

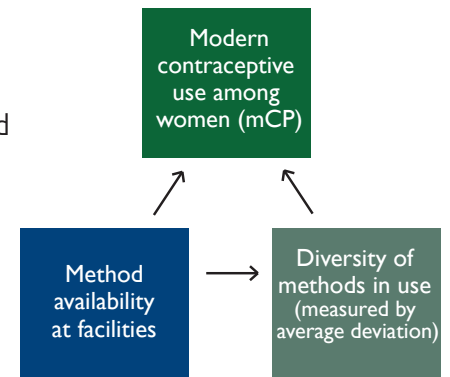


Contraceptive Use, Method Mix, and Method Availability: A Multilevel Analysis (AS74)

An Analysis Brief from The DHS Program

Why study the relationships between method mix, method availability, and contraceptive use?

Access to a range of methods affords women more opportunity to find a method that meets their unique reproductive needs, possibly leading to greater diversity in the method mix and increased contraceptive use at population levels. A more diverse method mix may also directly correlate with increased use. However, these relationships have not been broadly studied.



Which countries were included in the study?

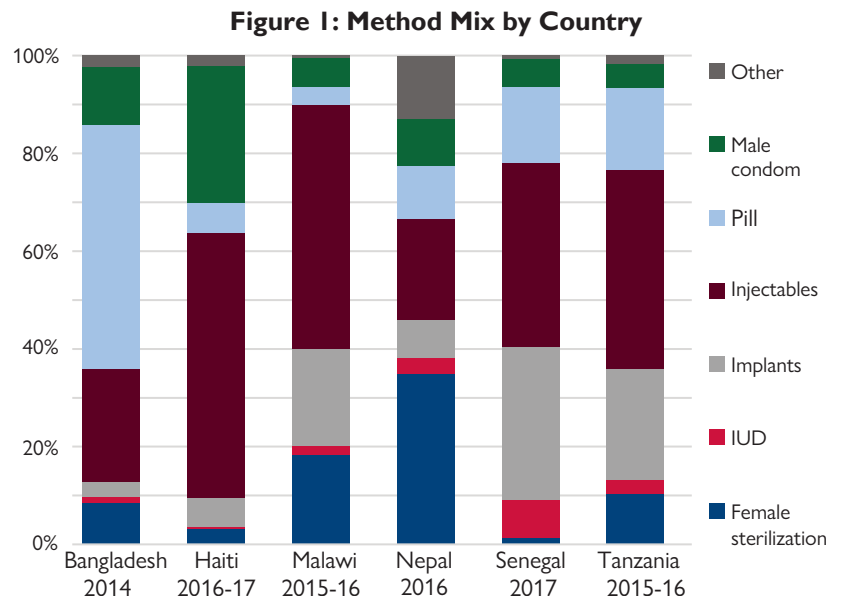
This analysis used data from the six countries with recent, closely timed SPA health facility and DHS household surveys (conducted within 2 years of each other): Bangladesh, Haiti, Malawi, Nepal, Senegal, and Tanzania.

What methods were used to conduct this analysis?

This study analyzes data from the DHS surveys on modern contraceptive prevalence (mCP) among all women (except in Bangladesh which included only married women), method mix, and average deviation (AD)—a measure of balance in the method mix. Using SPA data, the analysis also examined the availability of a mix of methods (long acting, short acting, and non-hormonal methods) among facilities providing family planning services. Subnational analysis explored the relationships between mCP, AD, and method availability. Multilevel (individual and cluster) multivariable logistic regressions were conducted in Haiti and Malawi because their SPA surveys were censuses, allowing researchers to geographically link health facility data to clusters of women interviewed in the DHS.

What are the key results?

- Method mix varies by country (Figure 1). The AD ranges from about 8 in Nepal and Tanzania (signifying a more evenly distributed method mix) to 15 in Haiti (a more skewed mix, with 1 or 2 methods dominating).



- Fewer than half of facilities in Bangladesh, Haiti, Nepal, Senegal, and Tanzania have a mix of methods available (at least one short acting, one long-acting or permanent, and one barrier or non-hormonal method) (Figure 2).
- In most countries, the analysis by subnational area found no significant relationships between contraceptive use and either AD (the measure of method mix balance) or FP services or method availability at the facility level, or between AD and services or method availability at the facility level.
- Senegal is the only country with significant results across all three relationships tested: modern method use was higher with a more balanced method mix among users (low AD), modern method use was higher in regions where there was more method availability, and also greater balance in the method mix where there was more method availability (Figure 3).

Figure 2: Percentage of Facilities with a Mix of Method Types

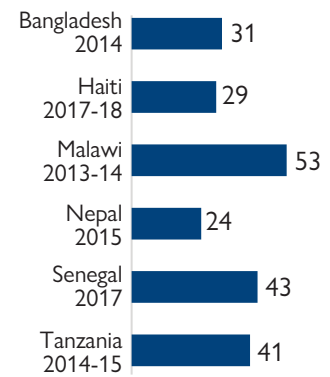
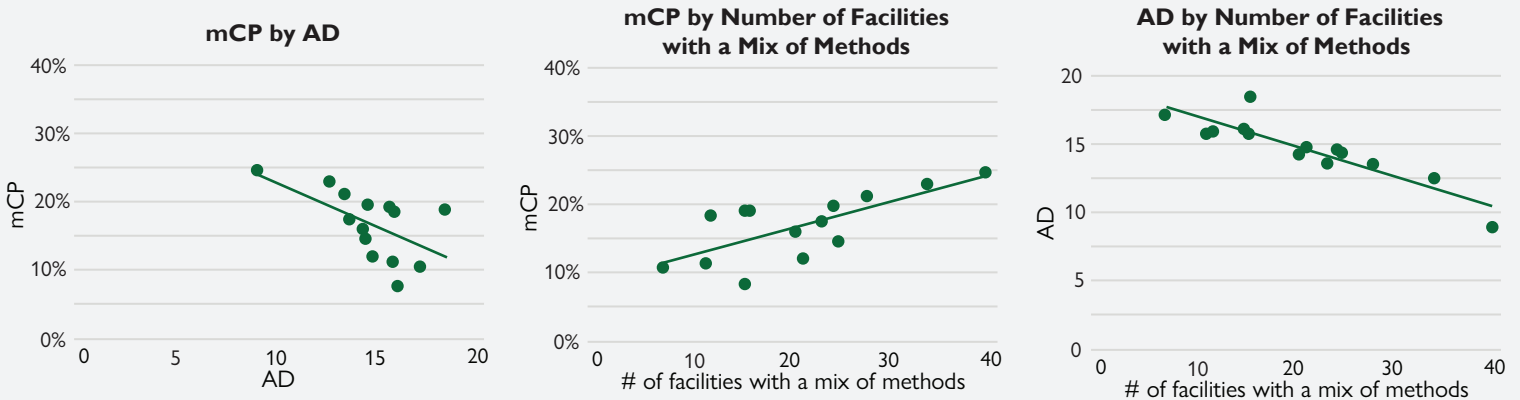


Figure 3: Senegal - Significant Relationships between Modern Contraceptive Use (mCP), Average Deviation (AD), and Number of Facilities with a Mix of Methods



- In Haiti and Malawi, women living in rural areas with the greatest number of facilities with a mix of methods had a higher use of modern methods than women living in areas with low numbers of facilities with a mix of methods. Contraceptive use was also higher among women living in areas with community distribution or outreach.

What does this mean?

Across the six countries no conclusive or consistent relationships between the contraceptive use (mCP), the balance of a method mix (AD), and the availability of methods at facilities was found. While this was unexpected, there are many other factors that influence both supply and demand for method choice. Based on this analysis, we recommend that method balance as assessed by the AD cannot be used as a proxy for method availability. Nonetheless, method choice should continue to be a central tenet of rights-based FP to ensure that women have access to methods that meet their unique reproductive needs.

This brief summarizes The DHS Program’s Analytical Study No. 74, by Lindsay Mallick, Shireen Assaf, Michelle Weinberger, and Gbaike Ajayi with funding from The United States Agency for International Development through The DHS Program implemented by ICF. For the full report or more information about The DHS Program, please visit www.dhsprogram.com.