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RESEARCH INSIGHTS

Understanding the Association between Wealth, Long-Acting Contraception, and the Commercial Sector

An analysis of 14 Demographic and Health Surveys (DHS) reveals that wealthier women are more likely than poorer women to use LA/PMs instead of short-acting methods. They are also more likely to obtain these methods from the commercial sector. However, in some countries, a substantial minority of women from low and middle wealth quintiles uses the commercial sector for LA/PMs.

The use of long-acting or permanent contraceptive methods (LA/PMs, which include IUDs, implants, and male and female sterilization) is critical to reducing high rates of fertility and helping women achieve their ideal family size. However, in many countries, a relatively low proportion of women use LA/PMs, which may be due to provider biases, limited access to these methods, myths about side effects, and the price of obtaining the methods. If the price for LA/PMs is a barrier, then their use is likely to be low among poorer women, and increase as household wealth increases. Similarly, since the price of LA/PM services in the commercial sector can be high, it may be more likely to serve wealthier women.

Understanding the relationship between household wealth, use of LA/PMs, and the source where women obtain these methods can help inform programs so that they better respond to the family planning needs of all women, regardless of wealth. To understand how wealth may be associated with family planning decisions, Figure 1 presents the research questions included in this analysis. The analysis first considers the extent to which wealth affects use of modern contraception, and which type of method a woman uses—LA/PM or short-acting method (SAM). It then examines how wealth is associated with use of the commercial sector or the public sector for the chosen method. Results presented here focus on the use of LA/PMs and the commercial sector.

Methods

The analysis draws on nationally representative and comparable data from 14 developing countries: Egypt, Kenya, and Malawi in Africa; Bangladesh, India, Indonesia, Jordan, Nepal, Pakistan, and the Philippines in Asia; and Bolivia, Colombia, Honduras, and Peru in Latin America. The data come from the most recent Demographic and Health Surveys (DHS) for these countries, all of which were fielded between 2006 and 2012.

Jessica Scranton

Key Findings

- Wealthier women are more likely than poorer women to use modern contraception.
- Wealthier women are more likely than poorer women to use LA/PMs in most countries.
- Among LA/PM users, wealthier women are more likely than poorer women to use the commercial sector.
- The extent to which the poorest women use the commercial sector for LA/PMs varies widely across countries.

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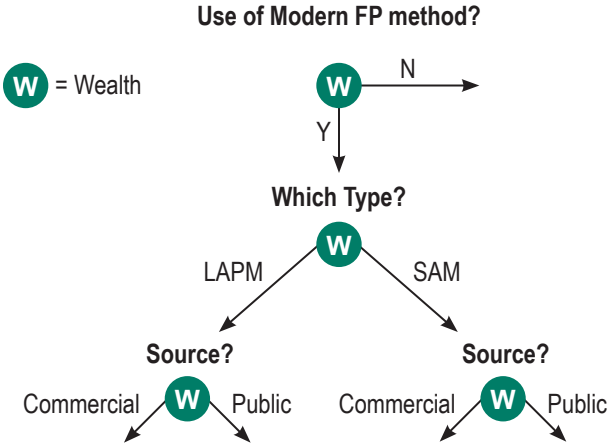
Countries selected for the analysis are a sample of countries where at least 5 percent of women reported using LA/PM. In addition, each of these surveys had to have at least 150 women responding to the relevant questions about use of LA/PMs and the source where the methods were obtained. The unit of analysis is women of reproductive age (15-49 years old) who have ever been sexually active.

Descriptive statistics helped identify relationships between household wealth and (i) use of modern FP, (ii) use of LA/PMs (instead of short acting methods), and (iii) reliance on the commercial sector (instead of the public sector) to obtain their methods. To capture these relationships with more precision, multivariate logistic regressions that controlled for age, parity, education, and other factors were fit.

Figure 1: Family Planning Decision Tree



Findings

Wealthier women are more likely than poorer women to use modern contraception.

In general, use of modern methods of family planning increases as household wealth increases. In nine countries, the difference in contraception use between the lowest and highest wealth quintiles was 10 percentage points or more. In four countries, the difference between these two groups was smaller—between 4 and 8 percentage points. Only in one country was a very small difference between these two wealth quintiles noted.

Wealthier women are more likely than poorer women to use LA/PMs in most countries.

In nine out of 14 countries, use of LA/PMs increases with household wealth (see Table 1). In Bolivia, Indonesia, and Peru for example, LA/PM prevalence among women in the highest wealth quintile is at least twice as high as it is for women in the lowest wealth quintile. Bangladesh, India, and Pakistan—all in South Asia—follow the opposite pattern, with use of LA/PMs being greatest among the women in the lowest wealth quintile, and steadily decreasing as household wealth goes up. In Colombia, use of LA/PMs is fairly constant across all household wealth quintiles.

Table 1: Proportion of users of LA/PMs by wealth quintile (among all users of modern FP methods)

	Q1	Q2	Q3	Q4	Q5
Bangladesh	21%	18%	16%	13%	10%
Bolivia	25%	33%	39%	44%	51%
Colombia	61%	62%	61%	62%	59%
Egypt	53%	61%	64%	72%	73%
Honduras	34%	43%	50%	51%	58%
India	90%	89%	88%	83%	71%
Indonesia	14%	17%	17%	19%	29%
Jordan	56%	59%	57%	60%	69%
Kenya	14%	16%	21%	21%	21%
Malawi	24%	23%	26%	28%	32%
Nepal	54%	64%	66%	64%	50%
Pakistan	66%	49%	51%	45%	44%
Peru	17%	26%	27%	34%	34%
Philippines	33%	38%	39%	40%	41%

Note: Q1= lowest; Q5= highest

Wealthier women are more likely than poorer women to use the commercial sector for LA/PMs.

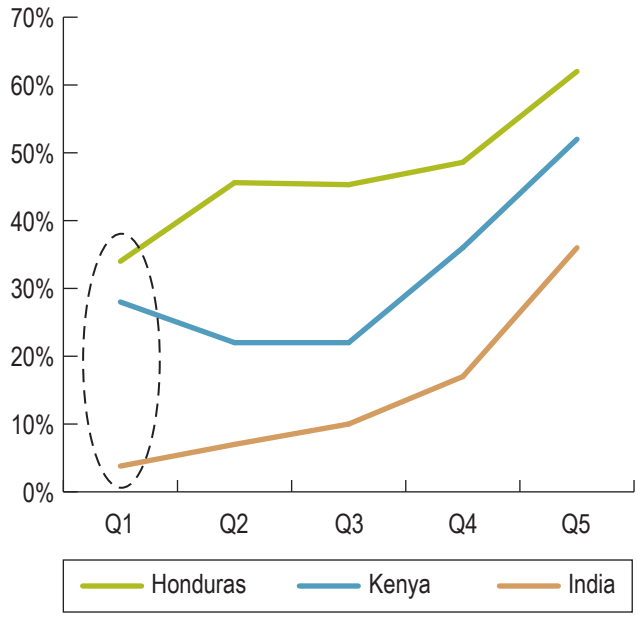
In all 14 countries, use of the commercial sector for LA/PMs is greatest among women in the highest wealth quintile. However, not all countries follow the same pattern related to use of the commercial sector (see Table 2). In Bolivia, Colombia, Egypt, India, and Jordan, the use of the commercial sector for LA/PMs increases across each successive wealth quintile. However, in Bangladesh, Indonesia, and Peru, a different pattern is visible: use of the commercial sector for LA/PMs barely increases among women in households in the lowest to upper-middle wealth quintiles, but use of commercial sources accelerates among women in the highest wealth quintiles. For example, among women in the lowest four wealth quintiles in Bangladesh, use of the commercial sector for LA/PMs fluctuates between 4 and 8 percent, but its use surges to 32 percent among women in the highest wealth quintile.

Table 2: Proportion of women using LA/PMs who obtained method through the commercial sector, by wealth quintile

	Q1	Q2	Q3	Q4	Q5
Bangladesh	4%	4%	8%	8%	32%
Bolivia	11%	16%	18%	24%	46%
Colombia	14%	19%	25%	30%	34%
Egypt	17%	23%	27%	35%	54%
Honduras	34%	46%	45%	49%	62%
India	4%	7%	10%	16%	35%
Indonesia	31%	33%	36%	47%	68%
Jordan	46%	53%	53%	60%	68%
Kenya	28%	23%	22%	34%	51%
Malawi	1%	0%	0%	1%	5%
Nepal	6%	4%	7%	7%	17%
Pakistan	13%	19%	26%	29%	50%
Peru	3%	4%	5%	9%	18%
Philippines	10%	14%	15%	26%	50%

Note: Q1= lowest; Q5= highest

Figure 2: Percentage of women using LA/PMs obtained through commercial sector, by wealth quintile



The extent to which the poorest women use the commercial sector for LA/PMs varies across countries.

Although women in the lowest wealth quintile are less likely to rely on the commercial sector than women in higher wealth quintiles, the proportion of women in the lowest wealth quintile who rely on this sector for LA/PMs is much greater in some countries than in others (see Figure 2). In India, for example, only 4 percent of LA/PM users in the lowest wealth quintile obtained their method from the commercial sector. In Kenya, the proportion of LA/PM users in the lowest wealth quintile using the commercial sector is 28 percent. In Honduras, 34 percent of the LA/PM users in the lowest wealth quintile rely on the commercial sector for their method.

Program Implications

The use of LA/PMs helps women and couples achieve their reproductive goals as LA/PMs have higher continuation rates and lower failure rates than shorter acting methods. In addition, the commercial sector—which includes private medical practices, clinics, hospitals, and pharmacies—provides LA/PMs to a sizeable proportion of women in the developing world. Understanding how household wealth is associated with both use of LA/PMs and reliance on the commercial sector for obtaining those methods can help address barriers that impede their uptake.

Program efforts need to ensure that all women have access to high quality family planning products and services. Programmatic evidence indicates that the use of innovative financing approaches, such as vouchers and contracting, are helping remove price as a barrier to LA/PMs and improving access to the commercial sector. Increasingly, governments are contracting with the private sector to serve the health needs of many groups of women, especially hard-to-reach and underserved women. These contracted services are often linked to quality-related performance goals, which provide financial incentive to the private sector to be responsive to women's health needs. Social franchising programs provide another approach for the commercial sector to expand access to family planning services regardless of household income, and help women achieve their reproductive goals. These mechanisms are helping expand access to all family planning methods—including LA/PMs—so that all women can use the method they want. As a result, the potential of the commercial sector to improve access to all family planning methods is growing.

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For more information about the SHOPS project, visit: www.shopsproject.org

Abt Associates Inc.
4550 Montgomery Avenue, Suite 800 North
Bethesda, MD 20814 USA
Telephone: 301.347.5000 • Fax: 301.913.6019
www.abtassociates.com