

# Improving contraceptive method mix

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The distribution of contraceptive methods used in a given country reflects:

**SUPPLY:** Methods that are available and affordable

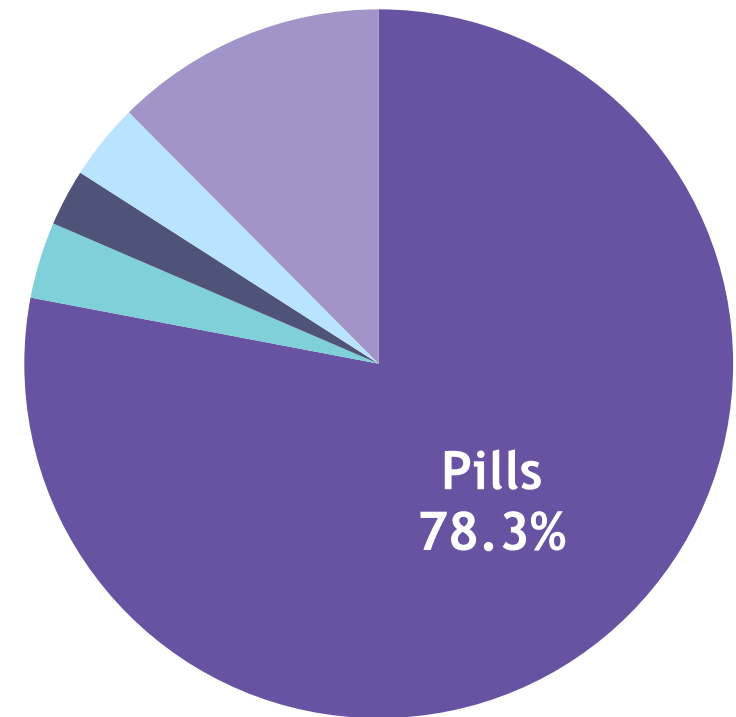
**DEMAND:** Consumer preferences, social norms

# Two measures of method mix (distribution)

## Measure #1: Method skew

- More than 50% of users reply on a single method (Bertrand et al, 2014)
- FP2020 – uses 60% as the criterion
- Skewed method mix is worrisome!

## Example: Sudan: 2014 MICS



# Causes of a skewed method mix

## Acceptable reasons

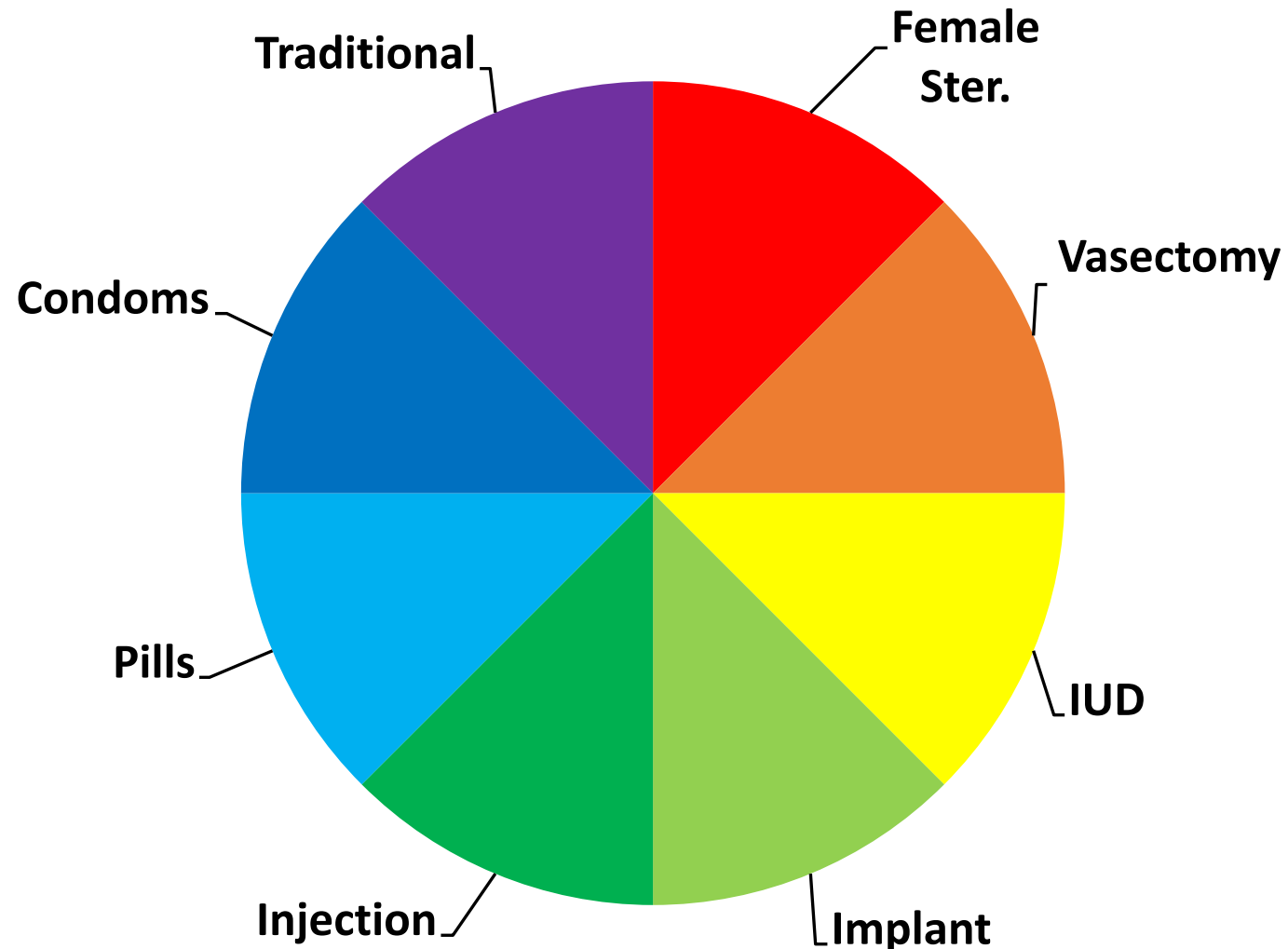
- Community norms favor a particular method
- “Everyone in my community uses the injection, so that’s what I want.”
- Historical: Zimbabwe is a “pill country” because of a strong CBD program years ago

## Worrisome reasons

- Pressure from a service provider to use a specific method
- Lack of access to a facility with a full range of methods
- Inability to afford the preferred contraceptive
- Stockouts of the preferred method

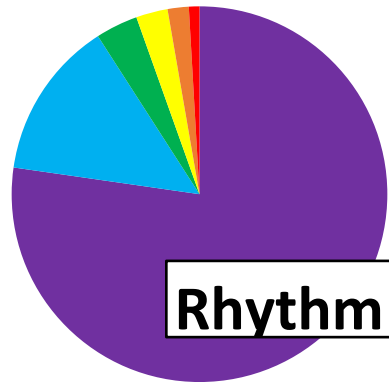
# Second measure of method mix: “Average Deviation” (AD)

- A measure of “evenness” of method distribution (Ross et al, 2015)
- If users were evenly divided across 8 methods, each method = 12.5%
- AD = simple average of differences around the mean
- Potential range of AD: 0-21.9
  - 0 if totally “even” (see pie graph)
  - 21.9 = all users rely on 1 method
  - Actual range: 6-19
  - “Middle 50%”: 8.6-12.2

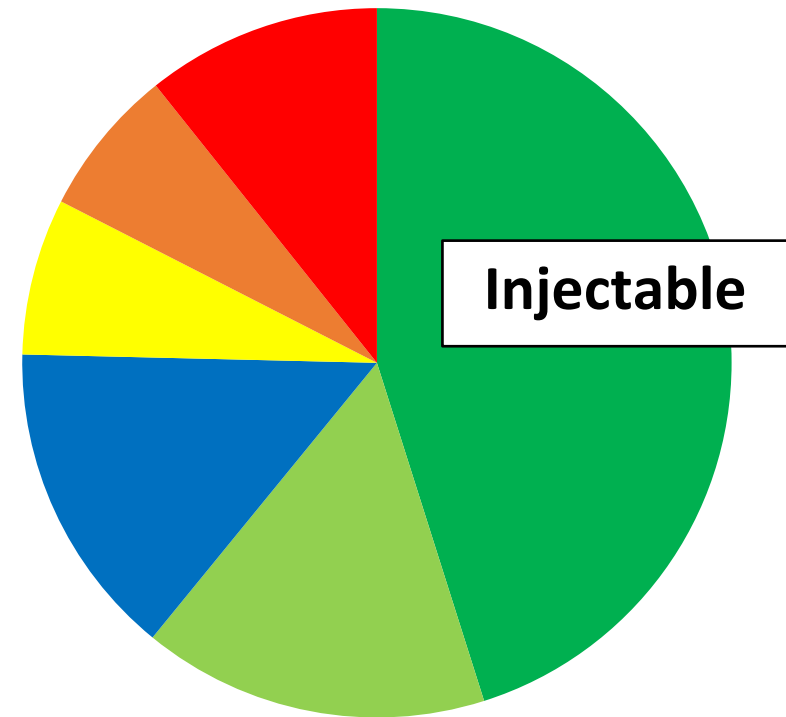


# Improved method mix and increased CPR may go hand in hand (but not always)

Rwanda (1983): CPR = 11.0%



Rwanda (2014/15): CPR = 53.2%



Rwanda is the SSA country with the greatest method balance improvement (Ross et al, 2015)

# Let's look at method mix in the 8 AFP countries

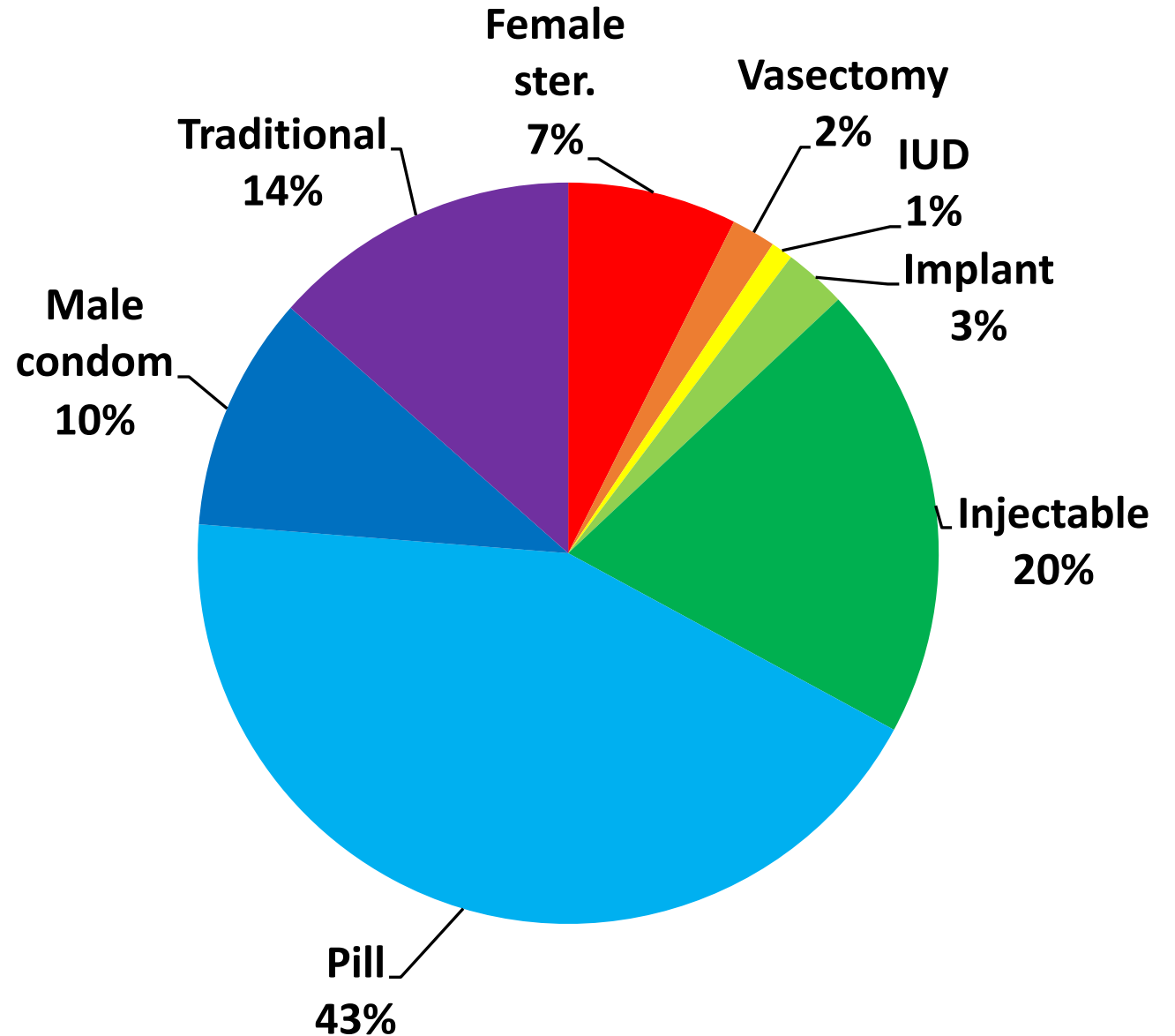
- What is the method mix as of the last nationally representative survey?
- Do over 50% of users rely on a single method (“method skew”)?
- What is the “average deviation” (AD) from “evenness”?
  - The sweet spot ranges from 8.6-12.2
- If skewed, is the country evolving toward a more balanced method mix?

# Method Mix: Bangladesh 2014

CPR: 62%

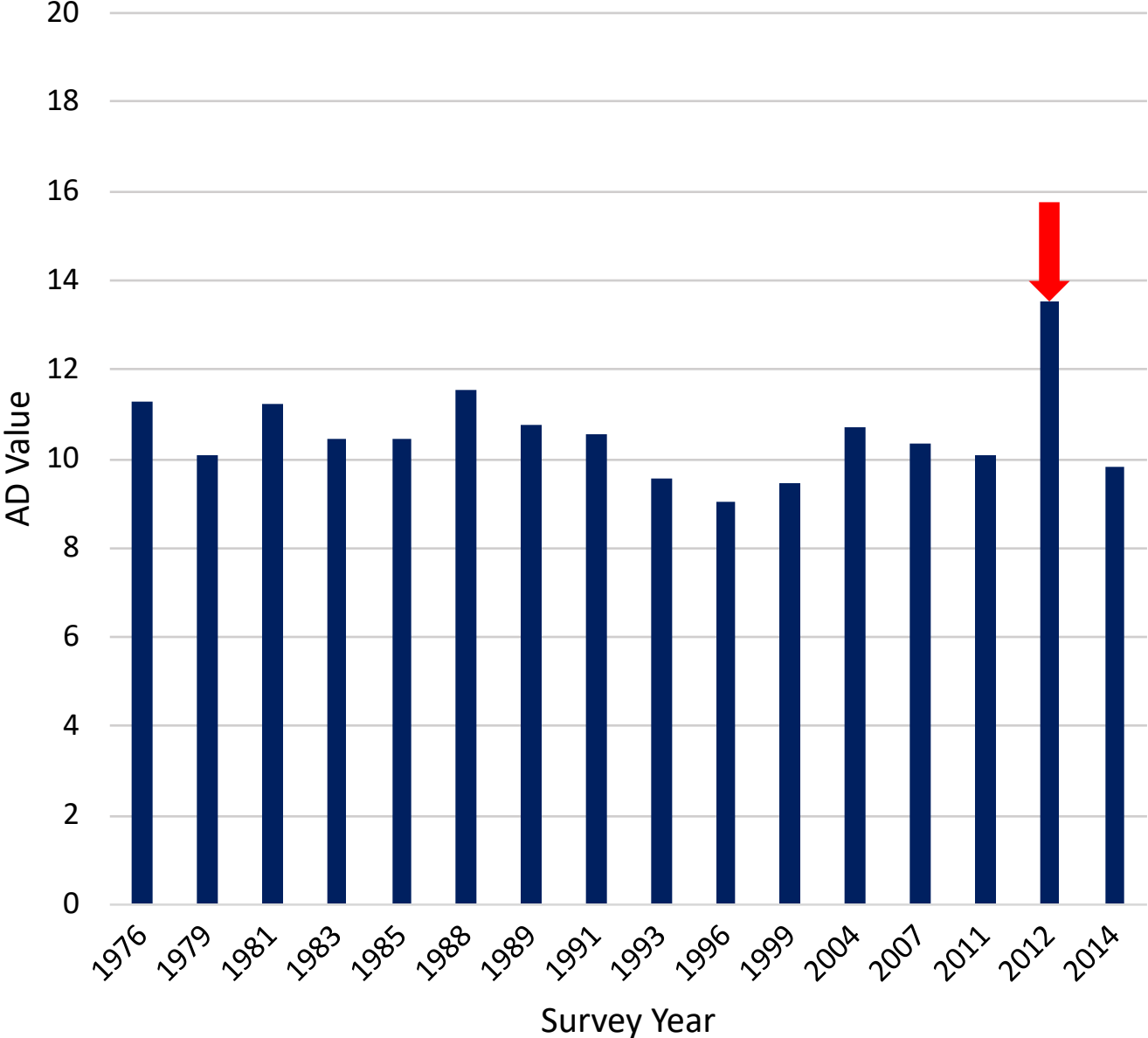
mCPR: 54%

Mean AD score: 10.6





# AD: Bangladesh 1976-2014



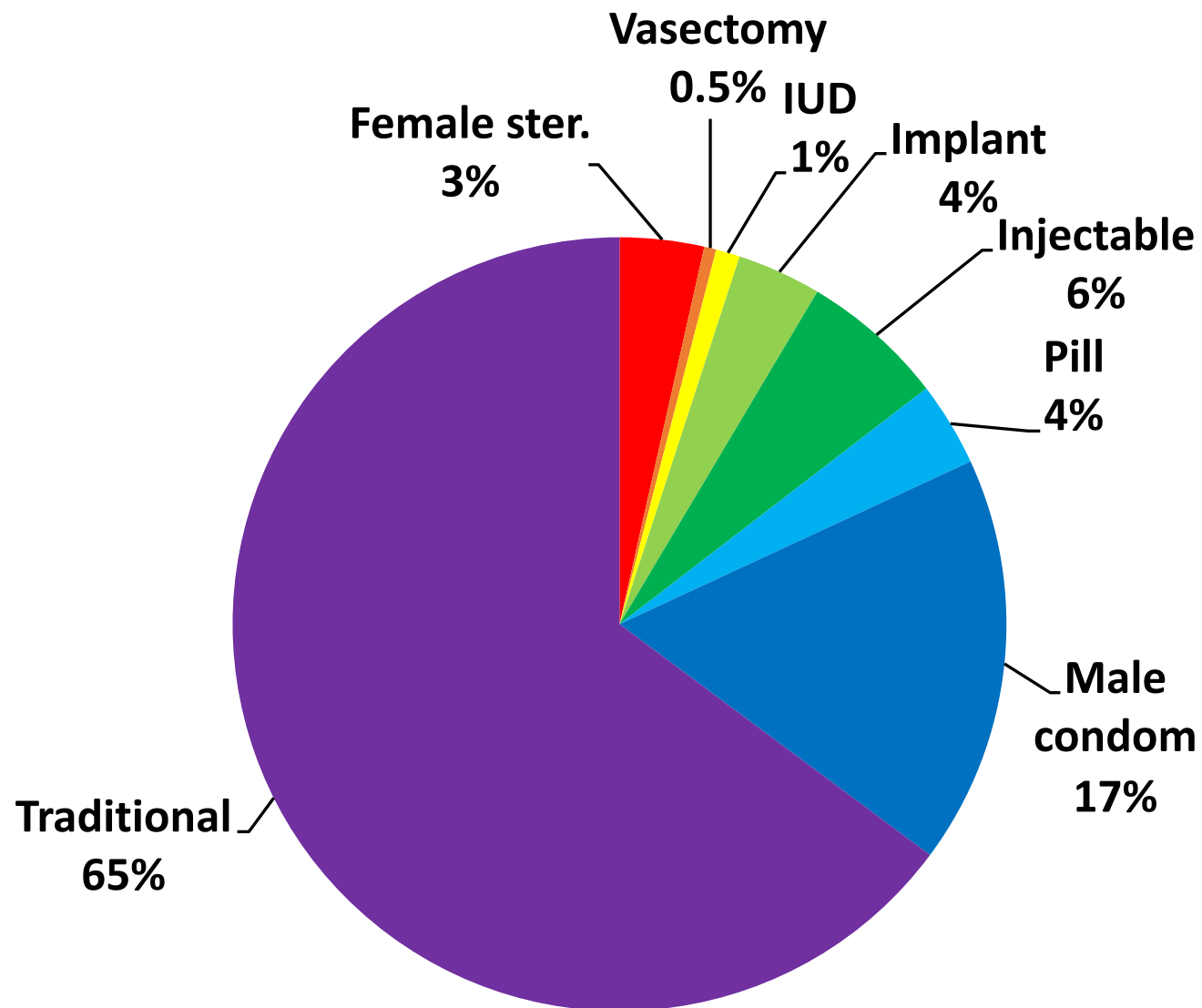
Indicates skewed  
method mix

# Method Mix: DRC 2014

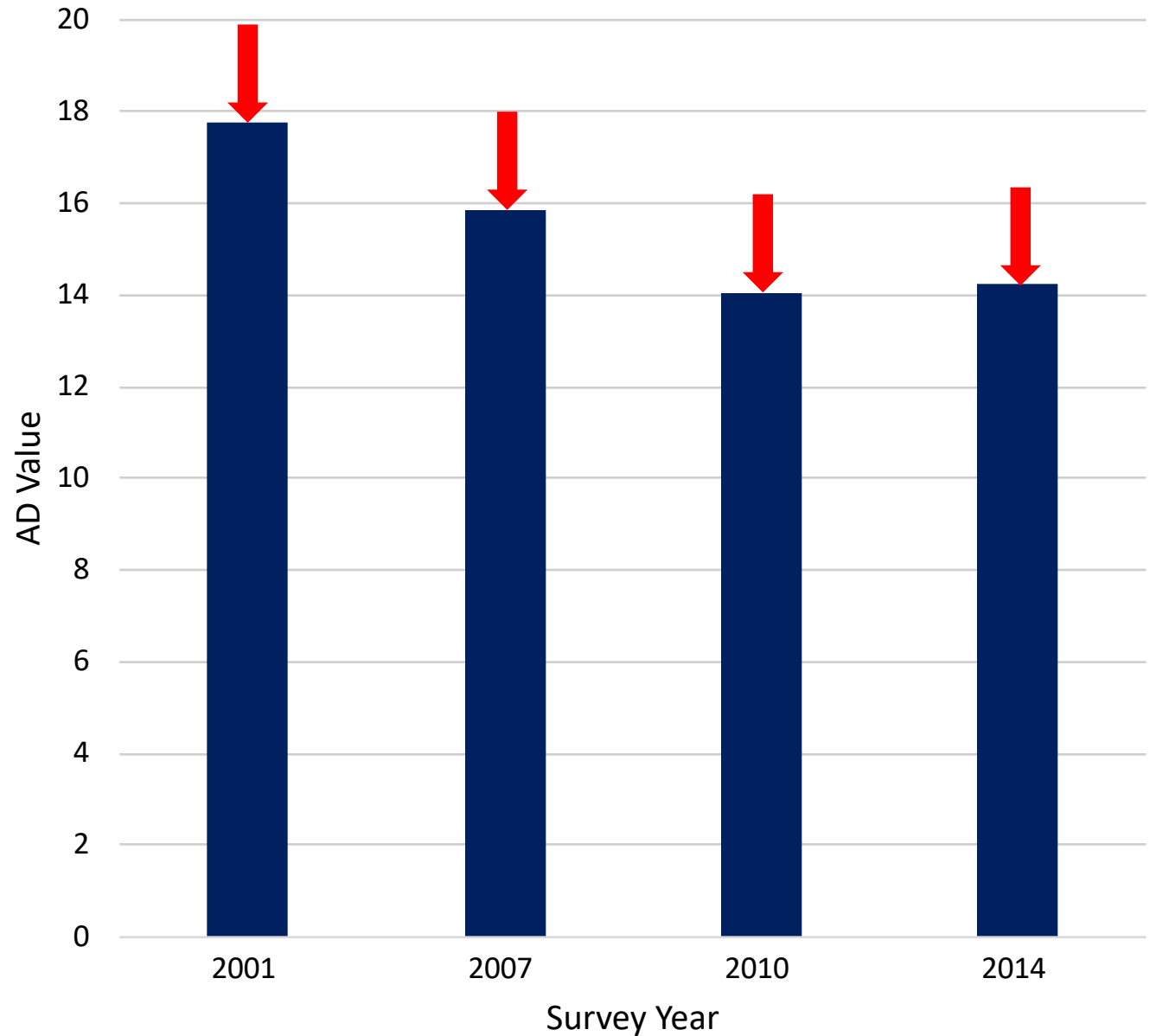
CPR: 20%


mCPR: 8%

Mean AD score: 15.5



# AD: DRC 2001-2014



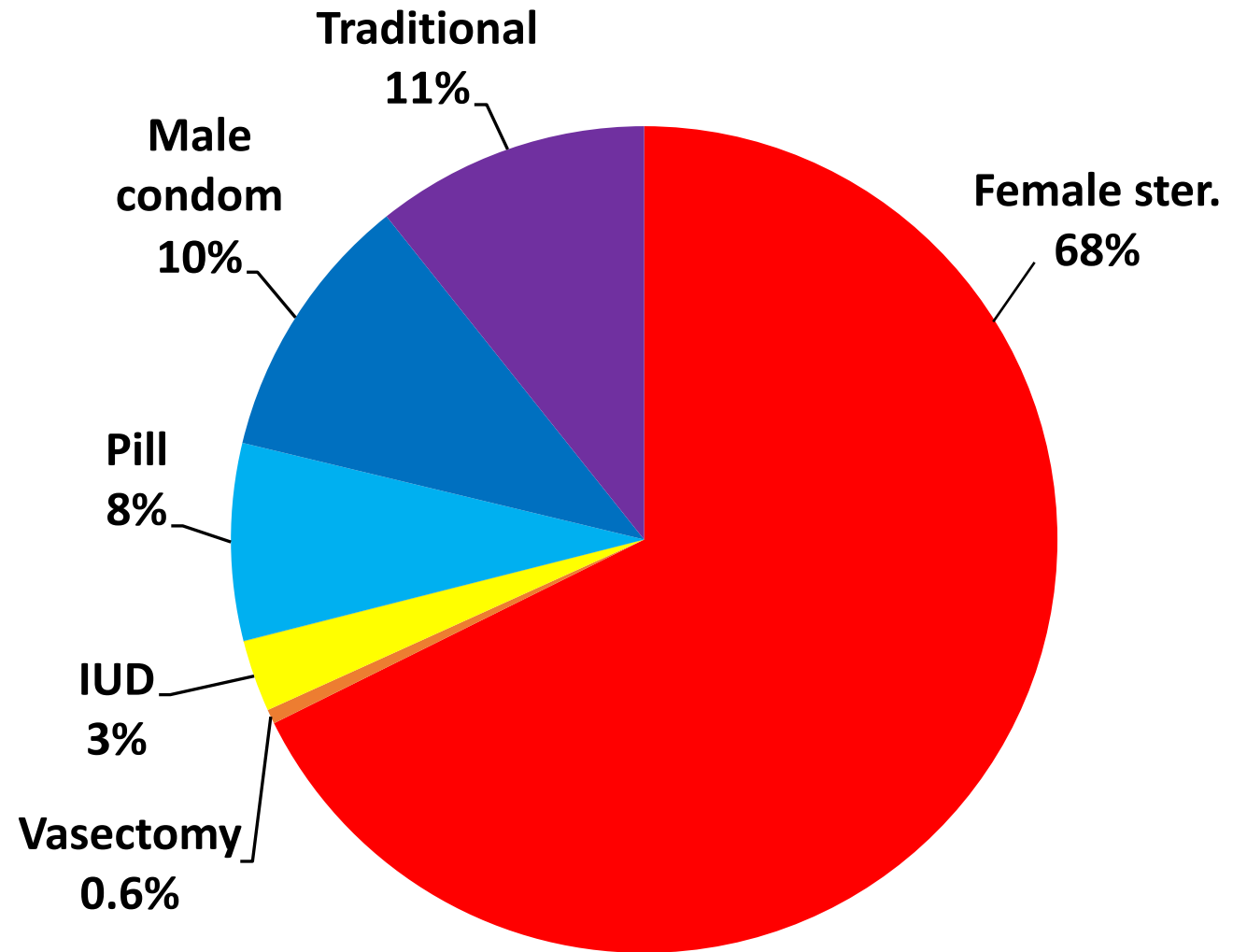
 Indicates skewed method mix

# Method Mix: India 2016

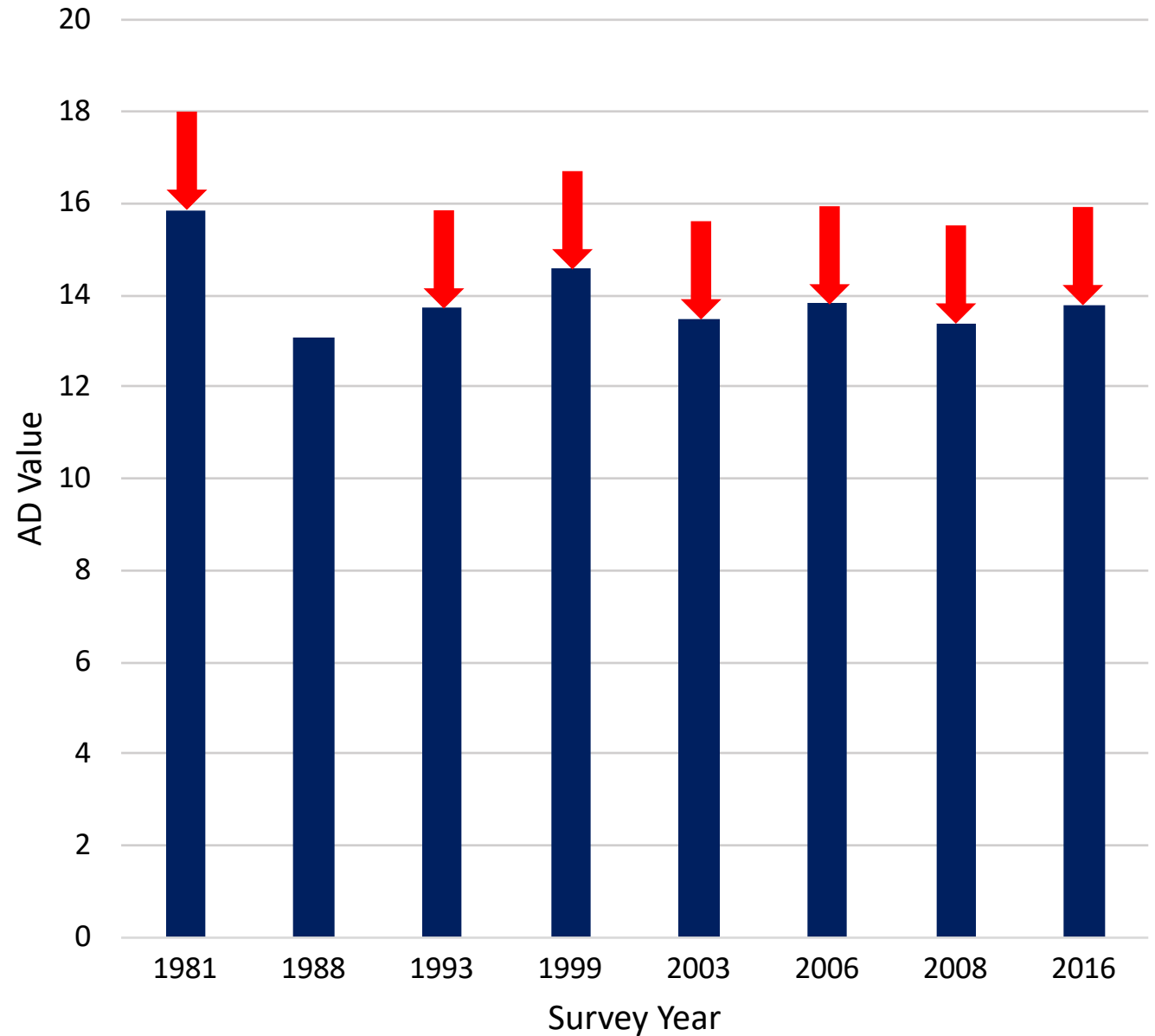
CPR: 53%


mCPR: 48%

Mean AD score: 14.0



# AD: India 1981-2016



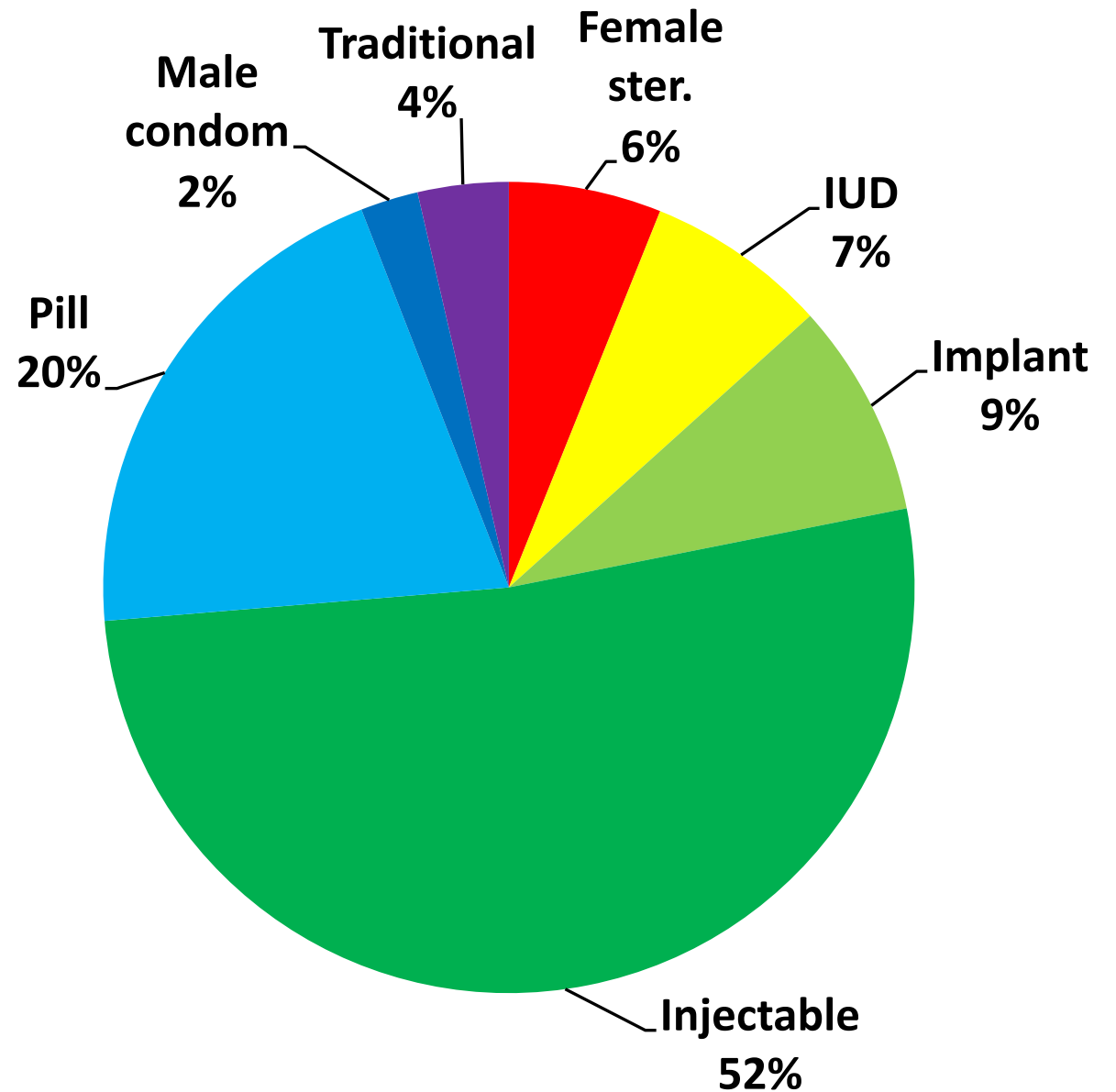
 Indicates skewed method mix

# Method Mix: Indonesia 2017

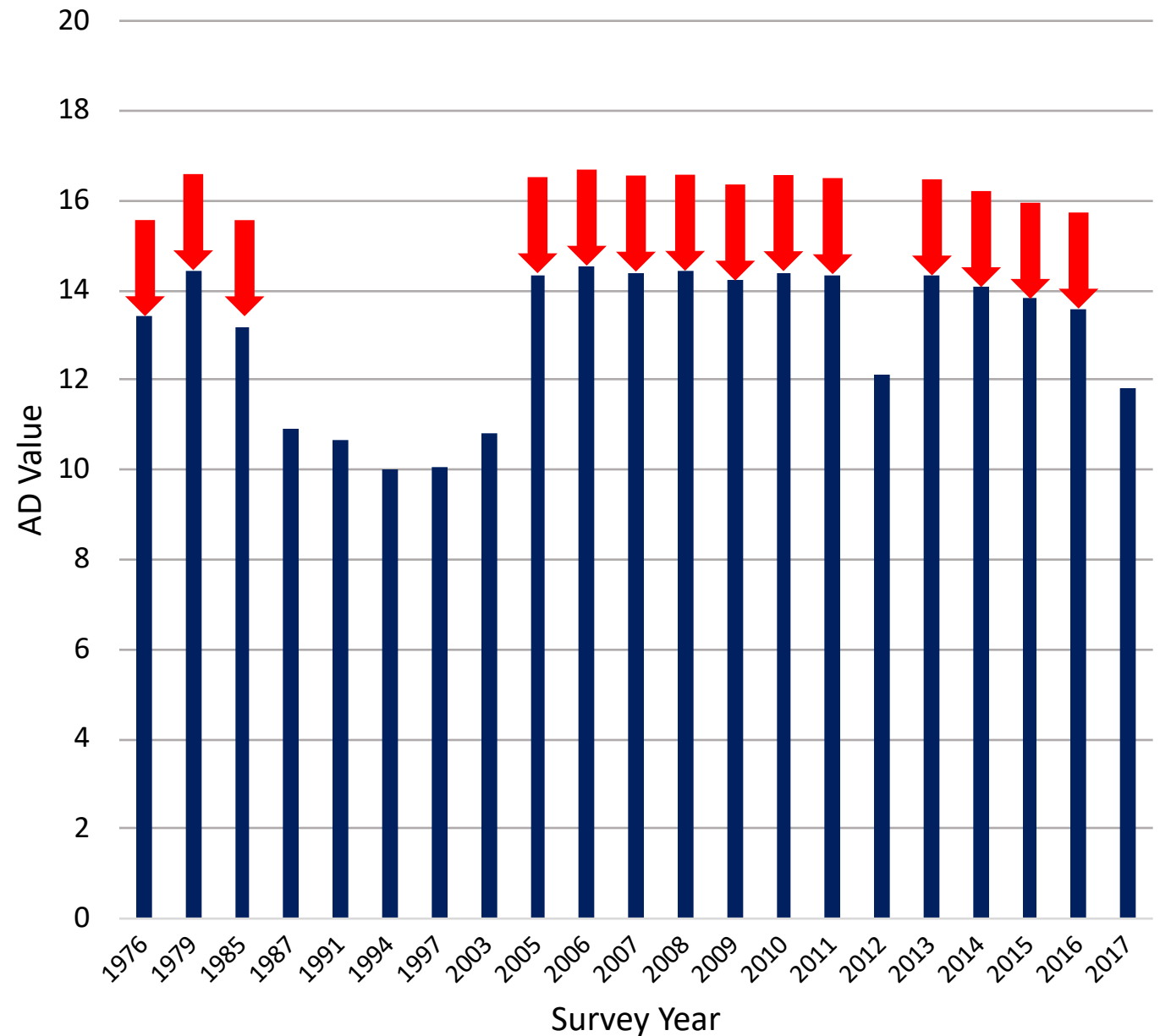
CPR: 61%


mCPR: 59%

Mean AD score: 13.1



# AD: Indonesia 1976-2017



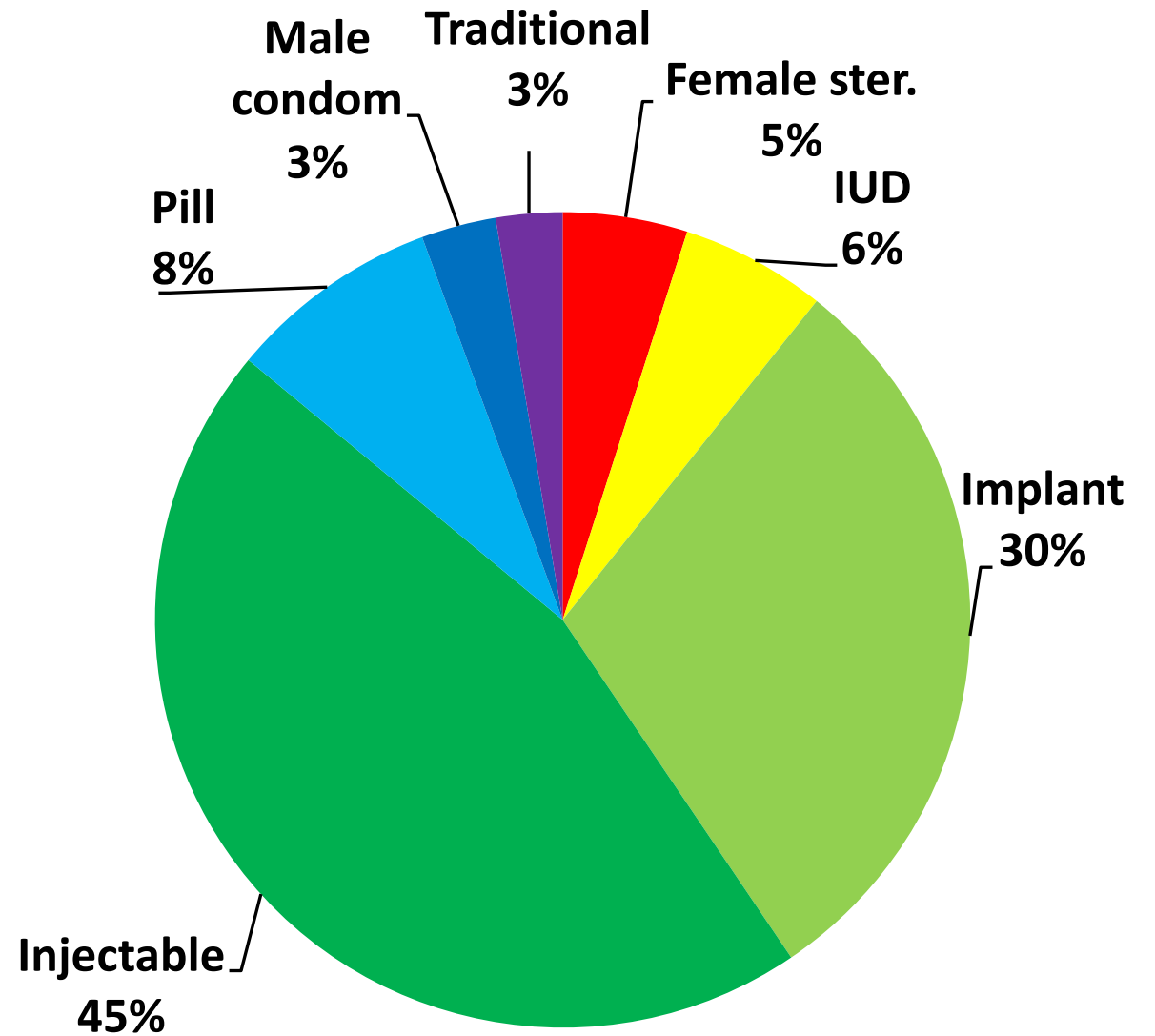
 Indicates skewed method mix

# Method Mix: Kenya 2016

CPR: 61%

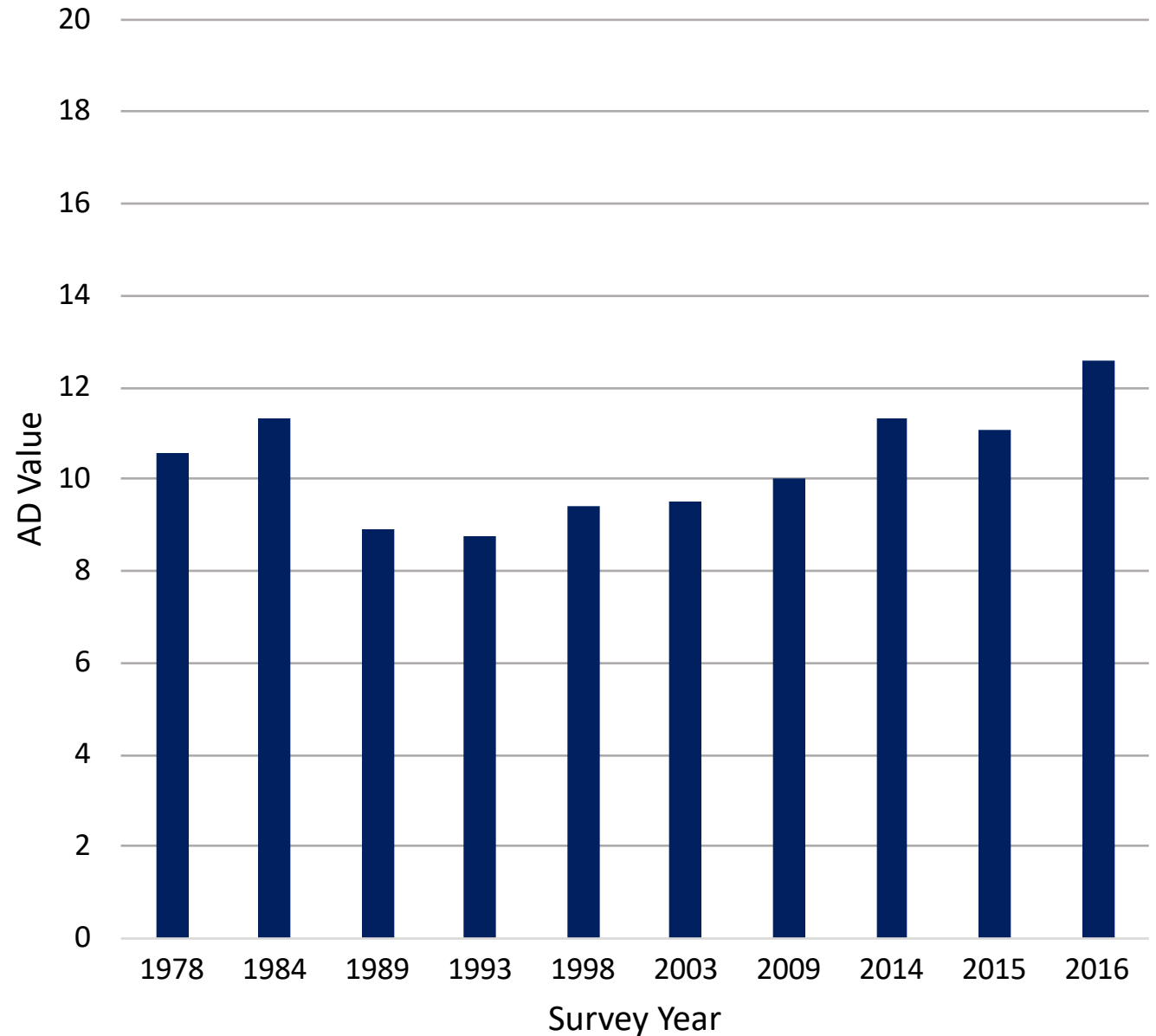
mCPR: 60%


Mean AD score: 10.5





# AD: Kenya 1978-2016



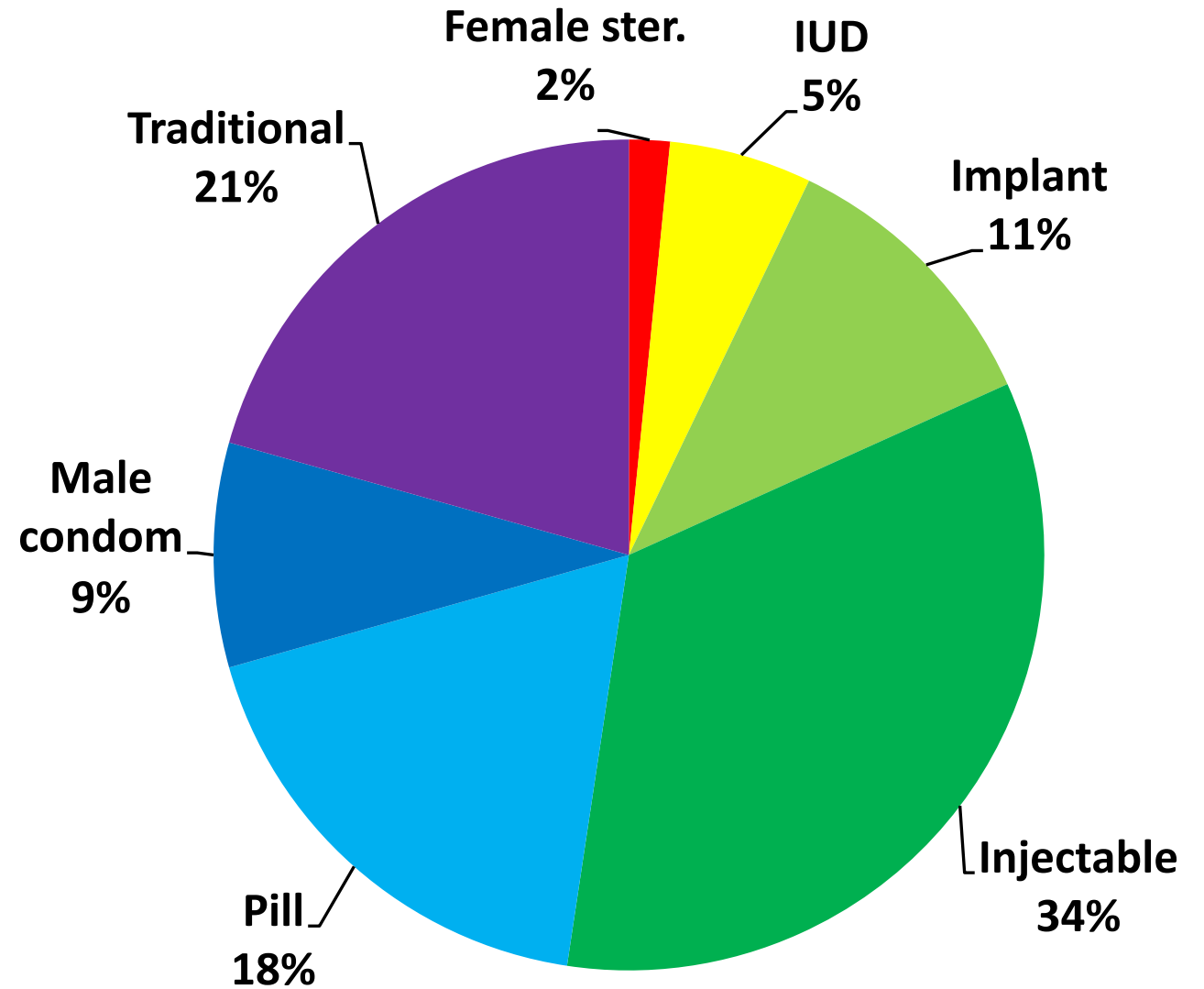
 Indicates skewed  
method mix

# Method Mix: Nigeria 2017

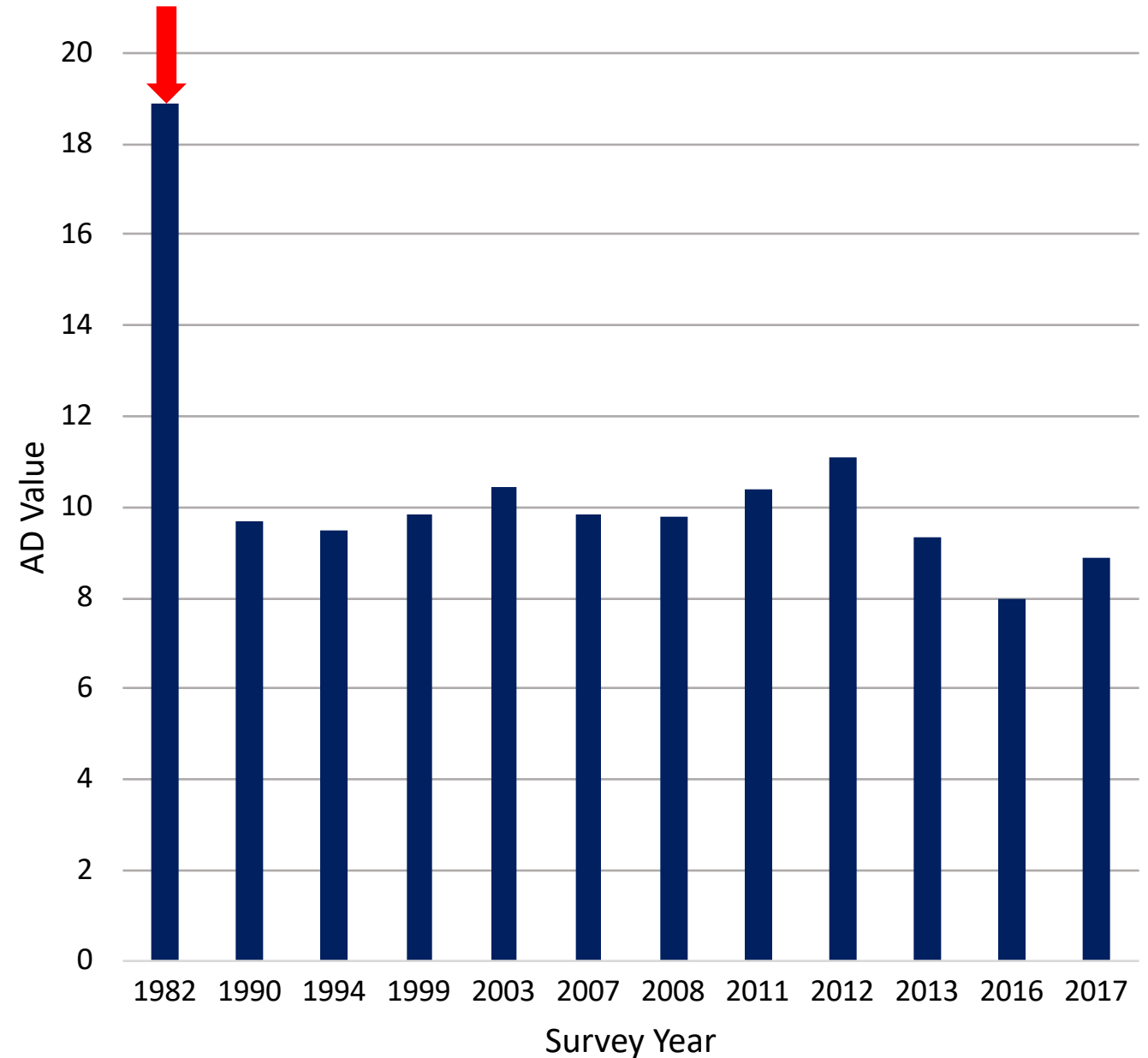
CPR: 13%


mCPR: 11%

Mean AD score: 10.5



# AD: Nigeria 1982-2017



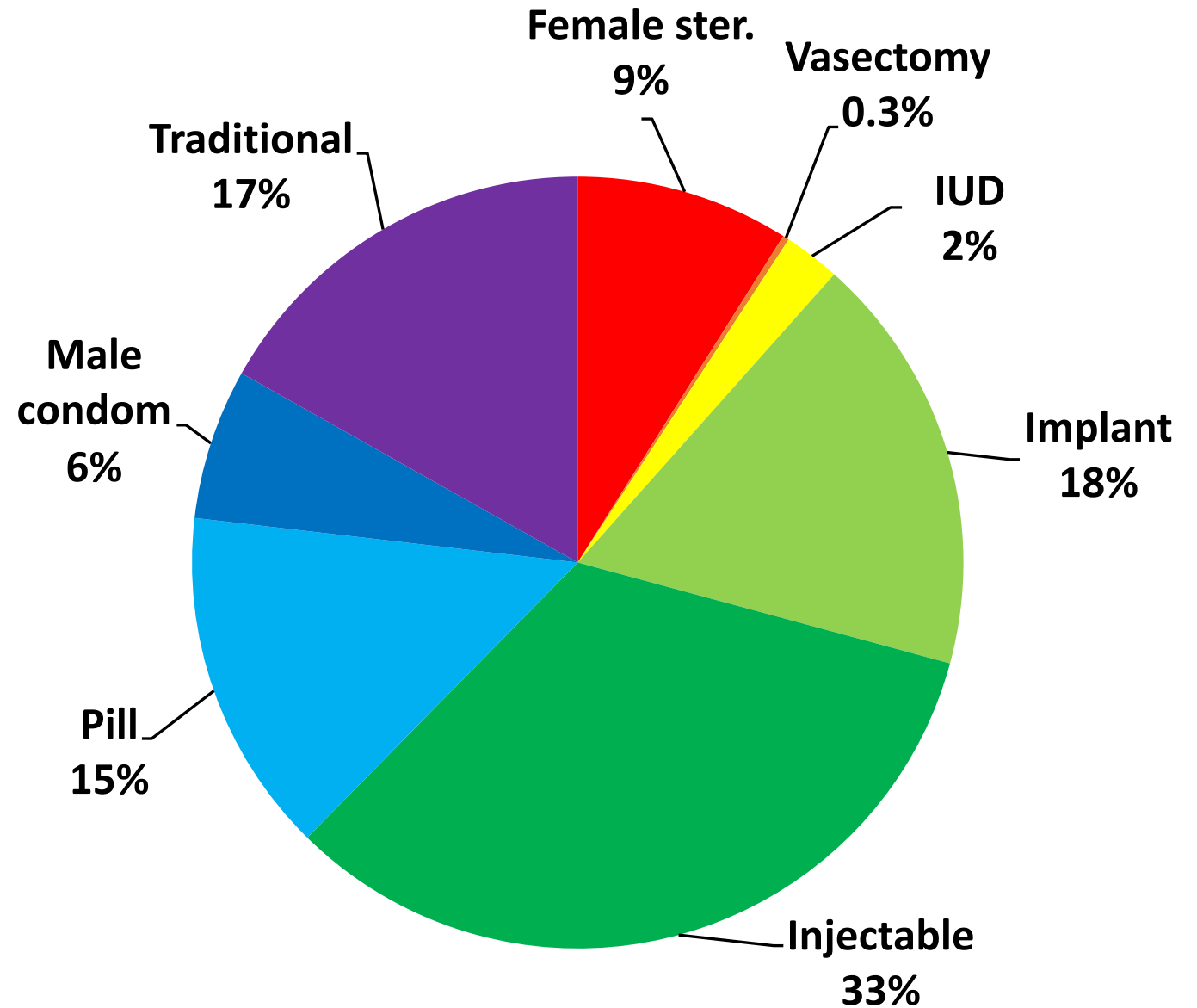
 Indicates skewed  
method mix

# Method Mix: Tanzania 2016

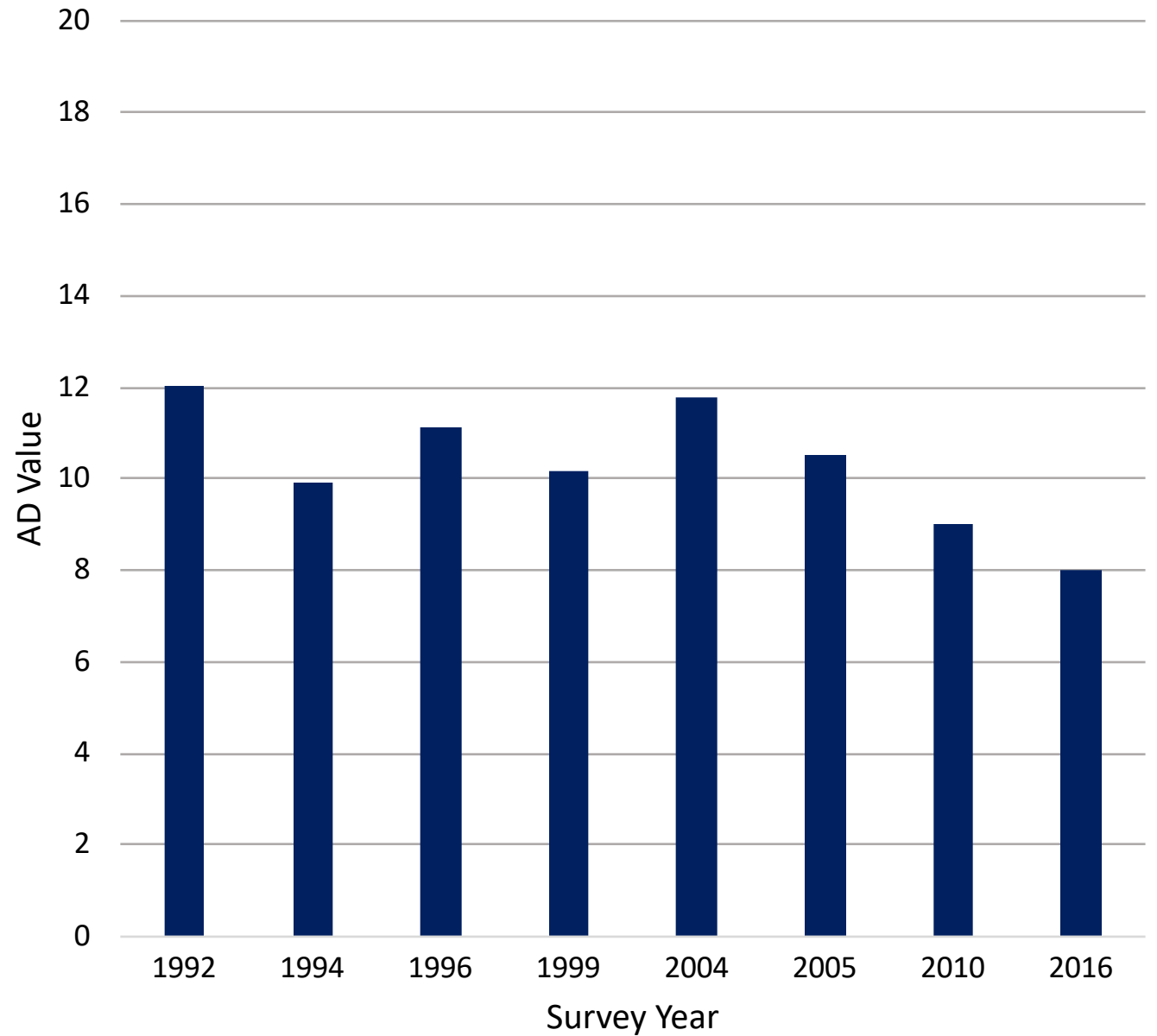
CPR: 38%


mCPR: 32%

Mean AD score: 10.3



# AD: Tanzania 1992-2016



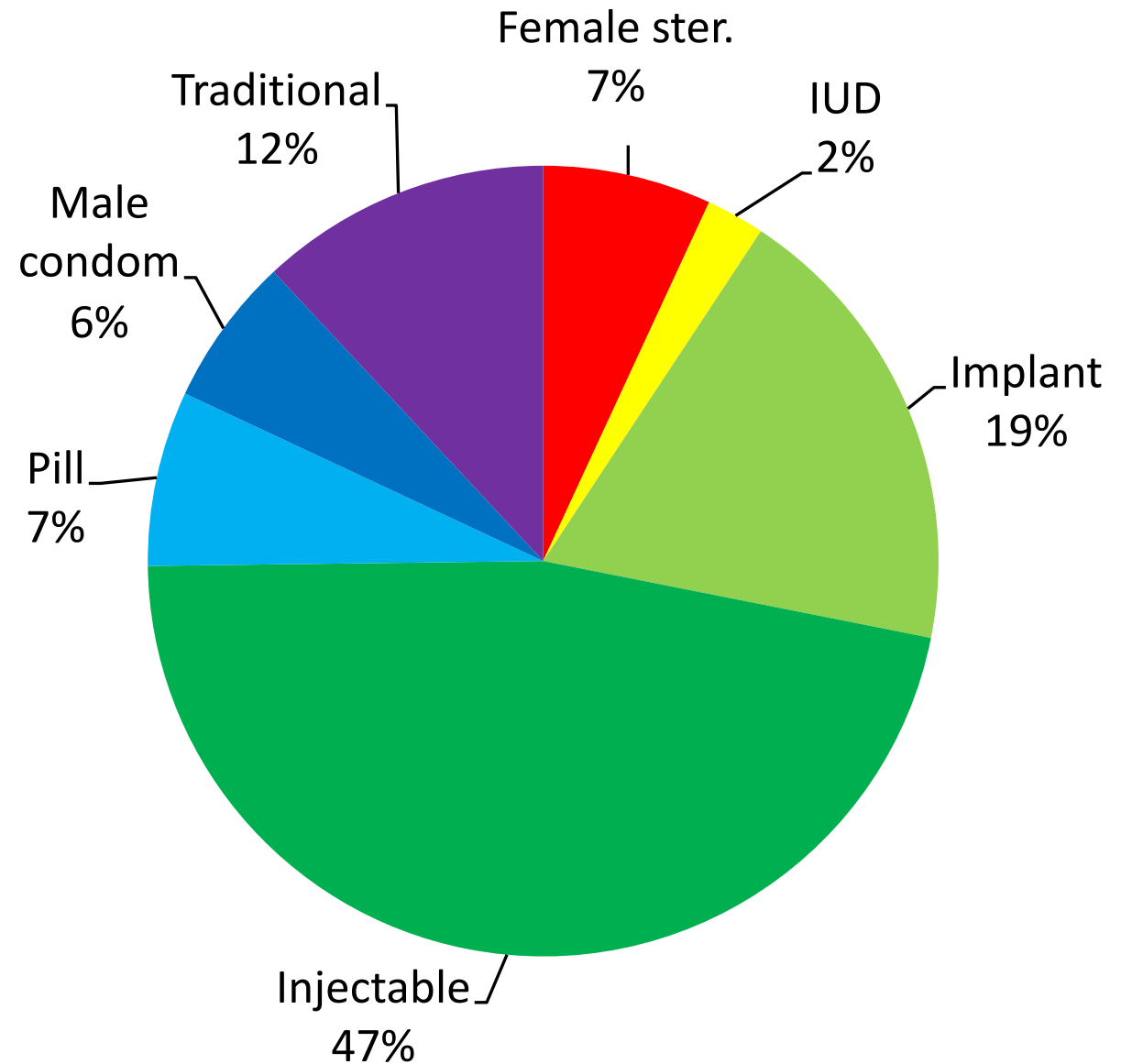
 Indicates skewed  
method mix

# Method Mix: Uganda 2017

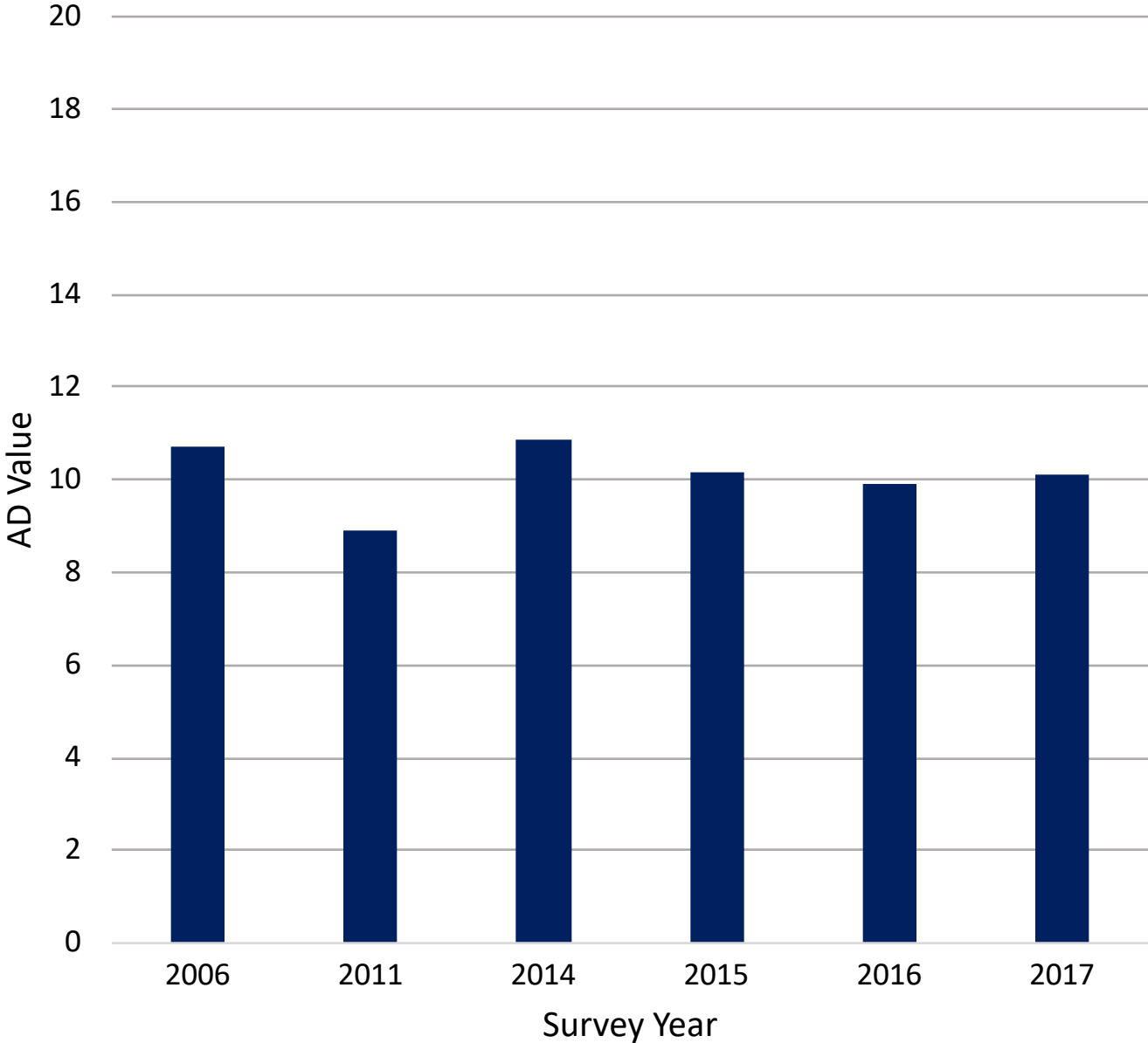
CPR: 38%


mCPR: 34%

Mean AD score: 10.0



# AD: Uganda 2006-2016



 Indicates skewed method mix

# Three take-away messages

- 1) The predominant method differs by country: (\*) indicates >50% skew
  - Injectable: Indonesia (\*), Kenya, Nigeria, Tanzania, Uganda
  - Female sterilization: India (\*)
  - Pill: Bangladesh
  - Traditional: DRC (\*)
- 2) Four patterns emerge from 8 countries:
  - Method skew has improved but CPR is low (DRC, Nigeria)
  - Method skew persists but CPR is relatively high (India, Indonesia)
  - Method mix is balanced with relatively high CPR (Bangladesh, Kenya)
  - Method mix is balanced but CPR < 35% (Tanzania, Uganda)
- 3) There is no “ideal method mix,” but method skew raises red flags:
  - Do clients have access to a full range of accessible and affordable methods, free of provider bias?



# Advocacy has a role in improving method mix

- Increase awareness of method mix among country leadership
- Strengthen role of the private sector (e.g., EC, DMPA-SC)
- Ensure availability of all methods in public and private sectors
- Include all methods on the essential medicine lists, including pharmaceutical medicine lists
- National and subnational governments to budget for contraceptives, equipment, personnel, and training
- Operationalize task sharing guidelines at national and subnational levels
- Address barriers to contraceptive access for young people

# Acknowledgements

- Dr. John Ross, independent consultant and expert on method mix
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