MEASURING CONTRACEPTIVE USE AMONG ALL WOMEN: ADVANCES AND CHALLENGES



From its inception in 2012, FP2020 has been committed to leading a transformation in the monitoring and evaluation of family planning. FP2020's measurement framework was designed to produce high-quality annual data to inform decision making, with Core Indicators that are comparable across countries. Over the past eight years, FP2020 and its measurement partners have worked to harmonize and align reporting, improve indicators and methodologies, and enhance the infrastructure and capacity to generate and use robust data. In this FP2020 Measurement Learning Series, we explore the successes, challenges, and lessons of FP2020's measurement agenda, and discuss the implications for the post-2020 family planning partnership.

EXPANDING THE NARRATIVE: ALL WOMEN MCPR

FP202020 is grounded in the fundamental principle that all women, regardless of marital status, should be able to choose from a full range of high-quality family planning methods. Accordingly, FP2020 elected at the outset to monitor modern contraceptive use among all women, rather than just married or in-union women.

This shift represented the first time a global initiative had reported on the modern contraceptive prevalence rate (MCPR) among all women. In the past, most countries concentrated on monitoring trends in contraceptive use among married women, and unmarried women and adolescent girls were largely left out of the equation.

The adoption of All Women MCPR has helped to re-focus the global family planning agenda. Measuring, monitoring, and reporting MCPR for all women of reproductive age reinforces the right of all women to use contraception. It requires countries and global partners to examine trends in contraceptive use among the broader population—not just married women—and encourages policy makers to develop specific programs for the different contraceptive needs of married and unmarried women and adolescent girls. It also provides a better estimate of a country's total number of contraceptive users.

Most countries now conduct surveys that sample all women of reproductive age. Several FP2020 countries have adopted All Women MCPR goals as part of their family planning strategies, and commitment-making countries review and report All Women MCPR trends annually.

But All Women MCPR also creates challenges. For countries that still have family planning goals focused on married women, estimates of All Women MCPR may not provide the insight they need to evaluate the success of their program efforts to reach married women. These countries benefit from information on contraceptive prevalence among married women as well as all women.

Another challenge is that the calculation of All Women MCPR is dependent on several components: the percentage of married versus unmarried women in the population, the prevalence of contraceptive use among married women, and the prevalence of contraceptive use among unmarried women (which in turn is linked with the proportion of unmarried women who are sexually active). Changes in these components can result in changes in All Women MCPR, but without more detailed disaggregation the reasons for the change remain invisible.

WHAT IS FP2020?

Family Planning 2020 is a global community of partners working together to advance rights-based family planning. The FP2020 partnership was launched at the 2012 London Summit on Family Planning, with the goal of enabling 120 million additional women and girls in 69 of the world's poorest countries to use voluntary modern contraception by 2020.

WHAT IS TRACK20?

The Track20 Project, implemented by Avenir Health, monitors progress towards achieving the goals of FP2020. Track20 works directly with governments in participating FP2020 countries to build internal capacity in data collection, analysis and use to monitor progress annually in family planning and support data-based family planning strategies and plans.



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UNDERLYING PATTERNS OF CHANGE

Increases in All Women MCPR in Guinea and Mali are driven by different segments of the population.

In Guinea, between 2012 and 2018 All Women MCPR increased from 7% to 11.4%. Underlying this increase was an increase in modern method use among both married women (4.6% to 10.6%) and unmarried sexually active women (41.1% to 50.7%).¹ In contrast, in Mali the increase in MCPR between 2012 and 2018 from 9.6% to 15.4% was due principally to an increase in MCPR among married women. Among married women, MCPR increased from 9.9% to 16.4%, while among unmarried sexually active women, MCPR increased only slightly, from 33.5% to 35.3%.

Understanding patterns of modern method use among different segments of the population (married versus unmarried) allows decision makers and service providers to better understand different use patterns, better tailor programming to meet client needs and monitor the impact of their program efforts.

1. Unmarried sexually active women are those who are currently not married or in-union and have engaged in sexual activity in the last 30 days.

BREAKING DOWN ALL WOMEN MCPR

All Women MCPR is dependent on MCPR among married and unmarried women, and so is influenced by the marriage rate, levels of sexual activity among unmarried women, and levels of contraceptive use among sexually active unmarried women and married women.



2. Some women who have not had sex in the last month or have never had sex may be using modern contraception and are in the numerator for all women MCPR.

LOOKING AHEAD: HOW CAN WE IMPROVE?

To provide deeper insights for program managers and policy makers, FP2020's All Women MCPR reporting should be routinely augmented with sub-indicators or disaggregation, including MCPR for married women and unmarried women, as well the percentage of unmarried women who are sexually active. The additional data will help countries monitor progress toward meeting the contraceptive needs of married and unmarried women.