factors that increase (positive % change) or reduce (negative % change) deaths of mothers in different countries.

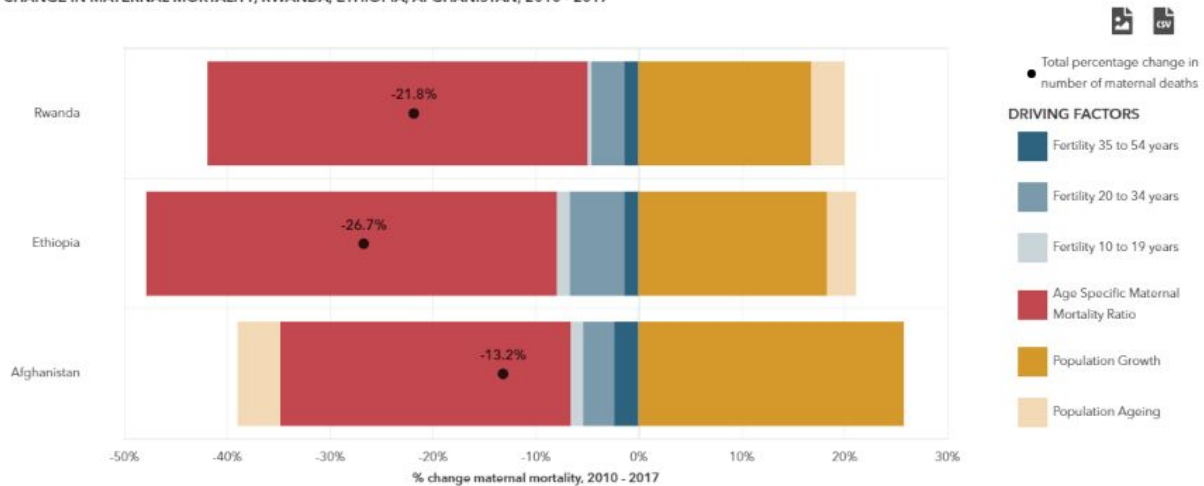
COMPARE UP TO 3 COUNTRIES:

Rwanda Ethiopia Afghanistan

YEARS:

2010 - 2017

CHANGE IN MATERNAL MORTALITY, RWANDA, ETHIOPIA, AFGHANISTAN, 2010 - 2017





What are the projected trends for modern contraceptive prevalence rate (mCPR) for Ghana in 2020?

How is mCPR calculated?

Resource to investigate:

[Track 20 | FP2020](#)



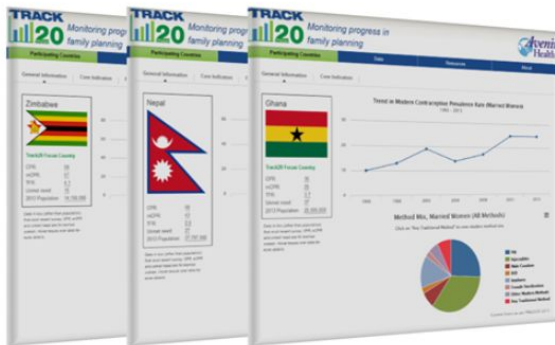
Participating Countries

Our Work

Data & Analyses

Resources

About Us



Explore FP2020 Core Indicator estimates for any FP2020 country.

Choose your country >>



### Explore Track20

Country Support

Monitoring Annual Progress

Service Statistics

Innovative Tools

Global Analysis

StatTRACK

### What's new?

October 2018

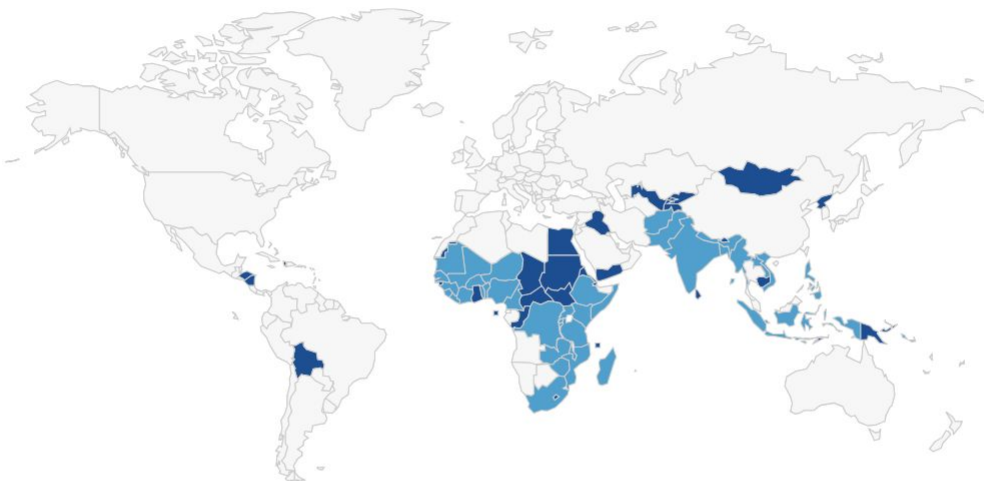
Attending ICFP? Want to make your own annual family planning estimates? Attend Track20's Family Planning Estimate Tool (FPET) Training! Register at <https://goo.gl/forms/Ty8lPX4PZGKTJmn2> by October 29.

July 2017

Check out our first blog post



FP2020 Focus Countries



Afghanistan\*  
 Bangladesh\*  
 Benin\*  
 Bhutan  
 Bolivia  
 Burkina Faso\*  
 Burundi\*  
 Cambodia  
 Cameroon\*  
 CAR  
 Chad\*  
 Comoros

Congo  
 Cote d'Ivoire\*  
 Djibouti  
 DPR Korea  
 DR Congo\*  
 Egypt  
 Eritrea  
 Ethiopia\*  
 Gambia  
 Ghana\*  
 Guinea\*  
 Guinea-Bissau

Haiti\*  
 Honduras  
 India\*  
 Indonesia\*  
 Iraq  
 Kenya\*  
 Kyrgyzstan  
 Lao PDR\*  
 Lesotho  
 Liberia\*  
 Madagascar\*  
 Malawi\*

Mali\*  
 Mauritania\*  
 Mongolia  
 Mozambique\*  
 Myanmar\*  
 Nepal\*  
 Nicaragua  
 Niger\*  
 Nigeria\*  
 Pakistan\*  
 Papua New Guinea  
 Philippines\*

Rwanda\*  
 Sao Tome and Principe  
 Senegal\*  
 Sierra Leone\*  
 Solomon Islands\*  
 Somalia\*  
 South Africa\*  
 South Sudan\*  
 Sri Lanka  
 State of Palestine  
 Sudan  
 Tajikistan

Tanzania\*  
 Timor-Leste  
 Togo\*  
 Uganda\*  
 Uzbekistan  
 Viet Nam\*  
 Western Sahara  
 Yemen  
 Zambia\*  
 Zimbabwe\*

Light blue indicates a Track20 supported country  
 \* Made commitment to FP2020  
 MW = Married Women, AW = All Women

Ghana

General Information

Core Indicators

Indicator Graphs

Additional Analysis

Resources

Ghana



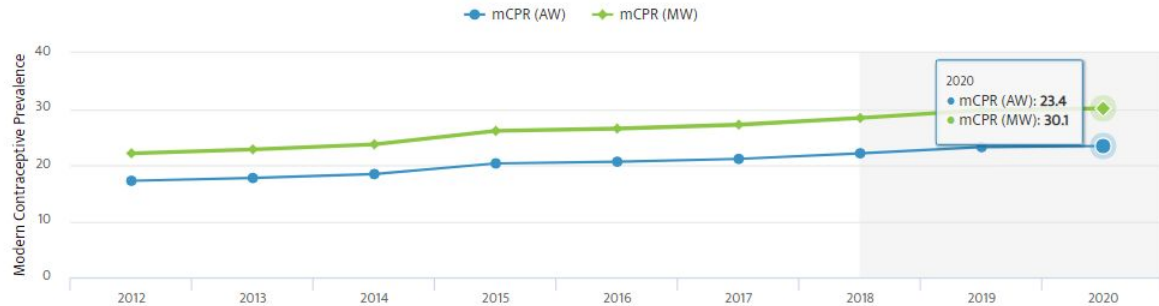
mCPR (AW):	22.1
mCPR (MW):	28.4
Unmet Need (MW):	33.6
Demand Satisfied (MW):	54.3
Additional Users:	525,000

*\*The data above is reported in the annual progress report FP2020: Catalyzing Collaboration 2017-18. These values were produced using Track20's FPET model*

MW = Married Women  
AW = All Women

Projected Trends in mCPR

Ghana



Note: FP2020 uses a "rolling baseline" so values are recalculated each year based on the newest available data. The values in the gray area represent estimates of future prevalence if current trends continue.

In 2018

1,647,000

women are using a modern method of contraception

594,000

unintended pregnancies will be prevented

212,000

unsafe abortions will be averted

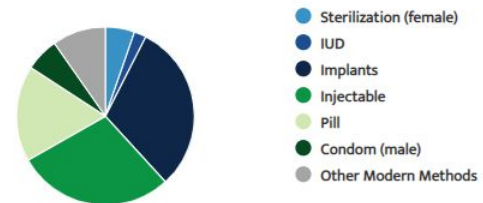
1,100

maternal deaths will be averted

As a result of that contraceptive use

Modern Contraceptive Method Mix

Ghana





Participating  
Countries

Our Work

Data &  
Analyses

Resources

About Us

Data & Analysis > Data Sources & Methodology

FP2020 Report

Core Indicator Overview

Data Sources &  
Methodology



## Data Sources and Methodology for FP2020 Core Indicators

Data sources and methodology for estimating values for the FP2020 Core Indicators, for the most recent FP2020 Progress Report: Catalyzing Collaboration 2017-2018 are described below. Instructions on how to calculate Core Indicator estimates for your country, with accompanying Excel tools where applicable, are available under [Track20 Resources](#).

To learn more about the indicators and their definitions, view the [FP2020 Core Indicator Table](#).

### *Incorporating the newest data to re-estimate trends*

Each year, when data for the annual report are prepared, newly released country data (data from surveys, service statistics, new population estimates, etc.) are used in our models to produce new estimates, not just for the current year, but for previous years as well. Continuously incorporating new data allows us to report the best possible estimates at any given point in time. Therefore, Indicators 1-8, which are modeled, are reported for 2012 onwards in each annual FP2020 report, and may have a different value in the current report than in previous reports. For more information, see the [Track20 technical brief "Rolling baseline for tracking FP2020 progress"](#).

## Data Sources and Methodology, by Indicator

- Indicator 1: Number of Additional Users of Modern Methods of Contraception
- Indicator 2: Contraceptive prevalence rate, modern methods (mCPR, all women)
- Indicator 3: Percentage of women with an unmet need for modern methods of contraception
- Indicator 4: Percentage of women whose demand is satisfied with a modern method of contraception
- Indicator 5: Number of unintended pregnancies
- Indicator 6: Number of unintended pregnancies averted due to modern contraceptive use
- Indicator 7: Number of unsafe abortions averted due to modern contraceptive use
- Indicator 8: Number of maternal deaths averted due to modern contraceptive use

➤ **Indicator 1: Number of Additional Users of Modern Methods of Contraception**

➤ **Indicator 2: Contraceptive prevalence rate, modern methods (mCPR, all women)**

*The percentage of women of reproductive age who are using (or whose partner is using) a modern contraceptive method at a particular point in time.*

**Calculation:** mCPR is calculated using Track20's FPET tool, which includes a country's historic and recent DHS, MICS, PMA2020 and other national survey data (mCPR and unmet need). Based on this data, FPET produces estimates for mCPR among married women; these values are then converted to values that apply to all women of reproductive age (WRA). Track20 is in the process of updating FPET so that it produces estimates for all women, so that this conversion will not be necessary in the future.

*Conversion from mCPR for married women to mCPR for all women*

For countries with a previous DHS or PMA2020 survey, the ratio of mCPR for all and married women from that survey was used to convert the married women mCPR from FPET to a value for all women. In countries with no previous DHS, a regional estimate was used. In some countries, it was assumed that there is no use of modern contraception by unmarried women, and the number of married modern method users was divided by the population of women of reproductive age to produce an mCPR estimate for all women.

*Inclusion of routine data in FPET*

Countries producing their own estimates had the option of including country-specific service statistics data in FPET. Incorporating recent routine data from health management information systems into FPET allows the model to produce estimates that better reflect the current situation in the country, particularly when the most recent survey data are out of date. Countries with service statistics data (on contraceptive commodities distributed, or number of visits for contraceptives) of reasonable consistency and quality were able to include this data in their FPET run. Married women values were converted to all women values as described above.

Incorporating service statistics data into FPET requires entry of multiple years of data to calibrate the model. In the FPET model, the trend between the service statistics points (and not the absolute values) inform the mCPR after the last cross-sectional survey data point. It is understood that there is inherent bias in service statistics data, so FPET has been calibrated to correct for this bias.

**Download the calculator** for this indicator at:

[http://www.track20.org/pages/resources/track20\\_tools.php](http://www.track20.org/pages/resources/track20_tools.php)

➤ **Indicator 3. Percentage of women with an unmet need for modern methods of contraception**

➤ **Indicator 4: Percentage of women whose demand is satisfied with a modern method of contraception**

# Survey Methodology

[HOME](#) >> [DATA](#) >> **[SURVEY METHODOLOGY](#)**

## **DATA**

[About the Data](#)

### **Survey Methodology**

[Available Datasets](#)

[Publications](#)

[DataLab Tool](#)

[Indicators by Topic Area](#)

[Survey Results](#)

[Summary](#)

PMA collects a nationally or sub-nationally representative sample of data from households and women in selected sentinel sites, to estimate family planning and other health indicators on an annual basis in nine pledging [FP2020](#) countries. The PMA surveys involve interviewing a sample of females aged 15 to 49 years and a probability sample of health facilities, pharmacies, and retail outlets that offer family planning services to the selected communities. The female respondents are asked questions about their background, their birth history and fertility preferences, their use of family planning methods, and other information that is helpful to policymakers and program administrators in health and family planning improvement.

The survey sample in each country is based on a multi-stage cluster design, typically using urban-rural and major regions as the strata. A nationally representative number of geographical clusters ("enumeration areas") is sampled in each program country. In each enumeration area, households are listed and mapped. Households are systematically sampled for inclusion in the survey round, using random selection. Embedded in each household survey is the female respondent survey, with a series of questions for all women of reproductive age (15-49) living at each household. Respondents for the service delivery point survey are management staff answering on behalf of the facility.

I would like to map data in Sub-Saharan Africa according to unmet need for contraception by education and marital status.

What is the estimated abortion rate in Eastern Sub-Saharan Africa?

Resource to investigate:

[Guttmacher Institute | Data Center](#)



# DATA CENTER

Build, download and share custom tables, graphs and maps utilizing data on key sexual and reproductive health indicators from the Guttmacher Institute and other trusted sources.

[EXPLORE MORE GUTTMACHER WORK](#)

Regions

Countries

U.S. States

U.S. Counties

**TABLE**

Select 1 or more countries and 1 or more topics. Click the TABLE button below.

**MAP**

Select 1 topic with a map icon. Click the MAP button below.

Countries (79)

[RESET](#) Select All Albania Angola Armenia Azerbaijan Bangladesh Benin Bolivia

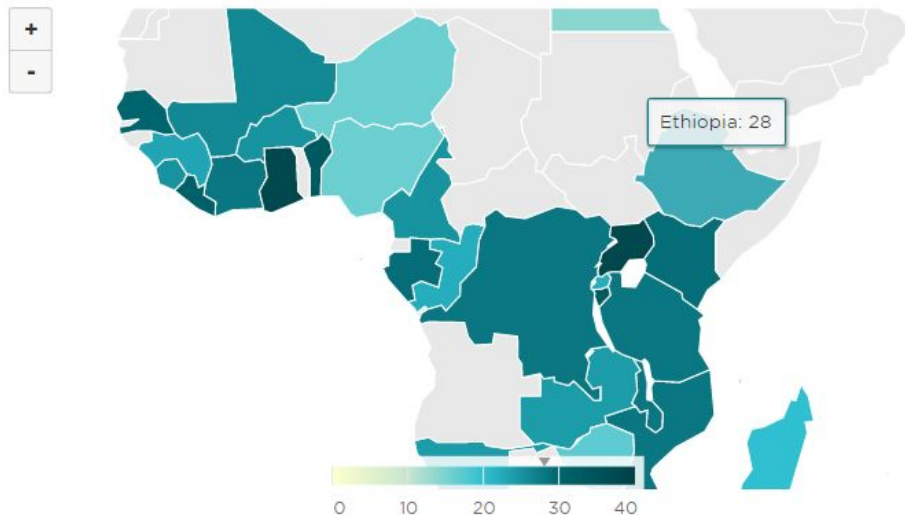
Topics (1)

[RESET](#)**Contraception** *Contraceptive use* *Social and demographic characteristics* *Unmet need for contraception* By age, among married women By age, among sexually active never-married women By education, by marital status By reasons for non-use among married women

\*Selecting fewer topics at a time results in better performance.

## Unmet need for contraception

% of married women aged 15-49 with unmet need among those with <7 years schooling



### Notes

- a. Defined as married or sexually active, fecund woman who does not want a child soon or at all and is not using contraception.
- b. Survey year varies by country: **India:** 2005-06; **Azerbaijan:** 2006; **Swaziland:** 2006-07; **Bolivia, Ghana, Kenya:** 2008; **Madagascar, São Tomé and Príncipe:** 2008-09; **Guyana, Lesotho:** 2009; **Timor-Leste:** 2009-10; **Armenia, Burkina Faso, Burundi, Cambodia, Colombia, Malawi, Rwanda, Tajikistan, Tanzania:** 2010; **Senegal, Zimbabwe:** 2010-11; **Bangladesh, Cameroon, Ethiopia, Mozambique, Nepal, Uganda:** 2011; **Congo, Cote d'Ivoire:** 2011-12; **Benin, Comoros, Gabon, Guinea, Haiti, Honduras, Indonesia, Jordan, Kyrgyzstan, Niger, Peru:** 2012; **Mali, Pakistan:** 2012-13; **Dominican Republic, Liberia, Namibia, Nigeria, Philippines, Sierra Leone:** 2013; **Democratic Republic of Congo, Zambia:** 2013-14; **Egypt:** 2014

### Sources

1. [Unmet Need for Contraception in Developing Countries: Examining Women's Reasons for Not Using a Method](#), Sedgh G, Ashford L, Hussain R, 2016

### CHOOSE A MEASURE

- % of married women aged 15-49 with unmet need among those with 7+ years schooling
- % of married women aged 15-49 with unmet need among those with <7 years schooling
- Among sexually active never-married women aged 15-49 with 7 or more years of schooling, % with an unmet need
- Among sexually active never-married women aged 15-49 with less than 7 years of schooling, % with an unmet need

[DOWNLOAD .CSV](#)
[DOWNLOAD .XLS](#)

# DATA CENTER

[EXPLORE MORE GUTTMACHER WORK](#)

Build, download and share custom tables, graphs and maps utilizing data on key sexual and reproductive health indicators from the Guttmacher Institute and other trusted sources.

Regions

Countries

U.S. States

U.S. Counties



TABLE

Select 1 or more regions and 1 or more topics. Click the TABLE button below.

Regions (1) [RESET](#) Africa Select All Eastern Africa Middle Africa Northern Africa Southern Africa Western Africa AsiaTopics (1) [RESET](#) Abortion Abortion incidence Abortion rate  Abortion rate by marital status  Number of abortions  Percentage of abortions by marital status  Abortion outcomes Percentage of pregnancies ending in abortion 

\*Selecting fewer topics at a time results in better performance.

Region	No. of abortions per 1,000 women aged 15–44, 2010–2014 <a href="#">a</a> , <a href="#">b</a> , <a href="#">d</a>	90% Uncertainty interval <a href="#">a</a> , <a href="#">b</a> , <a href="#">d</a>	% of all pregnancies ending in abortion, 2010–2014 <a href="#">b</a> , <a href="#">c</a> , <a href="#">d</a>	90% Uncertainty interval <a href="#">b</a> , <a href="#">c</a> , <a href="#">d</a>
Eastern Africa	34	(31–41)	14	(13–16)
Sources	Sources: <a href="#">1</a>	Sources: <a href="#">1</a>	Sources: <a href="#">1</a>	Sources: <a href="#">1</a>

## Notes

- a. Average rate per year, 2010–2014
  - b. The uncertainty interval provides information on the precision of the estimate; there is a 90% chance that it contains the true value.
  - c. Average percentage per year, 2010–2014
  - d. North America includes Canada and the United States of America
- u** = unavailable  
**n/a** = not applicable

## Sources

1. Abortion incidence between 1990 and 2014: global, regional, and subregional levels and trends *The Lancet*. Sedgh G et al. 2016 <https://www.guttmacher.org/article/2016/05/AWW-levels-and-trends-abortion-incidence-1990-2014>

[DOWNLOAD .CSV](#)
[DOWNLOAD .XLS](#)

I want to visualize cause of sociocultural acceptability of contraception use by Ethiopian regions.

What is the cause of maternal mortality by Rwandan provinces?

Resource to investigate:


[EQUIST | UNICEF](#) (EQUITABLE IMPACT SENSITIVE TOOL)




# EQUIST



Equitable strategies to save lives



 Dataset

ETH 2016 ▾

 Situational Analysis

 Profile  Frontiers

Analysis of

Contraceptive use ▾

Determinant

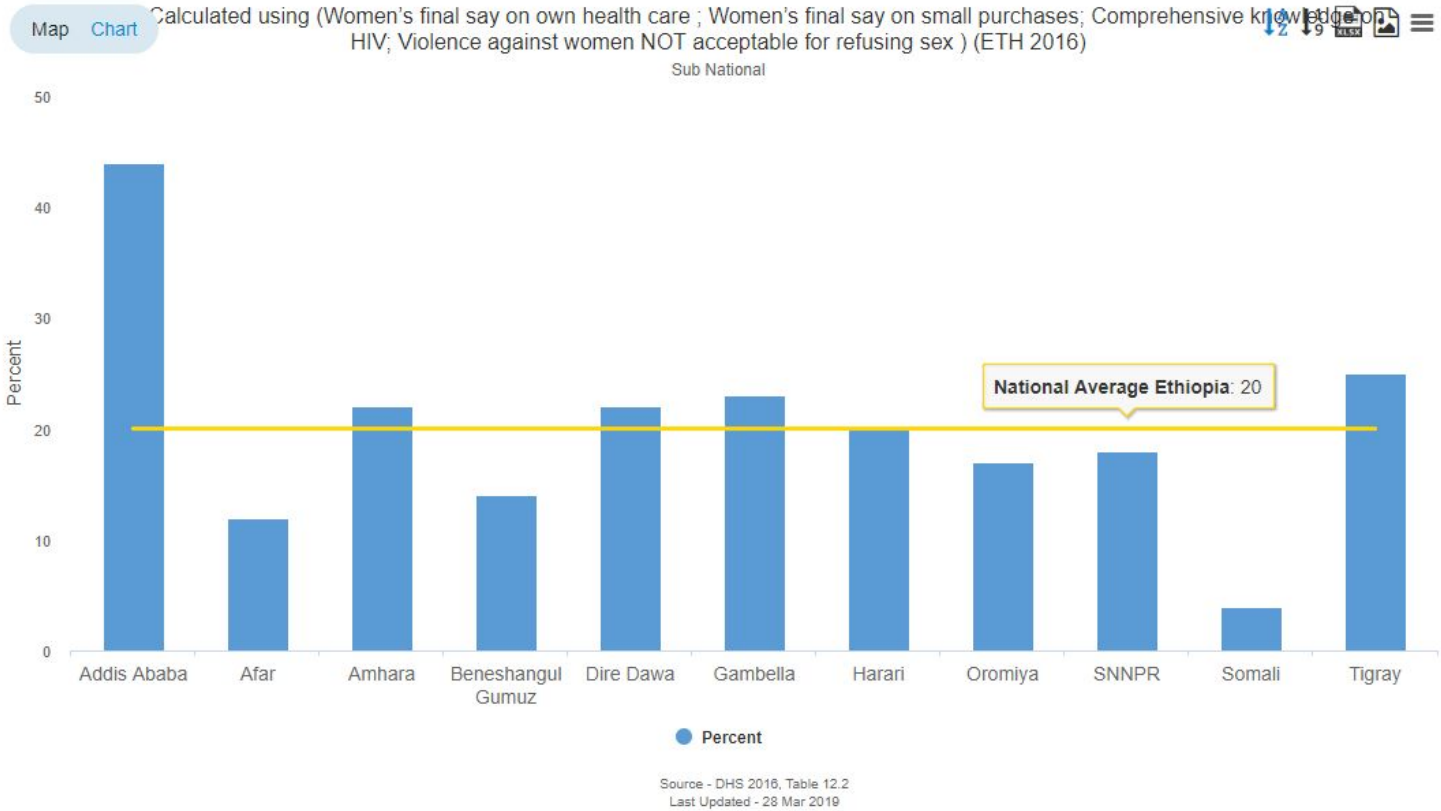
Sociocultural acceptability ▾


By

Sub National ▾

Unit


Percent







Dataset

**RWA DHS 2014-15** ▾

 **Situational Analysis**

 **Profile**  **Frontiers**

Analysis of

**Maternal mortality by cause** ▾

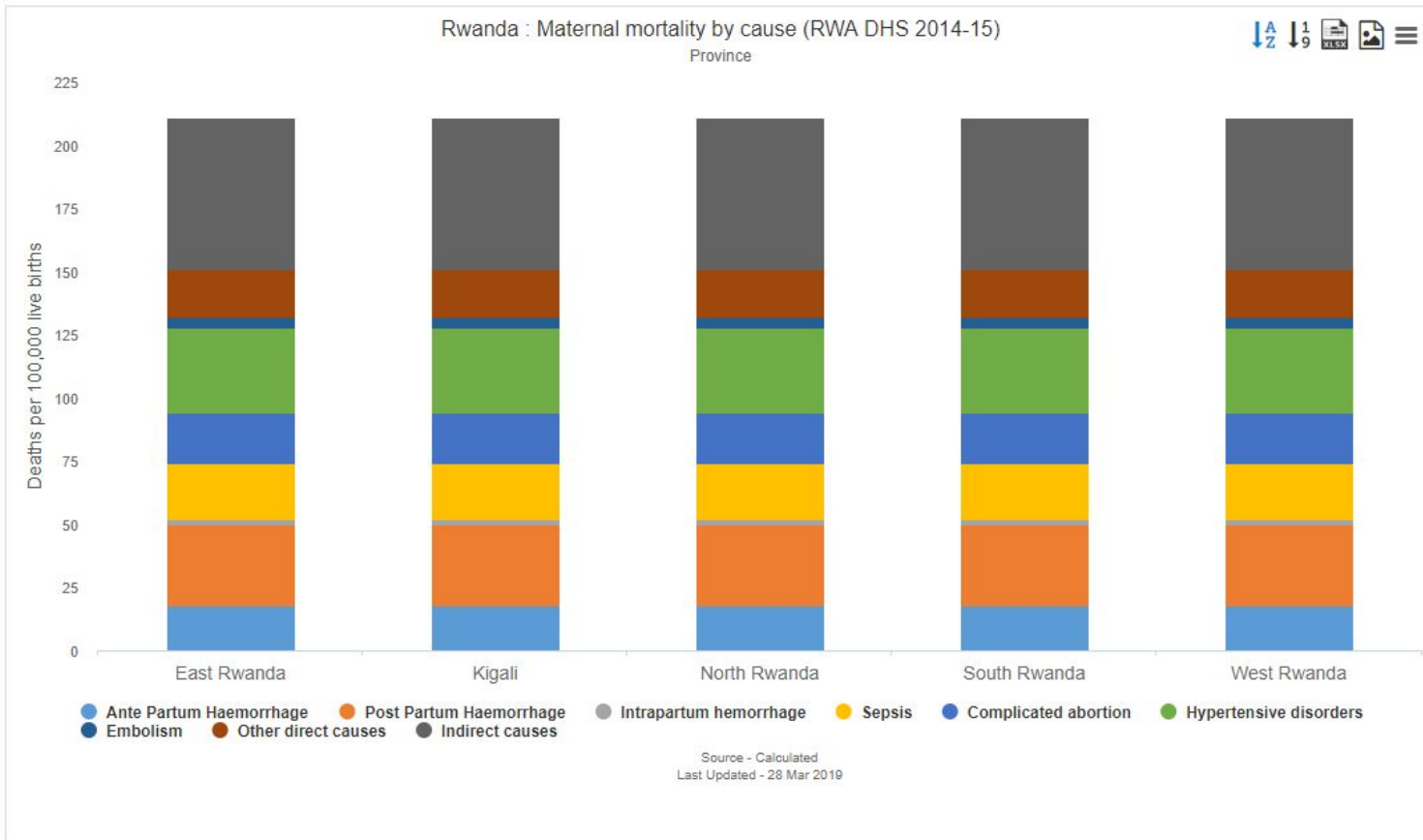
By

**Province** ▾

Unit

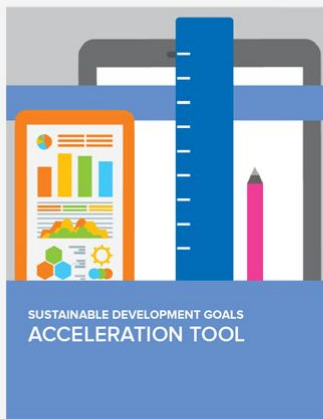
**Deaths per 100,000 live births**

**Number**





# EQUITABLE IMPACT SENSITIVE TOOL (EQUIST)



ACCESS TOOL - ENGLISH



ACCESS TOOL - FRENCH



ACCESS TOOL - SPANISH



EQUIST is a web-based tool utilised for strategic planning and prioritization of maternal, newborn and child health interventions as well as allocation of related resources in low and middle-income countries. The explicit goal of EQUIST is to reduce health disparities between the most marginalized mothers and young children, and the better-off. EQUIST helps policy makers select strategies that balance the principles of equity, effectiveness and efficiency by leading them through a logical process to identify the most rational and cost-effective solutions for their context.

EQUIST is principally a tool that uses data and situation analysis to identify priorities, in terms of populations, diseases, interventions and strategies. The priorities selected may reinforce the overall system and have positive effects on services other than those benefiting MNCH. The principles applied by the tool can be used for any sector and at any level of the health system, subject to data availability, and can be adjusted to focus on specific aspects of the health system or the health system as a whole.

EQUIST is based on a simple seven-step theory of change, which also underpins UNICEF's general approach to health system strengthening. This theory of change assumes that investments in, and implementation of, equity-focused strategies that remove quantifiable health system bottlenecks will lead to improvements in the coverage of high-impact health interventions and improved health outcomes for target populations.

EQUIST uses data to help users visualize and select priority populations and health and nutrition conditions; to understand which interventions may resolve these conditions, and which bottlenecks in the health system are presently constraining their delivery. It then helps the user address the causes of these bottlenecks, especially for the most disadvantaged, and estimates the impacts and cost effectiveness of the strategies. The process can then be repeated to compare alternative strategy options.

## Sustainable Development Goals covered by this tool



**Date:**  
2016

**Engagement:**

EQUIST requires users to understand the principles of the seven-step theory of change in order to use the tool. Stakeholders would need to know how to utilise the tool in order to determine what the main health issues are within a given country, and apply the seven-step theory of change so as to define the priority

**Availability:**  
Open Source

**Computer System Requirements:**  
Basic Computer

**Developed By:**  
United Nations Children's Fund (UNICEF); Community Systems Foundation (CSF)

From:  
[http://undg.org/sdg\\_toolkit/equitable-impact-sensitive-tool-equist/](http://undg.org/sdg_toolkit/equitable-impact-sensitive-tool-equist/)

# “Just the facts”: Exploring data sources



# So many data sources...a few selected

Note: We still need general health data sources in context for FP/CAC research and learning

## General:

- [WHO Global Health Observatory](#)
- [World Bank Open Data](#)

## Subject-specific:

- [Global Abortions Policies Database](#)
- [Family Planning Indicator Data | DHS Program](#)

# What is the TB profile for South Africa?

General resource to investigate:

[WHO Global Health Observatory data](#)



## Global Health Observatory (GHO) data

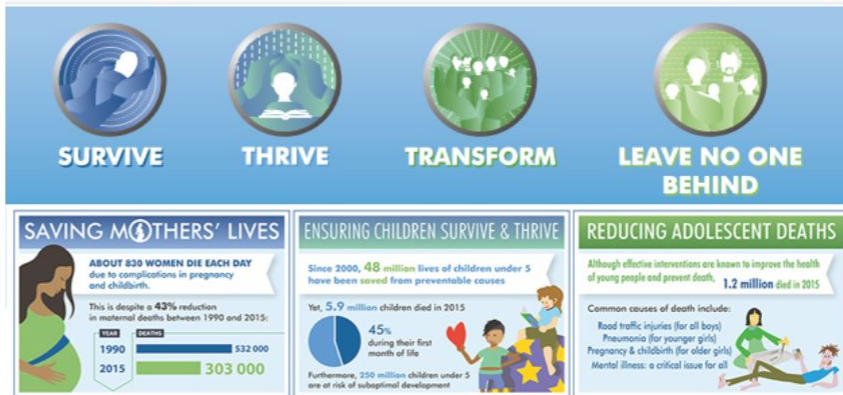
### Global Strategy for Women's, Children's and Adolescents' Health (2016-2030): Data portal

The Every Woman Every Child Global Strategy indicator and monitoring framework includes 60 indicators from health and other sectors. 34 indicators are from the Sustainable Development Goals (SDGs) and 26 from related global monitoring initiatives. From these, 16 key indicators are highlighted to provide a snapshot of progress.

The Global Strategy portal provides open access to the latest available data and estimates for the 60 indicators across 194 countries. This involves collaboration across WHO departments, H6 agencies (UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank), other UN organizations - including the UN Statistics Division and UNESCO, and global monitoring partnerships, including the Countdown to 2030 and academic institutions.

– [Access the portal](#)

### Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)



#### Child care

**Approx. 60%**

of children with suspected pneumonia are taken to an appropriate health provider

[Care seeking for pneumonia](#)

#### Health worker density

**Over 30%**

of WHO Member States report to have less than 10 medical doctors per 10 000 population

[Density of physicians](#)

#### Adequate sanitation

**68%**

of the world's population had access to improved sanitation facilities in 2015

[Use of improved sanitation facilities](#)

## GHO themes

The Global Health Observatory theme pages provide data and analyses on global health priorities. Each theme page provides information on global situation and trends highlights, using core indicators, database views, major publications and links to relevant web pages on the theme.

### SDG health and health-related target indicators

- [Mortality and global health estimates](#)
- [Health Equity Monitor](#)

#### 3.1 Maternal mortality

- [Maternal health](#)

#### 3.2 Newborn and child mortality

- [Child health](#)

#### 3.3 Communicable diseases

- [HIV/AIDS](#)
- [Tuberculosis](#)
- [Malaria](#)
- [Neglected tropical diseases](#)
- [Cholera](#)
- [Influenza](#)
- [Meningitis](#)
- [Sexually transmitted infections](#)
- [Antimicrobial resistance \(AMR\) country self-assessment](#)
- [Global Antimicrobial Resistance Surveillance System \(GLASS\)](#)

#### 3.4 Noncommunicable diseases and mental health

- [Noncommunicable diseases](#)
- [Mental health](#)

#### 3.6 Road traffic injuries

- [Road safety](#)

#### 3.7 Sexual and reproductive health

- [Universal access to reproductive health](#)

#### 3.8 Universal health coverage

- [Universal health coverage data portal](#)

#### 3.9 Mortality from environmental pollution

- [Public health and environment](#)

#### 3.a Tobacco control

- [Tobacco control](#)

#### 3.b Essential medicines and vaccines

- [Essential medicines](#)
- [Essential health technologies](#)
- [Immunization](#)
- [Health R&D](#)

#### 3.c Health financing and health workforce

- [Health financing](#)
- [Health workforce](#)

#### 2.2 Child malnutrition

- [Stunting, wasting and overweight in children](#)

#### 6.1 Drinking water

#### 6.2 Sanitation and hygiene

- [Water and sanitation](#)

#### 7.1 Clean household energy

#### 11.6 Clean cities

- [Public health and environment](#)
- [Urban health](#)

#### 16.1 Violence

- [Violence prevention](#)
- [Violence against women](#)

#### 17.6 Technology

- [e-Health](#)

### Monitoring health for the SDGs

Data and analyses for health and health-related SDGs

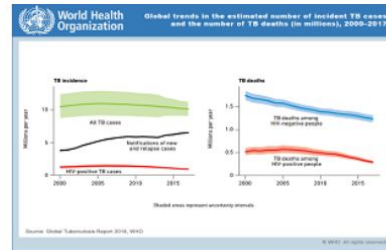




## Global Health Observatory (GHO) data

[Global Health Observatory data](#)[Data repository](#)[Reports](#)[Country statistics](#)[Map gallery](#)[Standards](#)

### Tuberculosis (TB)



**Global situation and trends:** TB is one of the top 10 causes of death and the leading cause from a single infectious agent (above HIV/AIDS). Millions of people continue to fall sick with TB each year. In 2017, TB caused an estimated 1.3 million deaths (range, 1.2–1.4 million) among HIV-negative people and there were an additional 300 000 deaths from TB (range, 266 000–335 000) among HIV-positive people.

View full size graph  
png, 110kb

[Read more](#)

#### Incidence

# 10 million

new TB cases in 2017

[Number of TB cases](#)

#### Mortality

# 1.3 million

TB deaths among HIV-negative people in 2017

[Number of TB deaths](#)

#### Lives saved

# 54 million

through effective diagnosis and treatment between 2000 and 2017

[Number of TB deaths](#)

Size of the epidemic  
Cases and deaths



Response to the epidemic  
Diagnosis and treatment

#### GLOBAL TUBERCULOSIS REPORT 2018

[View/download the report](#)

#### MORE TB DATA PRODUCTS

[Download more TB data](#)[Maps](#)[Reports](#)[Country profiles](#)[Links](#)

#### CONTACT US

[Click here](#)



## Tuberculosis (TB)

[Tuberculosis](#)[The End TB Strategy](#)[Areas of work](#)[TB publications](#)[TB data](#)[News, events and features](#)[About us](#)

### Tuberculosis country profiles



Tuberculosis country profiles are generated automatically based on data reported by countries and which are held in WHO's global TB database. Countries can update information at any time via WHO's TB data collection system (or, for countries in the European region, via the ECDC - WHO/Europe Joint Surveillance system). Therefore data in country profiles may differ slightly from the data available at the time *Global Tuberculosis Report* was written.

#### TB burden estimates and country-reported TB data

(available for all countries and territories asked to report TB data to WHO)

Country/territory: Language:  English  Español  Français  РусскийFormat:  Web page  PDF[» View](#)

#### Indicators in the Sustainable Development Goals associated with TB incidence

(available for all countries and territories asked to report TB data to WHO)

Country/territory: Format:  Web page  PDF[» View](#)

#### Financing for TB prevention, diagnosis and treatment

(available for a subset of countries and territories asked to report detailed TB financial data to WHO)

Country/territory: Format:  Web page  PDF[» View](#)



# South Africa

Population 2018

58 million

Estimates of TB burden <sup>a</sup> , 2018	Number (thousands)	Rate (per 100 000 population)
Total TB incidence	301 (215–400)	520 (373–691)
HIV-positive TB incidence	177 (127–235)	306 (219–406)
MDR/RR-TB incidence <sup>oo</sup>	11 (7.2–16)	19 (12–28)
HIV-negative TB mortality	21 (20–23)	37 (35–39)
HIV-positive TB mortality	42 (30–57)	73 (51–99)

## Estimated proportion of TB cases with MDR/RR-TB, 2018

New cases	3.4% (2.5–4.3)
Previously treated cases	7.1% (4.8–9.5)

## TB case notifications, 2018

Total new and relapse	227 999
- % tested with rapid diagnostics at time of diagnosis	71%
- % with known HIV status	90%
- % pulmonary	89%
- % bacteriologically confirmed <sup>ooo</sup>	70%
- % children aged 0–14 years	7%
- % women	37%
- % men	56%
Total cases notified	235 652

## Universal health coverage and social protection

TB treatment coverage (notified/estimated incidence), 2018	76% (57–110)
TB patients facing catastrophic total costs	
TB case fatality ratio (estimated mortality/estimated incidence), 2018	22% (14–30)

## TB/HIV care in new and relapse TB patients, 2018

	Number	(%)
Patients with known HIV status who are HIV-positive	120 862	59%
- on antiretroviral therapy	104 625	87%

## Drug-resistant TB care, 2018

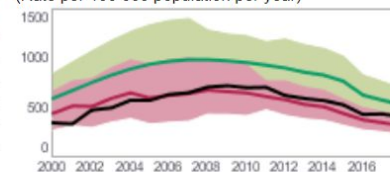
% of bacteriologically confirmed TB cases tested for rifampicin resistance <sup>ooo</sup>	
- New cases	92%
- Previously treated cases	94%
Laboratory-confirmed cases*	MDR/RR-TB: 13 199, XDR-TB: 553
Patients started on treatment**	MDR/RR-TB: 9 558, XDR-TB: 539
MDR/RR-TB cases tested for resistance to second-line drugs	7 469

## Treatment success rate and cohort size

	Success	Cohort
New and relapse cases registered in 2017	77%	240 332
Previously treated cases, excluding relapse, registered in 2017	59%	6 508

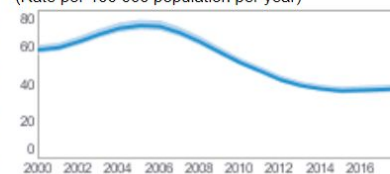
# Tuberculosis profile

(Rate per 100 000 population per year)



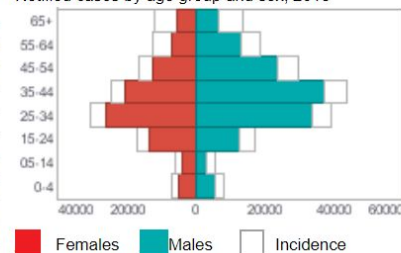
■ Total TB incidence  
— New and relapse TB cases notified  
■ HIV-positive TB incidence

(Rate per 100 000 population per year)



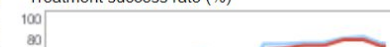
■ HIV-negative TB mortality

Notified cases by age group and sex, 2018



■ Females ■ Males  Incidence

Treatment success rate (%)





## Global Health Observatory indicator views

[Data analysis](#)[By theme](#)[By category](#)[By indicator](#)[By country](#)[Metadata](#)[About the Observatory](#)[Search](#)

### Browse data tables by indicator

The GHO **"By indicator"** provides a list of all indicators for which the Observatory contains data. Each indicator page consists of a link to the definition of the indicator and a series of links to the various data views that contain information about the selected indicator.

Information regarding browsing, searching, and downloading data from the repository is available under "About the Observatory".

#### In this section:

[A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) | [P](#) | [R](#) | [S](#) | [T](#) | [U](#) | [V](#) | [W](#) | [Y](#) | [Z](#) | [1](#) |

#### A

- Alcohol, abstainers lifetime (%) (Global Information System on Alcohol and Health)
- Alcohol, abstainers past 12 months (%) (Global Information System on Alcohol and Health)
- Access restrictions to maintenance treatment (Resources for Substance Use Disorders)
- Action Plan for implementation of alcohol policy (Global Information System on Alcohol and Health)
- Adolescent birth rate (per 1000 women aged 15-19 years) (Global strategy for women's, children's and adolescents' health)
- Adolescent birth rate (births per 1,000 women aged 15 to 19) (Urban health)
- Adolescent mortality rate (per 100 000 population) (Global strategy for women's, children's and adolescents' health)
- Adopted written national policy on alcohol (Global Information System on Alcohol and Health)
- Adult mortality rate (probability of dying between 15 and 60 years per 1000 population) (Mortality and global health estimates)
- Advertising restrictions at cinemas (Global Information System on Alcohol and Health)
- Advertising restrictions at point-of-sale (Global Information System on Alcohol and Health)
- Advertising restrictions in print media (Global Information System on Alcohol and Health)
- Advertising restrictions on billboards (Global Information System on Alcohol and Health)
- Advertising restrictions on cable television (Global Information System on Alcohol and Health)
- Advertising restrictions on local radio (Global Information System on Alcohol and Health)
- Advertising restrictions on national radio (Global Information System on Alcohol and Health)
- Advertising restrictions on national television (Global Information System on Alcohol and Health)
- Advertising restrictions on social media (Global Information System on Alcohol and Health)
- Advertising restrictions on the internet (Global Information System on Alcohol and Health)
- Age limits on-premise service (Global Information System on Alcohol and Health)
- Age limits off-premise sales (Global Information System on Alcohol and Health)

What is the adolescent fertility rate for Ghana over time? How does it compare globally? How does it compare regionally?

General Resource to investigate:

[World Bank Open Data](#)

New to this site? [Start Here](#)

[DataBank](#) [Microdata](#) [Data Catalog](#)



# World Bank Open Data

Free and open access to global development data

Search data e.g. GDP, population, Indonesia

Browse by [Country](#) or [Indicator](#)

## MOST RECENT

Marine science for healthy reefs and resilient communities: 21 years of COREMAP in Indonesia

André Rodrigues de Aquino, David Kaczan, Dec 16, 2019

Measuring poverty of refugees: Can cross-survey imputation methods substitute for data scarcity?

Hai-Anh H. Dang, Paolo Verme, Dec 12, 2019

Chart: Two decades of progress in the world's poorest countries

D. Barne, Dec 11, 2019

[View all news](#)

[View all blogs](#)

## WHAT YOU CAN LEARN WITH OPEN DATA

Poverty headcount ratio at \$1.90 a day (2011 PPP) (% of population)



## Extreme Poverty

The proportion of the world's population living in extreme poverty has dropped significantly

## INTERNATIONAL DEBT STATISTICS

# 2020



## International Debt Statistics 2020

Oct 02, 2019



New ways of looking at poverty

UPPER-MIDDLE-INCOME LINE



Watch later



Share

## RECENTLY UPDATED DATASETS



Help / Feedback

Adolescent fertility rate (b...

Ghana

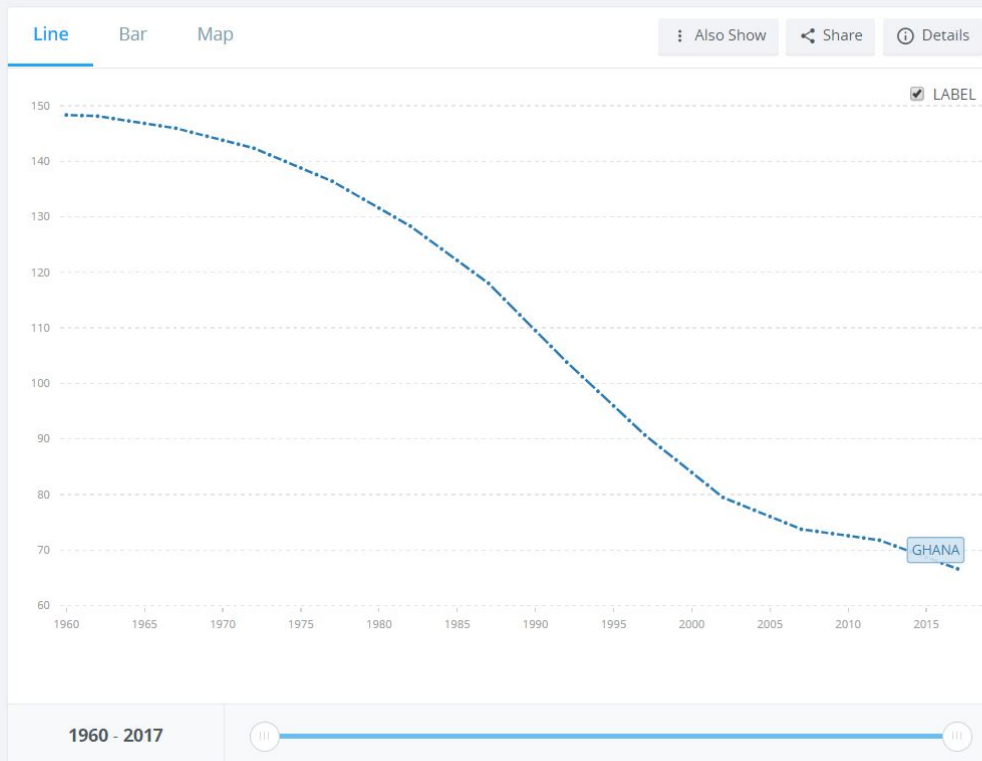
Search data e.g. GDP, population, Indonesia

[DataBank](#) [Microdata](#) [Data Catalog](#)

## Adolescent fertility rate (births per 1,000 women ages 15-19)

United Nations Population Division, World Population Prospects.

License : CC BY-4.0



Population ages 25-29, female (% of female population)

Survival to age 65, female (% of cohort)

Age dependency ratio (% of working-age population)

Population ages 65 and above (% of total)

Death rate, crude (per 1,000 people)

Completeness of death registration with cause-of-death information (%)

Population ages 65 and above, total

Population ages 65 and above, female

Download

[CSV](#) [XML](#) [EXCEL](#)

DataBank

Online tool for visualization and analysis

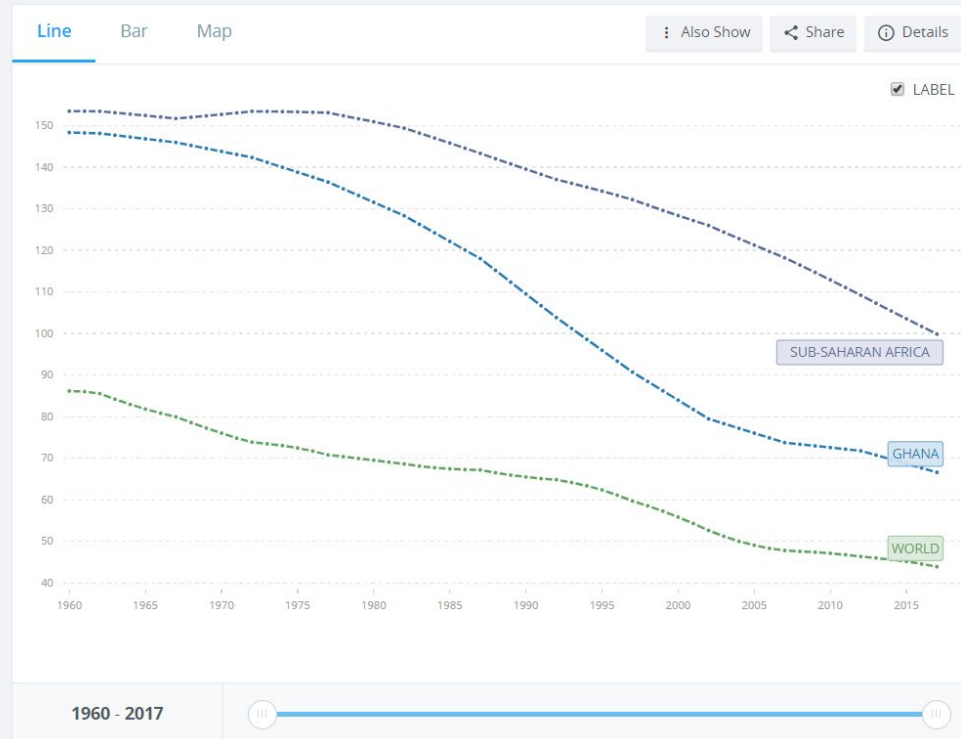
WDI Tables

Thematic data tables from WDI

## Adolescent fertility rate (births per 1,000 women ages 15-19)

United Nations Population Division, World Population Prospects.

License : CC BY-4.0



- Population ages 25-29, female (% of female population)
- Survival to age 65, female (% of cohort)
- Age dependency ratio (% of working-age population)
- Population ages 65 and above (% of total)
- Death rate, crude (per 1,000 people)
- Completeness of death registration with cause-of-death information (%)
- Population ages 65 and above, total
- Population ages 65 and above, female

**Download**  
[CSV](#) [XML](#) [EXCEL](#)

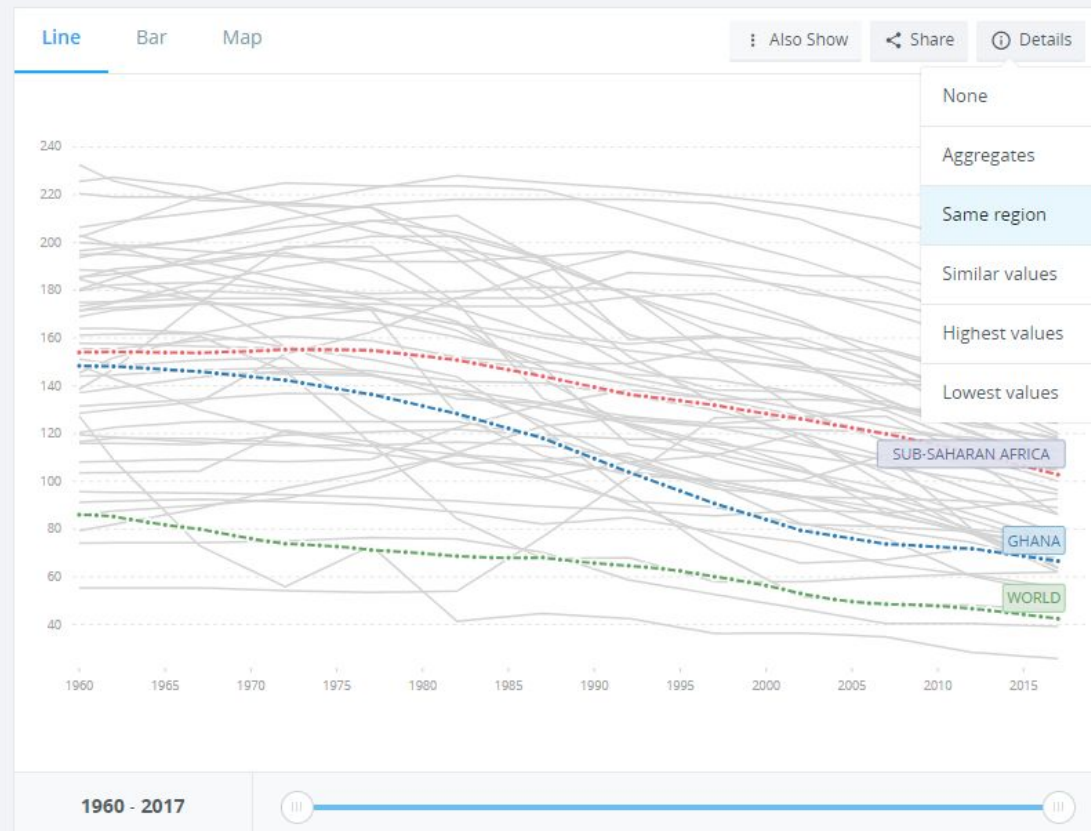
**DataBank**  
 Online tool for visualization and analysis

**WDI Tables**  
 Thematic data tables from WDI

# Adolescent fertility rate (births per 1,000 women ages 15-19) - Ghana, World, Sub-Saharan Africa

United Nations Population Division, World Population Prospects.

License : CC BY-4.0



Population ages 25-29, female (% of female population)



Survival to age 65, female (% of cohort)



Age dependency ratio (% of working-age population)



Population ages 65 and above (% of total population)



Death rate, crude (per 1,000 people)



Completeness of death registration with cause-of-death information (%)



Population ages 65 and above, total



Population ages 65 and above, female



Download

[CSV](#) [XML](#) [EXCEL](#)

DataBank

Online tool for visualization and analysis

WDI Tables

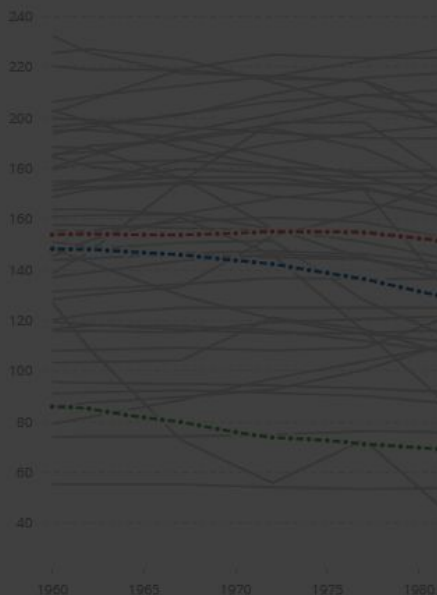
Thematic data tables from WDI

# Adolescent fertility rate (births per 1,000 women ages 15-19) - Ghana, World, Sub-Saharan Africa

United Nations Population Division, World Population Prospects

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Line Bar Map



## Adolescent fertility rate (births per 1,000 women ages 15-19) - Ghana, World, Sub-Saharan Africa

Adolescent fertility rate is the number of births per 1,000 women ages 15-19.

ID: SP.ADO.TFRT

Source: United Nations Population Division, World Population Prospects.

License: CC BY-4.0

Aggregation Method: Weighted average

**Long Definition:** Adolescent fertility rate is the number of births per 1,000 women ages 15-19.

Periodicity: Annual

**Statistical Concept and Methodology:** Reproductive health is a state of physical and mental well-being in relation to the reproductive system and its functions and processes. Means of achieving reproductive health include education and services during pregnancy and childbirth, safe and effective contraception, and prevention and treatment of sexually transmitted diseases. Complications of pregnancy and childbirth are the leading cause of death and disability among women of reproductive age in developing countries. Adolescent fertility rates are based on data on registered live births from vital registration systems or, in the absence of such systems, from censuses or sample surveys. The estimated rates are generally considered reliable measures of fertility in the recent past. Where no empirical information on age-specific fertility rates is available, a model is used to estimate the share of births to adolescents. For countries without vital registration systems fertility rates are generally based on

Population ages 25-29, female (% of female population)

Survival to age 65, female (% of cohort)

Age dependency ratio (% of working-age population)

Population ages 65 and above (% of total population)

Death rate, crude (per 1,000 people)

Completeness of death registration with use-of-death information (%)

Population ages 65 and above, total

Population ages 65 and above, female



Download

[CSV](#) [XML](#) [EXCEL](#)



DataBank

Online tool for visualization and analysis



Help / Feedback



Regional: I would like to compare abortion policies in Ethiopia and Rwanda.

World view: I also want to map countries where authorization of a health professional is required for access to safe abortion.

Subject-specific Resource to investigate:

[Global Abortions Policies Database](#)

# Global Abortion Policies Database

A tool to expand knowledge, encourage transparency, and promote accountability.

World View

Country Comparison

See Individual Country

Abortion at  
woman's request

Legal Ground and  
Gestational Limit

Additional Requirements to  
Access Safe Abortion

Clinical and Service-delivery  
Aspects of Abortion Care

Conscientious  
Objection



Please select at least two countries and a filter to see results.

### 1. Countries & regions

× Ethiopia

× Rwanda

### 2. Filters

At the woman's request

Select all | Clear selection

× Abortion at woman's request with no requirement for justification - See all

Legal Ground and Gestational Limit

Select all | Clear selection

× Economic or social reasons × Foetal impairment

× Mental health × Physical health × Health

Additional Requirements to Access Safe Abortion

Select all | Clear selection

× Authorization of health professional(s)

× Authorization in specially licensed facilities only

Clinical and Service-delivery Aspects of Abortion Care

Select all | Clear selection

× Methods allowed × Where can abortion services be provided

Conscientious Objection

Select all | Clear selection

× Public sector providers × Private sector providers

× Provider type not specified × Neither type of provider permitted

× Public facilities × Private facilities × Facility type not specified

× Neither type of facility permitted

### 3. Indicators

× Maternal mortality ratio

### 4. Advanced filters

View human rights treaties signed

YES

NO

View concluding observations

YES

NO

View penalties

YES

NO

See Results

# Legal Ground and Gestational Limit



Country	Economic or social reasons	Foetal impairment	Mental health	Physical health	Health
Sort: ▾	▾	▾	▾	▾	▾
Ethiopia	✗	✓	✗	✗	✓
Rwanda	✗	Gestational limit: 28	✓	✓	✓
<b>Total:</b> 2 countries	✓ 0 ✗ 2 i 0 ∅ 0	✓ 2 ✗ 0 i 0 ∅ 0	✓ 1 ✗ 1 i 0 ∅ 0	✓ 1 ✗ 1 i 0 ∅ 0	✓ 2 ✗ 0 i 0 ∅ 0



↓ Download data in this table

↓ Download data for all countries

## Additional Requirements to Access Safe Abortion



# Foetal impairment

Yes

## Related documents:

- [Ethiopia Criminal Code, Proclamation No. 414/2004, 9 May 2005 \(page 188\)](#)

# Gestational limit

Weeks: 28

- [Standard Treatment Guidelines for General Hospital \(page 635 \)](#)
- [Technical and procedural guidelines for safe abortion services in Ethiopia 2014 \(page 8\)](#)



## WHO Guidance

The following descriptions and recommendations were extracted from WHO guidance on safe abortion.

A woman is entitled to know the status of her pregnancy and to act on this information; health protection or social reasons can be interpreted to include distress of the pregnant woman caused by the diagnosis of fetal impairment. Prenatal tests and other medical diagnostic services cannot legally be refused because the woman may decide to terminate her pregnancy. Safe Abortion Guidelines, § 4.2.1.4.

↓ **Source document:** [WHO Safe Abortion Guidance \(page 103\)](#)

Abortion at woman's request

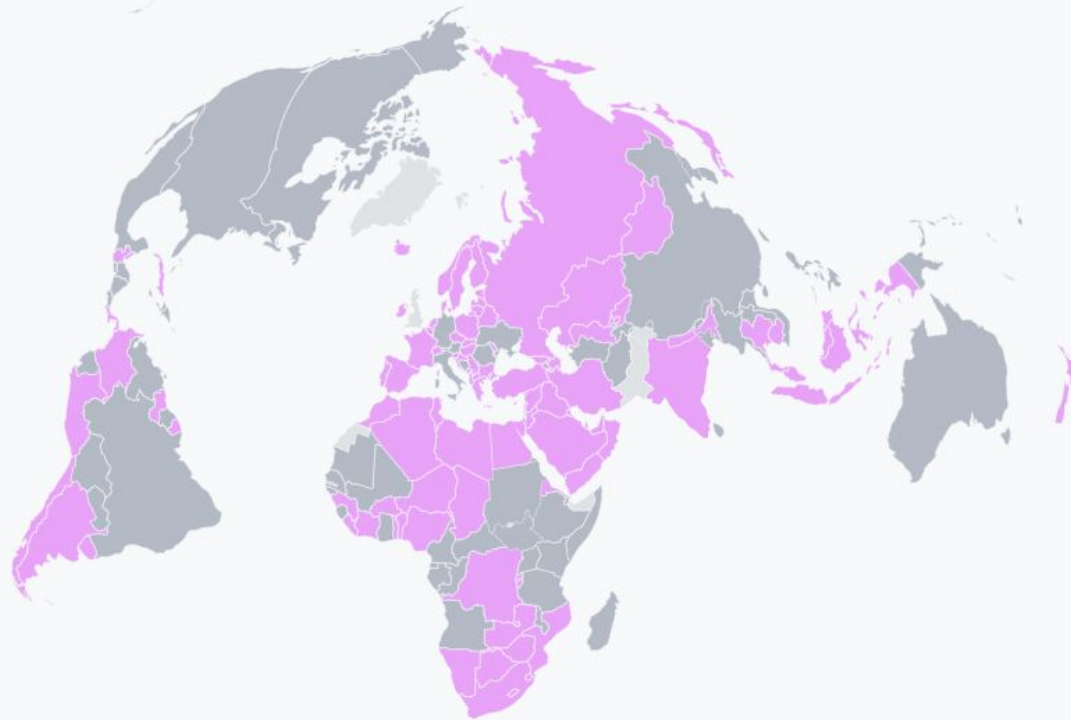
Legal Ground and Gestational Limit

Additional Requirements to Access Safe Abortion

Clinical and Service-delivery Aspects of Abortion Care

Conscientious Objection

Authorization of health professional(s)



97 countries

Africa: 26

Asia: 29

Europe: 31

Latin America: 10

North America: 0

Oceania: 1

Advanced Country Comparison →

World View

Country Comparison

See Individual Country



Abortion at woman's request

Legal Ground and Gestational Limit

Additional Requirements to Access Safe Abortion

Clinical and Service-delivery Aspects of Abortion Care

Conscientious Objection



World View

Country Comparison

Abortion at woman's request

Legal Ground and Gestational Limit

Additional Requirements to Access Safe Abortion

At woman's request with no requirement for justification

World View

Country Comparison

See Individual Country

Abortion at  
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Legal Ground and  
Gestational Limit

Additional Requirements  
to Access Safe Abortion

- Economic or social reasons
- Foetal impairment
- Rape
- Incest
- Intellectual or cognitive disability of the woman
- Mental health
- Physical health
- Health
- Life
- Other



## World View

## Country Comparison

Abortion at  
woman's request

Legal Ground and  
Gestational Limit

Additional Requirements to  
Access Safe Abortion

Additional Requirements to  
Access Safe Abortion

Clinical and Ser  
Aspects of Abo

- Authorization of health professional(s)
- Authorization in specially licensed facilities only
- Judicial authorization for minors
- Judicial authorization in cases of rape
- Police report required in case of rape
- Parental consent required for minors
- Spousal consent
- Ultrasound images or listen to foetal heartbeat required
- Compulsory counselling
- Compulsory waiting period
- Mandatory HIV screening test
- Other mandatory STI screening tests
- Prohibition of sex-selective abortion
- Restrictions on information provided to the public
- Restrictions on methods to detect sex of the foetus
- Other

See Individual Country



Abortion  
woman's

ts to

### Clinical and Service-delivery Aspects of Abortion Care

- National guidelines for induced abortion
- Methods allowed
- Country recognized approval (mifepristone / mife-misoprostol)
- Country recognized approval (misoprostol)
- Where can abortion services be provided
- National guidelines for post-abortion care
- Where can post abortion care services be provided
- Contraception included in post-abortion care
- Insurance to offset end user costs
- Who can provide abortion services
- Extra facility/provider requirements for delivery of abortion services

Clinical and Service-delivery  
Aspects of Abortion Care

Conscientious  
Objection



World V

Country

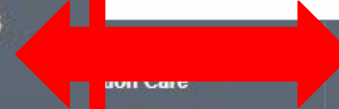
Abortion at  
woman's request

Legal and Service-delivery  
Aspects of Abortion Care

Conscientious  
Objection

Conscientious  
Objection

- Public sector providers
- Private sector providers
- Provider type not specified
- Neither type of provider permitted
- Public facilities
- Private facilities
- Facility type not specified
- Neither type of facility permitted





According to the most recent DHS, what percentage of married women are currently using any traditional or folk method of contraception? Which country stands out?

Resource to investigate:

[Family Planning Indicator Data](#) | DHS Program

The DHS Program > Topics > Family Planning

## FAMILY PLANNING

For more than 30 years, The DHS Program has been a primary source of data on family planning use. Family planning data are available in over 80 countries.

### Family Planning Indicator Data

Select Country:

All Countries

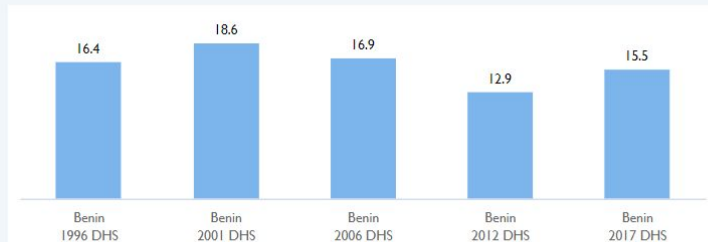
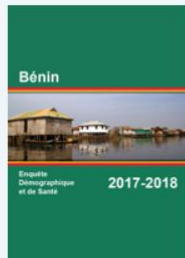
or

Select Indicator:

All Indicators

### Featured country: Benin

Married women currently using any method of contraception ⓘ



### PUBLICATIONS

View family planning related publications

### SURVEYS

DHS Survey

SPA Survey

### RESOURCES

DHS Contraceptive Calendar Tutorial

Elements of Family Planning Success Toolkit

Family Planning 2020

International Conference on Family Planning

International Planning Parenthood Federation

PMA2020

PRB Family Planning

UNFPA Family Planning

All Countries

or

Married women currently using any tr

## SURVEYS

DHS Survey

SPA Survey

## RESOURCES

DHS Contraceptive Calendar  
Tutorial

Elements of Family Planning  
Success Toolkit

Family Planning 2020

International Conference on Family  
Planning

International Planning Parenthood  
Federation

PMA2020

PRB Family Planning

UNFPA Family Planning

WHO Family planning



Married women currently using any traditional or folk method <sup>i</sup>

Country	Most Recent Survey	Total
<a href="#">Afghanistan</a>	DHS 2015	2.7 %
<a href="#">Albania</a>	DHS 2017-18	42.4 %
<a href="#">Angola</a>	DHS 2015-16	1.1 %
<a href="#">Armenia</a>	DHS 2015-16	29.2 %
<a href="#">Azerbaijan</a>	DHS 2006	36.8 %
<a href="#">Bangladesh</a>	DHS 2014	8.4 %
<a href="#">Benin</a>	DHS 2017-18	3.1 %
<a href="#">Bolivia</a>	DHS 2008	25.9 %
<a href="#">Botswana</a>	DHS 1988	1.3 %
<a href="#">Brazil</a>	DHS 1996	6.5 %
<a href="#">Burkina Faso</a>	DHS 2010	1.1 %
<a href="#">Burundi</a>	DHS 2016-17	5.6 %
<a href="#">Cambodia</a>	DHS 2014	17.5 %
<a href="#">Cameroon</a>	DHS 2011	8.9 %
<a href="#">Central African Republic</a>	DHS 1994-95	11.5 %
<a href="#">Chad</a>	DHS 2014-15	0.6 %
<a href="#">Colombia</a>	DHS 2015	5.0 %
<a href="#">Comoros</a>	DHS 2012	5.2 %
<a href="#">Congo</a>	DHS 2011-12	24.7 %
<a href="#">Congo Democratic Republic</a>	DHS 2013-14	12.6 %
<a href="#">Cote d'Ivoire</a>	DHS 2011-12	5.7 %
<a href="#">Dominican Republic</a>	DHS 2013	3.2 %
<a href="#">Ecuador</a>	DHS 1987	8.5 %
<a href="#">Egypt</a>	DHS 2014	1.6 %
<a href="#">El Salvador</a>	DHS 1985	2.8 %
<a href="#">Eritrea</a>	DHS 2002	0.8 %
<a href="#">Eswatini</a>	DHS 2006-07	2.9 %
<a href="#">Ethiopia</a>	DHS 2016	0.6 %
<a href="#">Gabon</a>	DHS 2012	11.7 %
<a href="#">Gambia</a>	DHS 2013	0.9 %
<a href="#">Ghana</a>	DHS 2014	4.5 %
<a href="#">Guatemala</a>	DHS 2014-15	11.7 %
<a href="#">Guinea</a>	DHS 2012	1.0 %



Country	Survey	Married women currently using any traditional or folk method
Albania	2017-18 DHS	42.4
Albania	2008-09 DHS	58.7

**INDICATORS**

- Married women currently us...  
- Total
  - >  Age (5-year groups)
  - >  Age (10-year groups)
  - >  Age (grouped)
  - >  Residence
  - >  Education
  - >  Education (2 groups)

**COUNTRIES**

- Albania

Surveys

Recent  All Custom





**"Miss Peterson, may I go home? I can't assimilate  
any more data today."**

*J.B. Handelsman*

CN  
COLLECTION



*Sincere thanks*

ਸੱਚੇ ਦਿਲੋਂ ਧੰਨਵਾਦ