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

*FP2020 Countries*
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?

Low - Prevalence: Slow or Little Growth

- Somalia
- South Sudan
- Chad
- Gambia
- Guinea
- DR Congo
- Eritrea
- Nigeria
- Benin
- Sudan
- Mauritania

Growth - Potential for Rapid Acceleration

- CAR
- Mali
- Guinea-Bissau**
- Niger
- Côte d'Ivoire
- Comoros**
- Togo
- Sierra Leone
- Cameroon
- Afghanistan**
- Djibouti

- Yemen**
- Mozambique
- Ethiopia
- Uganda**
- Kyrgyz Republic
- Iraq**
- Tanzania**
- Philippines
- Sao Tome and Principe**
- Madagascar**

High-Prevalence: Leveling-Off

- South Africa**
- Bangladesh**
- Egypt
- Indonesia**
- Kenya**
- Malawi**
- Bhutan**
- Lesotho**
- Viet Nam**
- Uzbekistan**
- Honduras**
- Zimbabwe
- DPR Korea
- Nicaragua**

** 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%.

**Modern methods in use based on prevalence >1% according to most recent survey used for 2019 FP2020 report**
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
- **Pill**: 17 countries
- **IUD**: 8 countries
- **Sterilization (F)**: 6 countries
- **Condom**: 7 countries
- **Implants**: 3 countries
- **LAM**: 2 countries
What can we learn from Modern Method Mix?
How method use/choice varies by subpopulation

<table>
<thead>
<tr>
<th>Country</th>
<th>Married Women</th>
<th>Unmarried Sexually Active Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>DR Congo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mali</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Philippines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethiopia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liberia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rwanda</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sierra Leone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Africa</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zambia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kyrgyz Republic</td>
<td></td>
<td>IUD</td>
</tr>
<tr>
<td>Guinea</td>
<td></td>
<td>LAM</td>
</tr>
<tr>
<td>Cambodia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Côte d'Ivoire</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Niger</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zimbabwe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burundi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comoros</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ghana</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haiti</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indonesia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kenya</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lesotho</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malawi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senegal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tanzania</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Togo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uganda</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What can we learn from Modern Method Mix? How method use/choice varies by subpopulation

Variation in method use by marital status may indicate access challenges for UMSA or different contraceptive needs among UMSA vs MW
What can we learn from Modern Method Mix?

How method use/choice varies by subregion

Modern Method Mix by Region: Ghana 2014 DHS

- **Sterilization (female)**
- **IUD**
- **Implant**
- **Injectable**
- **OC Pills**
- **Condom (m+f)**
- **LAM**
- **Other Modern Methods**

Larger proportion of users in Central rely on sterilization.

Implants are the most common method in Central & Greater Accra.

Around 60% of users in Northern, Upper East and Upper West rely on Injectables.
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

Average Annual Growth

Nigeria, Indonesia, Rwanda, Nepal, Ghana, Timor-Leste, Burundi, Mali, Ethiopia, Tanzania, Benin, Senegal, Guinea-Bissau, Kenya, Zimbabwe, Malawi, Chad, Cameroon, Côte d’Ivoire, Bangladesh, Uganda, Sierra Leone, Mozambique, Guinea, Haiti, Pakistan, Iraq, Tajikistan, Kyrgyz Republic, Sao Tome and Principe, Lesotho, India, Philippines, State of Palestine, Cambodia, Sudan, Egypt, Lao PDR, Mauritania

Implants, Injections, LAM, Male Condom, Pill
What can we learn from method mix? How method use changes over time – shifts toward more effective methods.

Method Mix

Method Prevalence

- Other Modern Methods
- Emergency Contraceptive
- Standard Days Method
- Diaphragm / Foam/Jelly
- LAM
- Female Condom
- Male Condom
- Pill
- Injections
- Implants
- IUD
- Male Sterilization
- Female Sterilization
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.
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.

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.