

What does the Method Information Index tell us about quality of service?



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Introduction

The Method Information Index (MII) was created under FP2020 and included on their list of core indicators to highlight the importance of quality of care. In its current state, MII provides an opportunity to measure whether women are receiving the minimal amount of information required when starting a contraceptive method. The intent is for the indicator to evolve to include additional components of quality and choice as data becomes available.

The indicator provides an opportunity to understand if when a woman started her current method was she told about alternative family planning methods, possible side effects, and what to do if she experiences side effects. In most cases, it is possible to disaggregate the data and see variation by method, age, location of services, and subnational areas. This provides governments with information to identify under performing areas and methods, and target trainings to those with the greatest need.

Data

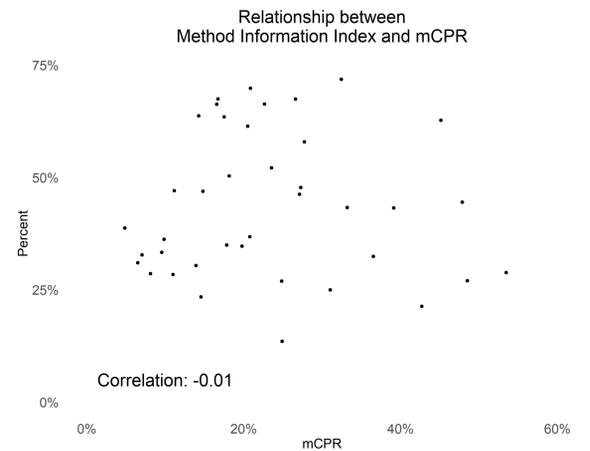
The MII is composed of three questions that are asked when a woman began taking her current modern method:

1. Were you told about other methods?
2. Were you told about side effects?
3. Were you told what to do if you experience side effects?

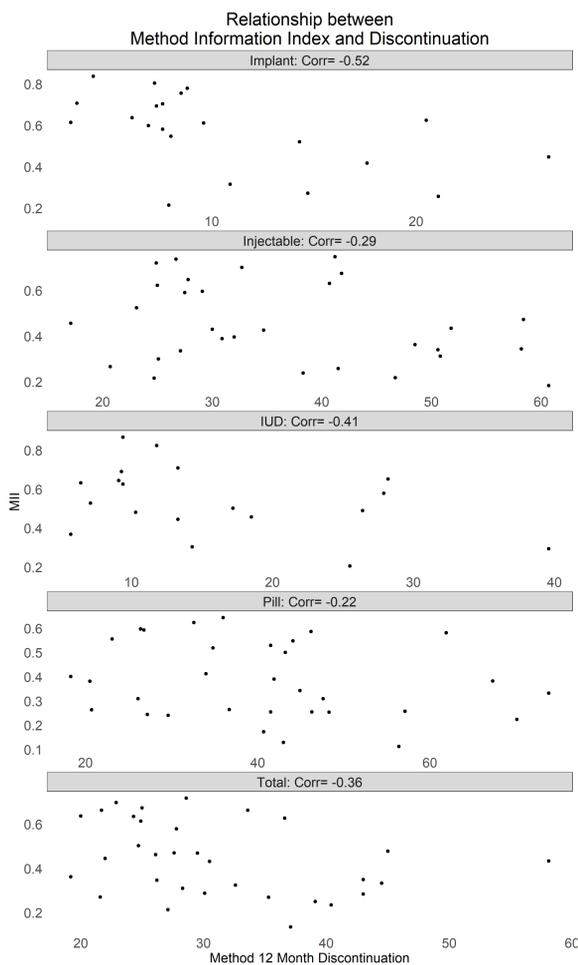
If a woman responds yes to all three questions she is counted as having received this basic information. The results were then disaggregated by age, method, geography, and public/private sector. In some cases, specifically low prevalence countries, it was not possible to estimate all variations. The questions are asked to women who uptake pills, injectables, IUD, implants, and sterilization.

Data for this research comes from the Demographic Health Surveys

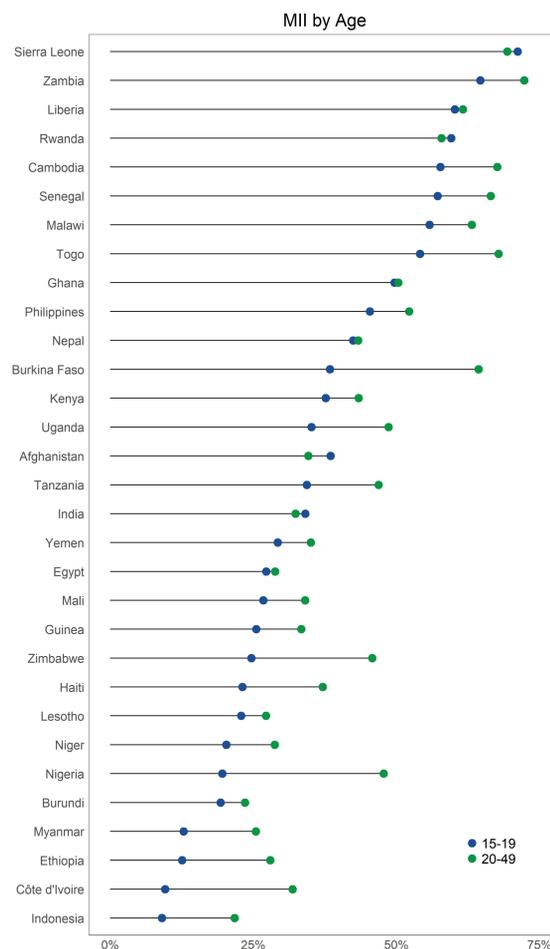
Results



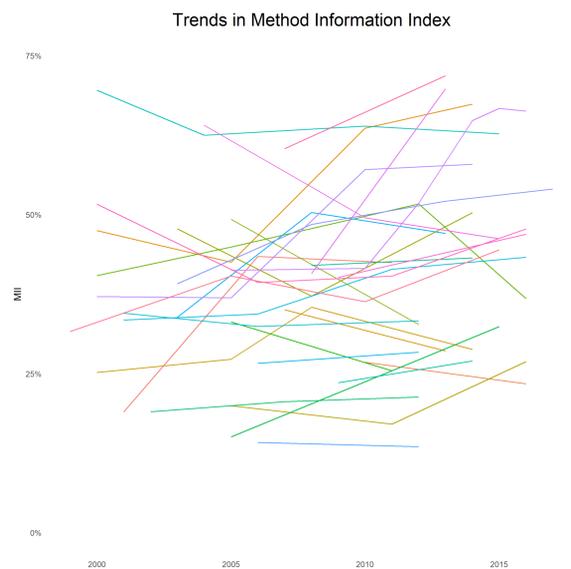
Both low and high contraceptive prevalence countries receive high and low scores overall.



MII is inversely correlated with discontinuation- meaning more information given by providers is associated with lower discontinuation in a country. The highest method specific MII are for Implants, which also have the lowest discontinuation, and the strongest relationship between MII and discontinuation.

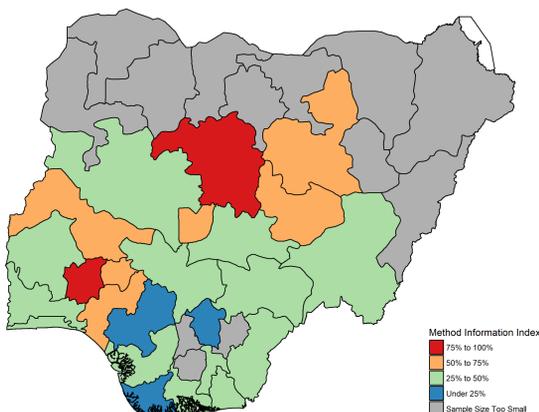


Although not true in all countries, youth often receive less information in comparison to other women of reproductive age.



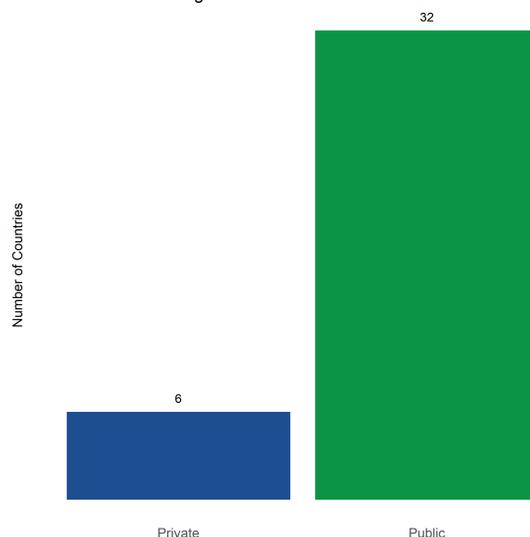
On average, the MII has increased by 6 percentage points per decade. 19 out of 29 countries with MII measured in multiple surveys saw increases. The largest increase is in Sierra Leone- from 41% in 2008 to 70% in 2013. The greatest decline in MII was Tanzania, which saw a drop from 64% to 46% from 2004 to 2015.

Nigeria: Method Information Index, 2013



Some countries showed extreme variation internally. In Nigeria, the national MII from the 2013 DHS is 47% - reflecting that 47% of women received those three types of information when they started their current method. When you look at the results by state, you have a high of 90% in Osun state (which is one of the highest seen anywhere) and a low of 5% in Edo state.

Is MII Higher in the Public or Private Sector?



In almost all countries, the MII is higher when women receive a method from a public provider compared to private. This could be due to differences in methods provided in the public and private sector, though even when looking at Pills, 32 out of 35 countries had higher MIIs in the public sector.

Conclusions

The MII provides countries with information that is easy to understand and can contribute to overall discussions on quality of family planning services.

MII is highest for implants. During trainings, doctors may absorb more information on this newly introduced method, even if they are receiving information on all methods. Doctors may also assume that women know about the side effects of pills, which have a longer history, and this may be the cause of the low MII for pills.

MII can be viewed as the “floor” that all additional information should build on when measuring quality as well as informed choice. The MII also provides an opportunity for governments to have discussions with decentralized staff about quality of care. These discussions should be integrated into annual meetings about program performance and the disaggregated information should be shared as frequently as it is available.

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