A Review of and Reflection on Demand-Side Measures of Family Planning

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Points covered

• Half a century of strong measurement of family planning demand
• Largely driven by interests in fertility outcomes
• Focus of frameworks driving measurement have changed over time
• Sources of family planning data are largely unchanged
• A new framework will require broad consensus and buy-in and better data
What is unique about the history of FP measurement (in LMICs)?

- It’s predominantly been household survey-based
  - Face-to-face interviews with samples of women of reproductive age
- It measures FP as contraceptive use, abortion use less reliably
- It’s been largely population-based
- Supports international donor monitoring

Source: Alkema et al., Lancet, 2013
Three main sources of FP data

1. Client and facility records (MIS)

2. Commodities (purchases and consumption)

3. Sample surveys
   ▶ Female respondents of reproductive age
   ▶ Some male respondent samples
FP Experiment in Taiwan, 1963-66

Source: Freedman and Takeshita, FP in Taiwan, 1969
Intention to accept among married women 20-39 not using satisfactory contraception: Taichung (Taiwan) experiment, c. 1963-66

Past user, prior abortion

Past user, no prior abortion

Source: Freedman and Takeshita, FP in Taiwan, Table VIII-7
US Title X FP Reporting

Terms used

- Family planning user
- Family planning encounter
- FP service provider
- FP service site
- Client records
Example of a Commodities-based Indicator

Couple-Years of Protection (CYP) is the estimated protection provided by family planning (FP) methods during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period. This includes permanent methods, such as sterilization, and the lactational amenorrhea method (LAM).

<table>
<thead>
<tr>
<th>Method</th>
<th>CYP conversion factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sterilization</td>
<td>10 CYP per procedure</td>
</tr>
<tr>
<td>5-year implant</td>
<td>3.8 CYP per implant</td>
</tr>
<tr>
<td>Hormonal IUD</td>
<td>4.8 CYP per insertion</td>
</tr>
<tr>
<td>Depoprovera</td>
<td>0.25 CYP per does</td>
</tr>
<tr>
<td>Combined OC</td>
<td>0.0667 CYP per 28-pill pack</td>
</tr>
<tr>
<td>Emergency contraception</td>
<td>0.05 CYP per dose</td>
</tr>
</tbody>
</table>

DKT International publishes statistics for Contraceptive Social Marketing programs that report their sales data to DKT. These reports contain sales results from social marketing programs that generate 10,000 CYPs or more. To learn about CYPs and how DKT counts them, refer to our Resources page.

For Contraceptive Marketing Statistics sales data from 1991 to present in Excel format, download this file.

https://www.dktinternational.org/contraceptive-social-marketing-statistics/
In this half century of strong measurement of family planning demand...

- KAP surveys in the 1970s
- World Fertility Surveys 1972-1984
- Contraceptive Prevalence Surveys 1978-1984
- Reproductive Health Surveys 1978-2016
- Young Adult Reproductive Health Surveys 1987-2002
- Demographic and Health Surveys 1984-2016
- Other survey programs (MICS, PapChild)
- Periodic national surveys

Source: UN Methodology Report, WCU 2022
As contraceptive prevalence increased, content focus for measurement shifted.

Knowledge
Attitude
Practice

Supply-Demand
(access, quality, ideation)

Unmet need
and satisfied
demand

Reproductive
empowerment

Percentage of women 15-49 years old in union using contraception

0%
20%
40%
60%
80%
100%

Less developed countries
More developed countries
World

Role of conceptual frameworks

- Visualization of causal pathways
- Identify determinants and outcomes
- Enable measurement and operationalization
- Support hypothesis testing
The role of conceptual frameworks in driving measurement

Source: Lapham and Simmons, Organizing for Family Planning Effectiveness, 1987
Unmet need for family planning framework and algorithm

Source: Based on Bradley and others (2012). Revising Unmet Need for Family Planning. DHS Analytical Studies No. 25, Calverton, Maryland: ICF International.
Unmet Need for Contraception

- KAP-GAP, originator concept
- Early framing by Westoff, revision by Bradley
- Demand satisfied as composite of mCPR/(CPR+Unmet Need)
- Exposure issues behind “Need” (Bradley and Casterline, 2014; Bell and Bishai, 2017)
  - Sexual activity
  - Fecundity
  - Marital status
  - Pregnancy and postpartum amenorrhea
- Demand – For what? (Fabic, 2022)
Demand for fertility and contraception are multi-dimensional but not equivalent.

<table>
<thead>
<tr>
<th>Fertility/Pregnancy</th>
<th>Demand for</th>
<th>Contraception/Abortion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferences</td>
<td>Fertility</td>
<td>Preferences</td>
</tr>
<tr>
<td>Desired family size</td>
<td>≠</td>
<td>Method features (mode of administration, user control, permanence)</td>
</tr>
<tr>
<td>Ideal family size</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivations</td>
<td></td>
<td>Motivations</td>
</tr>
<tr>
<td>Desire for (more) children</td>
<td></td>
<td>Sexual frequency</td>
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<tr>
<td></td>
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<td>Pregnancy avoidance</td>
</tr>
<tr>
<td>Intentions</td>
<td>Intention to (continue) use</td>
<td></td>
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<tr>
<td>Timing</td>
<td></td>
<td></td>
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<tr>
<td>Intensity</td>
<td></td>
<td></td>
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<tr>
<td>Satisfaction</td>
<td>Satisfaction</td>
<td></td>
</tr>
<tr>
<td>Happiness</td>
<td>Reasons for stopping</td>
<td></td>
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<tr>
<td>Value of children</td>
<td>Switching</td>
<td></td>
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<tr>
<td>Incidence</td>
<td>Incidence</td>
<td></td>
</tr>
<tr>
<td>Pregnancies/births</td>
<td>Adoption</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Duration of use (coverage/prevalence)</td>
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Contraceptive use dynamics

Micro-level dynamics belie modest change at aggregate level

Example: Burkina Faso PMA Longitudinal Surveys 2019-2022
Thinking forward with the past
“Basic model of factors determining additional fertility”

- Socio-structural factors
- Individual characteristics

Potential supply of children

Demand for children

Motivation to control fertility

Use of fertility regulation

Costs of regulation

Additional fertility

Source: Hermalin, Fertility Regulation and Its Costs, 1983
Subjective costs--Threats to:

**Cultural norms**
- Nonconformity with religious and moral beliefs
- Social disapproval and fear of sanctions

**Social adjustment**
- Disharmony in extended family
- Unconventional communication about sex between spouses
- Discord between spouses
- Undermining family status or security

**Personal adjustment**
- Adoption of inner control or efficacy
- Change of self-perception and family role
- Loss of enjoyment of children
- Threat to sexual adjustment

**Psychic threats to physical and mental health**
- Temporary discomfort
- Fear of permanent damage to health
- Fear of infant death
- Shyness toward gynecological examination
- Anxiety over contraceptive failure

**Psychologistics**
- Perceived accessibility of contraception
In sum,

Continuing importance of

- Conceptual frameworks (old and new) to guide measurement and validation
- Multi-disciplinary perspectives
- Indicator validation through different types of data (qualitative, longitudinal, dynamic, financial) and analyses
- Evidence-based consensus-building
If it’s not measured, it’s not monitored.

If it’s not monitored, progress is unknown.

If progress is unknown, there is no accountability.

Thank you.