

Advancing New Directions for Family Planning Measurement

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INTRODUCTION

International family planning (FP) measures, such as contraceptive prevalence, unmet need, and demand satisfied, have served as critical indicators for tracking progress and assessing the impacts of FP policies and programs. While these population-based measures have been the standard of practice for decades, they have also suffered serious limitations and have come under a strong and growing body of research offering compelling critiques. These have ranged from calling for clarified terminology and correct interpretation of current measures, to the need for new person-centered measures that seek to directly measure contraceptive need, rather than inferring need from reported fertility intentions (Speizer, Bremner, and Farid 2022; Fabic 2022; Dehlendorf et al. 2018; Corker et al. 2025). What has been missing is a clearly defined proposal for new measures that could address these critiques and offer a viable alternative to our current set of topline FP indicators.

The International Union for the Scientific Study of Population (IUSSP) Scientific Panel on *Rethinking Family Planning Measurement with a Rights and Justice Lens* engages a diverse pool of researchers, policymakers, and program planners from different regions to critically examine global FP indicators to inform improved collection, measurement, assessment, and communication about gaps in FP programming. As part of this work, between March 5 and 7, 2024, the IUSSP Panel convened an international expert group meeting in Mombasa, Kenya, titled “Assessing approaches to demand-side family planning measurement with a reproductive justice and rights framework.”¹ Over 50 participants from 16 countries attended the three-day workshop.

This special issue of *Studies in Family Planning* incorporates both scientific papers and commentaries that were presented at the Mombasa meeting as well as papers and commentaries that surfaced from conversations that took place at the Mombasa meeting or were inspired by or connected to this work. A particular focus of the IUSSP Scientific Panel is to consider how to frame improved FP measurement within rights and justice frameworks.

¹ Meeting report can be found at https://iussp.org/sites/default/files/RethinkingFP_Mombasa-Final%20report.pdf

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This Introduction is part of the special issue: *Rethinking Family Planning Measurement Through a Rights, Justice, and Person-Centered Lens*.

Human rights–based framing seeks to identify measures that assess the basic right of individuals and couples to decide freely and responsibly the number and spacing of their children (UNFPA 2023/2024). Reproductive justice–based framing seeks to identify measures that demonstrate an individual’s right to bodily autonomy, to have a child, to not have a child, and to parent their children in safe and sustainable communities.² Out of these frameworks comes the recognition of the importance of measures that are person-centered, that is, measures that are responsive to an individual’s own preferences, needs, and values.

What does it mean to consider a new alternative set of FP indicators that are person-centered? First, it means recognizing that we as researchers, program planners, monitoring and evaluation experts, donors, and other interested parties need to consider measures that are not predetermined with a positive outcome (e.g., increased contraceptive use) but rather center measurement on what people themselves want, that is, their expressed needs, values, and preferences. If our indicators are intended to track progress towards better outcomes, those better outcomes need to be based on what people define as the right thing within the context of their own lives. Thus, it is essential to consider a large set of equally valid reproductive outcomes, including the right to use a contraceptive method, the right to not use a contraceptive method, the right to switch or discontinue a method, and the right to choose to have an abortion. The papers in this special issue begin to address these important issues and help to move the conversation forward on improved measures that are more responsive to individuals’ self-identified needs. Of note, the focus of this special issue is measures of contraceptive demand, need, and use, and thus, discussions of rights and justice-informed supply-side measures are outside the scope of this special issue.

The papers in this special issue were categorized into three broad domains covering (a) conceptual reflections for informing measurement development, (b) improving and adapting standard measures, and (c) novel measures and concepts under development. This last category includes new measures around (a) acceptability of contraception, (b) intention to use contraception, (c) measures of need and use, (d) preference-based measures, and (e) agency-focused measures. Below, we briefly summarize the papers across these diverse measurement domains. Collectively, the papers and commentaries in this special issue advance conversations in the FP field in a critical new direction for measurement; they also describe not only why such new directions are necessary but offer compelling options for how we get there. This special issue provides an argument for continued investments in the development of FP measures that are person-centered that prioritize individuals’ preferences, contexts, and values.

CONCEPTUAL REFLECTIONS FOR INFORMING MEASUREMENT DEVELOPMENT

The paper by Dehlendorf and colleagues has its origins from the Mombasa meeting, where the first session examined conceptual frameworks that influence sexual and reproductive

² Based on SisterSong’s definition of Reproductive Justice: <https://www.sistersong.net/reproductive-justice>

health and rights measurement agendas. The four frameworks—EMERGE Empowerment Framework (focused on measurement and evaluation), Patient-Centered Care (focused on clinical practice), the Human Rights Framework (focused on policy), and Reproductive Justice (focused on social change)—offer distinct yet complementary lenses for understanding and measuring reproductive choice and agency. The authors present the evidence behind each of these frameworks and demonstrate how jointly these frameworks demonstrate the need for multilevel, intersectional indicators of agency and choice—spanning individuals, health systems, communities, and policies—to effectively guide and evaluate the impact of reproductive health programs and policies at scale. The authors argue that it is essential, now with the limited resources going forward, that we focus on prioritizing measurements of what women want in terms of their fertility, aspirations, and behaviors, to promote or prevent a pregnancy, as well as measures of how policies, health systems, and programs support this choice and agency.

The other two conceptual papers focus on person-centered measurement. First, Rothschild and colleagues grapple with the lack of clarity on what it means for a measure to be person-centered and give a clear distinction on how person-centered measures differ from person-reported measures and person-centered care. They define person-centered measures as those that both reflect an individual's self-identified values, needs, and/or preferences while at the same time capture the extent to which an individual feels she or he can fulfil her or his needs, values, and/or preferences. The authors examine several indicators using this definition to show measures that are not inherently person-centered and others that are person-centered to help demonstrate distinctions between person-reported measures and person-centered measures. Finally, the authors acknowledge the importance of a measurement ecosystem that includes measures that are person-centered but also includes measures that will not be person-centered but rather rights and justice informed; this broader set of indicators is needed to capture the full extent of contraception needs and services and aligns with the measurement vision laid out by Dehlendorf and colleagues in this issue.

The paper by Speizer and colleagues builds on this new operational definition for person-centered measurement by conducting a scoping review that examines the current state of person-centered family planning measures. Using the newly proposed definition of person-centered measurement from Rothschild and colleagues, the review finds numerous studies that adapt standard measures of unmet need and intention to use contraception to develop measures that are “more” person-centered but not necessarily fully person-centered. Four studies that collected primary data adapted standard measures of met need and demand satisfied by incorporating specific questions around preferences and satisfaction among current users; a group that is typically assumed to have no contraceptive needs. Finally, four studies propose novel person-centered measures of fertility and FP needs, desires, and intentions; these studies capture contraceptive autonomy, preference-aligned fertility management (PFM), PFM that incorporates method satisfaction, and preference-use mismatch. The review lays out the current state of empirical research on person-centered FP measurement on which the papers in this special issue are building.

IMPROVING AND ADAPTING STANDARD MEASURES

One approach to new measurement is to explore modifications to existing measures that would make them more person-centered. Papers in this category offer potentially easier-to-implement adaptations to current measures that could help push the agenda for measurement change forward. The proposed adaptations in this special issue focus on how to better capture individual contraceptive behaviors—and to some extent—preferences.

Mulhern and colleagues present a revised, more person-centered adaptation of unmet need that considers whether nonusers want to use a contraceptive method and whether users want to use a different method than their current method. The authors argue that this metric is more person-centered than the standard unmet need measure because it does not include fertility intentions to define who has an unmet need. The authors apply their method to a study of married Rohingya women and find that among users, 14 percent wanted to use a different method, and only 36 percent of nonusers wanted to use a method. The authors demonstrate that the standard unmet need measure may overestimate unmet need among Rohingya nonusers and misses contraceptive dissatisfaction among users.

Jadhav and colleagues acknowledge that the standard contraceptive use question based on “current use” misrepresents the behaviors of unmarried women in particular. The authors demonstrate that for unmarried women, it is more appropriate to ask about use at last sex, which is more meaningful for them since they may have infrequent sex and, as such, use more coital dependent methods that would not show up in the “current use” question. The authors present findings from seven countries based on a composite measure that captures current use and use at last sex and demonstrate that the composite measure is a more applicable measure for unmarried women. While Jadhav et al. are not proposing a new person-centered measure, they offer a measure that recognizes the diverse contraceptive behaviors across subpopulations, and how people’s true behaviors might be getting missed from current indicators that were primarily designed for measuring married women’s contraceptive behaviors.

In a related commentary by Strong and colleagues, the authors identify the need for accurate measurement of emergency contraceptive pills (ECP) to inform policies and programs that provide people the choice and freedom to exercise their reproductive rights. The authors point out similar limitations with relying on “current” use as well as the prioritization of the most effective method used; each of these approaches likely results in limited visibility and bias in capturing the important role of ECP. The authors argue that there is an urgent need for a revision of ECP measurement to better capture the realities of people’s contraceptive needs and desires, and the authors provide examples of potential survey revisions and further research to support ECP measurement that is robust and able to provide accurate reporting in the future.

Together, this set of papers shows lapses in indicators that focus solely on contraceptive use and unmet need, and how we can adjust our current survey questions—or how we analyze the data we already have—to better reflect the realities of people’s contraceptive needs and behaviors.

NEW MEASURES AND CONCEPTS

This special issue includes several papers on new measures that are proposed to address challenges with the standard measures. The new measure papers included in this special issue cover different aspects of contraceptive attitudes, preferences, and behavior measurement. These papers are organized by their main area of focus and are presented in the following order: (a) acceptability of contraception, (b) intention to use contraception, (c) measures of need and use, (d) preference-based measures, and (e) agency-focused measures.

Acceptability of Contraception

The paper by Deignan and colleagues examines a key barrier to contraceptive use—that is, the acceptability of contraception. This qualitative study employs the “5C” framework from vaccine hesitancy to determine women’s and men’s perceptions of contraceptive demand and behaviors in Kenya and Cameroon. The authors identify six domains of contraceptive acceptability—confidence, calculation, constraints, family responsibility, childbearing expectations, and partner engagement—the first three overlap with the vaccine hesitancy domains, and the second three are unique to contraceptive acceptability. The authors note that a person’s level of contraceptive acceptability will influence their contraceptive demand and, in turn, their contraceptive behaviors. The formative findings from this paper can be used to develop and test a measure of contraceptive acceptability and offer programs a means of capturing the spectrum of major drivers that inform an individual’s contraceptive demand and subsequent contraceptive behavior.

Intention to Use Contraception

In a paper that uses Performance Monitoring for Action (PMA) data from 10 countries, Lin and colleagues examine intention to use (ITU) contraception as a more person-centered measure than standard measures of unmet need and demand satisfied. The authors propose a novel metric they call “intent satisfied” to provide point estimates of population-level contraceptive use that more closely align with women’s stated needs. The authors find that across all study geographies, “intent satisfied” is higher than that of contraceptive prevalence and demand satisfied. The authors identify that while “intent satisfied” is an improvement over earlier measures, it too requires additional information to better align with actual behaviors. The authors promote including ITU contraception questions as part of program evaluation to provide greater clarity on how intentions change over women’s life course and to better inform how family planning programs can meet women where they are, empowering them to actualize their contraceptive intentions.

In a commentary on the ITU metric, Corker and colleagues highlight that this metric has gained increasing attention recently as a “more person-centered metric” in the field’s efforts to identify measures that capture what women want. The authors identify the advantages of intention to use over standard measures, but also caution against the uptake of this measure as the solution to critiques of current family planning indicators or using ITU as a sole demand metric for measuring program success. The authors suggest that instead of identifying intention to use as a person-centered innovative indicator, it should be treated as a transitional

measure—in support of identifying more comprehensive indicators that capture the complexities of contraceptive decision-making and better evaluate if people's contraceptive needs are being met. The authors recognize the current lack of validated alternatives for programs seeking a singular high-level person-centered measure; however, they still strongly recommend that intention to use should not be used on its own, and it should be complemented by additional topline indicators that capture access, agency, and preferences.

Measures of Need and Use

Papers focused on new measures and concepts related to contraceptive need and use specifically employ strategies to assess an individual's self-identified needs, wants, and preferences. Conceptually, this work has been informed by an interest in capturing contraceptive autonomy that focuses on three domains of informed choice, full choice, and free choice (Senderowicz 2020); and PFM that incorporates contraceptive use preferences for understanding a person's contraceptive use behaviors (Holt et al. 2023). Applications of the contraceptive agency measure and PFM have been previously published (Senderowicz et al. 2023; Rothschild et al. 2024), and a summary of these and other novel measures can be found in the paper by Speizer and colleagues in this special issue.

Two papers in this special issue contribute to the discussion on novel person-centered measures of need and use. First, Vincent and colleagues propose a measure of contraceptive concordance that examines the alignment between stated contraceptive use preferences and current contraceptive use. Using data from rural India, the authors demonstrate that about two-thirds of women reported that they wanted to be using a method and were using or did not want to be using a method and were not using; these women were considered concordant. More importantly, it was reported that a quarter of women stated a preference to use but were not using (unwanted nonusers) and about 15 percent reported a preference to not use contraception but were using (unwanted users). Contraceptive concordance captures a similar core construct as PFM, and the authors contrast the approaches of the two measures, where contraceptive concordance asks about behaviors before preferences, and measures hypothetical unconstrained preferences. The authors argue that contraceptive concordance is a simple indicator that captures a more person-centered perspective of women's contraceptive decisions but acknowledge that further work is needed to compare it with PFM and to validate the best approach for measuring the alignment between contraceptive behavior and preferences.

Second, Gausman and colleagues examine which women of reproductive age (ages 15–49) experience unwanted family planning use (similar to “unwanted users” in the Karra and colleagues' paper) across three countries: Argentina, Ghana, and India. The authors use a measure that defines the concept of unwanted family planning use as a woman's use of a contraceptive method despite her directly stated desire to not use a method. Across the three countries, unwanted family planning use was low but not zero (4.3 percent of women in Ghana, 2.5 percent in Argentina, and 2.0 percent in India). The most common characteristic associated with unwanted family planning use was sexual infrequency; this might reflect challenges with the measure of contraceptive demand and use among women who are infrequently having sex, as identified by Jadhav and colleagues in this special issue.

Preferences

As demonstrated in the papers across this special issue, person-centered measurement involves ensuring that individuals are able to meet their self-defined desires, intentions, and preferences. Two papers in the special issue focused specifically on the role of preferences. The first paper was a scoping review by Cardona and colleagues that focuses on how contraceptive method preferences have typically been examined in the family planning literature. The authors identify from the articles reviewed two conceptually different concepts that captured contraceptive preferences: direct preferences and indirect preferences. Direct preferences measure people's preferred method of contraception, going beyond just a measure of use/nonuse, while indirect preference measurement examines a person's preferred features of contraceptive methods (e.g., discrete, side effects, effectiveness, cost, etc.). The authors identify similarities and differences in measurement across 55 studies included and classify the articles by whether they measure direct or indirect preference. They find that about one-third of articles measure direct preferences and two-thirds measure indirect preferences. They conclude that gaps remain in developing best practices around measuring contraceptive preferences, and the field needs to revisit how to do this with a person-centered focus that captures individual choice.

In a study that seeks to understand the impact of not using one's preferred contraceptive method(s), Potter and colleagues examine prospective data for the two years following delivery for a cohort of low-income postpartum women in Texas. The authors demonstrate that many of the women in their sample would have preferred to be using a more effective method than the one they were using, and examine the implications of this non-preferred method use. They show that women using their preferred method had half the likelihood of conceiving a pregnancy likely to result in a birth in the follow-up period than those who were not using their preferred method. The authors demonstrate the importance of ensuring that women are offered and provided their preferred method to support meeting fertility desires as part of effective person-centered care protocols.

Agency

Four of the studies included in the special issue focus on aspects related to agency. The first paper by Wood and colleagues is a scoping review of quantitative measures of agency in global family planning research and programming within low- and middle-income countries. The authors demonstrate that most studies employed measures developed and tested in high-income contexts, leading to conceptual confusion, overlapping measures, and omissions of key facets of agency. The authors organized identified measures into *agency constructs* that are within the "can," "act," and "resist" framework (Raj et al. 2024), and *related constructs* that are proximally related to agency in the empowerment process, including critical consciousness, aspiration, social norms, conviction, autonomy, and social support. Identified measures focused nearly exclusively on the "can" and "act" components of agency, and most included social norms when assessing a related construct of agency. Fewer measures related to the "resist" component were identified. The authors identified that most studies measuring agency had a focus on contraceptive use; the authors indicate that this underscores the importance

of expanding measurement of agency and its related constructs to communication, access to services, or fertility timing.

The paper by Pearson and colleagues focuses on reproductive violence (RV). RV is defined as a form of gender-based violence against women and girls that compromises reproductive autonomy, agency, and self-determination, that is, compromises individuals' ability to decide whether, when, how, and under what conditions to become pregnant, give birth, and raise children. Based on a comprehensive literature review, the authors identify over 400 RV indicators that were extracted, organized, and scored. The authors examined indicators by level of the social ecological model across three categories: (1) pregnancy-promoting RV, (2) pregnancy-preventing RV, and (3) legal and social liabilities of pregnancy and parenthood. Among identified indicators, most measured pregnancy-promoting RV; less attention was paid to pregnancy-preventing RV and legal and social liabilities of pregnancy and parenthood. This study develops the first multilevel measurement framework that includes 115 indicators. Based on their review, the authors identify areas for future indicator development, especially for the understudied RV constructs. The results of this study can be used by programs at the subnational, national, and regional levels to examine and validate indicators that inform barriers to reproductive autonomy and ultimately to improve access to care and ensure justice for survivors.

The study by Challa and colleagues is part of a larger study that aims to develop and validate novel, rights-based, person-centered measures for the contraception field. This paper presents the development, psychometric evaluation, and validation of the Agency in Contraceptive Decisions Scale in Uganda and Nigeria. In this study, the authors define contraceptive agency as "the ability to *make* and *act* on pregnancy prevention decisions." The authors describe the steps in developing the novel scale that included (a) development of a measurement framework, (b) the generation of novel indicators based on existing measures, and (c) qualitative data collection to characterize contraceptive decision-making. Based on findings from these steps, the scale was developed, and cognitive interviews were undertaken to examine scale comprehension and inform scale modification. The final scale includes 15 items representing four subscales: (a) Perceived Control and Consciousness of Contraceptive Rights, (b) Decision-Making Self-efficacy, (c) Contraceptive Knowledge, and (d) Agency to Enact Contraceptive Preferences. The authors demonstrate that the Agency in Contraceptive Decisions Scale is a valid and reliable measure of contraceptive agency among women of reproductive age in Nigeria and Uganda. The composite scale and individual subscales can be used to capture individuals' ability to make and act on contraceptive decisions, regardless of what those decisions are and expand our understanding of individuals' values, knowledge, and preferences with respect to contraception.

Karp and colleagues examine how the contraceptive empowerment sub-scale of the Women's and Girls' Empowerment in Sexual and Reproductive Health Index (WGE-SRH) operates across nine geographic and cultural settings in sub-Saharan Africa. The contraceptive empowerment subscale has two domains: existence of choice and exercise of choice; this study examines the psychometric properties of the two domains and assesses variation in contraceptive empowerment and its association with contraceptive decision-making across the nine study contexts. The results show that the subscale is a valid and reliable measure of contraceptive empowerment among women and girls in several study countries. Variability

in measure performance across contexts offers insights into opportunities for improving the measure. While the authors find that some countries with lower empowerment also show lower levels of women making contraceptive decisions, it is not a uniform relationship across all contexts, indicating variability in how empowerment translates into contraceptive behavior. The authors conclude that while empowerment is critical in these reproductive processes, other contextual factors—such as opportunity structures and access to resources—may also play a significant role.

SUMMARY

The papers in this special issue cover important topics to help advance our understanding of family planning measurement with a more rights and justice lens and with a focus on person-centered measurement. This special issue includes four scoping and systematic reviews that seek to improve our understanding of what we know to date around key concepts and measures, including person-centered family planning measures (Speizer et al.), preferences (Cardona et al.), reproductive violence (Pearson et al.), and agency (Wood et al.). In addition, three papers identified and validated novel scales to improve measurement approaches around contraceptive acceptability (Deignan et al.), agency in contraceptive decision-making (Challa et al.), and contraceptive empowerment (Karp et al.). Six applied papers used Demographic and Health Survey or PMA data or recently collected data to demonstrate improvements in current measures (Jadhav et al.; Mulhern et al.), alternative measures around intention to use contraception (Lin et al.), preferences (Potter et al.), unwanted contraceptive use (Gausman et al.), and contraceptive concordance (Vincent et al.). These papers reflect the key themes that were covered at the Mombasa meeting and discussions that have continued since that meeting.

The papers included in this special issue make critical advancements—conceptually and empirically—in showing a new path forward for a more person-centered era of family planning measurement. While the papers in this special issue are comprehensive, they also identify gaps in our learning to date on person-centered measures. The IUSSP Panel on Moving Family Planning Measurement aimed to employ a rights and justice lens as well as a person-centered framing to identify improved indicators to be used at the global level (e.g., for the post-Sustainable Development Goals era) and the national and program levels. As demonstrated in this special issue and based on conversations led by the IUSSP panel, there is a significant interest in identifying improved measurement strategies. But, as indicated in the commentary by Coker and colleagues, there is not a quick fix at this point—the field lacks a one-size-fits-all measure, and there is still work to be done.

Notably, some areas addressed at the Mombasa meeting are not part of this special issue; this includes identifying measures that can be assessed using diverse data sources such as routine data, phone-based surveys, or monitoring systems, and modeling. Identification of alternative data sources and data collection systems to measure national and programmatic data is particularly salient in the current context, where large nationally representative survey mechanisms such as the Demographic and Health Survey are no longer available. What is clear is that to advance this new measurement agenda forward, we will need to explore new ways for fielding novel and person-centered measures across disparate survey platforms. We

will also need to work collectively to refine and align around a few key metrics that we can begin to implement across contexts, building the data necessary to eventually propose alternative measures to the topline indicators that have dominated—and limited—the family planning field for decades. The IUSSP panel will continue to work towards these objectives and will be publishing recommendations for novel measures and next steps in the coming year.

At the same time, to support improved measurement, the field needs to consider the full measurement ecosystem, which emerged from the Mombasa meeting and was further developed by Rothschild and colleagues and Dehlendorf and colleagues to ensure that we are considering measures that are meaningful at the individual as well as the contextual and policy levels. The measurement ecosystem should include both person-centered and non-person-centered measures, but all measures should be rights and justice informed. This special issue presents critical new work advancing many new dimensions of person-centered measures, but the interpretation and meaning of these measures must occur alongside contextual-level measures that capture the social, economic, legal, and political factors that shape and constrain what people want and their agency to achieve their own self-defined goals. As threats to sexual and reproductive health and rights grow globally, it is incumbent on the family planning field to conceptually and empirically build out the necessary measurement ecosystem to track and measure the contextual-level factors that may be impeding on rights and eroding justice.

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