Policy Brief

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EXPANDING CONTRACEPTIVE METHOD CHOICE FOR SUCCESSFUL FAMILY PLANNING PROGRAMS

50%

Or more of contraceptive users use 1 method, in many countries.

With full information and a range of choices, users can identify a method that is available, acceptable, and meets his or her needs.

8

The percentage-point increase in contraceptive use for each additional method accessible to at least 50% of the population.

Additional enhanced and interactive information accompanies this brief and is available online at:

thepaceproject.org/method-choice/

What Do Users Want in Their Family Planning Method? This question is at the heart of successful family planning programs. Salamatu from Ghana wants "a clinic where they will not judge me but give me the assistance I need."[1] Nabulesa from Uganda needs services that are more accessible than her current health center, which is "two kilometers away and it was expensive to go there… and where I would find long queues."[2]

Successful family planning programs listen to the different needs of clients and respond with strategies that expand informed, voluntary contraceptive choice: offering a range of affordable contraceptive methods; providing client-centered, comprehensive counseling; employing a variety of service delivery approaches; and ensuring continuous supplies of contraceptive commodities. Expanding individuals' contraceptive choices supports increased and continuous contraceptive use, enabling more women and couples to realize their ambitions for themselves and their families and helping communities and nations achieve their development goals.

Method Choice Ensures Client-Centered Family Planning Programming

Contraceptive method choice means that family planning programs, through facilities or community-based distributors, have a variety of contraceptive methods available and fully counsel users about their choices (see Box 1). With full information and a range of choices, users can identify a method that is available, acceptable, and meets her or his needs (see Box 2, page 2).

"What's important to users?" is a question that is central to quality of care and client-centered family planning programs. Family planning needs and preferences will vary from woman to woman, and even over the course of a woman's life. Applying an "ages and stages" lens, which considers how an individual's needs change depending on their age and life context, can help family planning programs ensure that all individuals can access services and methods that support their reproductive goals.

In many countries, half or more of contraceptive users use one contraceptive method. Often known as "method skew," this phenomenon is an indication that a country needs to closely examine its family planning programs, to ensure that they are upholding and advancing method choice for all clients.[3] When the majority of users rely on a single method, it is often because programs only offer one or two methods. Different women will have different needs and preferences, and one—or even two—methods will not work for all users.[4]

Method skew can also indicate that counseling is poor or insufficient to overcome cultural barriers or myths and misconceptions about contraceptives. A national family planning program could have a variety of methods physically available, but if clients are not aware of them, do not have accurate knowledge, or cannot access them because of policy, distance, cost, or social and cultural barriers, then the program will still fall short of supporting clients' reproductive goals.[5]

The right to the highest attainable standard of health, including sexual and reproductive health, is guaranteed through international resolutions and commitments, and entitles people to health care information, services, and commodities that are available, accessible, acceptable, and of good quality.[6] Method choice is a defining characteristic of quality of care and, therefore, human rights in sexual and reproductive health programs.[7] By promoting method choice, programs enhance their efforts to uphold rights and quality of care for their clients.

BOX 1

Method Choice

Method choice exists when "client-centered information, counseling, and services enable women, youth, men, and couples to decide and freely choose a contraceptive method that best meets their reproductive desires and lifestyle, while balancing other considerations important to method adoption, use, and change."

Source: United States Agency for International Development (USAID), "GH/PRH Priorities for 2014-2020," internal document (Washington, DC: USAID, 2014).

BOX 2

What Is "Full Range"?

One guideline for offering a full range of contraceptive choices is to ensure at least one method from each of the following categories:

- Barrier (condoms, diaphragm).
- Short-acting (oral pills, injectables, patch, ring).
- Long-acting reversible (intrauterine device (IUD), implants).
- Permanent (male and female sterilization).
- Emergency contraception.

In addition, programs should offer resources for women and couples who wish to use a natural family planning method such as the Standard Days Method™ or the Two-Day Method™.

Sources: Family Planning 2020 (FP2020), "FP2020: Rights and Empowerment Principles for Family Planning," accessed at http://ec2-54-210-230-186.compute-1.amazonaws.com/wp-content/uploads/2016/08/FP2020_Statement_of_Principles_11x17_EN_092215.pdf; and World Health Organization (WHO), *Quality of Care in Contraceptive Information and Services, Based on Human Rights Standards: A Checklist for Health Care Providers* (Geneva: WHO, 2017).

Increasing Contraceptive Choice Helps Achieve National Family Planning Goals

Globally, 214 million women want to plan and space their pregnancies, but are not using a method of contraception.[8] A strong, global body of evidence shows that expanding the available contraceptive methods increases contraceptive use and continuation. When multiple methods with different characteristics are available, a user is more likely to be able to find a method that appeals to her or him, and a user who is not satisfied with her or his current method can choose a different method, rather than stopping altogether. In fact, analysis shows that each additional contraceptive method that is accessible to at least half of the population can increase contraceptive use by as much as eight percentage points (see figure).[9] This increase in turn reduces unintended pregnancies, helps women and couples achieve their desired family size and spacing, and improves health and economic opportunities for women and families. Expanding method choice is, therefore, an effective investment for countries and programs to meet the Sustainable Development Goals (SDGs) and their Family Planning 2020 (FP2020) commitments while upholding and advancing individuals' rights and quality of care.

Removing Barriers Expands Method Choice

To improve method choice, programs must go beyond simply increasing the number and type of contraceptive methods available. They must adopt a comprehensive, client-centered approach that takes many aspects of family planning programming into account—from policies, supply chains, provider training, and service delivery, to information, communication, and user preferences.

Some contraceptive users are more likely than others to face policy restrictions, cultural barriers, or discrimination in accessing a full range of contraceptive choices. These barriers often affect unmarried youth, married women or couples who wish to delay their first pregnancy or limit their number of births, people with disabilities, women who recently gave birth, and postabortion care clients. Laws that require consent from a spouse or parent infringe on a user's rights to full method choice. Users choosing long-acting reversible or permanent methods, which are generally more effective, may face barriers such as eligibility requirements by age or number of prior births, and inadequate numbers of skilled providers. Expanding method choice for these groups means eliminating restrictive policies; training providers to offer unbiased, supportive, client-centered care; and ensuring availability of specific methods that can best meet their needs and preferences (see Box 3, page 3).

Supporting task-shifting policies can expand choice in rural or marginalized communities. A growing body of research shows that methods such as injectables and implants can be safely, effectively, and acceptably provided by pharmacists, drug shops, and community health workers, while permanent methods can be safely provided by skilled providers such as clinic officers.[10] Further, when available at community and lower-level health facilities, the number of users choosing these methods increases. By increasing the number and variety of contraceptive service points, as well as the number of methods available, task shifting supports increased access to contraception generally and to more effective methods specifically.[11]

Assessing Contraceptive Method Choice to Guide Investments

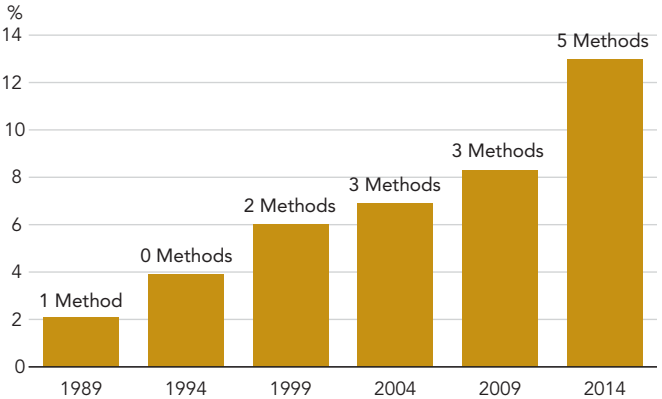
Several tools can help assess aspects of contraceptive method choice and identify gaps where additional investments are needed.

One commonly used measure is method mix, which describes the percentage of contraceptive users by method.[12] This information is available through Demographic and Health Surveys and other nationally representative health surveys. There is no universal ideal or gold standard of how many or which methods

FIGURE

Use of Modern Contraceptive Methods Often Increases as More Methods Are Available

Modern Contraceptive Prevalence Rate and Number of Contraceptive Methods Accessible to the Majority of the Population, Mali



Source: United Nations (UN) Population Division, *World Contraceptive Use 2017* (New York: UN, 2017) and Avenir Health, Track 20, "Family Planning Effort Index."; analysis adapted from John Ross and John Stover, "Use of Modern Contraception Increases When More Methods Become Available: Analysis of Evidence From 1982-2009," *Global Health Science and Practice* 1, no. 2 (2013):203-12.

BOX 3

Special Considerations for Specific Populations

Adolescents and youth often face barriers to exercising full choice about which contraceptive method to use. Policy restrictions and provider bias may prevent young people from accessing long-acting reversible contraception, such as IUDs and implants, even when those methods may be best for their contraceptive needs and preferences.[1]

Men are often overlooked in family planning programs and outreach, which means a missed opportunity to reach men with health care services and neglects the role they play as partners in contraceptive use. Involving men can increase contraceptive choice through methods that are used by men or with their active participation.[2]

Women and couples living with HIV or at high risk for HIV continue to have important family planning needs.[3] Limited contraceptive choices may force women at high risk for or living with HIV to use a method they are not comfortable with or to choose not to use contraception at all. The unique considerations for this group emphasize how critical it is for all women to have contraceptive options.

- Progestogen-only injectable contraceptives are the most widely used contraceptive method in many countries, and, though inconclusive, some evidence suggests an increased risk of HIV acquisition among users of these injectables.[4]
- Among women living with HIV, some evidence suggests that certain antiretroviral therapy medications (particularly efavirenz) used to treat HIV can reduce the efficacy of some hormonal contraceptives, including hormonal implants.[5]

These potential risks cannot be addressed by eliminating one contraceptive method and replacing it with another in the range of methods a program offers. Rather, programs must increase investment in and support for full and informed choice. Users must be fully counseled on the risks and benefits of different contraceptives in relation to their current HIV status or level of risk of HIV acquisition, and must be able to select from among a full range of contraceptives.

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5 USAID, "Drug Interactions Between Hormonal Contraceptive Methods and Anti Retroviral Medications Used to Treat HIV," (2014), accessed at https://www.usaid.gov/sites/default/files/documents/1864/HC_ART-Brief.pdf.

to offer—the needs and preferences of contraceptive users will vary by context—but looking at distribution of contraceptive use by method can offer some indication of whether a family planning program is promoting method choice.[13]

Policymakers and program managers can use the Family Planning Effort (FPE) Index to identify areas for additional investment.[14] This index assesses the strength and coverage of family planning programs in developing countries, including availability and accessibility of methods, and can be used by decisionmakers to identify categories of methods that are not realistically accessible to the majority of the population, or other components of method choice that may need renewed attention. Another tool is the Method Information Index (MII), which measures contraceptive information exchanged between a client and provider during a visit. These data indicate whether clients are receiving information about the full range of methods available to them and comprehensive counseling about their chosen method. Policymakers and program managers can use this to determine if a program upholds quality of care and rights for family planning.

Strategies for Expanding Method Choice

Decisionmakers and programmers can do more to ensure that method choice is a reality for all individuals, regardless of their age, reproductive goals, or life circumstances. The following strategies offer specific investments that can advance contraceptive method choice across all populations.

- **Identify gaps in current method choice,** using existing tools such as the FPE Index, to identify which methods are not realistically accessible to the majority of the population. This inventory will help channel investments in expanding choice to those with the greatest needs.
- **Train providers to offer unbiased, balanced counseling** so that users are fully informed when choosing a contraceptive method. Providers should not impose their personal judgment, but should present the client with a clear description of the full range of methods and nonjudgmental counseling to select a method that aligns with the client's preferences, lifestyle, and reproductive and health needs.[15]
- **Remove medical and legal barriers that restrict access to a full range of methods.** Requirements for spousal or parental consent limit method choice. The World Health Organization Medical Eligibility Criteria is a guide for aligning service-delivery policies for contraceptive methods with evidence-based best practices.
- **Adopt diverse service delivery approaches** to expand method choice throughout the health system and in periurban, rural, and hard-to-reach areas, where choice is

often most limited. This includes task-shifting policies that allow lower-level health providers and community-based distributors to administer contraceptive methods such as injectables and implants.

- **Update essential medicines lists and strengthen supply chains** to ensure that a variety of methods are available and in stock at service delivery points. Decisionmakers should review their national list of essential medicines to ensure that at least one contraceptive method from every category is included (see Box 2, page 2). Decisionmakers at multiple levels can invest in strengthening supply chains to protect against stock-outs and guarantee that a full range of methods is on hand in clinics.
- **Increase funding for contraceptive commodities to meet growing demand.** As leaders and decisionmakers continue to improve family planning programs and expand method choice, they will need to balance cost implications against the best quality services for their clients. Demand for services and commodities may also grow as large youthful populations reach reproductive age and the quality of services improves. Increasing and carefully investing funds to meet these growing needs will be necessary.

By expanding a client-centered approach to contraceptive method choice, leaders can help communities and nations meet their development goals and FP2020 commitments, and achieve the SDGs. Moreover, expanding method choice respects the rights, preferences, and needs of all current and future contraceptive users—factors that are central to defining success for family planning programs.

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