INFORMED CHOICE AMONG GLOBAL FAMILY PLANNING USERS: TRENDS FROM 2000 - 2014

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BACKGROUND

Informed choice in contraceptive programs is an integral part of providing services that are responsive to and respectful of clients’ needs and human rights. Informed choice means that clients make a decision about using a contraceptive method based on complete, accurate and unbiased information. This includes information on the benefits, risks, side effects, duration of the method, how to use the method and the risks of nonuse.

Given the interest in providing rights-based, high quality contraceptive programs globally, we undertook an analysis of existing Demographic Health Survey (DHS) data on three informed choice indicators to examine trends over time and relationships with other variables.

METHODS

We conducted a secondary data analysis on all available Demographic Health Survey (DHS) datasets since 2000 in sub-Saharan Africa (SSA) and in Asia. We required that countries must have more than one dataset since 2000 and that two or more of these datasets included data on any of three family planning informed choice indicators, where informed choice is defined as current users of modern contraceptive methods who were a) informed about the side effects of contraceptive methods used, b) informed what to do if side effects were experienced, or c) informed of other contraceptive methods. Data from 27 countries (22 in SSA and 5 in Asia) were included in this analysis. These three informed choice indicators are compiled together into a “Method Information Index”; this index is part of FP2020’s list of Core Indicators.

Datasets were created that combined all available datasets for each country. Odds ratios of clients reporting making an informed choice based on the three indicators in family planning over time were estimated using univariate logistic regressions with “Year” as a linear variable (by country) (Figure 1). Additional exploratory data analysis was conducted to discern the relationship between informed choice indicators and other relevant socio-demographic, including age, place of residence, education, exposure to media, wealth index, and a number of family planning variables (not shown here).

All data points on the three informed choice indicators were compiled to produce the aggregated proportion of modern contraceptive users who reported making informed choices (Figure 2). Figure 2 represents the pooled data on informed choice indicators from 2000-2014 for included countries from sub-Saharan Africa and Asia. This pooled data was also analyzed to determine what percentage of eligible DHS respondents were not informed about any of the three informed choice indicators (Figure 3).

The estimated odds ratios of informed choice over time were also compared to the average rate of change for key family planning impact indicators, including Modern Contraceptive Prevalence Rate (mCPR) and Unmet need (Figure 4).

RESULTS

Globally, many countries demonstrated decreased odds ratios for clients receiving informed choice in contraceptive programs. Although the decreased odds were relatively small, any decrease is concerning and indicates a need for further investigation into the causes for this trend. From initial analyses, it appears that, in countries with eligible respondents, more countries demonstrated increased odds ratios for clients informed about contraceptive methods than for clients informed about side effects of methods. The increase over time in clients informed about contraceptive methods is encouraging, however the absence of a universal increase in clients being informed about side effects is particularly concerning as this can be a huge factor in clients’ decisions about continuing contraceptive methods.

Although the majority of eligible respondents reported receiving informed choice, it is concerning that more than a third were not asked about it during the Demographic Health Surveys. Finally, the linear relationships between mCPR or Unmet need and informed choice indicators suggests that clients who are not receiving informed choice may be exponentially disadvantaged in receiving adequate family planning programming.

DISCUSSION

Clients informed about side effects

Client was told about side effects

Client was told how to deal with side effects

Client was told about other FP methods

N=210,015

FOR MORE INFORMATION

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