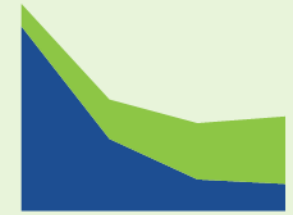


Year	Avg.	Total
2010	2.0	1.3 M
2015	2.2	1.5 M
2020	2.5	1.9 M



What Data Can (and Cannot) Tell Us About Method Choice

FP2020 Countries

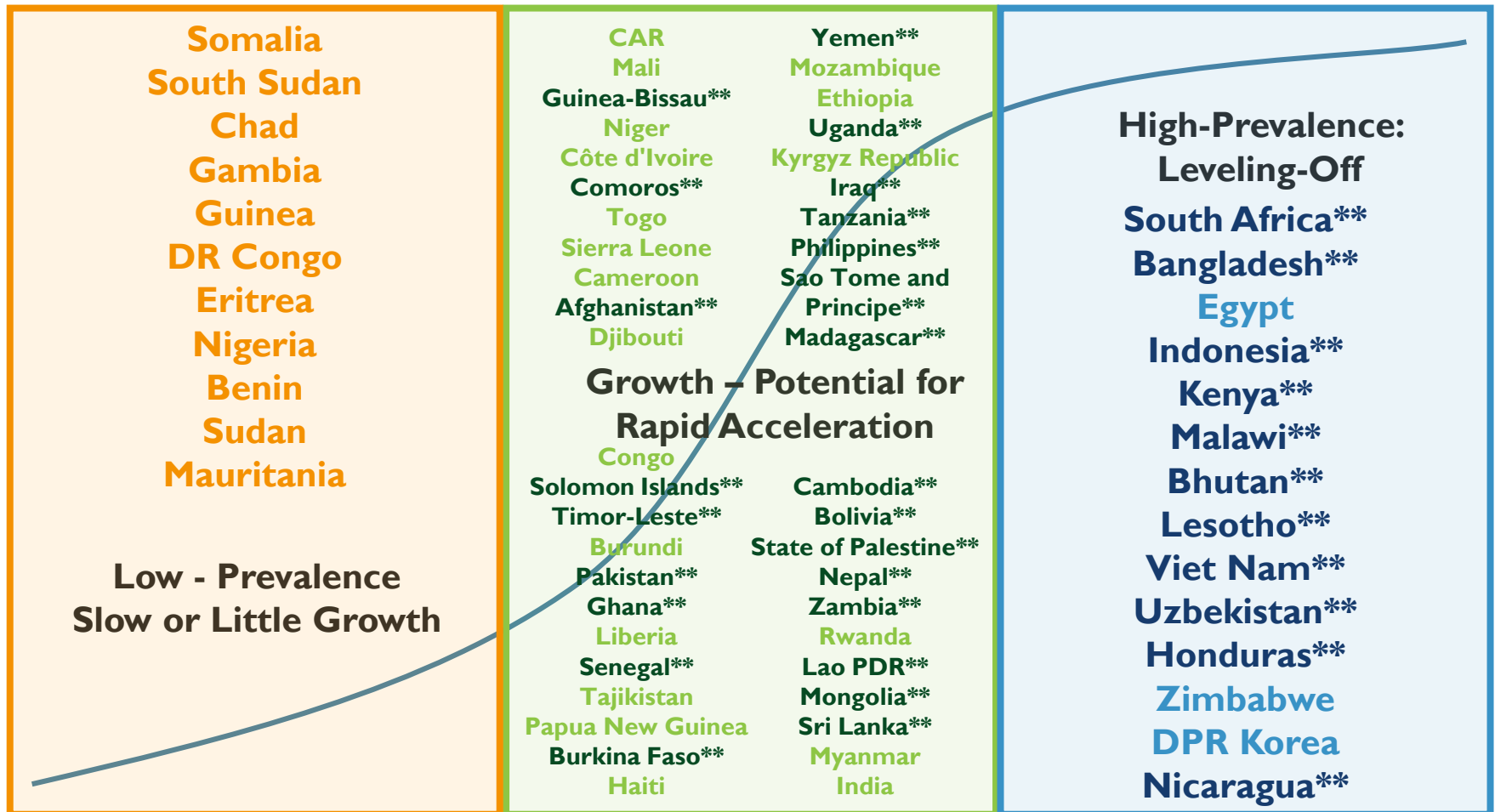


Emily Sonneveldt

Using Method Mix and Method Prevalence Data

- FP2020 Core Indicator 9 Method Mix
 - Number of methods used in a country
 - Most common method
 - Regional, national, and sub-national variations
 - Changes over time
 - Changes in overall effectiveness
 - Added value of service statistics
- FP2020 Core Indicator 14 (MII) and 16 (Decision-Making)
 - Information given to FP users
 - Role of woman in decision-making process
- National Composite Index for Family Planning (NCIFP)
 - Data source with access information, as well as other elements of rights and empowerment

What can we learn from Modern Method Mix? How method use relates to overall prevalence?

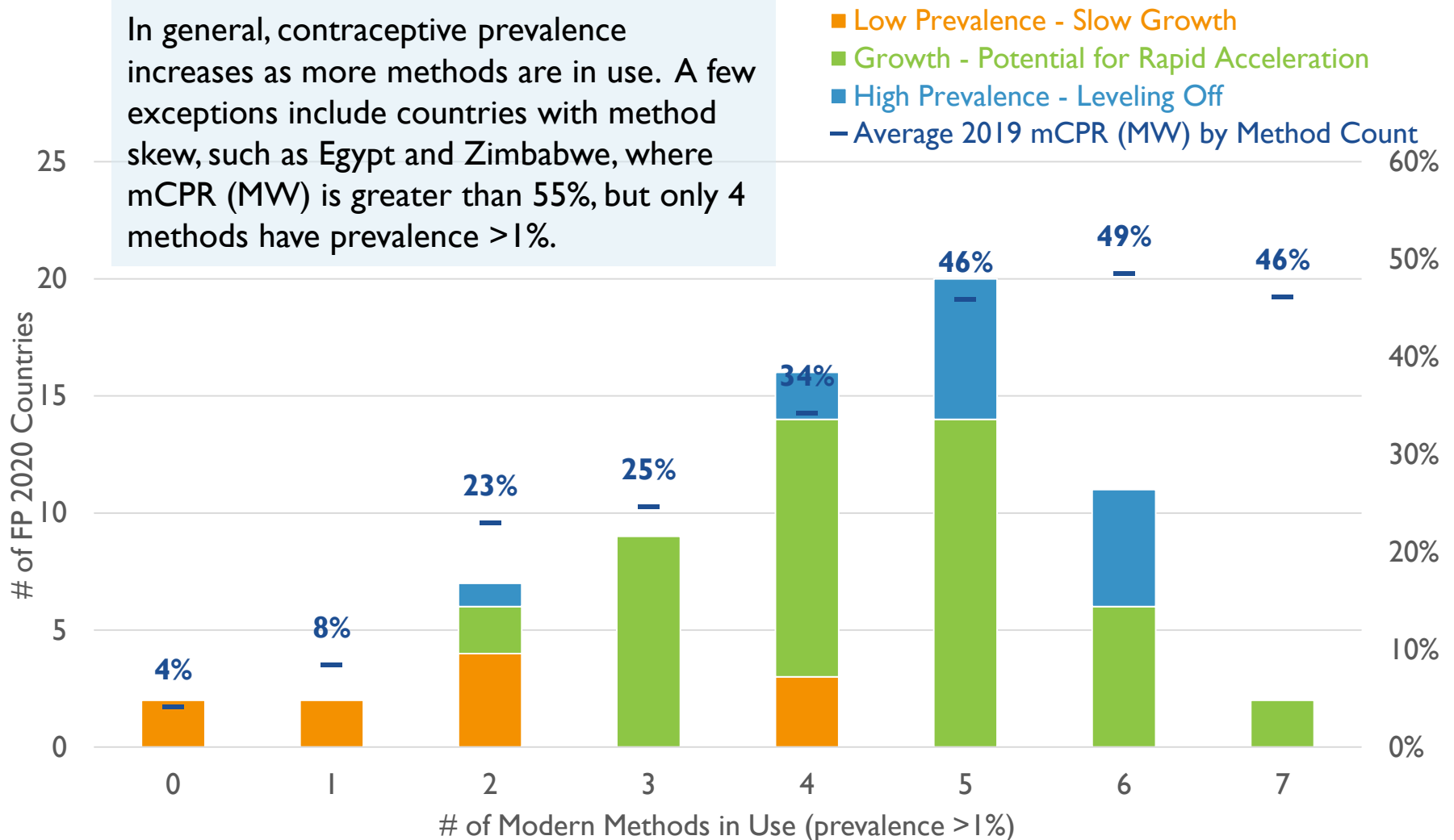


** indicates 5 methods or more in use (method prevalence > 1%)

What can we learn from Modern Method Mix?

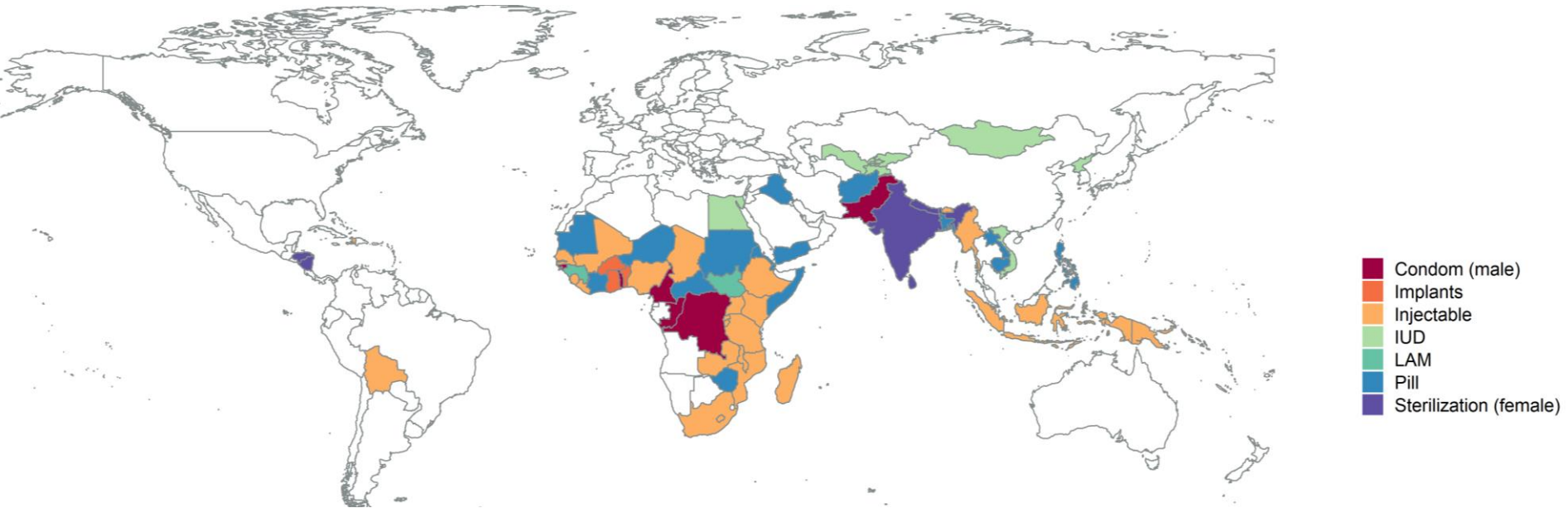
How method use relates to overall prevalence?

In general, contraceptive prevalence increases as more methods are in use. A few exceptions include countries with method skew, such as Egypt and Zimbabwe, where mCPR (MW) is greater than 55%, but only 4 methods have prevalence >1%.



What can we learn from Modern Method Mix?

Most Common Modern Method in Use



Across FP2020, modern method mix data indicates the most common method across each of the 69 FP2020 Countries:

Injectable : **26 countries**

Condom : **7 countries**

Implants: **3 countries**

Pill: **17 countries**

Sterilization (F): **6 countries**

LAM : **2 countries**

IUD : **8 countries**






What can we learn from Modern Method Mix?

How method use/choice varies by subpopulation

Most Common Method is the same among married and unmarried sexually active women

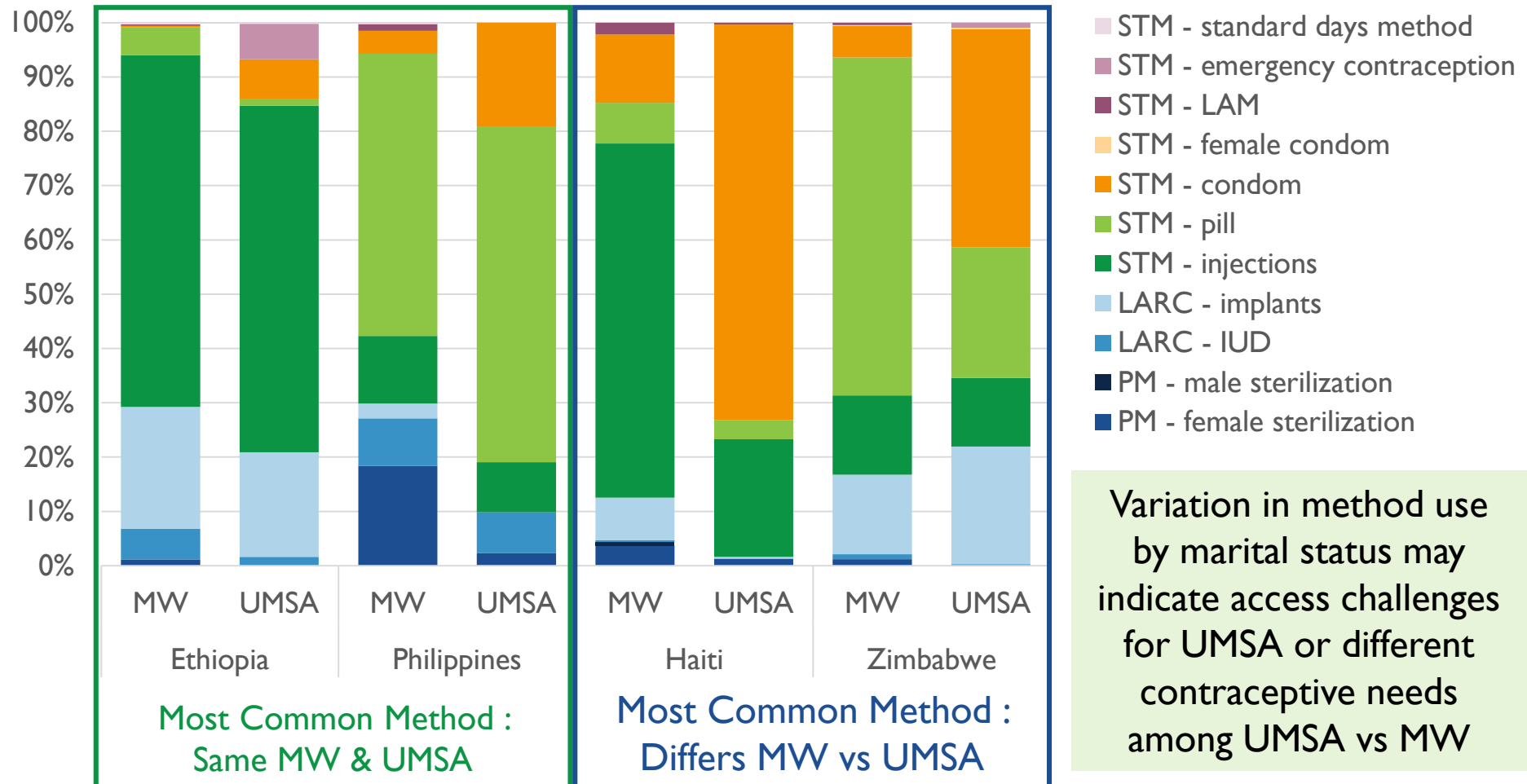
DR Congo	
Mali	
Philippines	
Ethiopia	
Liberia	
Rwanda	
Sierra Leone	
South Africa	
Zambia	

Most Common Method Differs between Married and Unmarried Sexually Active Women

	Married Women	Unmarried Sexually Active Women		Married Women	Unmarried Sexually Active Women
Benin			Burundi		
Kyrgyz Republic	IUD		Chad		
Guinea	LAM		Comoros		
Cambodia			Ghana		
Cote d'Ivoire			Kenya		
Niger			Lesotho		
Zimbabwe			Nigeria		
			Senegal		
			Tanzania		
	Togo				
	Uganda				

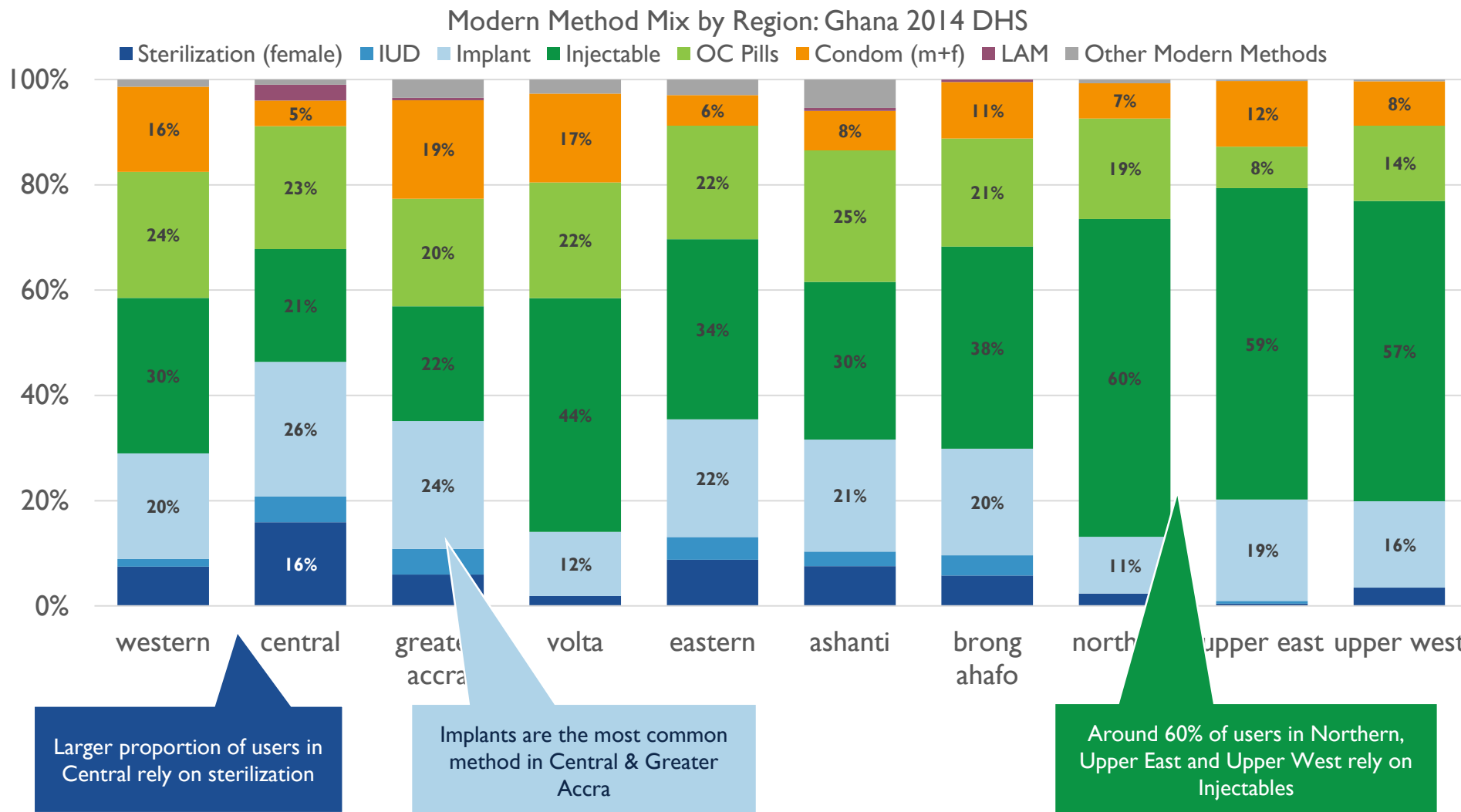
What can we learn from Modern Method Mix?

How method use/choice varies by subpopulation



What can we learn from Modern Method Mix?

How method use/choice varies by subregion

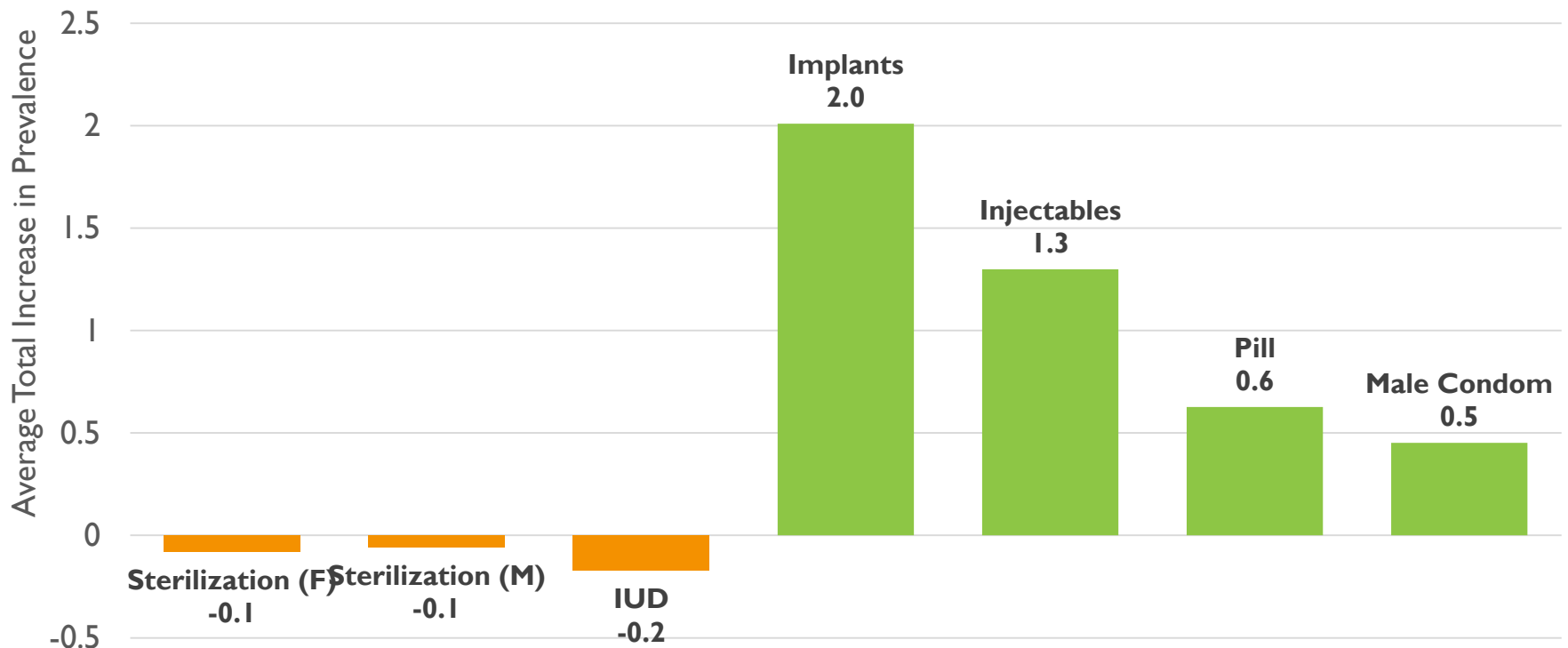


What can we learn from Modern Method Mix?

How method use changes over time

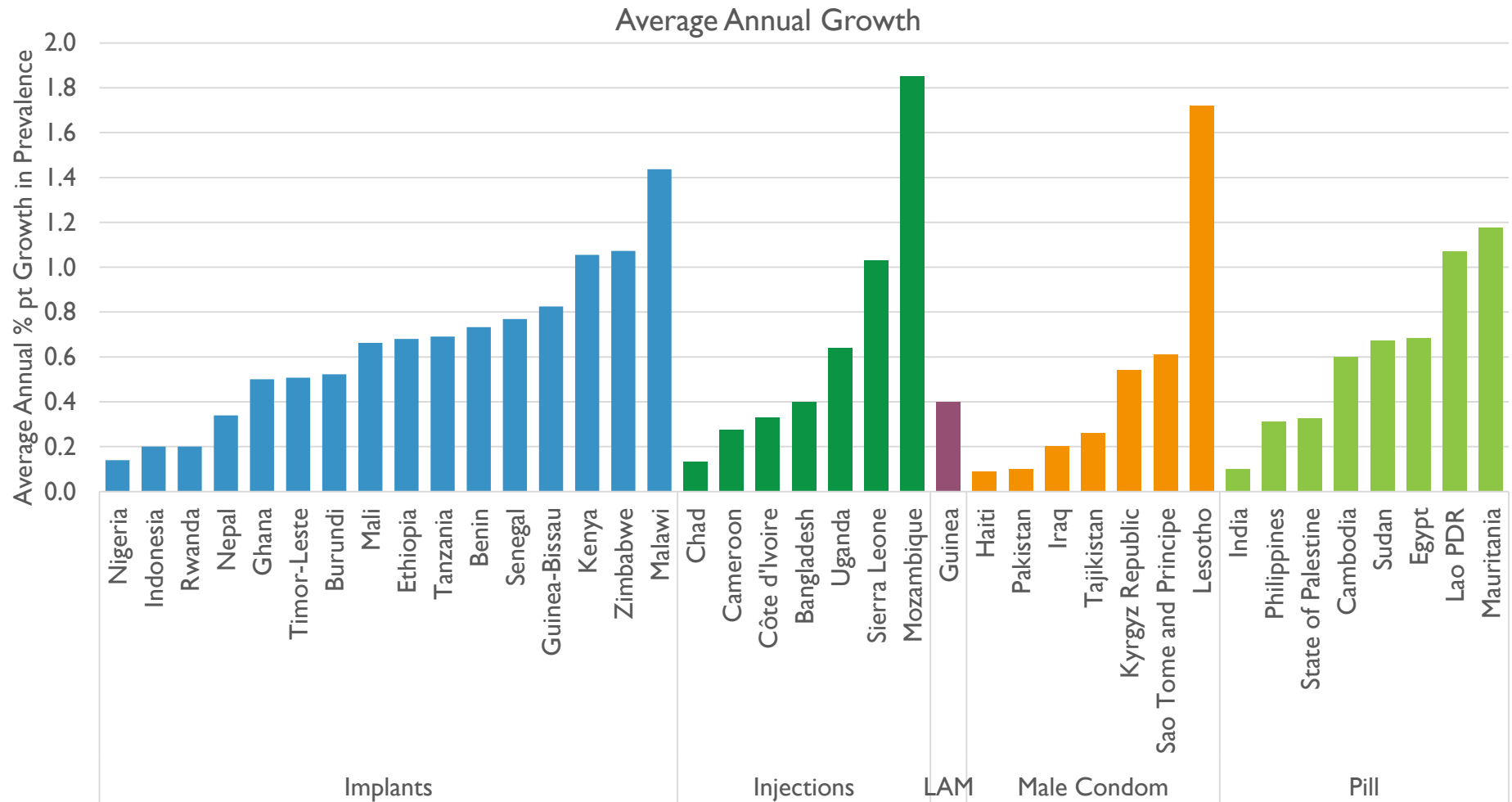
Recent analysis of 39 FP2020 countries with paired surveys before and after the start of the initiative found the fastest growth among Implants and slight declines in the other LAPMs.

Average Growth in Method Prevalence Across 39 FP2020 Countries (pre vs post 2012)



What can we learn from Modern Method Mix?

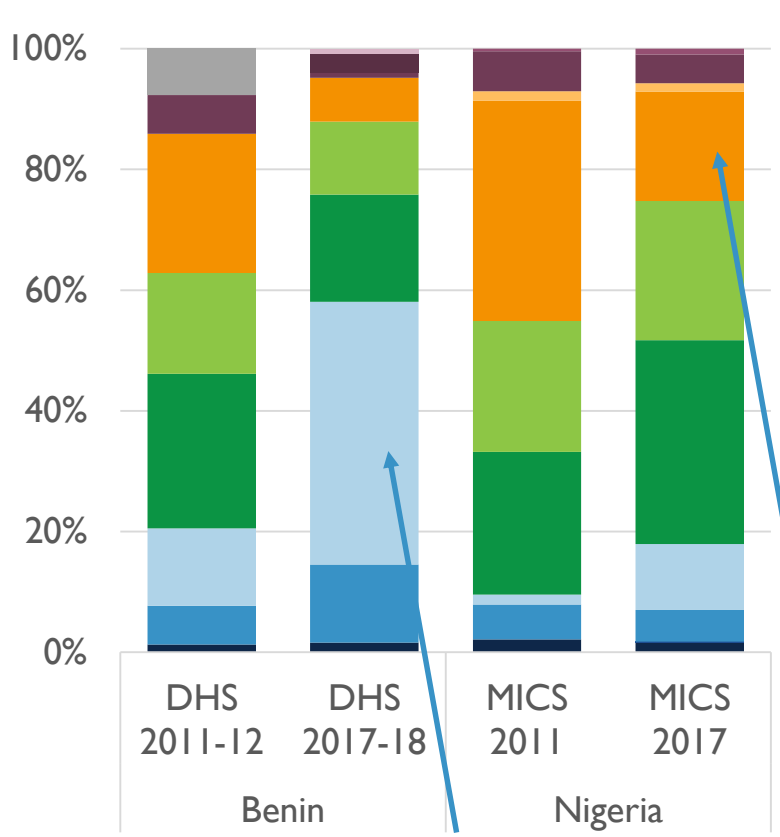
How method use changes over time - fastest growing method by country



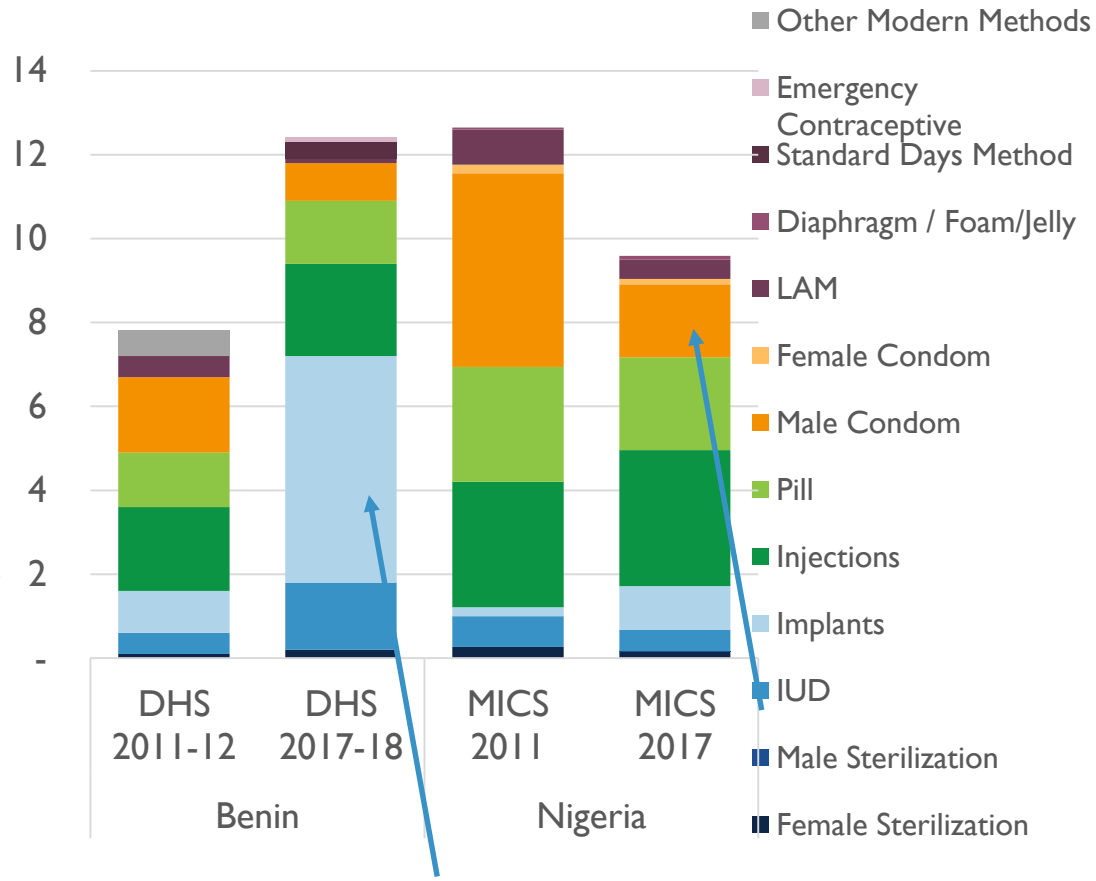
What can we learn from method mix?

How method use changes over time – shifts toward more effective methods

Method Mix

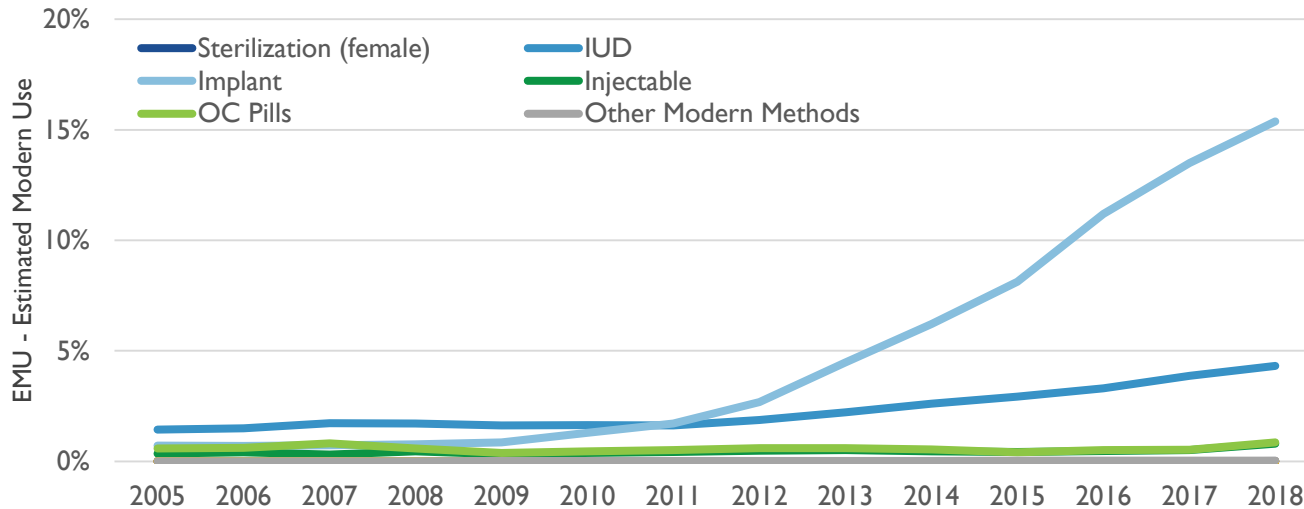


Method Prevalence



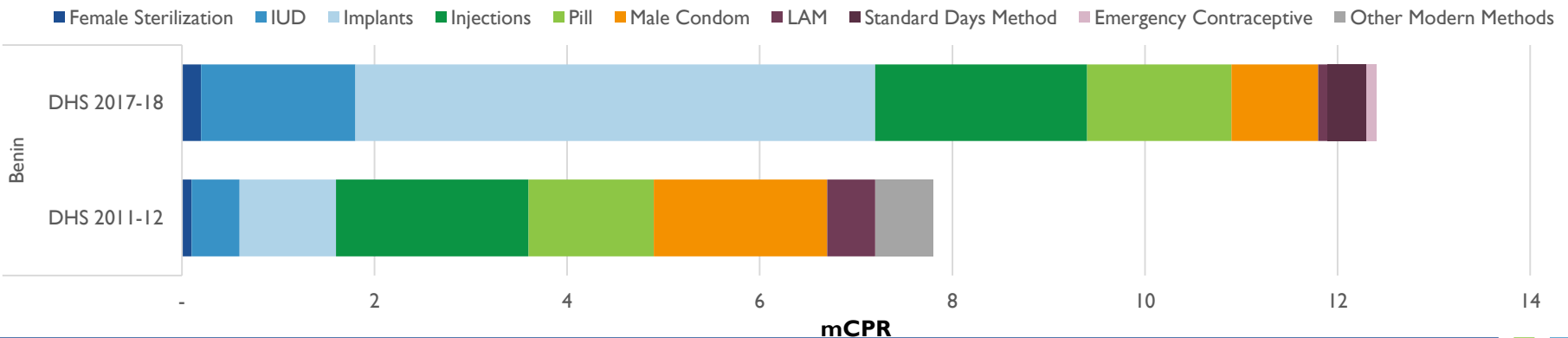
What can we learn from Modern Method Mix?

How method use changes over time – Checking against Service Statistics



Implant trends in service statistics indicated the growth that would be seen in the DHS – with Implants growing to become the most common method

Implant's Driving Growth in mCPR

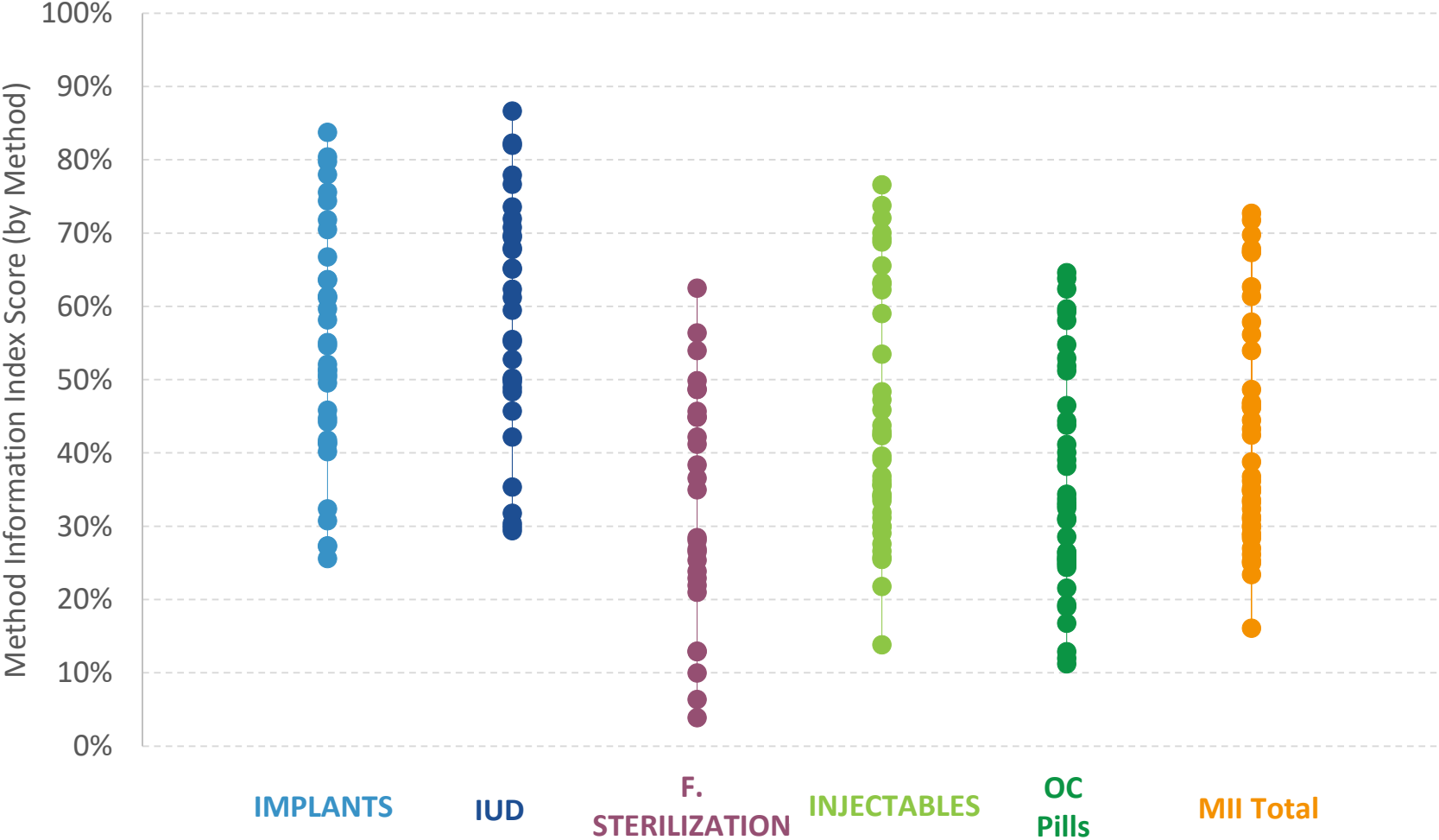




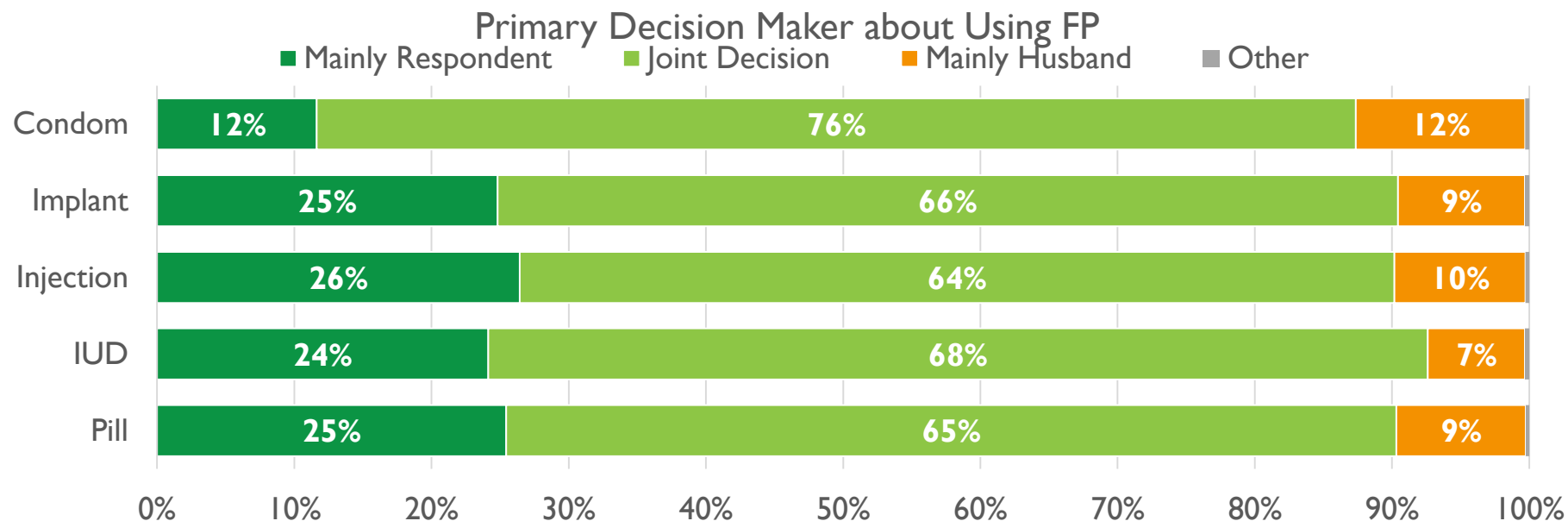
What do other indicators and sources of data tell us
about Method Choice?



Quality of Care (as indicated by MII) varies by method – with LARCs seeing the highest scores



Survey data indicates that women largely make decisions about contraception, regardless of method, jointly with their partners.

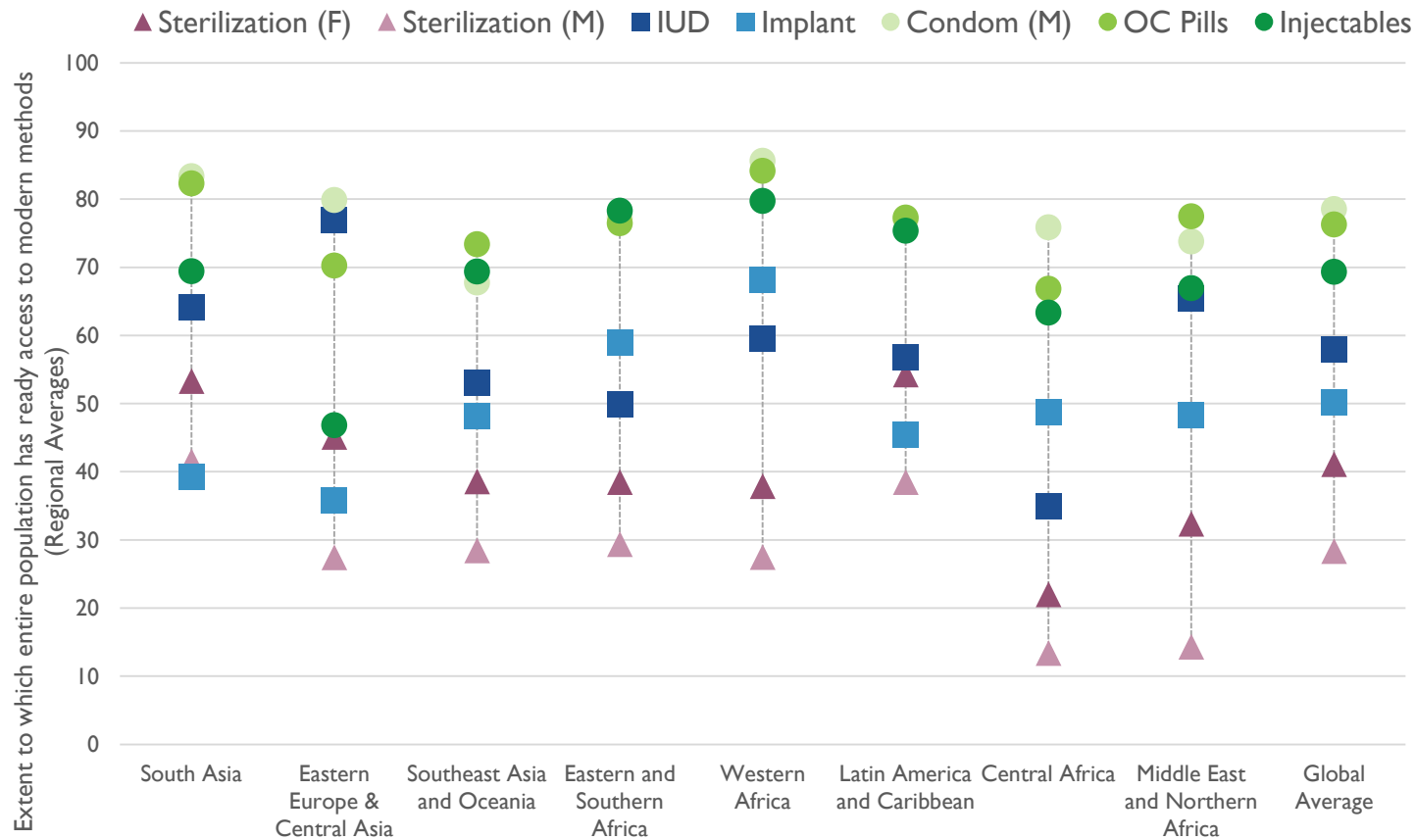


Across 35 FP2020 Countries with data available 2012 or later, close to 90% of Married FP Users make the decision to use on their own or jointly with a partner across methods.

About a quarter of users make the decision on their own for all methods but condoms, where a larger proportion report the decision to use as a joint decision with their partner.

Accessibility of methods varies by region, impacting the extent to which women have full choice when selecting a method

NCIFP Estimates of Accessibility of Modern Contraception, by Region and Method



Across nearly all regions, STMs (Pills, Condoms, and Injectables) are rated the most accessible (>60/100), except in EECA – where Injectables were rated <50/100.

Male sterilization was rated the least accessible across nearly every region except South Asia, where Implants were rated <40/100.