Sources of Family Planning

Ethiopia

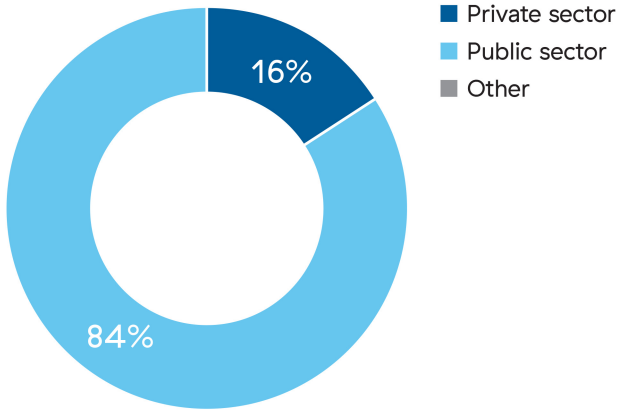
Photo: USAID/Ethiopia

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 2016 Ethiopia Demographic and Health Survey, the brief explains where modern contraceptive users obtain their method and examines the contribution of the private sector to family planning in Ethiopia.

Key Findings

- 16% of modern contraceptive users rely on the private sector for their method.
- Among private sector users, the majority (77%) use clinical sources (hospitals and clinics).
- More than 1 in 4 adolescent users (26%) obtain contraception from private sector sources.
- More than 1 in 4 of the poorest urban users (26%) rely on the private sector for their method.
- Nearly 8 in 10 of the wealthiest users rely on the public 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**.

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Modern contraceptive prevalence rate and method mix

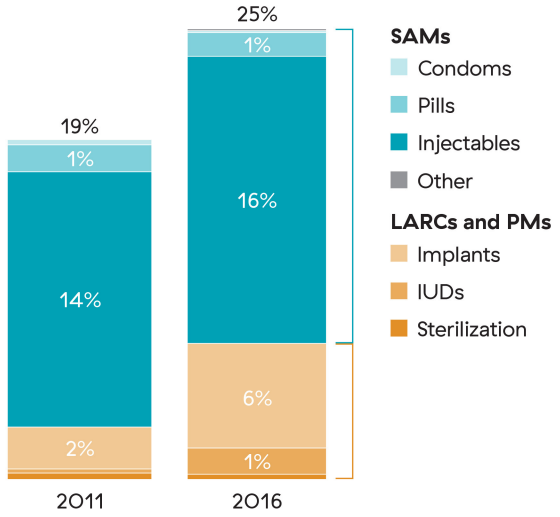
One out of every four women of reproductive age in Ethiopia uses modern contraception. Among married women, the modern contraceptive prevalence rate (mCPR) is 35 percent. This brief focuses on all women, married and unmarried, to accurately portray contraceptive sources among all users. Ethiopia's mCPR increased from 19 percent in 2011 to 25 percent in 2016, largely driven by a threefold increase in implant use (from 2 to 6 percent), and a proportionally smaller increase in injectables—Ethiopia's most popular method (from 14 to 16 percent). Overall, short-acting methods (SAMs) are more popular than long-acting reversible contraceptives and permanent methods (LARCs and PMs).[1]

Sources for family planning methods

The public sector is the primary source of modern contraceptives (84 percent). Sixteen percent of users rely on the private sector and less than 1 percent use other sources.[2] These source patterns are similar to those reported in 2011.

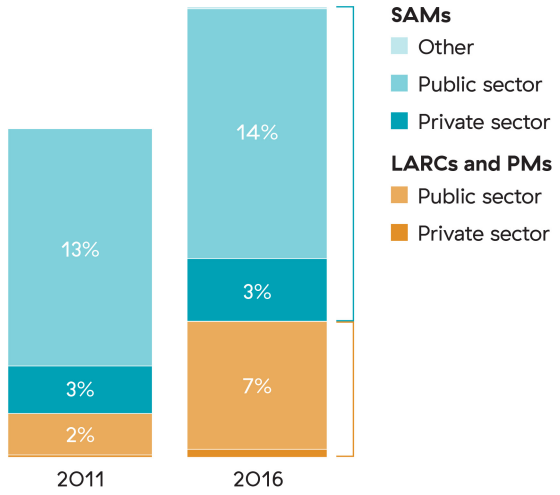
More women rely on the public sector than the private sector to obtain SAMs (14 versus 3 percent). The public sector is also the dominant source of LARCs and PMs. Essentially all growth in LARC and PM use (from 2 percent in 2011 to 7 percent in 2016) is attributable to the public sector. In contrast, private sector LARC and PM growth has been negligible. Public and private sector provision of SAMs has remained relatively stable since 2011, (public sector provision increased from 13 to 14 percent; private sector provision remained at 3 percent). Among injectable users, 82 percent use public sources and 18 percent use private sources. While fewer women use pills than injectables or implants, 42 percent rely on private sources for this method.

Ethiopia's mCPR increase is largely due to higher use of implants and injectables



Note: Numbers may not add due to rounding.

Recent mCPR growth is primarily attributable to public sector LARC provision



[1] SAMs include injectables, contraceptive pills, male condoms, female condoms, 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, health stations, health posts, and public pharmacies. Private sector sources include hospitals, clinics, NGOs, pharmacies, and shops. Other sources include friends, relatives, 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, more than three-fourths (77 percent) obtain their method from a private hospital or clinic, 15 percent from a private pharmacy, and 8 percent from an NGO. Injectables and pills are the two methods most frequently sought from private sources. Nearly all private sector injectable users rely on private clinics (86 percent), while private sector pill users are split between private clinics (54 percent) and pharmacies (44 percent).

Hospitals and clinics are the primary private sector sources

Hospitals and clinics

77%

Pharmacies

15%

Nongovernmental organizations

8%

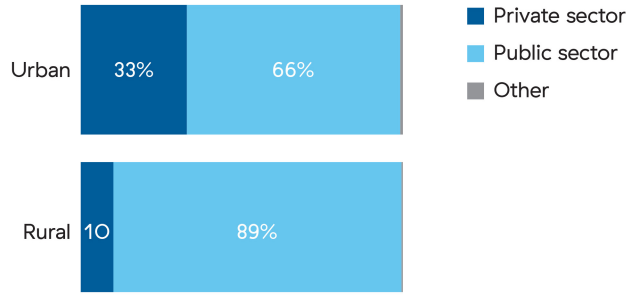
Contraceptive source by geography

The mCPR is similar in urban (27 percent) and rural (24 percent) areas. Urban contraceptive users are more than three times as likely to purchase their method from the private sector (33 percent) compared to rural users (10 percent). Contraceptive sources also vary substantially by region: 8 percent of users in the Southern Nationals, Nationalities, and Peoples' and Tigray regions rely on private sources compared to 56 percent of users in the Gambela region.

Contraceptive source by age and marital status

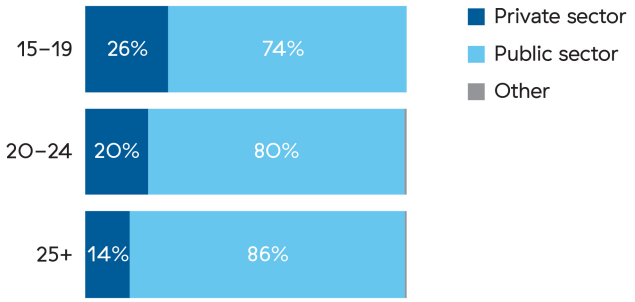
Younger contraceptive users ages 15–19 and 20–24 are more likely to use the private sector (26 and 20 percent, respectively) than users age 25–49 (14 percent). The method mix is fairly similar across age groups. Again, injectables are the primary method for all age groups, but the youngest injectable users are more likely to obtain the method from private sources (29 percent) compared to injectable users 20–24 (20 percent) and those 25+ (16 percent). Source mix varies by marital status as well; unmarried users in Ethiopia are slightly more likely than married users to rely on private sources (21 versus 15 percent).

Private sector use is more than three times higher among urban than rural users



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

Use of the private sector is higher among younger contraceptive users



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

Contraceptive source by socioeconomic status

In Ethiopia, the poorest women are less likely to use a modern contraceptive method than the wealthiest women (20 versus 27 percent, respectively).[3] Among the poorest modern contraceptive users, few (8 percent) rely on private sources. Use of the private sector among the poorest contraceptive users is much higher in urban areas at 26 percent.

Nearly 8 in 10 of the wealthiest contraceptive users obtain their method from the public sector, while 22 percent rely on the private sector. The wealthiest contraceptive users rely on the private sector for SAMs (27 percent) more than they do for LARCs and PMs (10 percent).

Less than 1 in 10 of the poorest contraceptive users in Ethiopia rely on the private sector

Nearly 8 in 10 of the wealthiest contraceptive users in Ethiopia use the public sector

Implications

Ethiopia's public sector is the primary source for all population segments. Public sources have been the main driver of recent mCPR growth, led by increased provision of injectables and implants. Though currently quite small, the private sector has an opportunity to contribute to continued injectable growth through private clinics and hospitals—the dominant sources among private sector clients. Currently, nearly one in five injectable users obtains the method from a private source, indicating potential for expanding access through private sources, especially among the wealthiest women and those who live in urban areas. This strategy aligns with the government's aim to strengthen private sector capacity through public-private partnerships and support public facilities to open private health wings, particularly in urban areas (GOE 2017). A sustained emphasis on private sector contraceptive provision can help accelerate Ethiopia's mCPR increases, decrease Ethiopia's reliance on free supplies, improve contraceptive security and sustainability, and improve access to and use of modern contraceptive methods.

References

Government of Ethiopia (GOE). 2017. Family Planning 2020 Commitment.

[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.

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