Sources of Family Planning

Togo

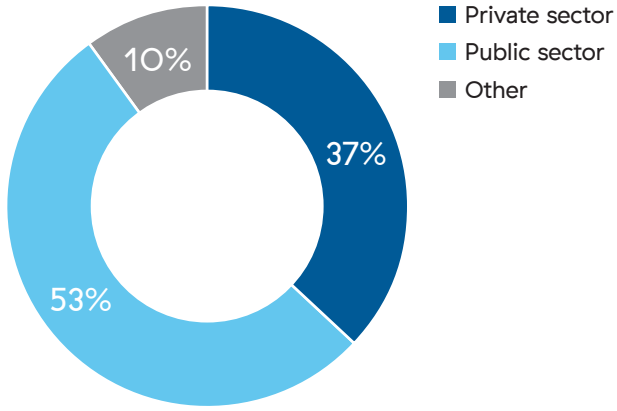
Photo: Bruno Gandon

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 Togo 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 Togo.

Key Findings

- More than one-third (37%) of modern contraceptive users rely on the private sector for their method.
- Nearly two-thirds (63%) of contraceptive users age 15—19 obtain their method from a private source.
- Urban contraceptive users are more than three times as likely to obtain their method from the private sector as rural users (56% versus 17%).
- The public sector is dominant among the poorest contraceptive users (82%), most of whom rely on injectables (42%) and implants (37%).
- Most of the wealthiest contraceptive users (55%) rely on the private sector. Condoms are the most popular method (48%) among the wealthiest.

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

Among all women of reproductive age in Togo, just under one in five (17 percent) use modern contraception. This brief focuses on all women, married and unmarried, to accurately portray contraceptive sources among all users. Since the last Demographic and Health Survey in 1998, the modern contraceptive prevalence rate (mCPR) has more than doubled due to an increase in use of all short-acting methods (SAMs) as well as a three-fold increase in implant use (from less than 1 to 3 percent). SAMs remain dominant in Togo (13 percent), while fewer women use long-acting reversible contraceptives (LARCs, 4 percent) and permanent methods (PMs, less than 1 percent).[1]

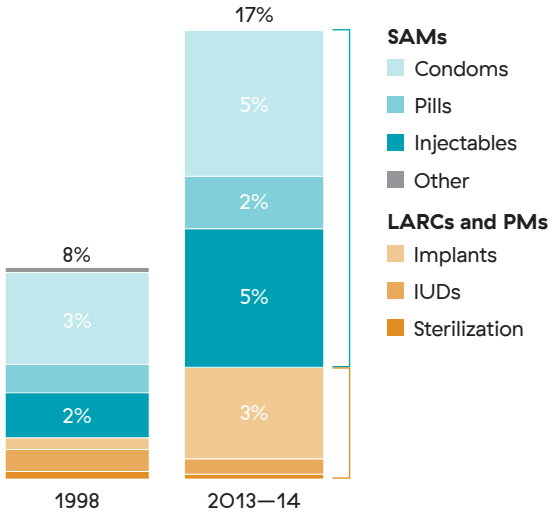
Sources for family planning methods

The public sector is the primary source of modern contraceptives in Togo among modern contraceptive users (53 percent). Yet, more than one-third of users (37 percent) rely on the private sector. Ten percent use other sources.[2] Since 1998, private sector reliance increased from 29 percent, while reliance on other sources—friends and parents—decreased from 23 percent.

Women in Togo are slightly more likely to obtain SAMs from private than public sources (6 versus 5 percent). In contrast, more women obtain LARCs and PMs from public sources than from private sources (4 versus less than 1 percent). Nearly all LARC growth since 1998 has occurred through the public sector. Both public and private sectors contributed to the increase in SAM use since 1998 (public from 2 to 5 percent; private from 2 to 6 percent).

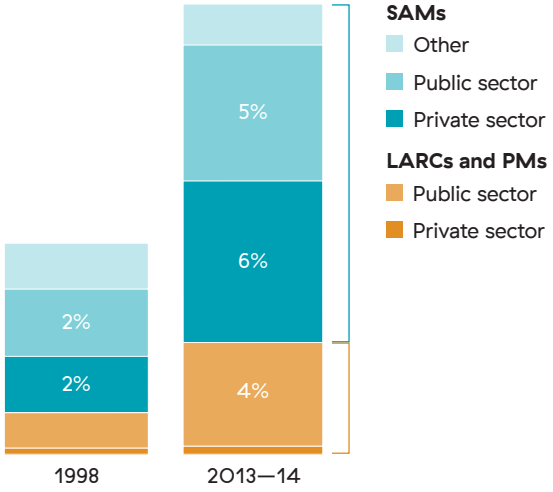
The two leading methods in Togo are condoms and injectables. Users seek out these methods from different sources. Nearly three in four condom users (72 percent) obtain the method from a private source, which is similar to many other countries in sub-Saharan Africa. Comparatively, more than four in five injectable users (83 percent) rely on the public sector. Implants are the third most common method in Togo and are primarily sourced from the public sector (94 percent).

Since 1998, Togo's mCPR more than doubled due to SAM and implant growth



Note: Numbers may not add due to rounding.

Public and private sources are both important SAM suppliers, while the public sector is dominant for LARCs and PMs



[1] SAMs include injectables, contraceptive pills, male condoms, diaphragms, female condoms, and fertility awareness methods. LARCs and PMs include IUDs, implants, and female sterilization. "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, dispensaries, health huts, and mobile services. Private sector sources include hospitals, clinics, and doctors; nongovernmental organizations including fieldworkers; and pharmacies, markets, shops, and gas stations. 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, 80 percent obtain their method from a pharmacy or shop, 12 percent from a private hospital or clinic, and 8 percent from a nongovernmental organization. The two methods most commonly sought from the private sector are condoms and pills. The vast majority of private sector condom and pill users (96 and 94 percent, respectively) rely on pharmacies or shops.

Contraceptive source by geography

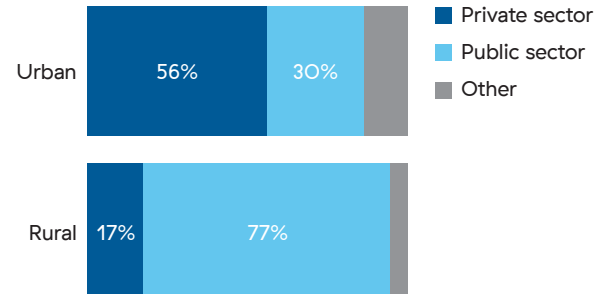
The mCPR is higher in urban (19 percent) than in rural (15 percent) areas. Urban contraceptive users are more than three times as likely to purchase their method from the private sector (56 percent) compared with rural users (17 percent). Contraceptive source varies by region as well. For example, private sector use is highest in Grade Agglomération de Lomé (58 percent) and lowest in Savanes (18 percent).

Contraceptive source by marital status and age

Unmarried contraceptive users are more than twice as likely as married users to obtain their method from the private sector (62 versus 26 percent), perhaps partially explained by stark differences in method mix. Unmarried users primarily rely on condoms (77 percent compared with 12 percent of married users). In contrast, married users rely primarily on injectables (41 percent) followed by implants (27 percent), both of which are more commonly sought from public sources. One in five unmarried users obtain their method (usually condoms) from a friend, parent, or other source.

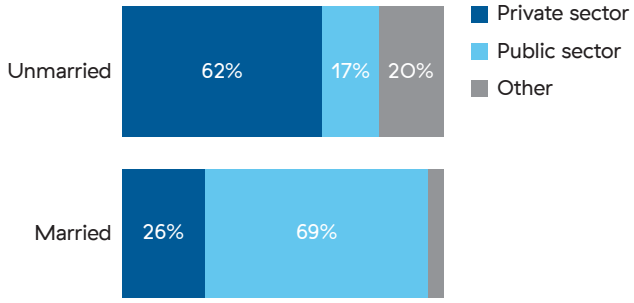
Private sector use is more than twice as high among 15–19 year-old users compared with those 25 and older (63 versus 29 percent). More than half (53 percent) of users age 20–24 also obtain their method from the private sector. Among 15–19 year-old users, 82 percent of the method mix is condoms, which may explain the heavy reliance on private and other sources.

Urban users are more than three times as likely to use the private sector as rural users



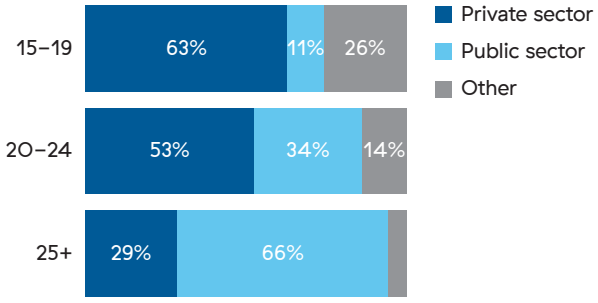
Percent of users in each group who obtain modern contraception from each source

Nearly two-thirds of unmarried users obtain their method from private sources



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

Private sector reliance 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 Togo, the poorest women are less likely to use a modern contraceptive method than the wealthiest women (15 versus 19 percent).[3] Among the poorest users, the public sector is dominant (82 percent). Over half (55 percent) of the wealthiest users rely on private sources and just under one-third (30 percent) on public sources. The wealthiest users rely on the private sector for SAMs (62 percent) more than they do for LARCs and PMs (15 percent). In addition to socioeconomic differences, variations in method mix may also help explain differential source use between the poorest and wealthiest. For example, implants and injectables—methods more commonly sourced from the public sector—are more commonly used by the poorest than the wealthiest (implants: 37 versus 10 percent; injectables: 42 versus 20 percent).

More than 8 in 10 of the poorest contraceptive users in Togo rely on the public sector

More than half of the wealthiest contraceptive users in Togo use the private sector—primarily for SAMs

Implications

The private sector is an important source of modern contraception in Togo and has made significant contributions to mCPR increases between 1998 and 2013–14. Currently, the private sector is the dominant source for condoms and pills and the primary source for urban and younger users. The government of Togo aims to increase the country's CPR from 23 to 35.5 percent by 2022, which will require intensive demand creation strategies (Government of Togo 2017). Further, Togo has committed to developing private sector partnerships for family planning service delivery and to scale best practices (Government of Togo 2017). The private sector's faith-based and nongovernmental communities and social marketing efforts could play an important role in generating contraceptive demand. For example, social marketing could expand condom and pill access, including in underserved regions and rural areas. The private sector could also play a larger role in injectable provision by understanding barriers to private provision and exploring solutions to increase access through private pharmacies and drug shops. Ultimately, these strategies will increase contraceptive access and equity, helping more women and families in Togo achieve their reproductive intentions.

Reference

Government of Togo. 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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SHOPSPlusProject.org

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.

August 2019