# The S-Curve: Putting mCPR Growth in Context

Historical data shows us that modern contraceptive prevalence (mCPR) grows in an S-shaped pattern. This is characterized by slow growth and little annual change when mCPR is low (Stage 1), an opportunity for rapid growth in the middle during the transition from low to high mCPR (Stage 2), and slowing growth as mCPR reaches its maximum (Stage 3). While all countries will go through this general pattern, the duration and speed of growth seen in each stage will vary. Understanding this concept provides countries with a template that can assist in:

- Identifying program priorities
- Setting realistic targets for growth and contraceptive prevalence goals
- Maximizing the potential of obtaining the demographic dividend

# Growth slows and eventually stops as mCPR reaches its maximum.

## Stage I: Low Prevalence

Little or slow growth.

### What it means for program priorities

acceleration.

Stage 2: Growth

is potential for rapid

Length of period and speed

of growth varies; but there

During this stage efforts are needed to change social norms around family planning, stimulate demand, and establish the infrastructure and providers to deliver quality family planning services.

During this stage it is important to make sure there are no barriers to services by ensuring contraceptive availability, high-quality services, and continued demand generation. It is also during this stage that countries want to achieve and maintain rapid growth to maximize their ability to transform their population and benefit from the demographic dividend.

During this stage efforts should prioritize equity in mCPR among different subgroups to ensure that no women are being left behind. Programs at this stage need to focus on long-term sustainability, continued improvements in service quality, and expanding the range of methods available.

Stage 3: High Prevalence

### What it means for goal setting

Since mCPR will not have much change annually, focus should be on precursor indicators that looks at changes in demand for FP and increased access through system expansion.

At this stage realistic, but ambitious mCPR goals should be established.

At this stage, rather than focusing on further growth, goals and objectives should be focused on equity indicators and government financial commitments.

