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How to analyze the choice of modern contraception in Africa? The mixed contraception indicator approach.

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Short abstract

For several decades now, family planning has been a pillar of social, economic and sustainable development in African countries. Although significant progress has been made on the continent, disparities between countries persist. This observation leads us to question not only the extent to which women of childbearing age in these countries use modern contraception methods, but also the freedom they now have to choose from a diverse range of available methods. We are using data from the United Nations Department of Economic and Social Affairs' World Contraceptive Use 2024 to assess progress in family planning in Africa. We use the mixed contraceptive indicator approach developed by USAID in 2010. We will try to show that a high rate of modern contraceptive prevalence does not always guarantee free and informed choice among the various existing methods. However, it is precisely the latter (choice) that enables women to adopt the method(s) best suited to their life context. Strategies for popularizing modern contraception in Africa should therefore take this into account.

Key words: Family planning, modern methods, Africa, choice.

Background

The use of modern contraception has improved significantly in Africa, but is still subject to significant disparities between the continent's countries. According to the most recent data compiled by the United Nations Department of Economic and Social Affairs, modern contraceptive prevalence in the region ranges from a low of 0.9% in Somalia to a high of 65.8% in Zimbabwe. However, the uneven distribution of modern contraceptive prevalence rates masks another no less important issue: the possibility for women, even in low-use situations, to choose from a variety of modern contraceptive methods. This possibility, which can be understood through the concept of mixed modern contraception, is interesting in that it introduces the notion of choice, and therefore freedom. It may also eventually lead to contraceptive users choosing from a range of methods, and on the basis of information relating to each of them, the modern contraceptive method that best meets their needs and family planning objectives.

Question/assumption

This study answers the following question: how do the disparities in modern mixed contraception in Africa compare with those observed in modern contraceptive prevalence rates? We hypothesize that it is not always the countries with the highest contraceptive prevalence rates that score best in the distribution of modern contraceptive choices. Contraceptive choice should, however, improve over time for a number of countries.

Data

The study covers 44 countries on the African continent. It uses data from the 2024 World Contraceptive Use, compiled by the Population Division of the United Nations Department of Economic and Social Affairs. The most recent data on modern contraceptive prevalence and prevalence by type of method have been extracted. They come from the latest Demographic and Health Surveys (DHS) or Multiple Indicator Cluster Surveys (MICS) carried out in the various countries.

Method

To measure the extent to which women use a range of methods in each country, USAID's DELIVER PROJECT developed a mixed contraceptive indicator in 2010. This

is obtained by dividing the difference between the prevalence rate of the most commonly used method and that of the third most commonly used method by the overall modern contraceptive prevalence rate. A high value of the indicator means that choice is concentrated on a small range of methods, and conversely when the value is low, so that in a country, if all women used just one method, the indicator would be 100, and 0 if they used all methods.

Expected outcomes

Countries were ranked according to their degree of modern contraceptive choice. This ranking was made possible by a categorization derived from the continuum of values of the mixed contraception indicator. Thus, countries with an indicator value above 40 are those with the lowest level of modern contraception choice, with a high concentration of choice on one method. Countries with an indicator value between 25 and 40 have an average choice of modern contraception, with an average concentration of choice on one method. Finally, countries with an indicator value of less than 25 are those where contraceptive choice is high, with a low concentration of choice on one method.

Overall, the results should show that modern mixed contraception is not yet ingrained in the habits of users in Africa, with an index that should be higher than 25 for the majority of countries. Most strikingly, countries that have made the most progress in modern contraceptive practice should also be expected to have the most diverse contraceptive choice. But we expect this relationship not to hold true in Africa. In many cases, countries should have high modern contraceptive prevalence rates without having a low mixed contraceptive index, so high modern contraceptive practice does not always guarantee diverse contraceptive choice in Africa.

Contribution to knowledge

This study shows that in Africa, the notion of choice is still lacking in modern contraceptive practice. This finding leads to three conclusions:

- Firstly, the availability of modern contraceptive products is a necessary condition for guaranteeing freedom of contraceptive choice. A high value of the mixed contraceptive indicator for several African countries may therefore

indicate problems relating to the availability of a sufficiently diversified range of modern contraceptives;

- Secondly, the free choice of modern contraception in some African countries is thwarted by the inadequate quality of information provided to users by family planning service providers, relating to the advantages and disadvantages of each of the available contraceptive options;
- Thirdly, where modern contraceptive supply is diversified, cultural and socio-economic constraints on the optimal deployment of mixed contraceptive choice in African countries can deny access.

It is increasingly recognized that diversity of modern contraceptive choice is a mechanism for accelerating modern contraceptive practice in Africa, as it is through this that women seeking family planning are able to know which contraceptive method best achieves their reproductive goals, and best fits the contextual imperatives in which they are immersed. This is an issue that needs to be addressed in greater depth.