

# What PMA panel data can tell us about method use dynamics

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Technical Consultation on Expanding  
Method Choice  
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# KEY ACHIEVEMENTS UNDER PMA2020



# PMA: What's New

Design: Multi-Panel Design with annual cross-sectional data

- Household/female panel
- Facility panel
- Client-Exit-Interview panel (with phone follow-up)

Content: New panel baseline questions:

- Community norms
- Quality of care
- Women & girls empowerment
- Adolescent-specific questions

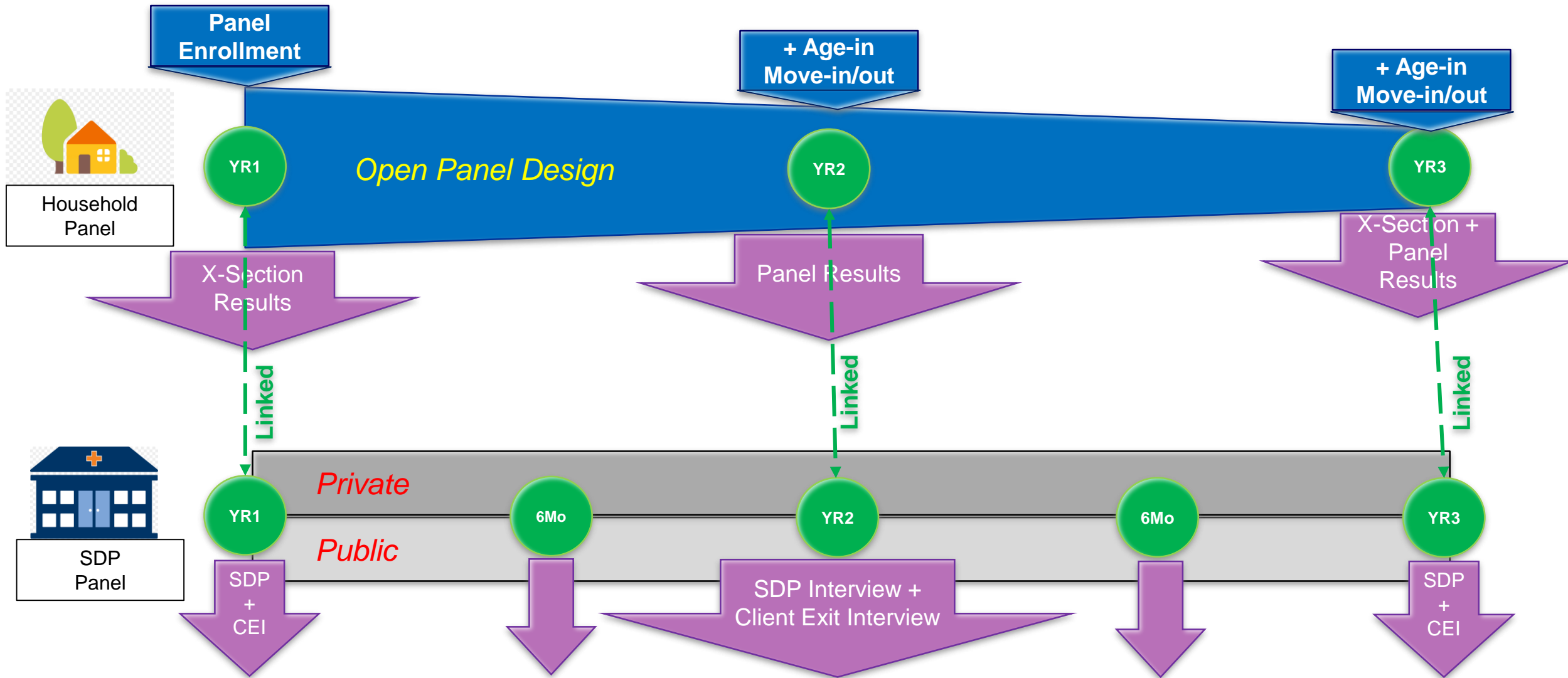
Geographies:

- 4 new: Benin, Guinea, Togo, Pakistan
- 8 continuing: Burkina Faso, Cote d'Ivoire, DR Congo, Niger, Nigeria, Kenya, Uganda, India/Rajasthan

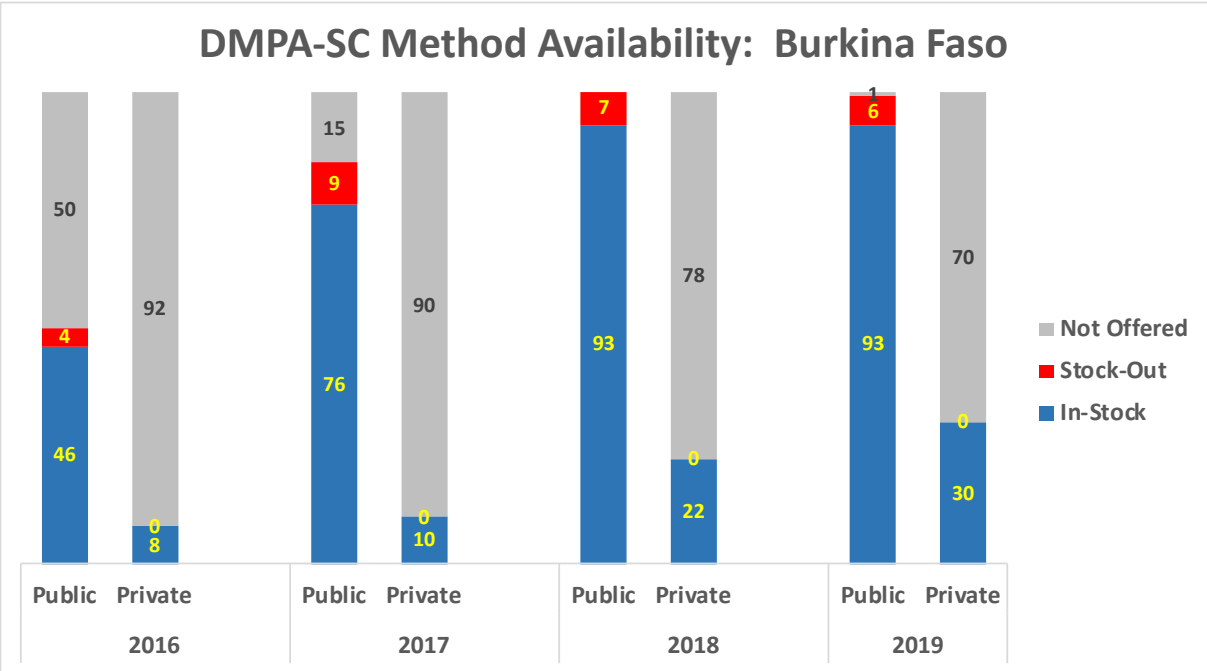




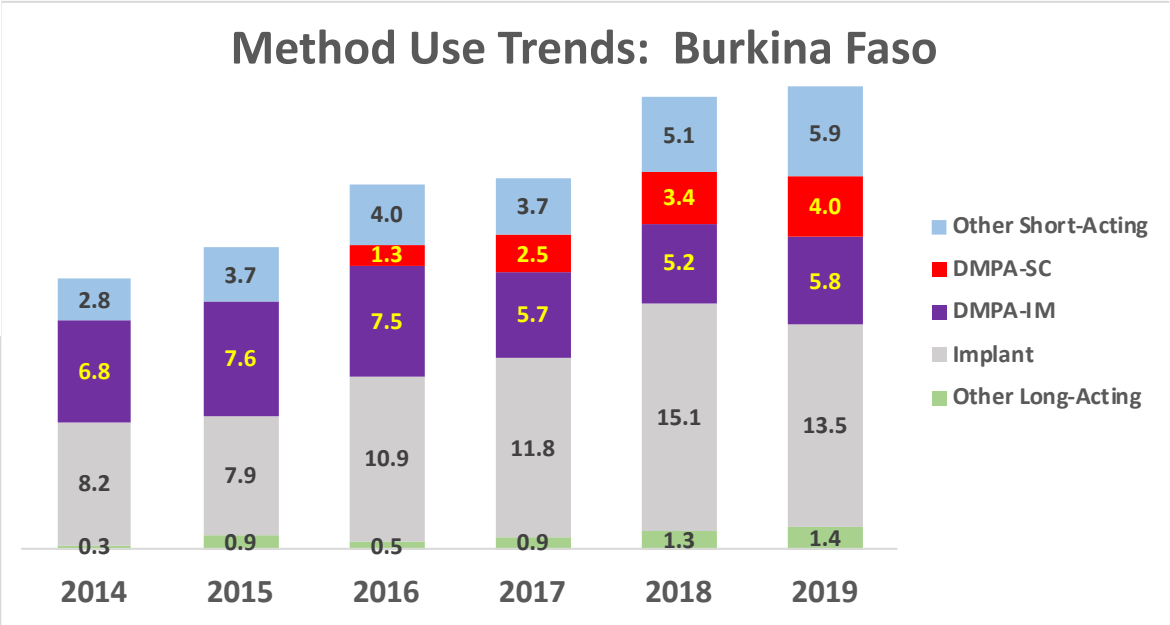
# PMA to add panel feature to cross-section



# PMA will continue to collect annual cross-sectional estimates, including...



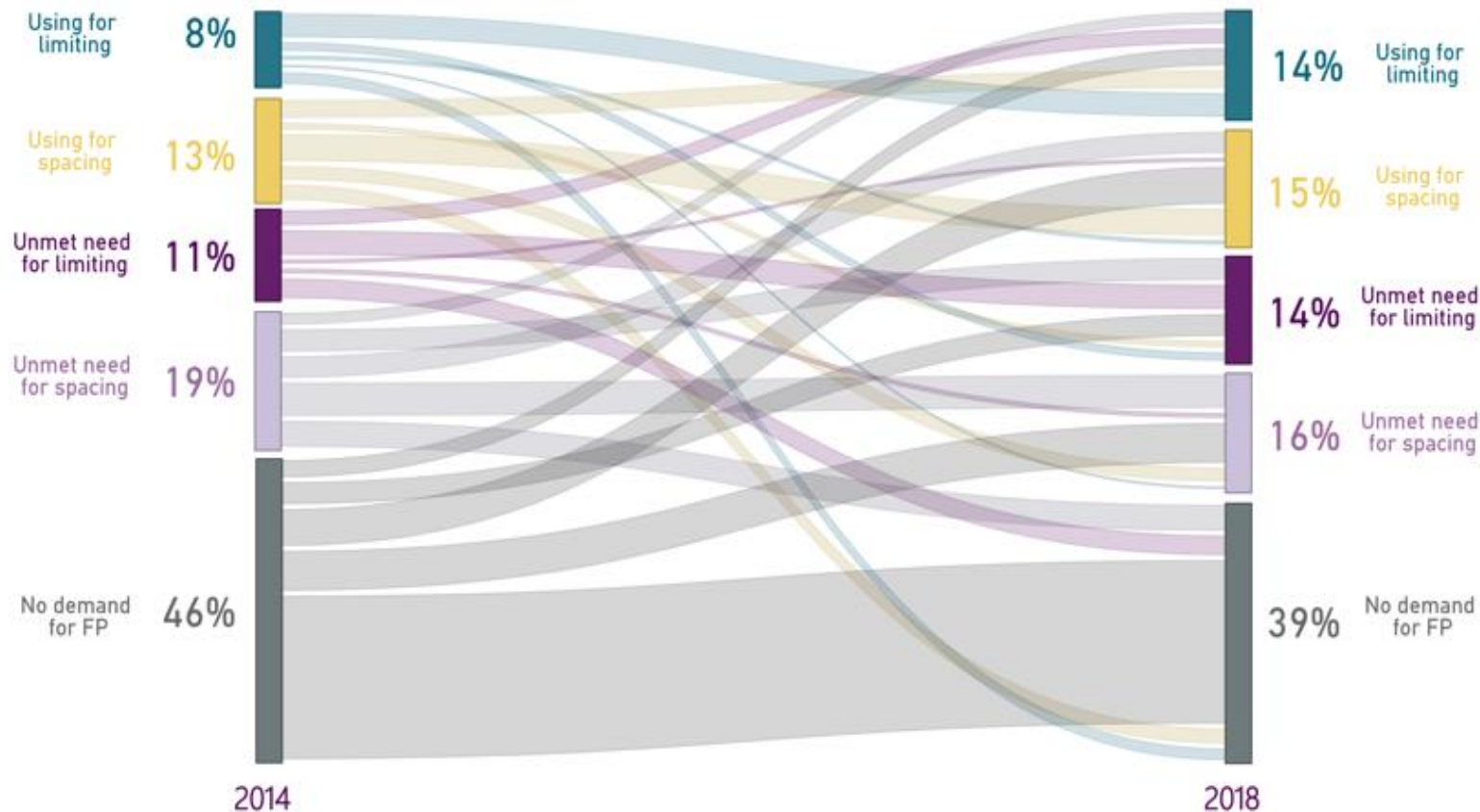
*DMPA-SC has become increasingly available, especially through the public sector*



*Method mix shifting with increased availability of implants and DMPA-SC*

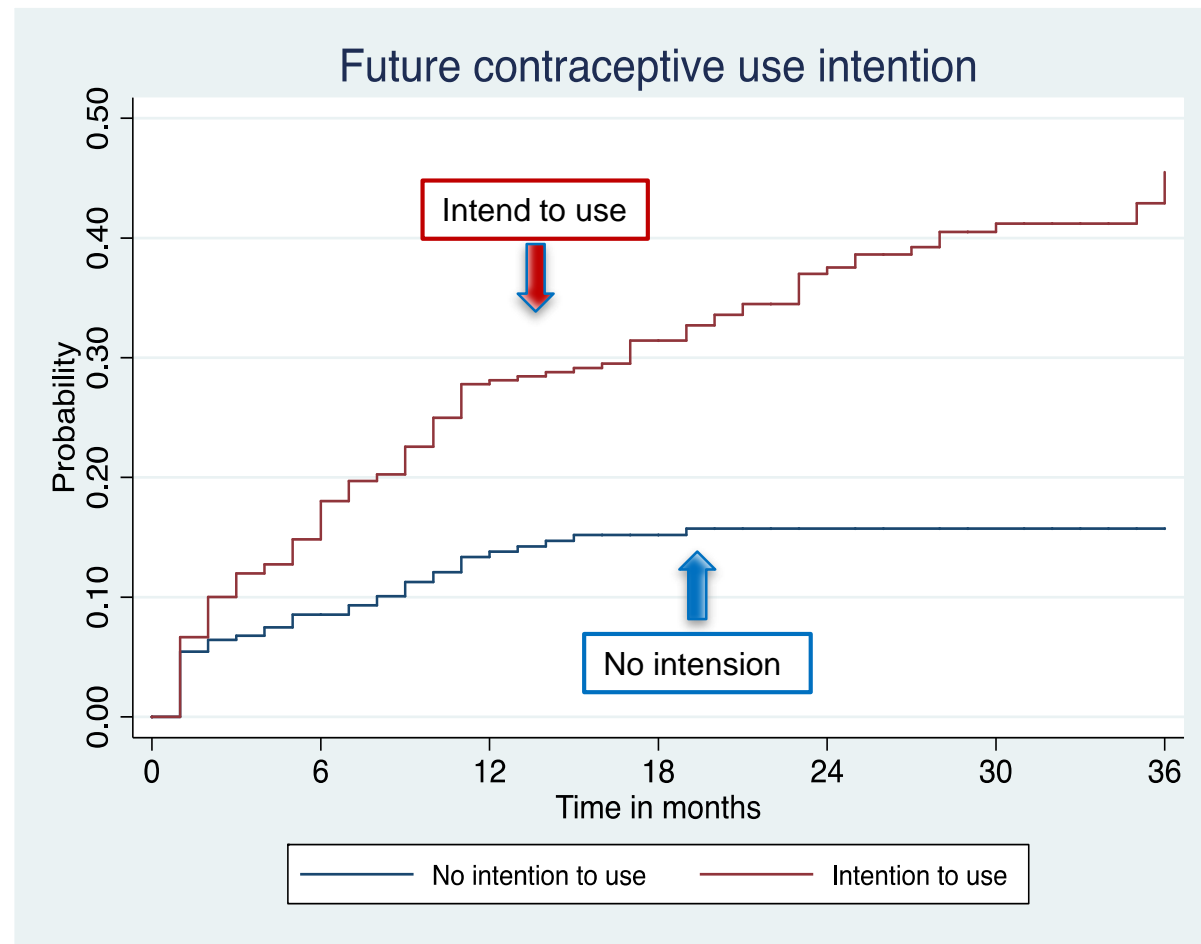
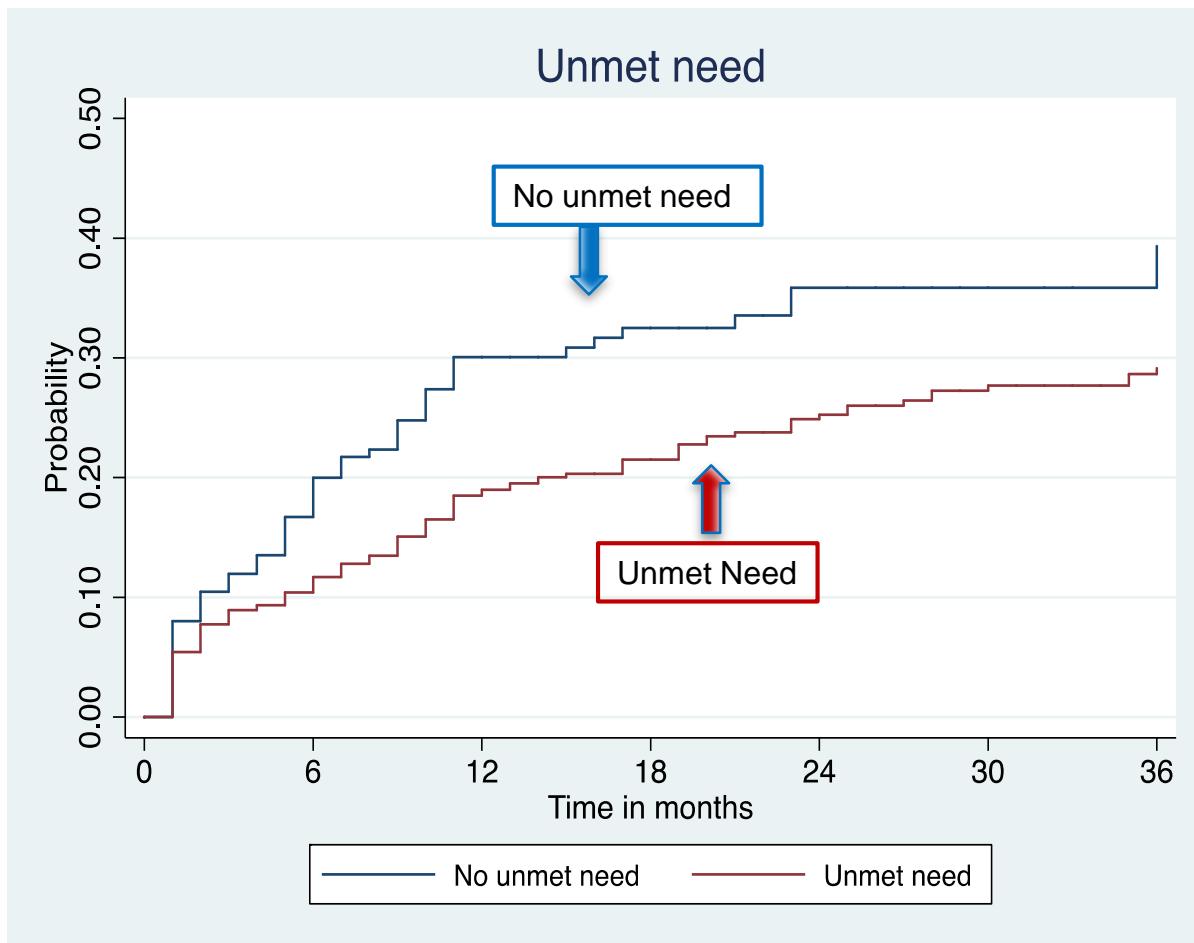
# PMA panel can help us understand dynamic change in contraceptive use/demand over time

Uganda Round 1: Contraceptive Dynamics between 2014 and 2018



- Two cross-sectional PMA2020 surveys would yield contraceptive use/demand status for two points in time -- as shown here for 2014 and 2018 in stacked bars.
- PMA panel design reveals the change in contraceptive use/demand status experienced by individual women – as shown here in flows or “ribbons”.
- Panel design allows a depiction of the “churn” in contraceptive use status and for understanding factors that drive change in status

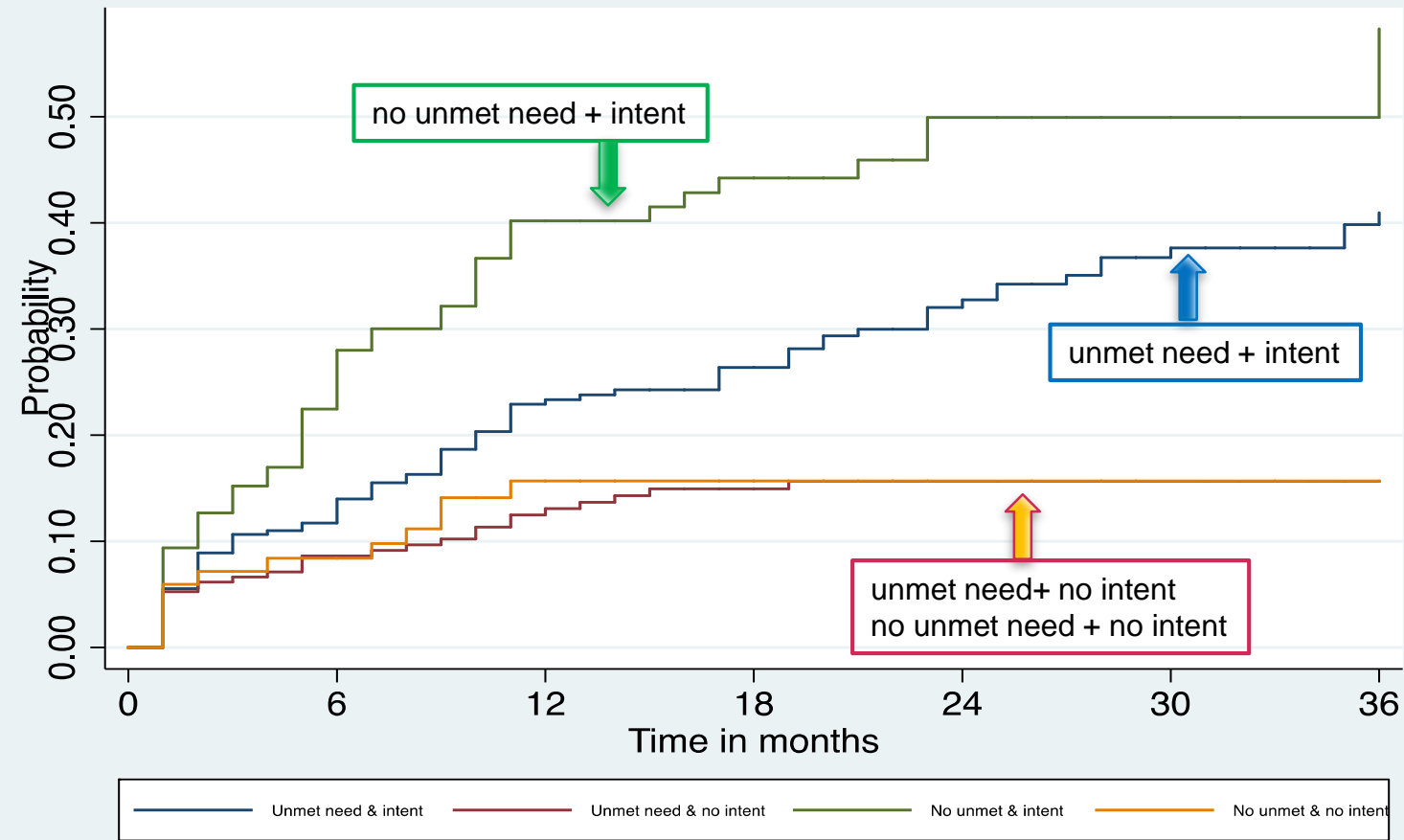
# Need & intention as predictors of time to adoption



*\* Uganda Round 1 Follow-up after 4 years (2014-2018)*

# Need & intention as predictors of time to adoption, continued

Need-intention concordance

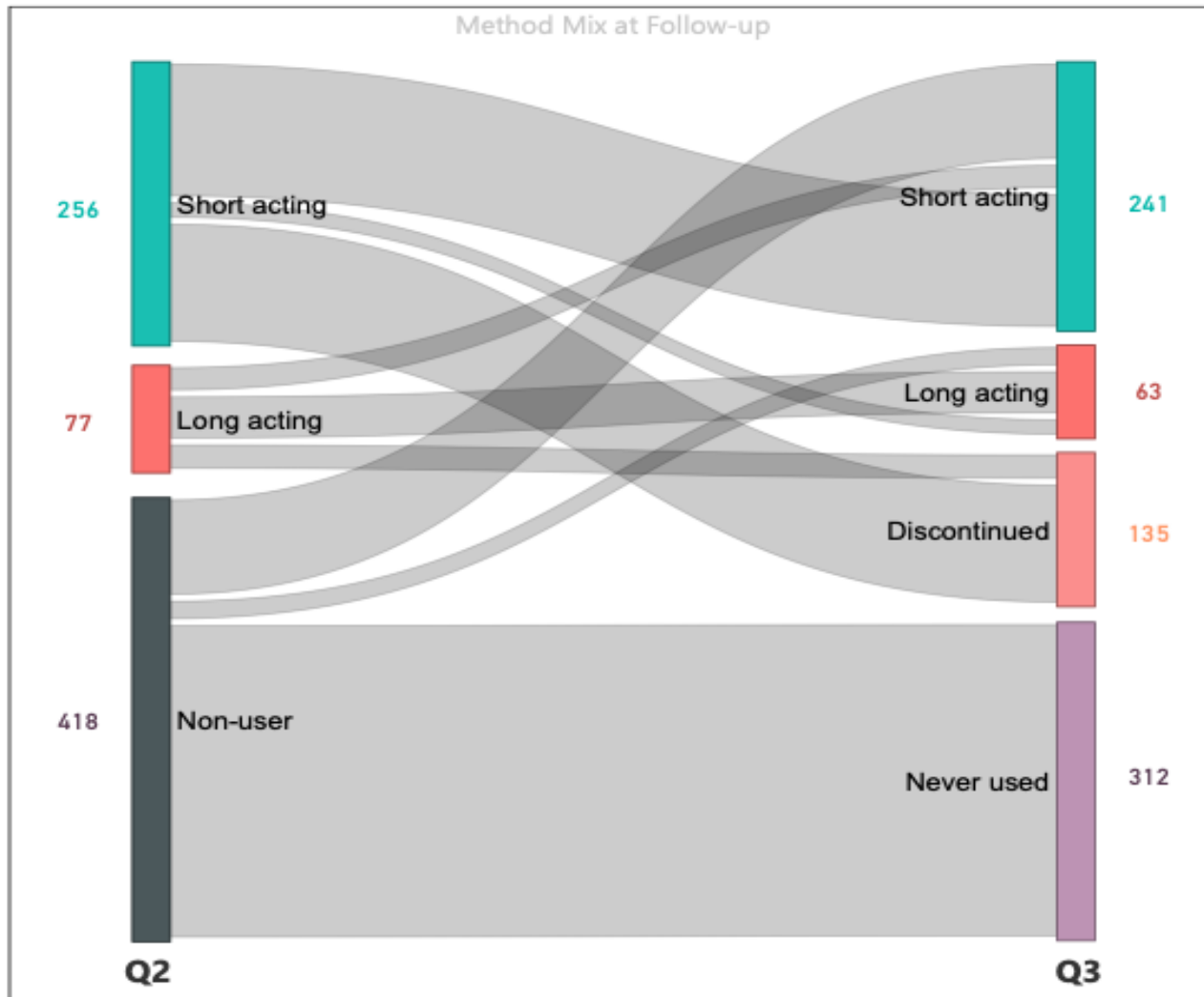


% Adopting by 24 months		Intention to Use	
		YES	NO
Unmet Need	YES	33	16
	NO	50	16

*\* Uganda Round 1 Follow-up after 4 years (2014-2018)*



# CEI 4-month follow-up: *contraceptive status change, Kinshasa*



While most women stayed in the same status, there is much “churning”, with

- 45% of SA users discontinue
- 22% of non-users shift to a SA method

Women are more likely to continue use if:

- *Cost was not considered a problem*
- *They received from a higher-level facility*
- *Heard about FP on the radio*
- *They were more educated, wealthier*
- *They were not married*
- *Distance not a factor (urban only)*

<https://www.pmadata.org/technical-areas/pma-agile>



# Thank you!

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