

Measuring Equity in Family Planning: Considerations from the Literature



“Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other means of stratification. ‘Health equity’ or ‘equity in health’ implies that ideally **everyone should have a fair opportunity to attain their full health potential** and that no one should be disadvantaged from achieving this potential.” (Hardee et al., 2019)

With a social justice approach, fair means the “optimization of social, political, and economic processes within a society such that the worse-off group is not put at a further disadvantage while favoring the better-off group.” Advantaged individuals may receive unequal treatment in the distribution of social and economic advantages to direct resources towards worse-off groups. (Alonge & Peters, 2015)

Dimensions/disaggregates that help us understand equity differentials in family planning include education, wealth, geography and residence, sex and gender, age, marital status, and parity. Look beyond these to include religion, ethnicity, language, and citizenship status as other dimensions.

HIP SPG Step	Key considerations for equity measurement
<p>Step 1: Determine whose needs are not being met.</p>	<p>Challenge: Disaggregating along the dimensions alone does not quantify the actual burdens one overcame to reach that service; this measures absolute disparities. (Blas, Sivasankara Kurup, & World Health, 2010)</p> <p>Challenge: Robust equity measures (regression and ratio ranges) can be complex and not easily operationalized or understood.</p> <p>Key consideration: Strive for relative between group comparisons. Advocate for funding to conduct complex and necessary equity analyses.</p> <ul style="list-style-type: none"> Do: Married women are 1.6 times as likely to have their family planning demand satisfied compared to unmarried women. This demonstrates how large/small the inequity is and shows relative need. Don't: 30% of unmarried women have their demand satisfied and 50% of married women have their demand satisfied. One cannot tell how large the inequity is, which may lead to misdirected funds and efforts. <p>Key consideration: Move beyond traditional dimensions; make considerations for intersectionality.¹</p>

¹ Intersectionality refers to the interconnected nature of social categorizations such as ethnicity and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage. (Crenshaw, 1991)

HIP SPG Step	Key considerations for equity measurement
<p>Step 2: Determine what barriers individuals from this population group face in accessing high-quality family planning information and services.</p>	<p>Challenge: Existing data may only be disparity/equality-based and quantifying burdens one overcomes to reach services may be difficult.</p> <p>Key consideration: This step is less prescriptive, here you want to move beyond a purely quantitative analysis and might consider a policy analysis, barrier analysis, root cause analysis, or taking an intersectional approach to the dimensions.</p>
<p>Step 3: Make the family planning program more responsive to the values and preferences of all people.</p>	<p>Challenge: Reaching those groups who are most affected by inequities may involve political and/or legal hurdles.</p> <p>Key consideration: Generate institutional and client buy-in and center the voices of those who are most affected by the inequity.</p>
<p>Step 4: Monitor implementation.</p>	<p>Challenge: There may be a lack of routine approaches to measurement; stakeholders should advocate for routine data collection and analysis.</p> <p>Challenge: Feasible vs applicable— Authors and analysts might believe they are measuring equity, but they are not actually analyzing past disparity measures and therefore only looking at equality.</p> <p>Key consideration: Develop feedback loops to routinely iterate and adjust an approach to best reach those who are most affected by the inequities.</p> <p>Key consideration: Family planning indicators you could consider using to measure and monitor equity: demand satisfied, reasons for non-use, unwanted or mis-timed pregnancy, adolescent pregnancy, short birth spacing, and unsafe abortion.</p>

For an example of how to apply these considerations, refer to: *An Illustrative Case Study in Measuring Equity in Family Planning (R4S)*.

References

- Alonge, O., & Peters, D. H. (2015). Utility and limitations of measures of health inequities: a theoretical perspective. *Glob Health Action*, 8, 27591. doi:10.3402/gha.v8.27591
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