Panel 1: What can data on method availability and method mix tell us about method choice?

Jane T. Bertrand, PhD, MBA
September 25, 2019
A quick review of the 3 elements*

Method availability

Method choice

Method mix

Inputs:
- SBC
- supply chain
- trained staff
- policies
- finances

Data sources:
- HMIS
- DHIS2
- Surveys

*Adapted from a USAID framework (2019)
• The menu of contraceptives available in a country

WHO uses the term “method mix” to define this concept. Ditto USAID.

The panelists have chosen to label it “availability.”
Method choice – the focus of today’s panel

As defined by USAID:

Client-centered information, counseling and services enables women, youth, men, and couples to decide and freely choose a contraceptive method that best meets their reproductive desires and lifestyle, while balancing other considerations important to safety, correct use, or switching methods.
Method mix (outcome)

- Percent distribution of contraceptive users by the method they use

(Guess the country)
THERE IS NO IDEAL METHOD MIX!
(an even distribution wouldn’t serve clients’ needs)
Country with the most “balanced” method mix: Sri Lanka (2016)

Method “share”

- Female sterilization: 22.5%
- Traditional: 17.0%
- Condom: 10.7%
- Pill: 13.1%
- Injectable: 13.1%
- Implant: 7.1%
- IUD: 16.4%
- Vasectomy: 0.0%
Sri Lanka: evolution of method mix over time

Good example of evolution toward a more balanced method mix
Difficult to report on LAM and fertility awareness-based methods (FABM) from existing surveys

<table>
<thead>
<tr>
<th>Region</th>
<th>Lactational Amenorrhea (LAM)</th>
<th>Fertility awareness-based mth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% using LAM</td>
<td>% countries with no data*</td>
</tr>
<tr>
<td>Asia</td>
<td>0.2</td>
<td>28.6</td>
</tr>
<tr>
<td>Cent Asia Republic</td>
<td>3.0</td>
<td>40.0</td>
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<tr>
<td>L America/Carib</td>
<td>0.5</td>
<td>40.0</td>
</tr>
<tr>
<td>Mideast/N Africa</td>
<td>1.9</td>
<td>37.5</td>
</tr>
<tr>
<td>SSA-East/Southern</td>
<td>0.6</td>
<td>21.1</td>
</tr>
<tr>
<td>SSA-West/Central</td>
<td>0.6</td>
<td>28.6</td>
</tr>
<tr>
<td>Total</td>
<td>0.8</td>
<td>30.0</td>
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*Based on most recent DHS survey in 83 LMIC
Recent Trends in Contraceptive Method Mix

Paper under review at International Perspectives on Sexual and Reproductive Health

Co-authors: J Ross, T Sullivan, K Hardee, J Shelton
Traditional method share has declined over time, but remains substantial (17% of total use)
No single method “dominates” (based on the most recent surveys)

Number of countries in which each method dominates (based on 113 countries in U.N. Population database)
The leading method differs for the 4 geographic regions of the world:

- **ASIA:** Fem. Ster.
- **LAC:** Fem. Ster., IUD
- **MENA:** Pill, trad.
- **SSA:** Injectable

**Total:** Pill
Vasectomy’s method share has declined from low to lower

Between the earliest and most recent survey, 113 countries
Hormonal method progression in SSA: Pill → injectable → implant (ex: Ghana)
Method skew
(one method >50% of total use)

- Close to one-third of countries have method skew (>50%)
- Slight improvement over time:
  - 2006: 35%
  - 2014: 30%
  - 2019: 29%
- Number of countries where different methods cause the skew

![Bar chart showing method skew over time and by method type]
30 countries with method skew >50% as of the most recent survey, by method type
What is the actionable “take-away” message from these data?
Both supply and demand influence method mix.

**Supply:**
- Method availability
- Quality of counseling
- Provider attitudes/bias
- Management of side effects

**Demand:**
- Knowledge of full range of methods
- Clients’ tolerance of different side effects
- Reproductive desires and lifestyle
- Societal norms (“everyone I know uses Method X”)

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Knowledge of full range of methods

Clients’ tolerance of different side effects

Reproductive desires and lifestyle

Societal norms (“everyone I know uses Method X”)

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How can programs that promote METHOD CHOICE influence method mix?

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Questions from a country, program, and donor perspective

- Is skewed method mix necessarily a problem – if prevalence is high?

- What if it’s caused by deeply-ingrained social norms or lifestyle preferences?

- What is the role of donors and implementing agencies in influencing method mix?

- We can probably agree: “improve method choice”

- And if method mix remains skewed???
Turning now to our panelists...