Long Abstract: Trends in the private sector as a source for modern contraception

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Background: As the uptake of modern family planning methods around the world has grown, the role of the private sector—including NGOs, social marketing programs that sell products through private retail outlets, and commercial providers—has evolved in response to the needs of users. Historically, the private sector's share and approaches have varied across regions of the world, yet the types of methods it provides have remained fairly consistent. Given ongoing discussion about contraceptive security, there is a clear and growing role for the private sector. This presentation provides a global and regional overview of the private sector's involvement in providing family planning services, the methods it has provided, and underlying rationale for these trends. In addition, given the importance of addressing the family planning needs of youth, a separate analysis examines trends related to youth, including use of the private sector and the types of methods they choose.

Methods: Using data from Demographic and Health Surveys over the past 25 years, we examine global and regional trends related to the private sector's contribution to contraceptive prevalence. The analysis includes 18 countries from Africa, 8 from Asia/Near East, and 7 from Latin America and the Caribbean. For each of the 33 countries included in the analysis, three observations from three time ranges are included: 1992-1999, 2000-2005, and 2006-2012. We estimate regional averages for contraceptive prevalence (CPR) and total fertility rates (TFR). Using the three points in time, we first examine the evolution of the relationship between TFR and CPR for each region. We then examine how the contraceptive method mix (short-acting methods (SAM) and long-acting and permanent methods (LAPMs)) has changed over time, for each region. Third, we examine the evolution of the source mix (proportion of methods obtained from either the private or the public sector . Finally, we consider changes in the source mix for SAMs and LAPMs separately to see evolving trends in how the private sector is responding to women's needs for different types of contraception. A similar complementary analysis is run for women ages 15-24 in order to see the extent to which the private sector is serving the specific needs of young women.

Preliminary Results: Globally, the private sector provides services and commodities to approximately 40 percent of all family planning users. It consistently plays a greater role in providing SAMs, which require resupply of commodities, than in providing LAPMs, which generally require trained clinical providers.

- In Latin America, TFR has decreased from approximately 3.8 to 2.7. Accompanying this fertility reduction has been an increase in CPR from 36 percent to 61 percent. Use of the private sector has decreased over time, from providing commodities and services to 57 percent of users to 44 percent. In Latin America, use of LAPMs continues to increase; these methods are frequently obtained through the public sector because they are offered either free of charge or at low cost. Preliminary analysis indicates that youth rely on SAMs obtained largely from the private sector.
- Asia has experienced an even greater reduction in fertility, dropping from 4.1 to 2.8. Accompanying this reduction has been a smaller increase in CPR—from 41 percent to 51 percent. Over the 25-year time frame, the private sector's role in providing family planning has increased from 39 percent to 48 percent, dominated largely by for-profit providers. Young women in Asia are more likely to use the private sector, and their method choice is SAMs obtained through the private sector, although some young women are opting for LAPMs through the public sector.
- Africa's fertility remains high, having decreased only from 5.8 to 5.3 over the 25 year time frame. Use of contraception shows a steady increase from 11 percent to 24 percent. The private sector has continued to serve about 35 percent of family planning users, while the public sector dominates the source mix, serving the remaining 65 percent of users. Young women have a low contraceptive prevalence, relying largely on SAMs obtained through the public sector.

Additional results are forthcoming.

Conclusion: Although use of modern contraception continues to increase in all three regions, the private sector has not played a consistent role across these regions, reflecting preferences and different history of family planning movements in each region. Family planning in Latin America and the Caribbean grow out of the NGO and private sector even though, eventually, the public sector stepped forward to provide family planning methods. Asia's increasing use of the private sector reflects the growing for-profit sector in general, and a reducing role of the public sector. Africa's experience shows strong reliance of the public sector, but much lower use of modern contraception than the other two regions, reflecting slow changing norms about large families and gender roles. In each region, the private sector is a diverse set of actors that responds to country and regional-specific opportunities and incentives. Because of its flexibility and diversity, the private sector can reach all segments of the population with family planning services and will continue to play a vital role to play in achieving family planning goals.