MOMENTUM

Integrated Health Resilience

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MOVING FROM "METHOD CHOICE" TO "CONTRACEPTIVE AND METHOD CHOICE"

Investments in quality voluntary family planning programs have proven to be an essential, cost-effective international development strategy (UNFPA, 2017). In addition, family planning is a critical component of universal health coverage (Smith, 2019). Assisting adolescents, women, men, and couples to realize their fertility intentions not only provides immediate health and family life benefits, but also helps countries increase economic and social opportunity, supports expansion of the civic space to include youth and women, and promotes social accountability between governments and civil society. Expanding method choice has been found to contribute to the desired outcomes of family planning programs, such as higher satisfaction and improved continuation (Yeakey and Gilles, 2017). Moreover, the right of clients to access a range of contraceptive method choices is enshrined in the 1994 International Conference on Population and Development (ICPD) program of action.

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The United States Agency for International Development's (USAID's) programs have promoted contraceptive method choice for decades. Typically, program efforts to expand method choice have been on the supply side of health systems strengthening—such as ensuring the availability of a range of methods at service delivery points; training, supporting, and/or coaching providers in provision (such as intrauterine device [IUD] insertion and removal); ensuring quality informed choice counseling to minimize practitioner and health system method bias; and changing the perceptions about limiting method options to specific groups (e.g., expanding long-acting reversible contraceptives [LARCs] options for adolescents and youth, including those without a prior pregnancy). Such programs have also included investing in client and community education to create awareness and acceptability of new or under-used methods. Finally, work has also focused on the development and introduction of new contraceptive technologies that meet complex and changing client demands, including support to country-level product registration and procurement processes.

This brief builds upon previous work by others—including USAID's (MacDonald, unpublished) and FHI 360's 2019 method choice frameworks, the International Center for Research on Women's framework for reproductive empowerment (Edmeades et al., 2018), the Self-Care Trailblazers Working Group's 2020 *Quality of Care Framework for Self-Care,* and the World Health Organization's (WHO's) conceptual framework for self-care (WHO, 2021)—to broaden the thinking surrounding method choice to include a fuller examination of how individuals interact with the healthcare system based on their socio-ecological context, including their autonomy, and how that impacts their choices on whether, when, and how to contracept. In that light, this framework highlights a need to expand traditional voluntary family planning (FP) program outcome indicators, such as modern contraceptive prevalence rate (mCPR), couple-years of protection, and numbers of clients counseled. Family planning programs should embrace metrics of *reproductive agency* so that programs consider themselves successful when individuals are able to realize their reproductive intentions.

AN EVOLUTION OF THINKING WITHIN FAMILY PLANNING PROGRAMMING

Recently, FP programming expanded its focus on health systems strengthening to embrace client-centered responsive services, in which the experience of clients and evaluation of their own health goals, including desired family size and social context, leads them to make fertility decisions that are in their best interest (Cromwell and Smith, 2016). This client focus—inclusive of men, couples, and youth—aligns with discourses within and outside of public health and is evidenced by:

- A greater concern with inequities and power dynamics, including the locus of reproductive health agency, self-efficacy, and bodily autonomy (Edmeades et al., 2018).
- A broad movement within the social sciences—which includes public health—to include social analyses not only of societal structures (such as health systems, educational institutions, and systems of governance), but also of individuals, their relationships and experiences, and their positioning within social and power hierarchies (Browner and Sargent, 2011).
- The more formal and increasing recognition of the reality and importance of self-care in health—moving the locus of significant reproductive health ownership and actions away from health facilities and toward women, men, couples, and even adolescents, to self-manage their reproductive health with some degree of independence from providers (WHO, 2021).
- The introduction of "contraceptive autonomy" (Senderowicz, 2020), which recognizes that the realization of girls', women's, and couples' reproductive intentions, including the decision to have children, should be included as an important programmatic marker of "success" on a par with method uptake.

A consideration of this increased focus on the individual and programmatic experience leads to the recognition that decision-making happens most often outside and prior to provider-client interactions. As a result, reproductive decision-making should be viewed as a chain of influences and events, taking place in various spheres in the socio-ecological model (i.e., including the individual, couple, household, community, and facility). Similarly, it points to the need to recognize other markers of success in FP programming beyond the systems-focused "uptake" to include client-centered goals—principally the realization of an individual's or couple's reproductive intentions, which may include informed decisions not to use contraception, or intentional behavior that leads to conception, including use of fertility-awareness methods to support either outcome.

A NEW FRAMEWORK: THE CONTRACEPTIVE AND METHOD CHOICE FRAMEWORK

To respond to these trends in family planning and reproductive health, the Method Choice Community of Practice has put forward a new framework for moving the FP community toward expanded thinking that encompasses voluntary decisions about whether to use contraception or not, and if the decision is to choose contraception, which method to use—that is, contraceptive and method choice.

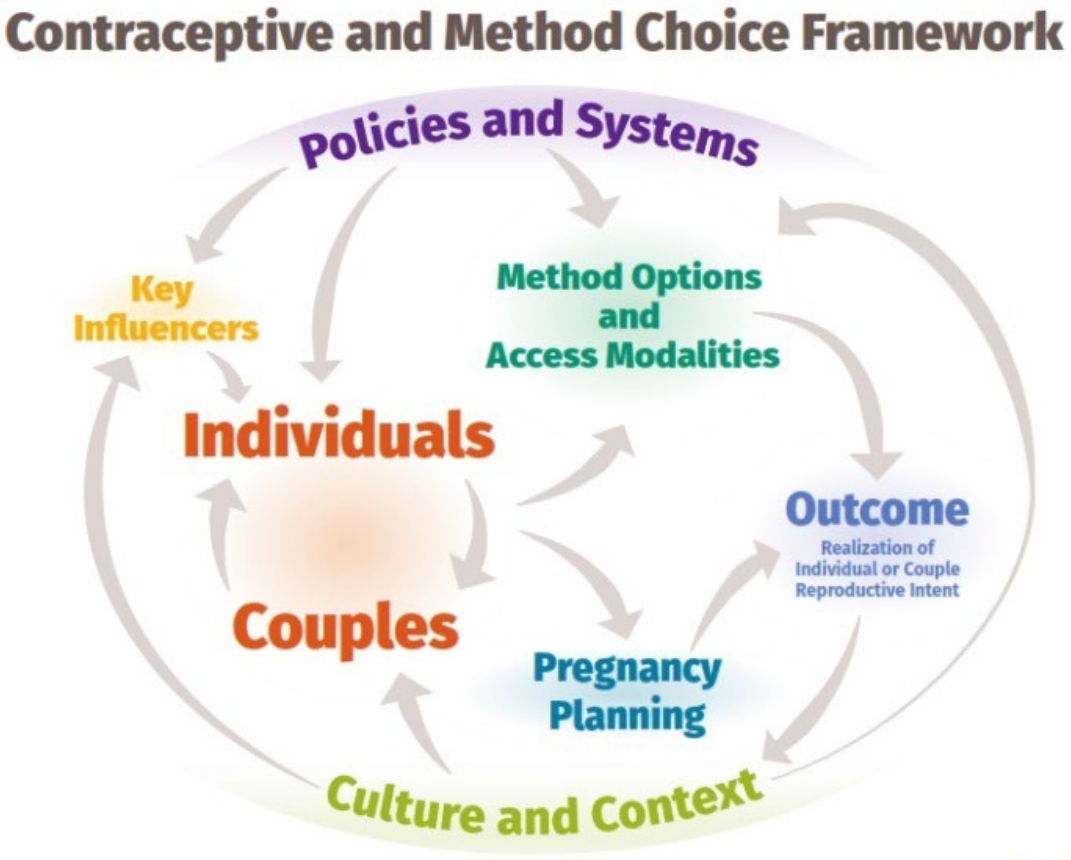
Contraceptive Choice: The ability of individuals and/or couples, including youth, to employ contraceptive strategies throughout their life course that enables them to meet their reproductive intentions free of coercion to contracept or conceive. This requires functional access to a full range of evidence-based contraceptive methods and related quality health services, information, and autonomy to make decisions and engage in self-care, and policies and programs that minimize physical, economic, or social barriers to realizing contraceptive choice.

A new framework recognizing that contraceptive choice is influenced by myriad individual, relational, sociocultural, and health system factors beyond method choice will enable program leaders to more easily identify interventions that contribute to clients' ability to exercise choice. This model also recognizes that clients increasingly have more service delivery modalities through which to support their contraceptive method choice, including self-administration and self-management. But it further encourages us to explore how our programs can redefine success beyond contraceptive uptake to include other markers of success in helping clients to realize their reproductive intentions.

This new *Contraceptive and Method Choice Framework* (see the figure below) is rooted in some basic assumptions. First, that individuals and/or couples, including adolescents and youth, need to employ a variety of contraceptive strategies throughout their life course to meet their reproductive intentions and these strategies need to be free of coercion to contracept or conceive. Second, contraceptive and method choice require functional access to a full range of evidence-based contraceptive methods and related quality health services; they require information and autonomy to engage in self-care and make decisions whether and/or how to contracept; and they require policies and programs that minimize physical, economic, or social barriers to realizing contraceptive choice. Finally, method choice should be seen as a subsequent step to contraceptive choice—the individual or couple must first make decisions about whether they wish to contracept, and then have access to a full range of methods (hormonal, non-hormonal, short- or long-acting, barrier or non-barrier, provider-dependent or self-administered) to do so, as well as supportive services for

client-centered care, such as side-effects and complications management, LARCs removal, and referral for methods not available onsite (i.e., facility or community setting).

By placing individual agency and the realization of reproductive intent at the center, the Contraceptive and Method Choice Framework (CMCF) illustrates that "method choice" encompasses two decisions by clients: 1) the choice to use, or not use, contraception ("contraceptive choice") to realize the individual's or couple's reproductive intent; and 2) if choosing to avoid pregnancy, the decision about which contraceptive method to use.



The *Contraceptive and Method Choice Framework* illustrates the various individual, relational, social, cultural, and health systems factors that influence the chain of events in realizing an individual's and couples' reproductive intentions. The narrative below describes the constituent components of the framework and how they relate to one another.

The CMCF recognizes that decision-making about contraception encompasses a multi-directional flow of events (i.e., decisions) and influences beyond the service delivery point. Influences might include individual agency, knowledge, and skills; couple dynamics; key influencers; available public and private access points, as well as self-management or self-care; and the wider social and policy context. The framework also recognizes ambivalence can co-exist with choice and decision-making.

CONTEXT AND CULTURE

As mentioned, sociocultural, economic, and policy factors affect an individual's (including adolescents) contraceptive choice, beginning with beliefs influenced by social/religious norms on gender, sexuality, relationships, contraception, and reproductive health. These influence the individual and his/her intimate relationships, including expectations of parenthood, agency for life planning, health literacy, and action. Often these sociocultural factors are concretized by social influencers such as traditional and religious leaders, respected informal leaders, and celebrities, who can sway public discourse on sexual and reproductive health.

The **context of the health system**, its strengths, weaknesses, and its preparedness to provide quality and respectful information and care to individuals or couples—including to adolescents and unmarried people—in health facilities or community settings will influence the range of contraceptive methods (short-acting/long-acting/permanent, hormonal/non-hormonal, and user- versus provider-dependent) and related services (e.g., removal of LARCs, follow up, and management of any complications) that are available and accessible. It will also influence the level of counseling support and guidance clients can expect for planning pregnancies to meet their reproductive intentions, including delaying, spacing, and limiting. The health system must also grapple with structural conditions that enable diverse and decentralized access points for FP care, including embracing new ways to operationalize self-care, which enables contraceptive choice.

A country's sociocultural patterns of inequity arising from economic status, ethnicity or national origin, religion, age, ability, gender, etc., overlay the availability and accessibility of health services, requiring programs to look at subnational and localized data to illuminate disparities in realizing contraceptive choice among various populations.

Finally, a supportive **policy environment** plays a pivotal role in shaping a context and culture that maximizes contraceptive choice. The policy environment directly influences what methods are available, for whom, and how they are provided within the health system (which are registered, which are procured), their accessibility through diverse service delivery modalities (which can be provided by health facilities, in pharmacies, through community-based services, non-health outlets, or autonomous use) (WHO, 2017; WHO, 2021), which types of providers or human resource cadres can offer which methods and services, and their availability and affordability through universal health care and health insurance packages. But the policy environment can also support contraceptive and method choice by addressing sociocultural barriers, such as by strengthening education and health literacy, supporting equity and gender-transformative programming, social and behavior change communication, and engaging religious and traditional leaders in promoting evidence-based health care.

KEY PERSONAL INFLUENCERS

Individuals tend in their relationships (unions) to repeat patterns of communication about sexuality that they experience(d) primarily in their families of origin and peer groups (Karney et al, 2010). This means that the family unit in which a person is raised, along with her/his peer groups as adolescents and adults, have tremendous influence on an individual's mindset, perspective, information, decision-making, and, ultimately, practices. The literature names these as key influencers, and they can be extremely positive forces. These "personal"' influencers can perhaps be distinguished from social influencers mentioned before—like religious and traditional leaders—who hold sway over the public discourse on sexual and reproductive health but may have less influence on actual private practice. Key personal influencers, instead, can directly inform and support the motivations and aspirations of individuals and couples by sharing factual knowledge of a variety

of male and female contraceptive methods and facilitating access and continued use as needed. These family and friends may significantly influence an individual or couple's life planning, such as educational or vocational pursuits, and specifically can express overt or subtle messaging on whether to get pregnant, whether to delay or space, and/or whether to limit births. Ideally these influencers should not be negative forces that exert reproductive coercion.

INDIVIDUALS AND COUPLES

An individual's contraceptive choice and subsequent method choice may be influenced initially by his or her family(ies) and peer groups, as mentioned above. These influencers will affect an individual's aspirations, motivations, and preferences, and combine with the individual's agency to affect life choices. This includes an awareness of fertility options, the implications of each, and active decision-making accordingly. For example, an individual may be motivated to delay a first pregnancy, space subsequent pregnancies, or conclude childbearing to achieve educational or economic objectives or ensure the health of the mother and children, among other reasons. The capacity of an individual to make a truly voluntary and informed choice—or a choice that is most responsive to her/his particular needs—is also limited or enabled by the individual's knowledge of and access to a range of contraceptive method choices, as well as social norms surrounding individual methods within that context.

Throughout their life course, individuals or couples choose to become pregnant—or prevent, space, or limit pregnancy—for a variety of reasons.

The arrows in the framework graphic flowing from individual to couple back to individual represent an acknowledgement that contraceptive choice can be an ongoing conversation between a couple; that desires, needs, or circumstances can change throughout their life spans; and that the couple will likely revisit their decision-making. Coordinated action within a couple is ideal for mutual support for fertility decisions, and is vital for the successful use of several contraceptive methods (e.g., condom use, fertility awareness methods). While not visually represented, it must also be acknowledged that ***ambivalence***—conflicting feelings about pregnancy or contraception—is common among individuals and couples (Higgins, Popkin, and Santelli, 2012; Wekesa, Askew, and Abuya, 2018; Tobey, Jain, and Mozumdar, 2020), and likely will influence couple communication, decision-making, and contraceptive use. Finally, this framework also recognizes that individuals have bodily and reproductive autonomy and, in many instances, reproductive intentions may not align for a couple; an individual may choose to circumvent this conversation and decide to use or not use contraception, regardless of the relationship to her or his partner.

METHOD OPTIONS AND ACCESS MODALITIES

In most cases, when individuals or couples arrive at a decision to contracept to achieve their goals, they likely will need access to ongoing FP services that ensure continuity of care across the reproductive life span, and include client-centered quality counseling, follow-up and referrals, commodities, or possibly insertion or surgical services. Existing FP clients may require side effect management, additional support and counseling, and/or may choose to switch methods or discontinue, which may require removal services. ***Method options*** and ***access modalities*** represent the different contraceptive methods (short acting, long acting, permanent; barrier, hormonal, surgical, or other) and the different **ways** individuals and couples might access contraceptive services, such as through facilities, community-based services (e.g., community depots, community health workers, mobile outreach), drug shops and pharmacies, or digital health (e.g., for

counseling, referrals, and fertility awareness apps, and product purchase). Clients may choose a method they can self-administer (often after counseling services) such as Standard Days Method, diaphragms, condoms, pills, or subcutaneous injection, enabling them to reduce engagement with formal systems and self-manage their contraceptive utilization and experience over time. When choosing to contracept, individuals or couples will have an interactive decision about method options and modalities. Individual method characteristics will likely influence an individual or couple's method choice, but may also dictate the required access modality (e.g., choosing a vasectomy may require a trip to a central hospital or a wait for an outreach/mobile service day). Likewise, the choice of method might also be influenced by a preferred access modality (e.g., what is available at the local pharmacy?).

Facility Provision: Responsive services include public or private sector healthcare providers who are trained on counseling for individuals and couples (including adolescents and youth) on fertility awareness, voluntary and informed choice, a full range of methods, and healthy and safer conception.[1] Providers also must be competent in infection prevention, safe and high-quality provision of various methods, removals for LARCs, and provision of follow-up or supportive care, including detecting and managing care or referrals for complications. Finally, "responsive services" refers to consistent availability of a full range of methods (e.g., avoiding stockouts, ensuring skilled providers on staff) and a strong referral system to ensure method choice through secondary or tertiary levels or non-facility outlets (e.g., shops, pharmacies) as needed.

Access needs to be guaranteed to adolescents, women, and men as individuals, whether married or not, as well as couples, whether married or not.

The CMCF highlights the various spheres where method choice can be bolstered (or curtailed) and encourages FP programs to promote contraceptive and method choice through a variety of socio-ecological interventions.

Community Provision: This refers to the preparedness and receptivity of the community-focused component of the health system to provide individuals and couples, including adolescents, with services responsive to their needs. Responsive community-based services include the cadres of community health workers (CHWs) who are trained on the full range of methods, including fertility awareness and healthy conception, and voluntary and informed choice counseling for individuals and couples. It also refers to the CHWs' capacity to consistently deliver accessible, acceptable, and affordable quality FP commodities that national policy allows in community settings. In addition, CHWs should be able to offer referrals for contraceptive products and services to public or private facility locations and to other outlets, online or in-person. Finally, CHWs should be able to provide all clients with supportive counseling for method continuation or switching, especially for clients who are self-managing their contraceptive utilization independent of facility-based care.

Inequities of access and utilization of facility-based services are well documented (Starrs, et al., 2018). Community provision, by definition, represents an effort to expand service access and utilization to a broader population. An essential component of expanding contraceptive and method choice is a conscious, systematic, and planned effort to strengthen community-based service delivery. However, not only should

[1] In family planning/reproductive health programming, the goal is for women to begin a pregnancy as healthy as possible, to maximize the chances for positive pregnancy outcomes (healthy weight, review of existing prescriptions for teratogenicity, etc.). Pre-conception counseling is one strategy to help achieve this goal. In HIV programming, the "safer conception strategies" aim is to help women and couples affected by HIV achieve a healthy pregnancy outcome while minimizing the chances for mother-to-child transmission of HIV.

community-based services try to increase equitable geographic coverage of services, they also should strive to increase method choice by expanding the range of contraceptive services or products available in communities. This can be accomplished by strategic outreach through mobile services; expanding the number of drug shops and pharmacies that provide diverse FP products and the quality counseling required to support their effective use; maximizing opportunities for task-sharing with paraprofessionals; community-based self-care support services; and longer-term evidence-building, advocacy, and policy efforts.

Self-management and administration as part of self-care: Self-management refers to the client's assessment of his or her needs, evaluation, and action regarding current experience with a contraceptive method. For example, "Are the method's features acceptable to me and my partner? Is it time to seek additional information or consider switching? Am I experiencing side effects for which I should seek follow-up care? Which service option is most acceptable and affordable? Have my/our contraceptive intentions changed?" Self-administration specifically refers to the utilization of contraception largely independent of a provider or community heath worker, such as self-injection, seeking refills of pills through pharmacies, use of condoms, or fertility-awareness (including digital apps and CycleBeads) or other traditional methods such as withdrawal.

Reasons why individuals and couples may choose alternatives to the formal health delivery system in achieving their fertility desires can include convenience and cost, fear of judgement or stigmatization of marginalized populations or young people, a previous negative experience at a health facility, a lack of physical access, or simply because their preferred method is a largely de-medicalized one. There can also be self-management to achieve a desired pregnancy, for example, fertility awareness methods (Standard Days, basal body temperature, cervical mucus) that require a high degree of self-management and can be used either for preventing or achieving a pregnancy. Quality FP programs should embrace the autonomy and empowerment that self-care can enable, while building systems to ensure continuity of care and referrals as needed.

PREGNANCY PLANNING

This contraceptive and method choice framework also incorporates individuals and couples who may decide not to utilize contraceptives because they are planning to get pregnant. It is important to include them in the framework because desiring a pregnancy does not necessarily mean that an individual or couple will not use facility or community-based counseling or information services, or that they will not require continuity of care over time. They may seek out information and support regarding fertility awareness to maximize their chances of achieving conception and a safe pregnancy, including a return to fertility postpartum and postabortion, and healthy timing for the mother and baby for a subsequent desired pregnancy. Return to fertility following discontinuation of short-acting and long-acting contraception is also an important concern for clients who have not completed their desired family size, particularly nulliparous women.

The CMCF affirms that the achievement of an individual's or couple's reproductive intent (i.e., to become pregnant or not), regardless of contraceptive choice, is a valid indicator to measure success of reproductive agency. Programs should add indicators to evaluate client outcomes in accordance with their reproductive agency.

Seen this way, both pregnancy planning and contraceptive and method choice can be supported by quality FP programming that will help individuals and couples to realize their reproductive intentions.

POLICIES AND SYSTEMS

This portion of the framework refers to the preparedness and receptivity of the health system to provide individuals and couples with services responsive to their needs. Ensuring contraceptive and method choice requires strong policies that support functional health systems and promote social norms that foster contraceptive choice, including method choice. In particular, it requires:

- A policy and regulatory environment that supports a full range of methods being available in the country and ongoing quality and compliance monitoring. This includes policies that ensure adolescent access to the full range of methods, including efforts to minimize provider bias.
- Implementing task-sharing and self-care policies and strategies that ensure the widest variety of contraceptive methods and services are available at the points of service closest to the clients.
- Government taking a total market approach and playing an important stewardship role to foster method availability and ensure quality services among a wide range of public and private access modalities, with links to optimize referrals.
- Analysis and adoption of distal policy influencers on contraceptive choice, such as policies that support gender equity and women's empowerment, health literacy to support self-care, mechanisms for men's and couples' engagement, and comprehensive sexuality education.
- Support for social accountability activities to ensure clients, including adolescents through youth-led social accountability, have the means to address client satisfaction issues with the health clinics and overall system.
- Health financing mechanisms that ensure that all method choices and related services (counseling, follow-up, removal, complications management) are included in a package available at service delivery points and affordable to clients.

OUTCOME

Many FP programs have used numbers of clients counseled, and method uptake data, like couple-years of protection—in addition to quality of care measures, like client satisfaction or provider performance—as key indicators marking their success. To align with a broader definition of contraceptive choice to encompass the informed decision to not contracept, this framework highlights the desired outcome as reproductive agency, in which individuals are able to realize their reproductive intentions and achieve their desired fertility. In keeping with the spirit of a rights-based approach to client-centered care and services, this outcome should be an appropriate endpoint for the Contraceptive and Method Choice Framework – rather than contraceptive prevalence rates or fertility rates.

CONCLUSION

Increasing method choice has traditionally focused on strengthening health systems to expand the number and type of methods available and increasing the acceptability of specific methods to clients and communities as a means to meet diverse needs and with the goal of increasing overall family planning uptake. The development of this Contraceptive and Method Choice Framework underscores the reality that decision-making about contraception is a multi-directional flow of events and influences, taking place in various spheres and multiple levels—including at the individual, couple, household, community, facility, and policy levels. Further, the Contraceptive and Method Choice Framework recognizes that individuals or

couples choose to become pregnant—or prevent, space, or limit pregnancy—for a variety of reasons throughout the life course. Family planning programs play a role in ensuring continuity of care by facilitating contraceptive and method choice through these multiple dimensions of influence in order to help clients meet their reproductive intentions throughout their reproductive lifecycles.

This framework was initially developed to help the diverse stakeholders of the Method Choice Community of Practice reach consensus on how to move the group's agenda forward regarding the global sharing of state-of-the-art technical information. However, it is hoped that the framework will have more practical implications at the country level by helping policy and program decisionmakers think systematically about contraceptive and method choice, define and prioritize strategies to reach this end, and measure program success accordingly. When this occurs, it can be imagined that if individuals and couples are effectively aided in achieving their reproductive intentions on a broad scale, then the total fertility rate would roughly represent, but not equal, wanted fertility. Further, we would expect this realization of intentions to have ripple effects beyond fertility, positively influencing a range of maternal, newborn, and child health outcomes, and contributing to the overall health, well-being, resilience, and stability of families—the ultimate success.

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