BEING TACTICAL FROM THE START:

Analyzing Use and Need Helps See Potential for Scale and Equity

Amy Ratcliffe, ScD; Danielle Garfinkel, MSPH; and Elizabeth LaCroix, MPH

Program Analytics Department, Population Services International (PSI)

BACKGROUND

PSI applies diverse marketing approaches to increase use of modern contraception. Interventions address market constraints and might include product subsidies, service delivery, community outreach, branding, provider training, or advocacy for policy change. To estimate potential for scale and identify gaps in equity, PSI analyzes current market use and need.

FP2020 challenges countries to reduce unmet need. Yet, many countries haven't estimated numbers of women with unmet need in their population. PSI worked with USAID and Ghana Health Services to quantify and analyze unmet need to make it easier to prioritize groups of women with low use despite need. Here, we repeat the analysis with recent DHS data from four countries to show potential for scale and equity. These countries were selected because they had recent DHS surveys and diverse use and need landscapes, which speak to scale and equity. The results help marketers focus their attention on specific market constraints that affect women with unmet need.

METHODS

Estimates of modern contraceptive use and need come from DHS surveys in Angola 2015-16, Ethiopia 2016, Malawi 2015-16, and Nepal 2016 and are applied to 2017 UN population projections of women 15 – 49 years old. Use and need are stratified by marriage, age, urban and rural residence, and wealth quintiles. This approach is limited by the original survey's power to estimate for subpopulations and by the precision of population projections.

Population of interest - Married women and sexually active, unmarried women, ages 15 – 49, in the national population. Sexual activity was based on reported intercourse in the previous 30 days. Henceforth, we refer to this population as *women*.

Need – Sexually active women who do not want to become pregnant in the next two years. Need is independent of use status, i.e. women with need include all those who are not using *plus* users of modern and traditional methods.

Use – Sexually active women using modern contraception: LAM, male or female condoms, OC, EC, injectables, implants, IUD, female or male sterilization, SDM, other modern methods.

Use/need gap – # sexually active women with need *minus* those using modern methods.

RESULTS

Fig 1 – Ethiopia Use and Need for Modern Contraception, Women 15-49, Data UN World Population Prospects and 2016 DHS
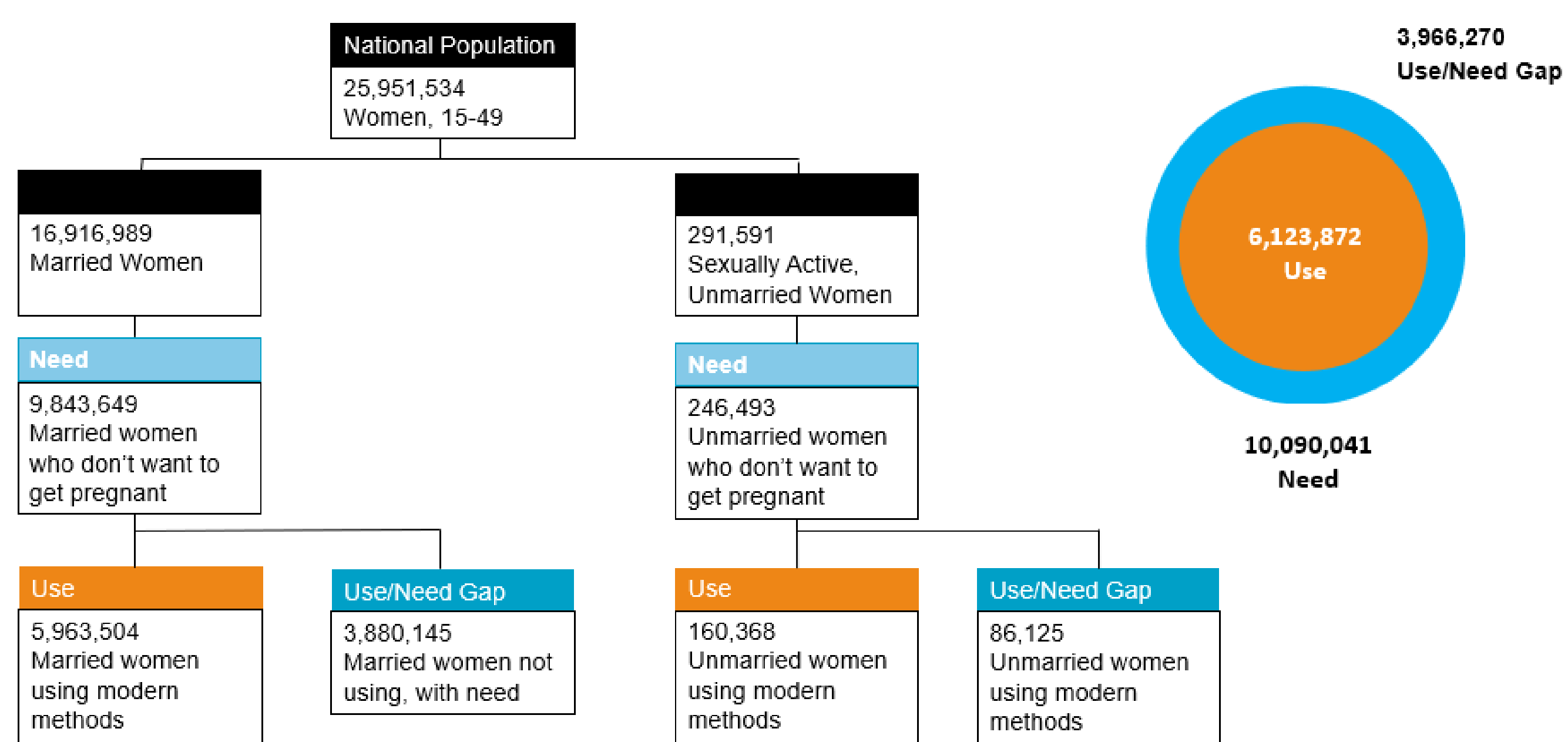

Table 1- Modern Contraceptive Use, Need, and Use/Need Gap

	Population Women 15-49 #	Sexually Active Women #	Need #	Use %	Use/Need Gap #
Ethiopia (DHS 2016)	25,951,534	17,208,580	10,090,141	61%	3,966,270
Nepal (DHS 2016)	8,142,727	6,253,639	4,774,905	56%	2,098,154
Angola (DHS 2015-16)	6,994,090	4,668,646	2,571,401	27%	1,871,800
Malawi (DHS 2015-16)	4,539,277	3,137,933	2,454,646	73%	654,434

Fig 2 – Scale of Use, Need, and Use/Need Gap as Number of Women

(circle sizes proportional to number of women across countries)

Ethiopia
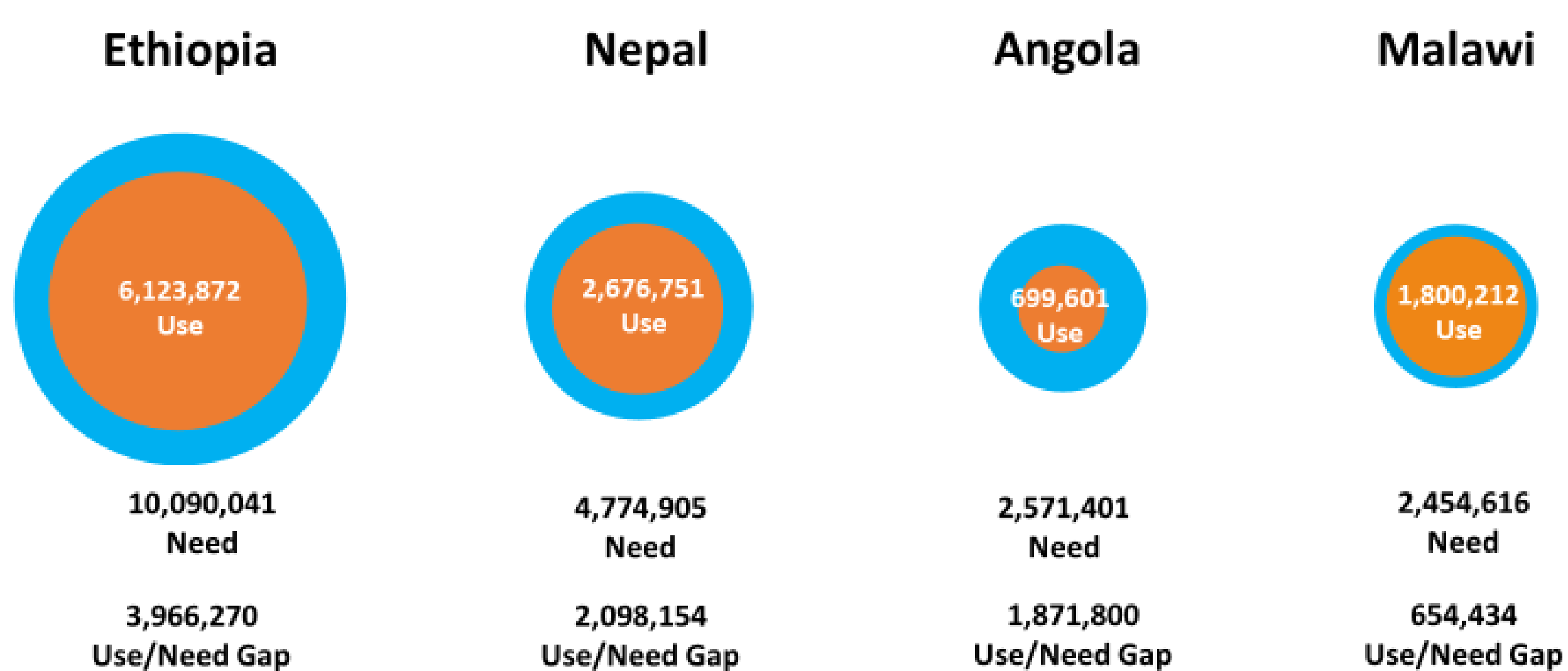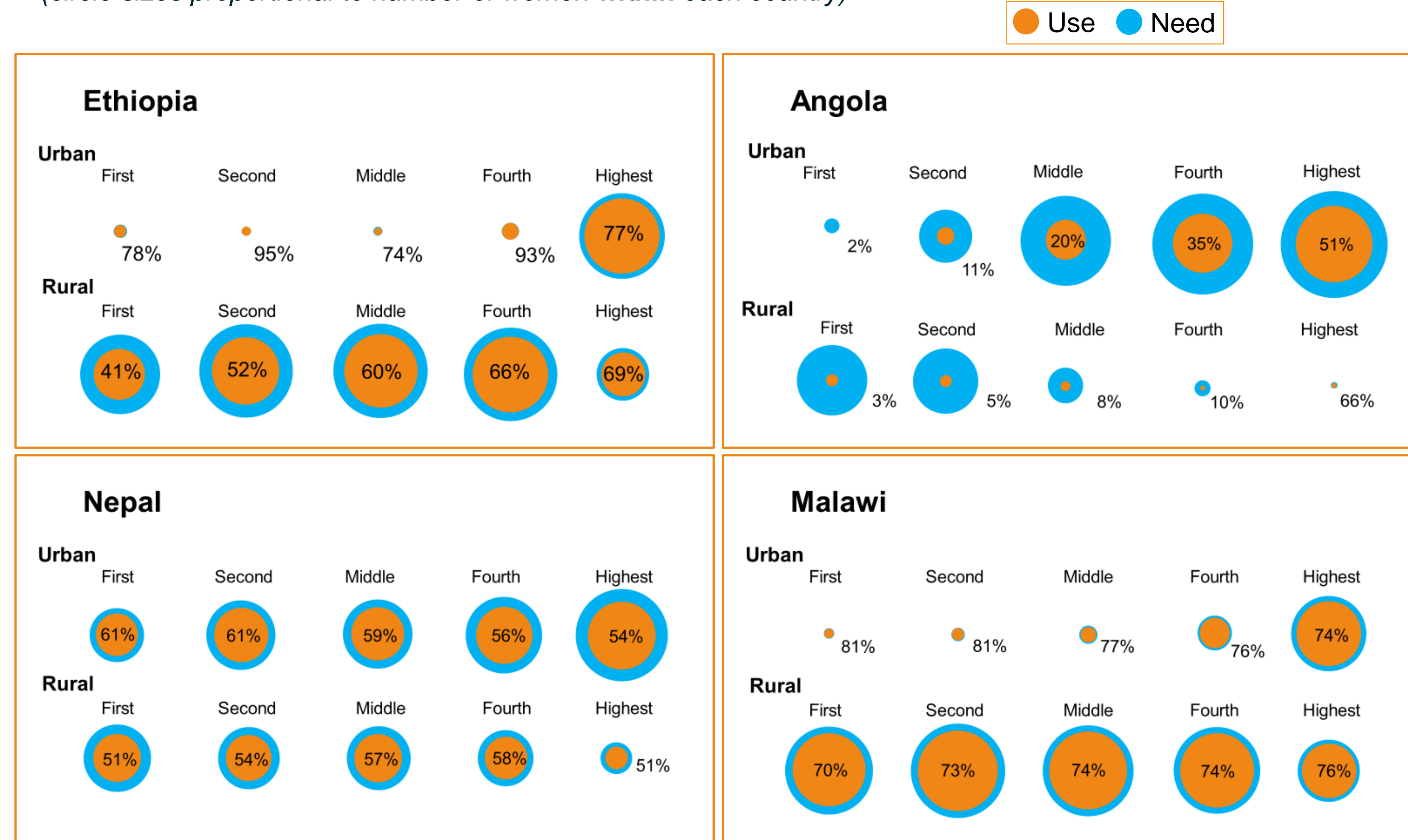6,123,872 Use
10,090,041 Need
3,966,270 Use/Need Gap

Nepal
2,676,751 Use
4,774,905 Need
2,098,154 Use/Need Gap

Angola
699,601 Use
2,571,401 Need
1,871,800 Use/Need Gap

Malawi
1,800,212 Use
2,454,616 Need
654,434 Use/Need Gap

Fig 3 – Equity in Use as Percent of Need, by Residence and Wealth Quintiles

(circle sizes proportional to number of women within each country)

DISCUSSION

Applying survey estimates of use and need to the national population gives program planners an evidence-based estimate of market potential and helps identify gaps in equity.

National use varies considerably. Looking at scale and equity together tells us a lot about a national market in a quick snapshot.
- Malawi has fairly high use relative to need and good equity in use.
- Nepal has moderate use relative to need and good equity in use.
- Ethiopia has moderate use relative to need. Equity in use among wealth quintiles in the urban areas is good but use is lower in the rural areas and the rural poor have lowest use relative to need.
- Angola has lowest use relative to need and serious problems with equity. Only the highest wealth quintiles achieve more than 50% use/need and most rural women have use below 10% of need.

CONCLUSION

Health practitioners can plan better programs and improve modern contraceptive access by understanding the size of their market and who the market is failing. Putting numbers to need and use and comparing these among different groups of women gives a more complete picture of a market. With this information, marketers can be tactical, better targeting research and program coverage.

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population-services-international   aratcliffe@psi.org   PSIhealthylives   @PSIimpact

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