

# Method Information Index (MII)

## Guide for Application of the Method Information Index

### PURPOSE

Providers, managers and donors of family planning services need to understand if a client is receiving appropriate and complete counseling during the FP service visit. There is widespread agreement that providing women with a choice of contraceptive methods and high-quality counseling are essential components of rights-based family planning.<sup>1</sup>

The MII is a proxy measure for whether the client received complete counseling, including whether her choice of method was informed. It is a self-reported measure which is used when direct observation of the client-provider interaction is not possible, but captures a woman's recall and understanding of the information exchanged at the time of adoption, in addition to whether the exchange occurred.<sup>2</sup> While some studies have shown that client recall is flawed, and counselling descriptions collected simultaneously from exit-interviews and by direct observation may vary significantly,<sup>3</sup> both collection methods have advantages.<sup>4</sup> The use of client recall is argued for because it is less costly to collect, and because information that is remembered or 'received' may be a better measure of likely impact on behavior and decisions than information 'provided'.<sup>5</sup>

### BACKGROUND

Research conducted by Metrics for Management and collaborators, in Pakistan, Uganda, Kenya and India in both public and private sector facilities has also demonstrated that women who receive more complete counseling, as measured by higher MII scores, are less likely to discontinue their contraceptive method.<sup>6-8</sup> Discontinuation was between 20-48% less likely for women who reported an MII of three than those who reported less than three. Findings in all four countries were significant, and a higher MII score was found to be protective of discontinuation while in need, when looking at scores ordinally. Discontinuation while still in need of contraception can be considered a poor outcome of the quality of FP services.<sup>9,10</sup>

### AUDIENCE

Incorporating these 3 yes/no questions into a client exit interview or post visit survey can help health care providers, clinic managers, district health officials and others understand the quality of services being provided. These questions are only applicable to women who received a method of FP. Analysis of the data also points to areas to target for quality improvement interventions.

### QUESTIONS

MI: (Answer choices are Yes / No)

- 1 During your visit, were you informed about other methods of family planning?
- 2 Were you informed about side effects for your chosen method?
- 3 Were you told what to do if you experienced side effects?

### SUGGESTED ADDITIONAL QUESTIONS/DATA

- 1 Method of FP received during the visit
- 2 Age or age range of client
- 3 Determination of whether client is a new user of FP, has previously used but is returning to FP after a lapse in use, is a continuing user of the same method, or has switched methods

### ANALYSIS

Users' responses are coded 1 if they answered "yes" or 0 otherwise for each of the 3 MII questions. Traditionally, the MII is reported as the percent of users who responded "yes" to all three questions. However, for greater nuance, it is advised to tabulate the proportion of "Yes" responses to each of the 3 questions, as well as to report the MII as an index, with score ranging from 0-3.

Simple cross tabulations with the type of method received by the client, age range, FP user profile can also be conducted to determine if there are patterns to less than complete contraceptive counseling. Finally, if feasible, MII can be reported at the provider or facility level, to provide insight into where additional quality improvement resources may be required.

## REFERENCES

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