

Sources of Family Planning

Democratic Republic of the Congo



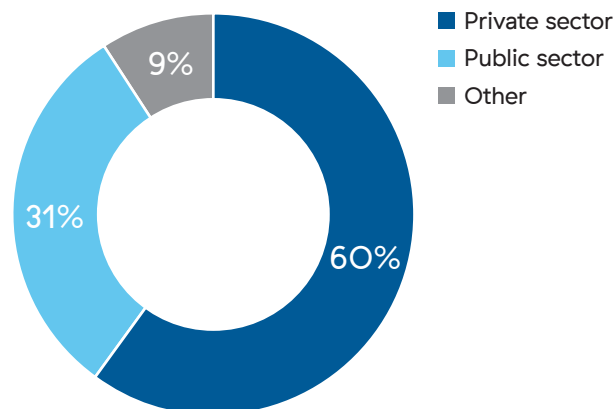
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Understanding where women obtain their family planning methods can help programs to better target their resources and increase overall access to modern contraception. This brief is one in a series of country briefs that examines where women obtain modern contraception by method, geography, age, and socioeconomic status. Through a secondary analysis of the 2013–14 Democratic Republic of the Congo (DRC) Demographic and Health Survey, the brief describes where modern contraceptive users obtain their method and examines the contribution of the private sector to family planning in DRC.

Key Findings

- Six in ten modern contraceptive users rely on the private sector for their method.
- DRC's modern contraceptive prevalence rate is low and unequal in urban and rural areas and by socioeconomic status.
- More than half of DRC's method mix is condoms, which are primarily obtained from private pharmacies.
- Almost half of the poorest users rely on the private sector for family planning.
- Nearly three-quarters (73%) of adolescent users rely on the private sector for family planning.

Source of modern contraceptives

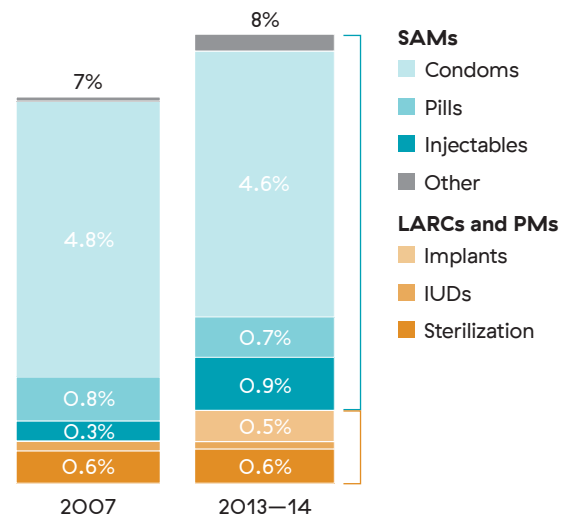


This is one in a series of briefs that examines sources of family planning methods in USAID priority countries. View the data at PrivateSectorCounts.org.

Modern contraceptive prevalence rate and method mix

Very few women of reproductive age in DRC (8 percent) use modern contraception. Among married women, 7 percent use modern contraception. This brief focuses on all women, married and unmarried, to accurately portray contraceptive sources among all users. The slight change in DRC's modern contraceptive prevalence rate (mCPR), from 7 percent in 2007 to 8 percent in 2013, is driven by small but statistically significant increases in two methods: injectables (from 0.3 to 0.9 percent) and implants (from 0 to 0.5 percent). Condoms are the dominant method in DRC, constituting more than half of the modern method mix. Overall, short-acting methods (SAMs) are much more popular (6 percent) than long-acting reversible contraceptives and permanent methods (LARCs and PMs, 1 percent).¹

DRC's mCPR increased slightly between 2007 and 2013–14



Note: Numbers may not add due to rounding.

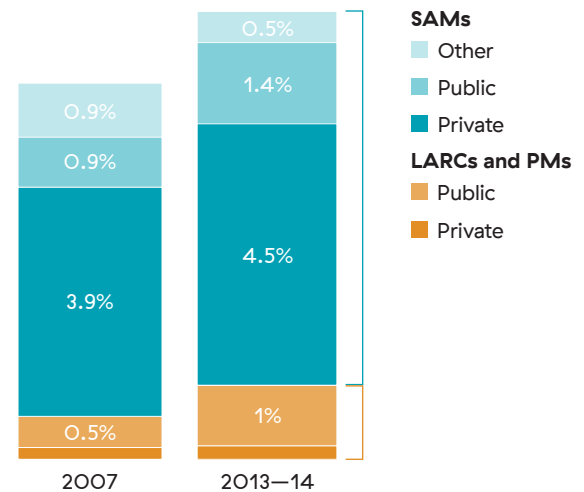
Sources for family planning methods

Among modern contraceptive users in DRC, the private sector is the primary source of modern contraceptives (60 percent), with less than a third of users (31 percent) relying on the public sector, and 8.5 percent using other sources.² Private sector use in 2013 was similar to use in 2007, though public sector use increased from 21 to 31 percent, and use of other sources (friends and parents) declined from 18 to 8.5 percent.

Private sector's contribution to method mix

Most women in DRC obtain SAMs—primarily condoms—from private rather than public sources (4.5 versus 1.4 percent). In line with global patterns, nearly all LARC and PM users obtain their method from public sources. While there has been no increase in the use of LARCs and PMs supplied by the private sector, there has been a slight increase in the use of SAMs through the private sector (3.9 to 4.5 percent). Among condom and pill users, approximately three-fourths use private sources. In contrast, 34 percent of injectable users rely on private sources.

Private sector provision of SAMs has increased



¹ SAMs include injectables, contraceptive pills, male condoms, female condoms, spermicides, and fertility-awareness methods. LARCs and PMs include IUDs, implants, and male and female sterilization. The lactational amenorrhea method and "other modern" methods are excluded from this analysis, as the Demographic and Health Survey does not systematically ask women about sources for these methods. This analysis shows which methods women use. It does not reflect which methods women might choose if they had access to all methods.

² Public sector sources include hospitals, health centers, clinics, health posts, and community relay. Private sector sources include hospitals, clinics, health centers, and medical offices; faith-based and nonprofit organizations including NGOs and field workers; and pharmacies and shops. Other sources include friends, parents, and women who did not know or report the source. This analysis shows where women obtained their most recent method. It does not reflect where women might choose to go if they had access to all sources of care.

Private sector sources

Among private sector users, 78 percent obtain their method from a pharmacy or shop, 14 percent from a private hospital or clinic, and 8 percent from a nonprofit or faith-based organization. Private pharmacies and shops remain the most common family planning source overall in DRC: nearly half (47 percent) of all modern users obtain their method from a private pharmacy or shop, which is expected given the country's method mix. Among private sector condom users, the majority (81 percent) obtain them from a pharmacy.

Rural and urban areas

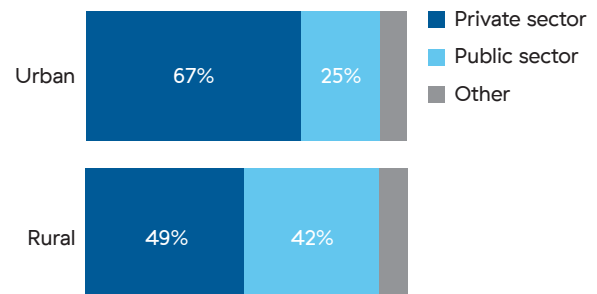
The mCPR is higher in urban areas (13 percent) than in rural areas (5 percent). Urban contraceptive users are more likely to purchase their method from the private sector (67 percent) compared to rural users (49 percent). Despite differences in source, the method mix is similar in urban and rural areas.

Contraceptive source by marital status and age

Unmarried contraceptive users are more likely than married users to rely on private sector sources for their contraceptive method (70 versus 55 percent). While condoms remain the dominant method across marital statuses, they are nearly twice as common among unmarried as married users (80 versus 46 percent). Injectables are the second most popular method among married users (16 percent), while just 5 percent of unmarried users rely on this method.

Private sector use is also higher among younger users. Seventy-three percent of 15–19 year-old users and 68 percent of 20–24 year-old users rely on private sources compared to 54 percent of users 25 and older. Use of other sources—friends or parents—is also higher among women in the youngest age group (16 percent) compared to women age 20–24 (9 percent) and 25 or older (7 percent). Though condoms

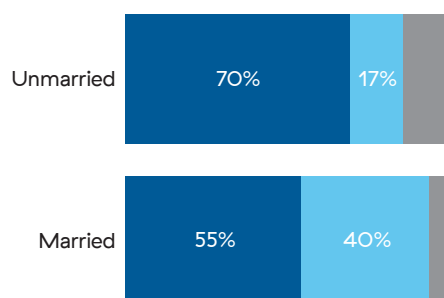
Private sector use is higher in urban than in rural areas



Percent of users in each group who obtain modern contraception from each source

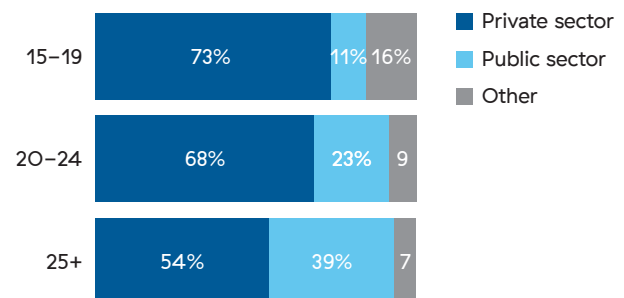
are the most popular method across age groups, the youngest users (age 15–19) are more likely to rely on them (89 percent) than those 25 or older (48 percent). Injectables are more commonly used among the 20–24 (11 percent) and 25 and older age groups (15 percent) than among the youngest users (2 percent). Twelve percent of users 25 or older are sterilized, compared with less than 1 percent of younger users.

More than two-thirds of unmarried users obtain their method from the private sector



Percent of users in each group who obtain modern contraception from each source

Younger users are more likely to use the private sector than older users



Percent of users in each group who obtain modern contraception from each source

Contraceptive source by socioeconomic status

In DRC, the poorest women are less likely to use a modern contraceptive method than the wealthiest women (4 versus 12 percent, respectively).³ Among the poorest modern contraceptive users, nearly half (49 percent) rely on private sources. Sixty-four percent of the poorest urban and 46 percent of the poorest rural contraceptive users obtain their method from a private sector source. Nearly two-thirds (64 percent) of the wealthiest contraceptive users obtain their method from the private sector and 28 percent from the public sector. The wealthiest contraceptive users rely on the private sector for SAMs (72 percent) more than they do for LARCs and PMs (25 percent).

Almost half of the poorest contraceptive users in DRC rely on the private sector



Over one quarter of the wealthiest contraceptive users in DRC use the public sector



Implications

DRC's private sector is an important source of modern contraception for all population segments. Given DRC's low mCPR, disparities in use by residence and socioeconomic status, and ambitious FP 2020 goals, both the public and private sectors have to work to increase voluntary demand, ensure wide and uninterrupted access to products and services, and expand method choice. Increasing the public sector's coverage of family planning services and products is key to increasing use and reducing inequities. In addition, DRC could consider scaling up and intensifying social marketing of affordable, quality family planning products to expand private sector provision and reduce inequities in use. Building the capacity of private facilities to include family planning provision could increase access, particularly among women who already visit these facilities for other services, helping DRC reach its goal of increasing the mCPR to 19 percent by 2020 (MOPH, 2014).

References

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³ The poorest women are those in the lowest two wealth quintiles as defined by the Demographic and Health Survey's asset-based wealth index. The wealthiest women are those in the top two wealth quintiles.



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Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is a five-year cooperative agreement (AID-OAA-A-15-00067) funded by the United States Agency for International Development (USAID). The project strategically engages the private sector to improve health outcomes in family planning, HIV, maternal and child health, and other health areas. Abt Associates implements SHOPS Plus in collaboration with the American College of Nurse-Midwives, Avenir Health, Broad Branch Associates, Banyan Global, Insight Health Advisors, Iris Group, Population Services International, and the William Davidson Institute at the University of Michigan. This brief is made possible by the generous support of the American people through USAID. The contents are the responsibility of Abt Associates and do not necessarily reflect the views of USAID or the United States government.