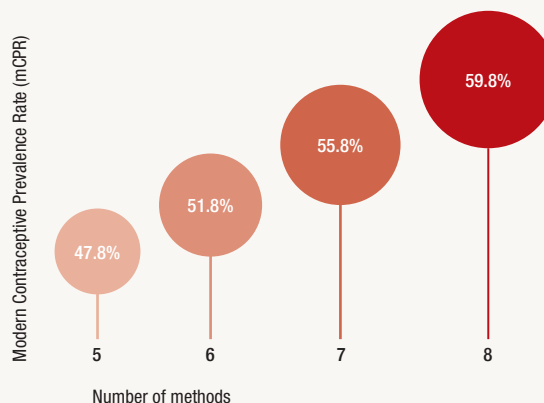


Evidence on contraceptive method mix in developing countries: South and South-East Asia

→ Why Method Mix Matters?

As per a 2013 study*, international data over 27 years show that as an additional contraceptive method became available to most of the population, overall modern contraceptive use rose. The addition of one method available to at least half of the population correlates to an increase in use of modern contraceptives by 4 - 8 percentage points.

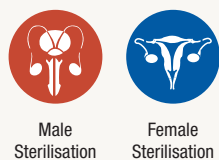
Based on the trends observed in the cited study, the graphic is a projection of the rise in modern contraceptive prevalence rate (mCPR) in India as the number of methods available increase. This estimation is founded on the mCPR of 47.8 from the National Family Health Survey - 4 (NFHS-4). It also reflects the consequences of inaction in terms of the number of choices available on contraceptive methods, as India's mCPR could have been 59.8% in 2015 - 16 if eight methods had been available.



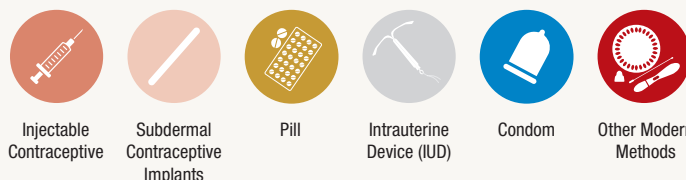
*Source: "Use of Modern Contraception increases when more methods become available: analysis of evidence from 1982-2009", John Ross and John Stover, Global Health: Science and Practice 2013, Volume 1, Number 2

→ Method Mix Scenario

Limiting method

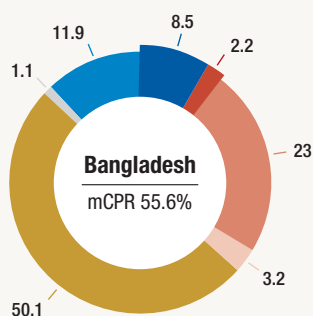


Spacing method

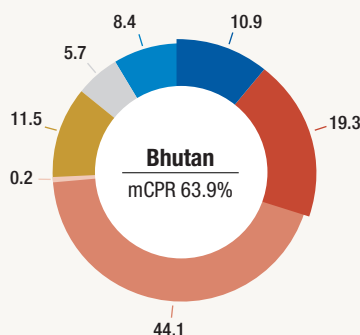


* While data is available from the National Family Health Survey (NFHS) 4 for five methods, in March 2016, India added three more methods to its family planning programme. Therefore currently there are a total of eight methods available.

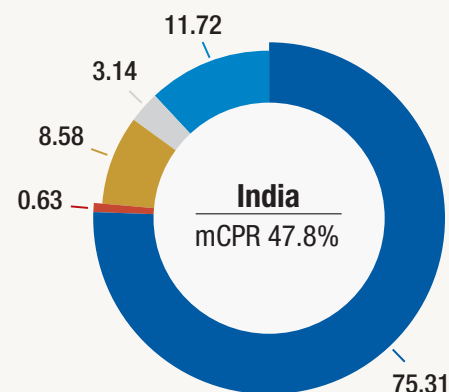
Source: For all countries except India: FP2020 Core Indicator Summary Sheet: 2016



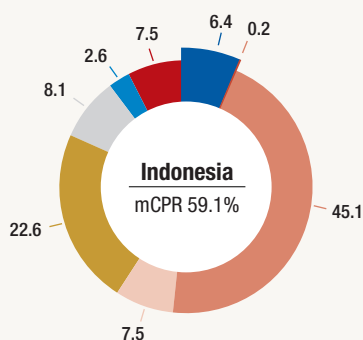
No. of Methods : 7



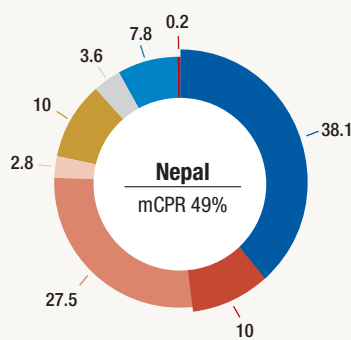
No. of Methods : 7



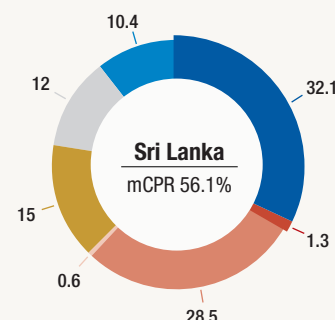
No. of Methods : 5* | NFHS - 4



No. of Methods : 7+



No. of Methods : 7+



No. of Methods : 7