Module 1 – Session 3

Family Planning Indicators

An Online Evidence-based Course 2022

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Health indicators

- Term “indicator” derived from the Latin “indicare”, meaning to announce, point out or indicate.
- Health indicators are quantifiable characteristics of a population used as supporting evidence for describing the health of a population[1]
- Ideal health indicators:
  - Valid: It must measure what it is supposed to measure
  - Reliable: Same result if measured by different people
  - Sensitive: They should show variations in different situations
  - Specific: Changes must occur only in the situation concerned
  - Practical/feasible: Data for the indicator readily available

1 Health indicator. Wikipedia, 2021. https://en.wikipedia.org/wiki/Health_indicator#:~:text=Health%20indicators%20are%20quantifiable%20characteristics%20of%20a%20population,evidence%20for%20describing%20the%20health%20of%20a%20population.

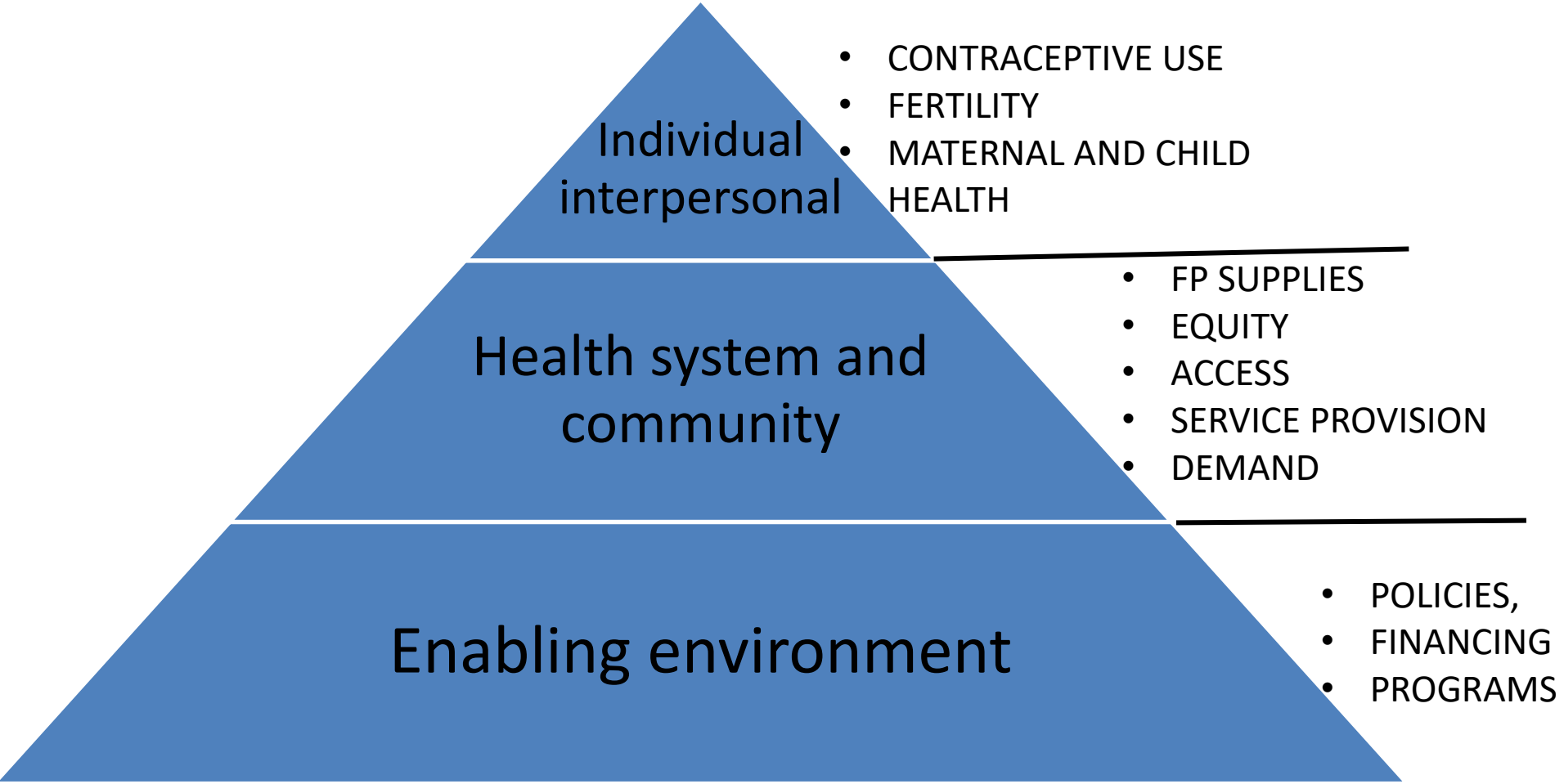
Family planning indicators

- The family Planning Reproductive Health Data base lists 90 indicators including covering different aspects such as source of supply, method type, integration with other services, counseling and information, continuation and discontinuation, fertility, pregnancy spacing and timing[1]

- FP included in 3 SDG indicators
  - Indicator 3.7.1: Demand satisfied with modern methods
  - Indicator 5.6.2: Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education
  - Indicator 5.6.1: Women's ability to make their own informed decisions about their sexual and reproductive health
- FP2020's 18 Core Indicators based on a results chain measuring

1 Measure Evaluation: Family Planning and Reproductive Health Indicators Database. https://www.data4impactproject.org/prh-family-planning-and-reproductive-health-indicators-database/

At what level do family planning indicators measure



Common enabling environment indicators

- Domestic government family planning expenditures
- Donor expenditures on family planning
- Laws and regulations that guarantee full access to family planning services
- Evidence that preservice and/or in service curricula includes postpartum postpartum family planning

Common health system / community indicators

- Stock outs: Percentage of facilities stocked out, by method offered, on the day of assessment.
- Method availability: Percentage of primary SDPs that have at least 3 modern methods of contraception available on day of assessment.
- CYP: Couple-Years of Protection.
- Method Information index: An index measuring the extent to which women were given specific information when they received family planning services.
- Unmet need: Percentage of women with an unmet need for modern methods of contraception.
- Number or percent of service delivery points which offer a range of appropriate contraceptive options for postpartum women.
- Percent of postpartum women with unmet need for contraception.

Common individual level indicators

- mCPR: Modern contraceptive prevalence rate Percentage of women using a modern method of contraception.
- Demand Satisfied: Percentage of women whose demand is satisfied with a modern method of contraception.
- Discontinuation & Method Switching: 12-month contraceptive discontinuation and switching rate.
- Method Mix: Percentage of women using each modern method of contraception.
- Unintended Pregnancies: Number of unintended pregnancies.
- Number or percent of maternal and child health services clients who received counseling about LAM.

Sources of data

- Population surveys such as the Demographic Health survey (DHS), PMA2020 surveys, Reproductive Health Survey (RHS), Multiple Indicator Cluster Surveys (MICS) and other nationally representative surveys
- Service Provision Assessment (SPA) Surveys
- Service statistics
- Logistic reports
- Financial tracking such as the WHO Commission on Information and Accountability and the UNFPA-NIDI FP resource flows survey

Understanding specific FP indicators

- CPR
- Demand Satisfied
- Unmet need

Contraceptive prevalence rate

- The percentage of women who are using (or whose partner is using) a contraceptive method at a particular point in time.
- Numerator can include:
  - All methods
  - Modern methods
- The denominator used can be:
  - All reproductive age (15-49 years) women
  - All women in union (married)
- Can be disaggregated by wealth quintile, age, urban/rural, ethnicity

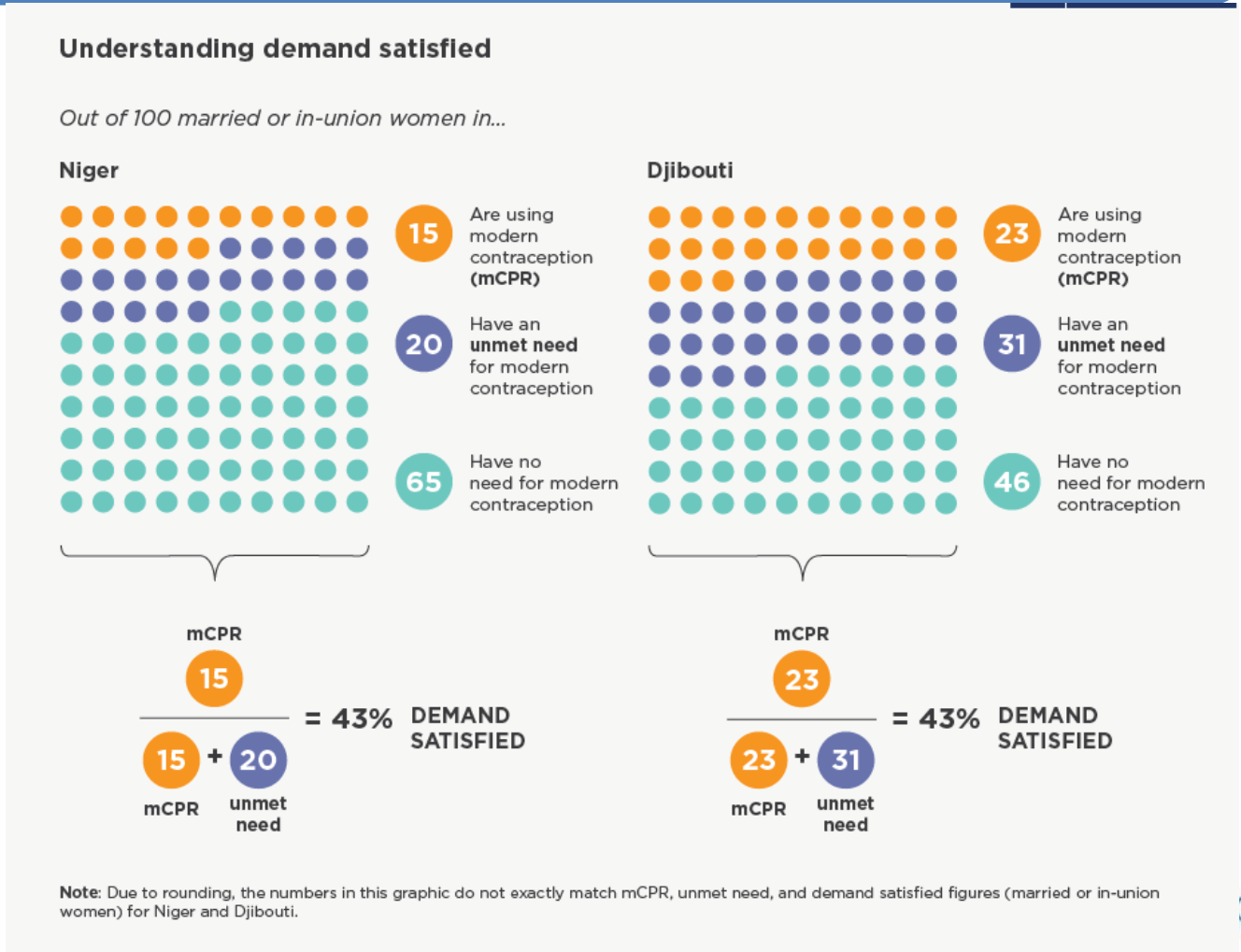
Unmet need

- The percentage of fecund women of reproductive age who want no more children or to postpone having the next child but are not using a contraceptive method.
- Women using a traditional method are assumed to have an unmet need for modern contraception.
- Women who are pregnant or less than six months postpartum who did not intend to become pregnant at the time they conceived and were not using a contraceptive method are assumed to have an unmet need for modern contraception.
- Though the concept seems straightforward, the calculation is extraordinarily complex. In DHS, its calculation is based on answers to 15 questions

Demand satisfied

The percentage of fecund women of reproductive age who want no more children or to postpone having the next child, and are currently using a contraceptive method

Related to CPR and Unmet need



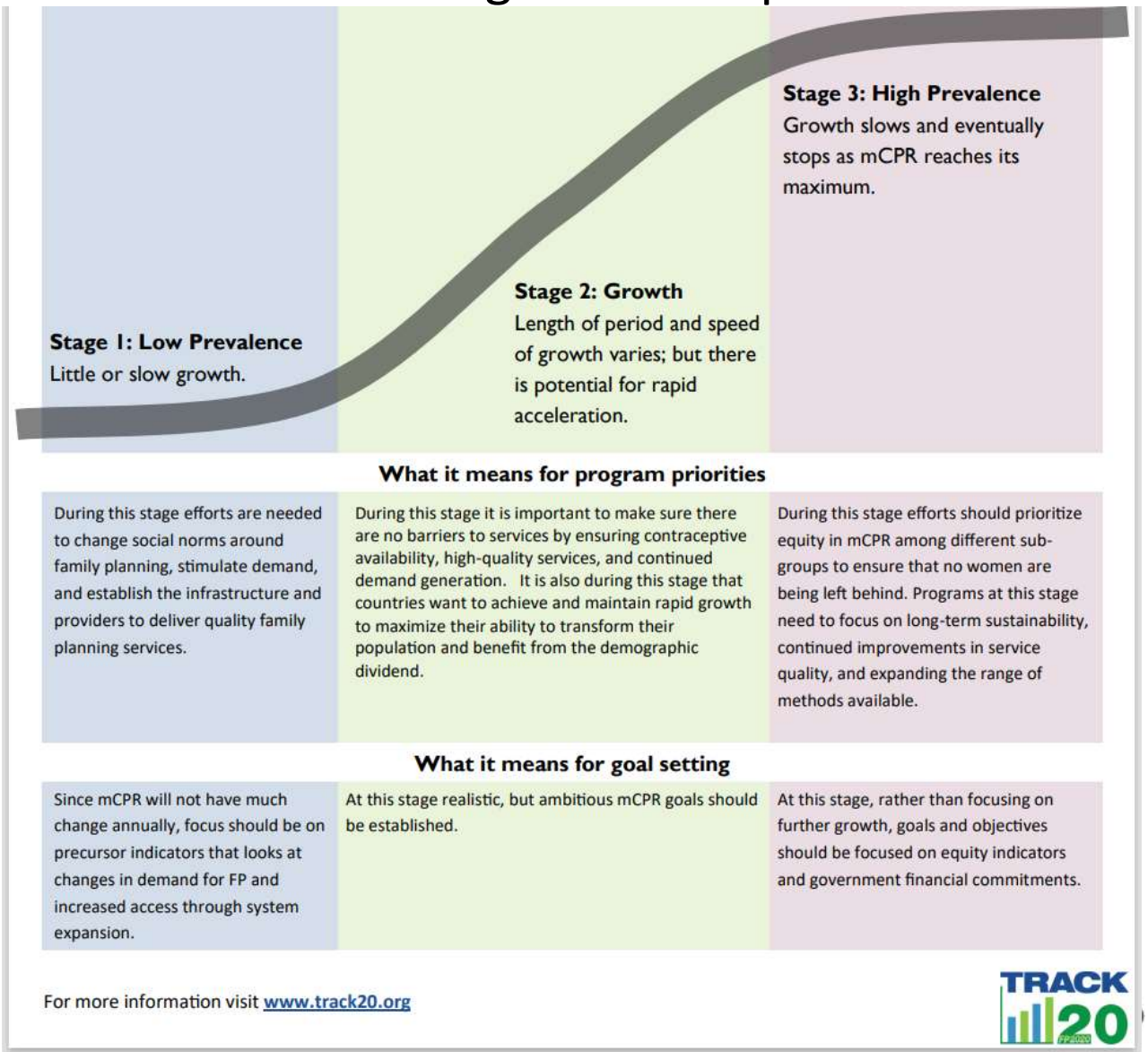
Using FP indicators in decision making

- The S Curve
- Contraceptive prevalence and fertility
- The demand curve

The S Curve

Historical data shows us that modern contraceptive prevalence (mCPR) grows in an S-shaped pattern. Understanding this concept can assist in:

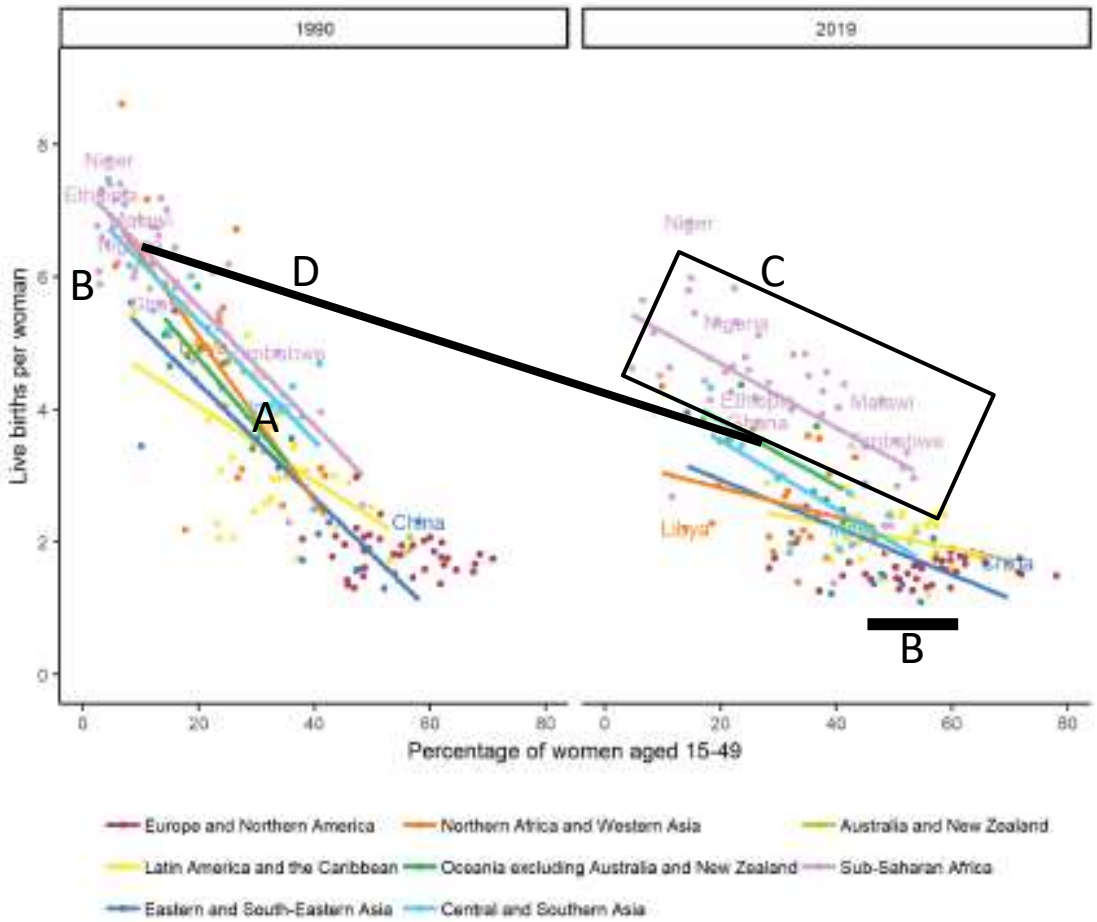
- Identifying program priorities
- Setting realistic targets for growth and contraceptive prevalence goals
- Maximizing the potential of obtaining the demographic dividend



Contraceptive prevalence and fertility

Figure 10

Total fertility rate compared to prevalence of contraceptive use among women aged 15-49, 185 countries or areas by region, 1990 and 2019



Sources: United Nations Department of Economic and Social Affairs, Population Division (2019b). *Estimates and Projections of Family Planning*

A Inverse relationship between contraceptive use and fertility rates
B Relationship not direct
C high-fertility in sub-Saharan Africa with low fertility in Europe and North America
D Increasing contraceptive use important predictor for reducing fertility

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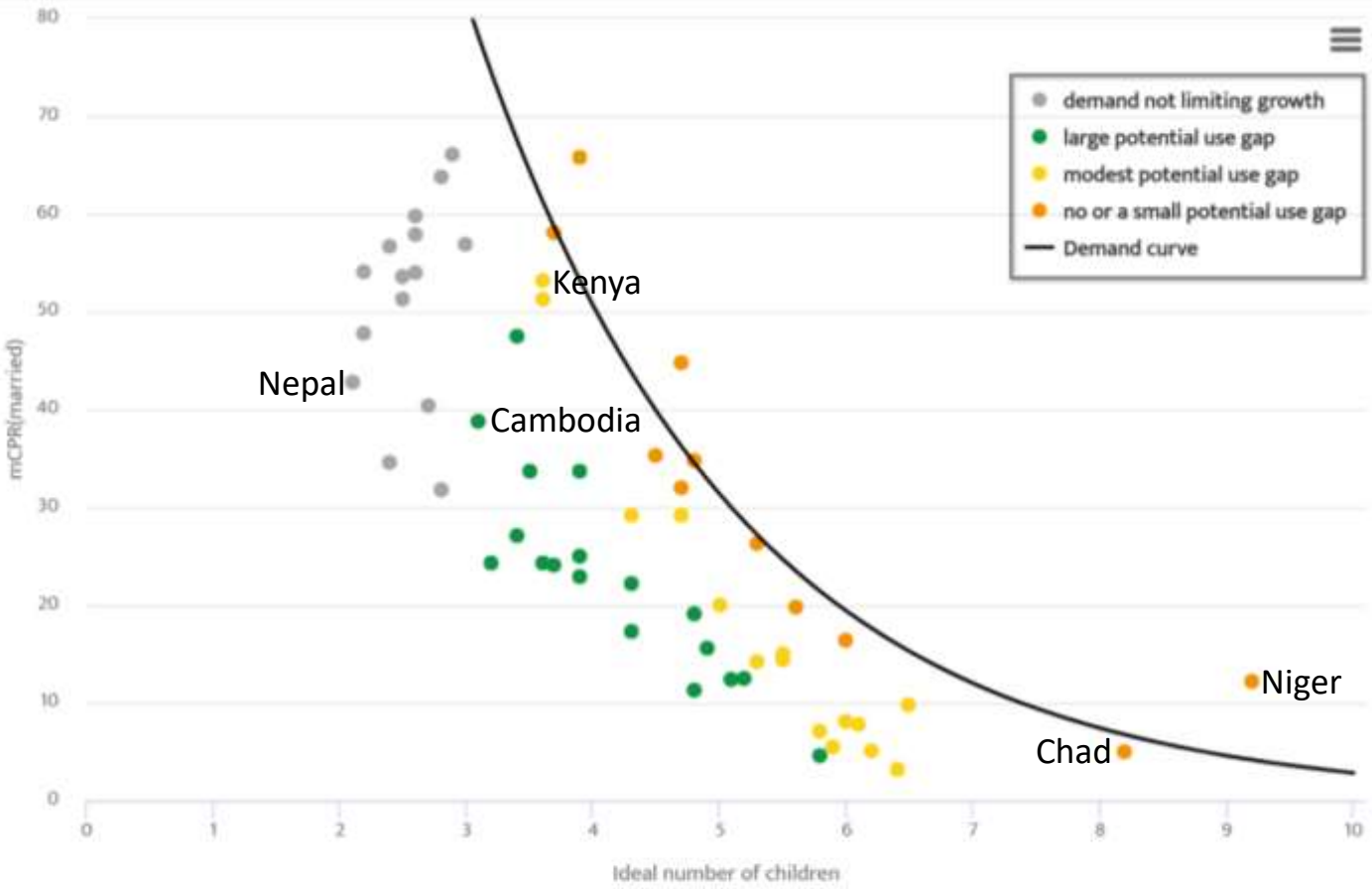
The demand curve



Source: Analysis by Track20

- The curve represents the likely maximum mCPR that could be reached in a country given their level of demand.
- Where gap is small or modest (orange or yellow dot), growth in mCPR may be limited without further changes in demand. Need to prioritize interventions that address underlying social norms or set realistic expectations about future growth.
- Where the gap is large (green dot), likely room for further mCPR growth from investments to improve and expand family planning service delivery. Demand less likely to be a constraint.
- Concept is not applicable where mean ideal number of children is low (grey dot).

Conclusions

- Family planning indicators are important health indicators
- The indicators vary widely globally and even within countries
- Measurement of FP indicators is complex and uses various data sources
- FP indicators have important applications for policy and management planning

Readings and videos

- Read the Family Planning and the 2030 Agenda for Sustainable Development Data Booklet
  https://www.un.org/en/development/desa/population/publications/pdf/family/familyPlanning_DataBooklet_2019.pdf
- Listen to the FP2030 Data Webinar: Advancing the Family Planning Measurement Agenda from 11.30 minutes to 30.20 minutes.
  https://www.youtube.com/watch?v=TSuRyETYB_c
- If you have questions discuss with your coach and submit any that you would like discussed in the webinar.

Thank you

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