

RESEARCH BRIEF

Adding a question about method switching to the method information index is a better predictor of contraceptive continuation

The Method Information Index (MII) is a set of indicators that aims to measure quality of information provided to contraceptive users at the time of method initiation. A question was added to the MII about information on method switching and renamed the MIIplus. This paper assessed the predictive validity of the MIIplus compared with the MII in terms of women's continuity of their contraceptive method, three months after initiation.



Photo credit: Population Council

RECOMMENDATIONS



Information on method switching should be shared with all women at the time of contraceptive initiation, and may help curb method discontinuation.



MIIplus can be used in place of MII to allow policymakers, programmers, and donors to better monitor quality of care in FP services.



Additional research is needed to validate a measure that accurately captures side effect counseling that women receive and the information they take from it.



The MII measures whether modern contraceptive users are informed of other FP methods, possible side effects of selected methods and side effect management. The MIIplus provides an additional item to inform users about method switching at the time of initiation.

FINDINGS

- At initiation, 37% of users received all components of the MII and 34% of users received all components of the MIIplus.
- At 100 days after method initiation, the continuation rate was 82% for women who received all components of the MII, and 95% for women who received all components of the MIIplus.
- After adjustment for potential confounders, women who received MIIplus were 69% less likely to discontinue modern contraceptive use 100 days after initiation than women who received only the MII.

METHOD

A longitudinal study enrolled 2,699 married women (aged 15-49 years) in the states of Haryana and Odisha, at voluntary initiation of a reversible modern contraceptive method. Multivariable Cox proportional hazard models were used to assess discontinuation by 3 months, and the MII and MIIplus were the key independent variables.

EVIDENCE

The Evidence Project uses implementation science—the strategic generation, translation, and use of evidence—to strengthen and scale up family planning and reproductive health programs to reduce unintended pregnancies worldwide. The Evidence Project is led by the Population Council

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