Contraceptive equity: insights from the progress in 48 FP2030 countries

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Contraceptive equity describes the ability of every person to make their own decisions about pregnancy prevention and have access to contraceptive care that consequently influences maternal and child health outcomes.[1,2] In this context, reducing socioeconomic inequalities in contraceptive access is paramount. In *The Lancet Global Health,* Carolina Cardona and colleagues[3] examined data from the Demographic Health Surveys of 48 countries to assess changes in socioeconomic inequalities in modern contraceptive prevalence (mCPR) and demand for family planning satisfied with modern methods (mDFPS). Using standardised concentration indices and fixed-effects Poisson regression models adjusted for age, parity, and residence, Cardona and colleagues[3] examined contraceptive equity during three decades.

The study shows that although progress is inconsistent, socioeconomic inequalities in contraceptive access and use have declined overall. However, women in lower socioeconomic brackets continue to face barriers to the access and use of modern contraceptives. Some countries have achieved faster and more equitable access due to various factors, presumably the foremost of which are political commitments and strong implementation. These disparities in met need across countries underscore the need for policies tailored to each country's unique challenges. The study also incorporated data from eight countries surveyed during the COVID-19 pandemic, showing slower progress during this time and underscoring the adverse effects of the pandemic on previous gains in contraceptive access. Robust statistical methods—including regression modelling and comprehensive data usage—support the study's credibility, providing a strong benchmark for future assessments. Tracking wealth quintiles systematically, the study equips policy makers and health practitioners with evidence to address gaps and promote equitable access.

To our knowledge, this is the first study to assess trends in contraceptive access and use among different quintiles in 48 Family Planning 2030 (FP2030) focus countries during an extended period (1990–2020). The study fills a notable gap in global reproductive health research by offering valuable insights for policy makers, researchers, and practitioners seeking to develop and implement interventions to achieve the FP2030 goals. The clear description of the methods, detailed results, and pragmatic interpretation make a strong case for future papers to include equity analysis.

However, further research is still needed to understand the long-term effect of COVID-19 on mCPR and mDFPS, especially for the poorest women. Pandemic-related disruptions were likely to have affected family planning services, making it crucial to assess the resilience of these indicators post pandemic. Persistent inequalities could stem from structural barriers such as policy, infrastructure, and cultural norms. As noted in the study,[3] women in lower quintiles have shown improved and sustained use of contraceptives compared with their rich counterparts. In this regard, having a better understanding of policy changes at country levels or donor push and influence in the past decades in certain countries in making certain contraceptives accessible could help explain some outliers.

Multilevel mixed-effects modelling is ideal when countries' populations differ in size. It allows random effects at the country level to account for variations in baseline and growth rates of mCPR and mDFPS. Country-level random effects can be in the form of unmeasured, country-specific factors such as urbanisation levels, policy frameworks, or cultural norms. Future studies could use multilevel mixed-effects modelling with an appropriate autocorrelation structure to account for country variations and improve the generalisability of mCPR and mDFPS estimates across diverse contexts, guiding interventions that address specific contraceptive needs. Additionally, examining the sustainability of these improvements is crucial. Economic and socioeconomic instability can disrupt health service access, making it essential to determine whether gains will endure under adverse conditions. Qualitative research in low-income and middle-income countries can capture the experiences of geographic, temporal, and systemic barriers to modern family planning services, which include regional or

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country-specific disparities in the services provision, sociocultural norms limiting timely access, or gaps in provider knowledge and resource allocation; therefore, inform targeted interventions.

The findings provide essential insights for family planning programmes within FP2030 focus countries. Addressing the persisting inequities will require targeted interventions that consider socioeconomic status and other contextual factors affecting access. Policy makers should leverage the evidence of this study to craft policies prioritising the most underserved populations, ensuring that family planning resources reach those with the greatest needs. Integrating these insights into FP2030's strategic framework[4] could accelerate progress toward achieving universal access and achieve the demand for family planning satisfied with modern methods.

The study reminds stakeholders that true progress in family planning can only be achieved when access is universally equitable, thus ensuring no one is left behind. By highlighting both successes and persisting gaps, the study offers a roadmap for future efforts in the family planning space. As we advance toward the FP2030 goals, policy makers, practitioners, and researchers must remain vigilant in addressing these disparities, striving for a world where all individuals, regardless of socioeconomic status, can exercise their reproductive rights freely and equitably.

We declare no competing interests.

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