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DID YOU KNOW?

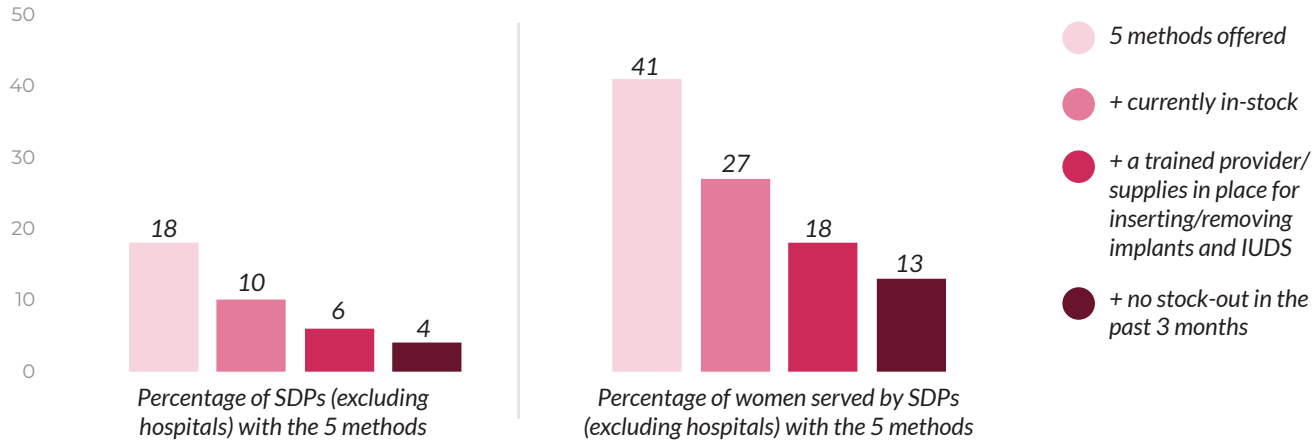
MEASURING CONTRACEPTIVE METHOD ACCESS FROM A WOMAN'S PERSPECTIVE

Access to a range of contraceptive methods is a necessary (though insufficient) foundation for informed choice in family planning (FP). However, most surveys collect data only for women, without providing information about the FP supply environment or, alternately, collect facility data without corresponding data on women. With its unique design that links women to FP service delivery points (SDPs) in their community, **PMA provides rare information about women's access to contraceptive methods in both public and private facilities and how that affects their method choice options.**[1]

Using data from 2018 PMA Uganda, only 18% of SDPs serving the surveyed communities[2] offer all five methods that are commonly used in the country: IUD, implants, injectables, pills, and male condoms. If we require that all 5 methods were in stock over the past 3 months, only 4% of facilities meet the standard (Figure 1; left panel). But what does that 4% actually convey about **women's access** to contraceptives?

Many women have reasonable access to more than one facility and can choose facilities based on method availability.

Figure 1. SDP-level method availability vs. population-level access to methods, PMA Uganda 2018



1 See PMA2020 Methodological Report No. 5 for further information on the survey design.

2 This analysis includes primary and secondary public SDPs that are designated to serve the surveyed communities and private SDPs that are located within the communities, excluding tertiary-level hospitals.

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While method availability at SDPs is important, **it provides limited insight into access by individual women: to what extent can individual women access a range of contraceptive methods?**

When SDPs are linked to the women they serve, a unique possibility emerges: defining contraceptive choice by what women can access, rather than by what facilities offer.

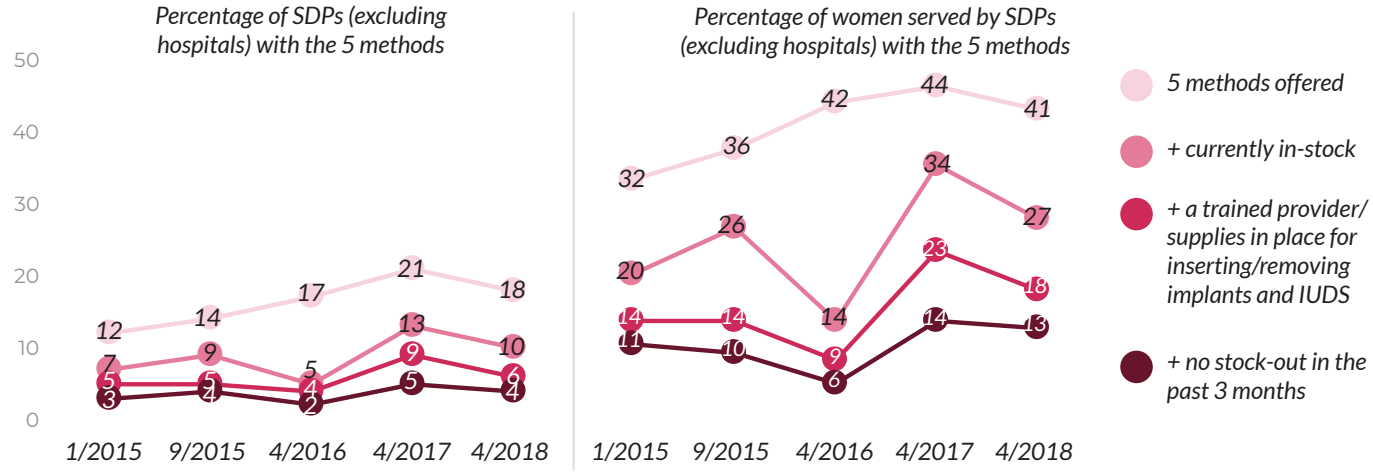
Women have "broad contraceptive choice" if at least one SDP that serves their community has each of the five methods.

When access is measured from the woman's perspective, we see a very different picture: 41% of women in Uganda live in a community served by an SDP that offers all five methods. This percentage drops to 27% when requiring that all five methods are in stock; to 18% with a trained provider and supplies are in place; and to 13% with the methods in stock over the past 3 months (Figure 1; right panel). The trends across five rounds of PMA surveys in Uganda show a modest overall improvement since 2015—and a substantial method stock-out in 2016 (Figure 2; both panels).

This novel approach turns our way of thinking about method access on its head, **measuring access to a range of methods from the woman's perspective,** rather than from a health facility perspective.

In this approach, women's access to a range of methods is higher than indicated from the typical assessment of method availability—and at the same time, reductions in access become more stark with stricter definitions of availability.

Figure 2. Trends of SDP-level method availability and population-level access to methods, PMA Uganda 2018



For more information on this study, as well as additional data on sexual and reproductive health, including family planning, adolescents and young adults, and maternal and newborn health, visit *www.pmadata.org/data.*

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