Encouraging Method Choice

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Outline

I. What is method choice?
II. How to operationalize choice?
III. Why is method choice important?
I. Method choice

1. Has been component of family planning programs since 1960s

2. Element of quality of care framework articulated by Bruce in 1990

(Bruce 1990)
Method choice within RH context

• Clients need and deserve to have the *information and services* for methods appropriate to *meet their reproductive goals* without suffering *unnecessary health risks*
II. Operationalizing method choice

Policy
- Governments
- NGOs
- Donors
- RHSC

Number & type of methods
- Facilities
- Logistics

Facility
- Commodities
- Equipment
- Trained provider

Client
- Receiving information & services to meet RI
Measured method choice

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offering 4+ methods</td>
<td>91</td>
</tr>
<tr>
<td>Stocked 4+ methods</td>
<td>81</td>
</tr>
<tr>
<td>Mentioned 3+ methods</td>
<td>34</td>
</tr>
<tr>
<td>How to use</td>
<td>31</td>
</tr>
<tr>
<td>Side effects</td>
<td>24</td>
</tr>
</tbody>
</table>

(Botswana, BF, Kenya, Senegal, Zambia)

(COC, POP, Injectables, Condom, IUD)

(Haberland et al. 1998)
III. Method choice is important

1. Choice help meet clients reproductive intentions
Better information exchange improved RH outcomes in the Philippines: longitudinal study

(Jain et al. 2012)
III. Method choice is important

1. Choice help meet clients reproductive intentions
2. Addition of a method results in net addition to contraceptive use
Addition of each method added to family planning users in Taiwan: 1965-1973
Addition of each method added to family planning users in Thailand: 1965-1973

(Freedman and Berelson 1976)
III. Method choice is important

1. Choice help meet clients reproductive intentions
2. Addition of a method results in net addition to contraceptive use
3. Availability of multiple methods
   - Changes method mix
   - Improves continuation
Addition of methods changed method mix in Lusaka clinics

Program methods

- Norplant: 55%
- DMPA: 40%
- Others: 5%

Plus DMPA

- Norplant: 29%
- DMPA: 6%
- Others: 8%

Plus Norplant

- Norplant: 32%
- DMPA: 6%
- Others: 3%

(Chinganya et al. 2000)
Multiple methods improved continuation 30 months following IUD insertion in Taiwan

(Freedman & Takeshita 1969)
III. Method choice is important

1. Choice help meet clients reproductive intentions
2. Addition of a method results in net addition to contraceptive use
3. Availability of multiple methods
   - Changes method mix
   - Improves continuation
4. Availability of multiple methods
   - Facilitates switching
   - Increases contraceptive prevalence

(Jain 1989)
Availability of six methods in 39 countries in 2009

Number of countries

- Condom: 18 (I) + 2 (II) + 5 (III) + 1 (IV) = 26
- Pill: 5 (I) + 22 (II) + 12 (III) + 1 (IV) = 30
- Inj: 2 (I) + 24 (II) + 5 (III) + 1 (IV) = 32
- IUD: 5 (I) + 23 (II) + 10 (III) + 1 (IV) = 39
- FST: 15 (I) + 17 (II) + 6 (III) + 1 (IV) = 39
- MST: 26 (I) + 12 (II) + 1 (III) + 1 (IV) = 40
Average method use by availability

- **Condom**
  - Category I: 0
  - Category II: 2
  - Category III: 3
  - Category IV: 6

- **Pill**
  - Category I: 0
  - Category II: 5
  - Category III: 5
  - Category IV: 2

- **Availability**
  - Category I: 1
  - Category II: 3
  - Category III: 11
  - Category IV: 17

- **IUD**
  - Category I: 1
  - Category II: 1
  - Category III: 6
  - Category IV: 36

- **FST**
  - Category I: 2
  - Category II: 6
  - Category III: 22
  - Category IV: 37
Contraceptive use increases with method choice

\[ y = 22.19x - 30.9 \]

\[ R^2 = 0.41 \]

\[ N = 39 \]
Rise in contraceptive use is associated with increased use of LAPMs

<table>
<thead>
<tr>
<th>Contraceptive use</th>
<th>% users per country</th>
<th>PMs</th>
<th>LARCs</th>
<th>SARCs</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;20 (n=12)</td>
<td>8</td>
<td>0.9</td>
<td>8</td>
<td>0.5</td>
</tr>
<tr>
<td>20-40 (n=10)</td>
<td>22</td>
<td>4</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>40-60 (n=12)</td>
<td>30</td>
<td>8</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>60+ (n=5)</td>
<td>26</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>
Take home messages

I. Method choice in most countries is limited

II. Expanding choice of existing methods is important for
   i. Meeting individual’s reproductive goals
   ii. Reaching wider audience
   iii. Improving program efficiency

III. Choice means more than commodities
   i. Commodities
   ii. Equipment
   iii. Providers with technical competency and trained in CPI
   iv. Information and services received by clients

IV. Improving choice is a process
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