



Institute for Health Metrics and Evaluation

Data Release Information Sheet

Data Summary

Dataset name: Global Burden of Disease Study 2019 (GBD 2019) Contraceptive Prevalence Estimates 1970-2019

Date of release: July 23, 2022

Summary:

Annual estimates of contraceptive use and need for family planning were produced for 204 countries and territories from 1970–2019. Data used came from cross-sectional surveys that sampled women ages 15-49 in which respondents self-reported contraceptive use. This dataset includes annual estimates by location, age group, and marital status for any and modern contraceptive prevalence, unmet need for any contraception, and demand satisfied with modern methods. Additionally, prevalence was estimated for 15 contraceptive methods. If a women reported using more than one method, only the most effective method was counted. Due to small sample sizes of partnered and unpartnered women in some locations, only all age and age-standardized estimates (ages 15-49) are provided with marital breakdowns.

Relevant publications and visualizations:

- Haakenstad A, Angelino O, Irvine CMS, Bhutta ZA, Bienhoff K, Bintz C, et al. Measuring contraceptive method mix, prevalence, and demand satisfied by age and marital status in 204 countries and territories, 1970–2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet*. 23 July 2022.

Acknowledgements

Contributing organizations:

- Global Burden of Disease Collaborative Network

Funders:

- Bill and Melinda Gates Foundation (BMGF)

Suggested Citation:

Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019 (GBD 2019) Contraceptive Prevalence Estimates 1970-2019. Seattle, United States of America: Institute for Health Metrics and Evaluation (IHME), 2022.

Data Files Information

File Inventory

File Name	Description	Version Date
IHME_GBD_2019_CONTRACEPTIVE_PREVALENCE_1970_1989_DATA_ALL_WOMEN_Y2022M07D23.CSV	Contraceptive prevalence estimates for all women 1970-1989	July 23, 2022
IHME_GBD_2019_CONTRACEPTIVE_PREVALENCE_1970_1989_DATA_PARTNERED_UNPARTNERED_WOMEN_Y2022M07D23.CSV	Contraceptive prevalence estimates by marital status 1970-1989	July 23, 2022
IHME_GBD_2019_CONTRACEPTIVE_PREVALENCE_1990_2019_DATA_ALL_WOMEN_Y2022M07D23.CSV	Contraceptive prevalence estimates for all women 1990-2019	July 23, 2022
IHME_GBD_2019_CONTRACEPTIVE_PREVALENCE_1990_2019_DATA_PARTNERED_UNPARTNERED_WOMEN_Y2022M07D23.CSV	Contraceptive prevalence estimates by marital status 1990-2019	July 23, 2022
IHME_GBD_2019_CONTRACEPTIVE_PREVALENCE_1970_2019_CODEBOOK_Y2022M07D23.CSV	Codebook	July 23, 2022
IHME_GBD_2019_CONTRACEPTIVE_PREVALENCE_1970_2019_DATA_INPUT_SOURCES_Y2022M08D22.XLSX	Data Input Sources	August 22, 2022
IHME_GBD_2019_CONTRACEPTIVE_PREVALENCE_1970_2019_INFO_SHEET_Y2022M08D22.PDF	Data Release Information Sheet	August 22, 2022

Variable Information

Variable	Variable Label	Variable Definition
measure_name	Measure Name	The measure (indicator) for the estimate.
location_id	Location ID	A unique numeric identifier for the location generated and stored in an IHME database of data dimensions.
location_name	Location Name	The location for the estimate.
sex_id	Sex ID	A unique numeric identifier for the sex generated and stored in an IHME database of data dimensions.
sex_name	Sex Name	The gender for the estimate.
age_group_id	Age Group ID	A unique numeric identifier for the age group generated and stored in an IHME database of data dimensions.
age_group_name	Age Group Name	The age group for the estimate.
metric	Metric	The metric/unit of measure for the estimate.
year_id	Year ID	The time period for the estimate.
mean	Mean	Mean estimate.
upper	95% Uncertainty Interval (Upper Bound)	97.5% percentile estimate.
lower	95% Uncertainty Interval (Lower Bound)	2.5% percentile estimate.

Additional Information

Terms and Conditions

<http://www.healthdata.org/about/terms-and-conditions>

Contact Information

To request further information about this dataset, please contact IHME:

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These files may be updated periodically, so we appreciate hearing feedback or additional information about how these data are being used.