

DEFINITIONS: Lesson 3

1. Women wanting to avoid pregnancy are those (1) who are using a contraceptive method (traditional or modern), (2) who are unmarried, sexually active, able to become pregnant and do not want a child in the next two years or at all, (3) who are pregnant and identify their pregnancy as unintended, or (4) who are experiencing postpartum amenorrhea (missed period) after an unintended pregnancy.

2. Women with unmet need for contraception are those who want to avoid a pregnancy but are currently using a traditional contraceptive method or no method.

3. Women with demand satisfied for modern contraception ("met need") are those who want to avoid pregnancy and are using a modern method. *Women using a traditional method are assumed to have an unmet need for modern contraception.

4. Modern Contraceptive Prevalence Rate (mCPR) is 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.

5. Unintended pregnancies are pregnancies that are reported to have been either **unwanted** (i.e., they occurred when no children, or no more children, were desired) or **mistimed** (i.e., they occurred earlier than desired).

6. Pregnancy-related and newborn care includes:

- a) Antenatal care
- b) Ectopic pregnancy care
- c) Delivery and postnatal care (including for complications)
- d) Newborn care
- e) HIV care for pregnant/postpartum women and newborns,
- f) Induced abortion services,
- g) Post-abortion care for both induced abortion and miscarriage complications.

7. A maternal death is a death during pregnancy, childbirth or up to 42 days after the pregnancy. This includes pregnancies that end in induced birth, abortion, miscarriage and stillbirth.

8. Modern contraceptive methods include female and male sterilisation, hormonal methods, IUDs, male and internal (female) condoms, modern fertility awareness-based methods, lactational amenorrhea method and emergency contraception.

9. Traditional methods include periodic abstinence, withdrawal, abstinence and breast-feeding/long-term breast-feeding [6 months and beyond].

10. Short-acting methods include hormonal pills; injectables; condoms and other barrier methods; spermicides and modern periodic abstinence methods (e.g., Standard Days Method and Two-Day Method).

11. Long-acting reversible methods include IUDs and implants.

12. Family Planning Counselling is the percentage of women who were provided information on family planning within the last 12 months through contact with a health service provider or fieldworker.

13. Family Planning Decision making is the percentage of women currently using family planning whose decision to use was made mostly alone or jointly with their husband/partner.

14. Discontinuation and Method Switching*

a) Among women of reproductive age (usually 15-49) who began an episode of contraceptive use 3-62 months before being interviewed, the percentage of episodes where the specific method is discontinued within 12 months after beginning its use. This reports cases where a woman discontinued it while in need of contraception, discontinued because she is not in need of contraception, and the total all-reasons discontinuation rate.

b) Among women of reproductive age who began an episode of contraceptive use 3-62 months before being interviewed, the percentage of episodes where the specific method is discontinued within 12 months after beginning its use, and use of a different method begins after no more than one month of non-contraceptive use.