

# Sources of Family Planning

## Mali



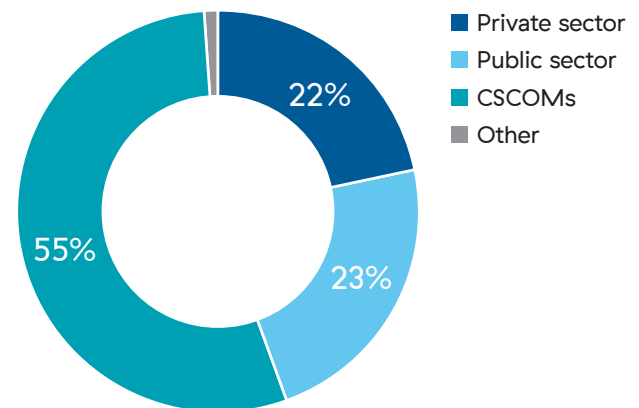
Photo: EU Civil Protection and Humanitarian Aid

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, marital status, and socioeconomic status. Through a secondary analysis of the 2018 Mali 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 Mali.

### Key Findings

- Mali's mCPR among all women increased from 10% in 2013 to 15% in 2018, mainly due to an increased use of implants.
- Nearly 1 in 4 modern contraceptive users in Mali obtain their method from the private sector, and more than 2 in 4 from *Centres de Santé Communautaires* (CSCOMs), or community health centers, which have public and private financing.
- Almost two-thirds of pill users obtain their method from a private source.
- In contrast with global patterns, in Mali private sector use is higher among married users than unmarried users (22% versus 18% respectively).

### Source of modern contraceptives in Mali



Note: Numbers may not add due to rounding.

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](https://PrivateSectorCounts.org).

## Modern contraceptive prevalence rate and method mix

Fifteen percent of all women of reproductive age in Mali use modern contraception. The modern contraceptive prevalence rate (mCPR) is slightly higher (16 percent) among married women. This brief focuses on all women, married and unmarried, to accurately portray contraceptive sources among all users. Mali's mCPR increased from 10 to 15 percent between 2013 and 2018, primarily due to a more than three-fold increase in implant use from 2 to 7 percent, along with smaller increases in injectable and IUD use. Short-acting methods (SAMs) were the dominant method type in Mali in 2013 but are now used at nearly equal levels as long-acting reversible contraceptives and permanent methods (LARCs and PMs).<sup>1</sup>

## Sources for family planning methods

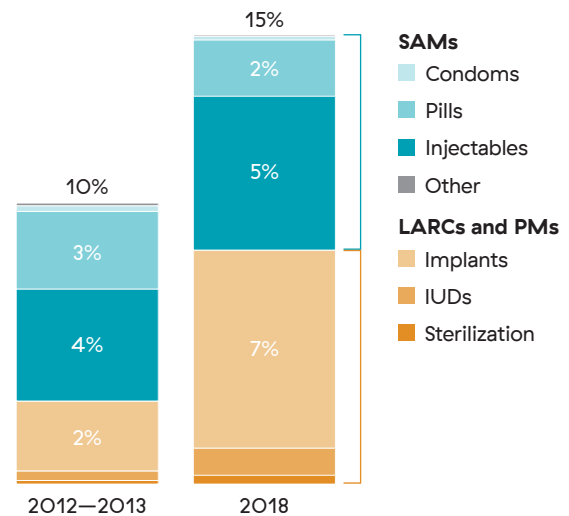
More than half of users obtain their method from CSCOMs, which are funded with a combination of public and private resources and deliver services on behalf of the government.<sup>2</sup> Including CSCOMs, the public sector is the dominant source of modern contraception in Mali (77 percent). Twenty-two percent of contraceptive users go to the private sector and one percent use other sources.<sup>3</sup> Public sector use increased moderately from 71 percent in 2013, mainly due to an increased use of implants, with 91 percent of implant users obtaining their method from a public source.

Public sector provision of LARCs increased from serving 3 to 7 percent of all women in Mali since 2013. Five percent of women obtain SAMs from the public sector. The private sector supplies SAMs to three percent of Malian women, and its contribution to LARCs and PMs is less than one percent.

Seventy-two percent of injectable users obtain their method from the public sector. Private sector use of injectables increased moderately from 19 percent in 2013 to 26 percent in 2018. In line with global patterns, the private sector is the dominant source among pill users (62 percent), an increase from 58 percent in 2013. There are too few condom users (0.1 percent) to analyze them by source.

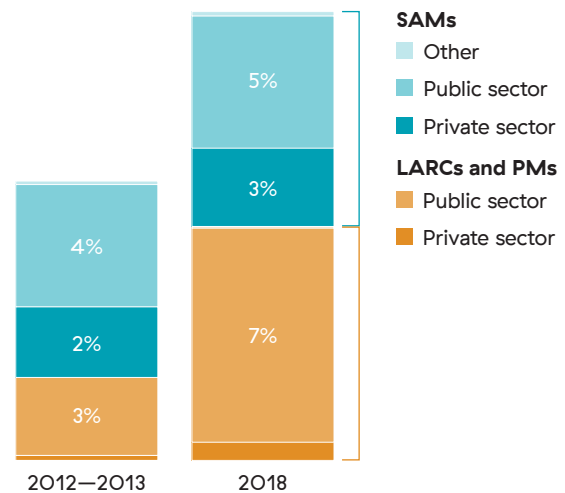
## mCPR increased by 50 percent, primarily due to increased implant use

Percent of women using each method



## mCPR growth is primarily attributable to the public sector, including CSCOMs

Percent of women using each method



<sup>1</sup> SAMs include injectables, contraceptive pills, male condoms, and female condoms. Long-acting reversible contraceptives and permanent methods 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.

<sup>2</sup> Although this analysis classifies CSCOMs as public sources, CSCOMs are supported by private community resources as well as government funds.

<sup>3</sup> Public sector sources include national and regional hospitals, reference health centers, community health centers (CSCOMs), and dispensary and maternity clinics. Private sector sources include hospitals, doctors, and treatment rooms; NGOs including community fieldworkers; and pharmacies, shops, and street vendors. Other sources include friends and relatives. 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 women who obtain contraceptives from the private sector, almost half (48 percent) go to pharmacies and shops. Another 28 percent go to private hospitals and clinics and 24 percent go to NGOs. Pills are the method most commonly obtained from the private sector, with more than 90 percent of private sector pill users obtaining their method from a pharmacy or shop. More than half of private sector injectable users go to NGOs (53 percent), while almost equal proportions go to pharmacies and shops and hospitals or clinics (24 and 23 percent, respectively). There are too few private sector implant users to analyze further.

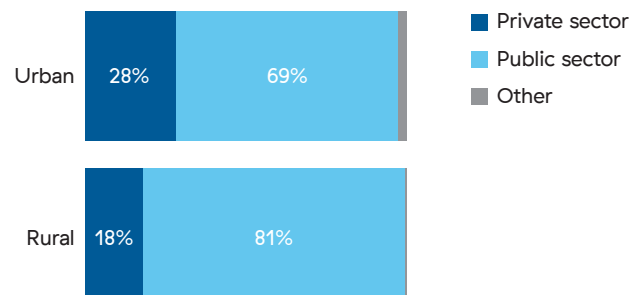
## Pharmacies and shops are the most common private sector sources



## Contraceptive source by geography

The mCPR is higher in urban (20 percent) than in rural (14 percent) areas of Mali. Notably, the mCPR in rural Mali doubled from 7 percent in 2013. Urban contraceptive users are more likely to obtain their method from the private sector than rural users (28 versus 18 percent). Pills, a method commonly sought from private sources, are more common among urban users (18 percent) than rural users (10 percent). Conversely, injectables, more often obtained from the public sector, are more popular in rural areas (40 versus 24 percent). Implants are used in almost equal proportions in urban and rural areas (46 and 43 percent, respectively).

## Private sector use is higher in urban than rural areas

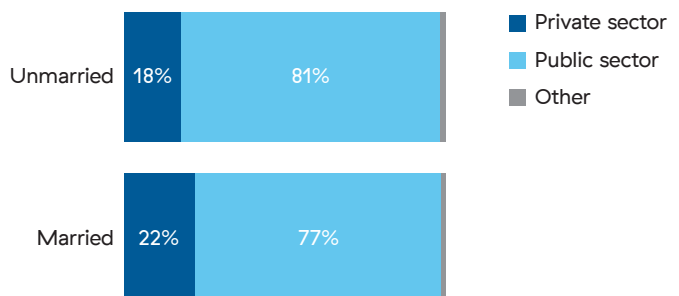


Percent of users in each group who obtain modern contraception from each source

## Contraceptive source by marital status

Unmarried contraceptive users are slightly less likely to use private sources than married users (18 versus 22 percent). This stands in contrast to global and regional patterns, where unmarried women are more likely to use private sources. Notably, the level of private sector use among unmarried users decreased dramatically from 37 percent in 2013. This is attributable to a major increase in use of implants among unmarried users (from 25 to 64 percent of the method mix), which are sourced primarily from the public sector.

## Unmarried users are slightly less likely to go to the private sector



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

## Contraceptive source by socioeconomic status

In Mali, the mCPR is twice as high among the wealthiest as poorest women (20 versus 10 percent) although it has increased from 4 percent in 2013 among the poorest users.<sup>4</sup> Among the poorest users, the majority (83 percent) go to public sources, while 17 percent use private sources. The public sector is also the primary source among the wealthiest users (73 percent). Though Mali is a poor country overall, women in the wealthiest quintile live well above the poverty line, and likely have some ability to pay for contraception.

Nearly 2 in 10 of the poorest contraceptive users go to the private sector



More than 7 in 10 of the wealthiest contraceptive users go to public sources



## Implications

Mali's important progress in increasing its mCPR from 10 percent in 2013 to 15 percent in 2018 is largely attributable to an increased use of implants, and to a lesser extent injectables and IUDs. These methods are now predominately sourced from the public sector or CSCOMs, facilitated by government support for task sharing of family planning services to lower cadres (HRH2030 2020). Although mCPR increases among rural and poorer women have helped close vast disparities, inequities in modern contraception use remain. In addition to continued efforts to implement National Family Planning guidelines at scale, increasing mCPR requires significant investment in family planning promotion and behavior change interventions. As Mali aims to increase the mCPR to 30 percent by 2023 (Ministry of Health and Social Affairs 2019), there is an opportunity to leverage the private medical and pharmaceutical sectors to increase both demand for and access to modern contraceptive methods. Contraceptive security can be strengthened by encouraging private distributors to market new, affordable condom, pill, and injectable brands, including new products such as DMPA-SC, through commercial pharmacies. Investments in building the capacity of private medical providers to offer implants and IUDs would also help increase the adoption of these methods by current and potential users of family planning who choose the private sector as a source.

## References

HRH2030. 2020. *National Family Planning Guidelines in 10 Countries: How Well Do They Align with Current Evidence and WHO Recommendations on Task Sharing and Self-Care?*

Ministry of Health and Social Affairs. 2019. *Plan d'Action National Budgétisé de Planification Familiale du Mali 2019–2023 [Mali Costed Implementation Plan for Family Planning 2019–2023]*. Bamako: Ministry of Health and Social Affairs.

<sup>4</sup> 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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