

Sources of Family Planning

Haiti



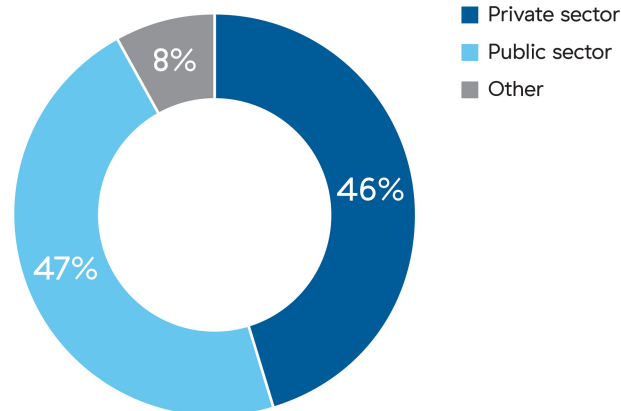
Photo: David Rochkind/USAID

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 2016–17 Haiti 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 Haiti.

Key Findings

- Nearly one-half (46%) of modern contraceptive users rely on the private sector for their method.
- Private sector use decreased from 65% in 2012, while public sector use increased from 23% to 47%. This change is largely due to a 2013 government policy that made family planning services free in public facilities and the end of a large social marketing program in 2015.
- Nearly two-thirds (65%) of private injectable users rely on NGOs.
- More than half of adolescent users (53%) obtain their contraceptives from private sector sources.
- More than 4 in 10 of the poorest users rely on the private sector for family planning.

Source of modern contraceptives



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.

Modern contraceptive prevalence rate and method mix

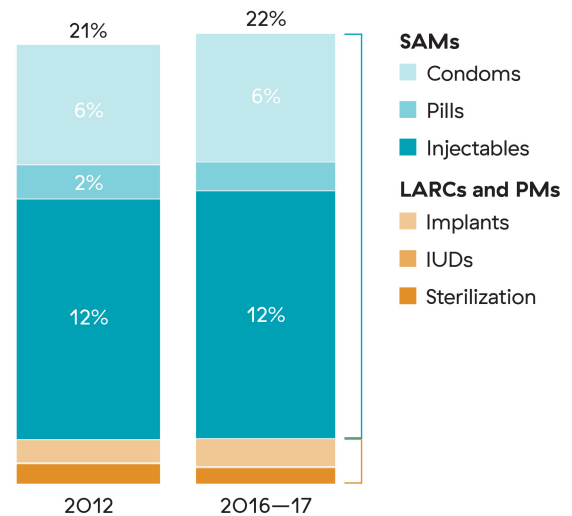
Among all women of reproductive age in Haiti, less than one-fourth (22 percent) use modern contraception. Among married women, the modern contraceptive prevalence rate (mCPR) is 31 percent. This brief focuses on all women, married and unmarried, to accurately portray contraceptive sources among all users. Haiti's mCPR and method mix have remained relatively stable between 2012 and 2016–17. Short-acting methods (SAMs), particularly injectables (12 percent) and condoms (6 percent), are much more popular than long-acting reversible contraceptives and permanent methods (LARCs and PMs, 2 percent).¹

Sources for family planning methods

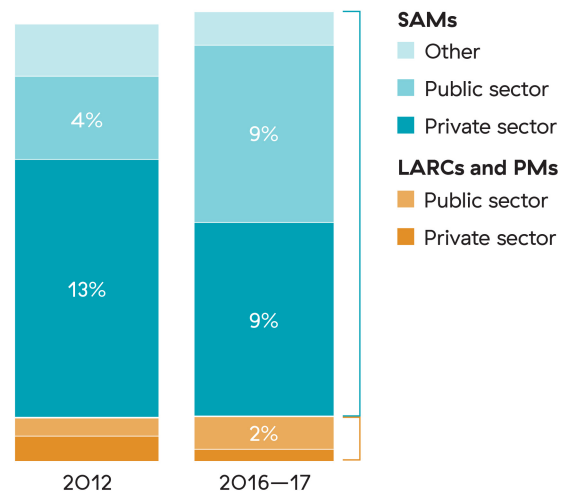
Modern contraceptive users rely on the public and private sectors in nearly equal proportions (47 percent and 46 percent). This source mix represents a substantial change from 2012, when just 23 percent of contraceptive users relied on the public sector and 65 percent went to private sector sources.² Possible reasons for this source change are discussed in the section “Implications.”

Currently, women in Haiti depend equally on the public and private sectors for SAMs (9 percent). However, use of SAMs supplied by the private sector decreased from 13 percent in 2012, while SAMs supplied by the public sector increased from 4 to 9 percent. This shift is largely due to source changes in Haiti's leading method, injectables. While relatively few women use LARCs and PMs in Haiti, more of these women obtain their method from the public than private sector. Among injectable users, 57 percent use public sources and 43 percent use private sources. Use of the private sector is higher (55 percent) among women who use condoms. Condoms are a particularly popular method among unmarried users (72 percent of the method mix), adolescents (78 percent), and the wealthiest women (44 percent). Thus, reliance on private sources is considerably high in these population segments.

Haiti's mCPR has remained stable, with short-acting methods dominant



Use of SAMs from private sector sources decreased



¹ SAMs include injectables, contraceptive pills, male condoms, and fertility-awareness methods. LARCs and PMs include IUDs, implants, and male and female sterilization. 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 and health centers. Private sector sources include hospitals, clinics, health centers, family planning clinics, and doctors; NGOs including mix hospitals/clinics/health centers (mixed government and private NGO authorities), mobile clinics, and health workers; and pharmacies, shops, and slot machines. 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, 44 percent rely on an NGO including *mix clinics* (mixed government and private NGO authorities), 39 percent on a pharmacy or shop, and 17 percent on a hospital or clinic. Use of private hospitals and clinics declined from 30 percent in 2012, while use of pharmacies and shops increased from 28 percent. Most private sector injectable users go to an NGO (65 percent), while private sector condom users typically go to pharmacies or shops (83 percent).

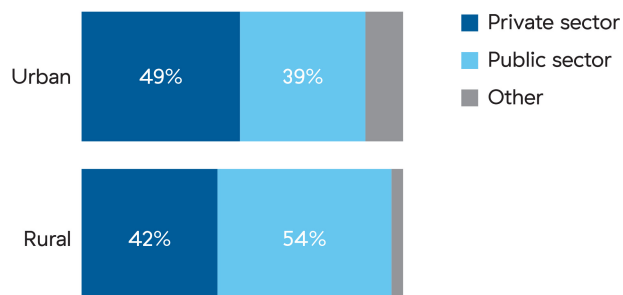
Nongovernmental organizations are the primary private sector source



Contraceptive source by geography

The mCPR is slightly higher in urban (23 percent) than in rural (21 percent) areas. Urban contraceptive users are somewhat more likely to purchase their method from the private sector (49 percent) compared with rural users (42 percent). Contraceptive sources also vary by department. For example, private sector use is highest in Reste-Ouest (56 percent) and lowest in Sud-Est (35 percent).

Urban users are somewhat more likely to use the private sector than rural users

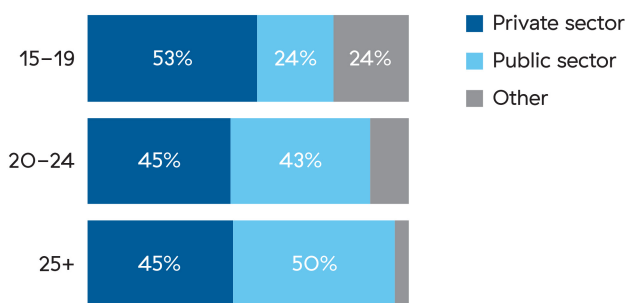


Percent of users in each group who obtain modern contraception from each source

Contraceptive source by age

The private sector is an important source across age groups, particularly for the youngest users ages 15 to 19. Public sector use is highest among users ages 25 and older (50 percent), followed by users ages 20 to 24 years (43 percent). Fewer than one in four of the youngest contraceptive users obtain their method from the public sector (24 percent). An equal percentage of users 15 to 19 years old obtain their method from a friend or relative.

Private sector reliance is highest among users ages 15–19



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

Contraceptive source by socioeconomic status

In Haiti, the mCPR is nearly equal between the poorest (20 percent) and wealthiest (21 percent) women.³ Among the poorest users, more than four in ten (42 percent) rely on private sources and 56 percent on public sources. Among the wealthiest users, one-half rely on private sources and 37 percent on public sources. Public sector use increased considerably among the poorest and wealthiest contraceptive users between 2012 and 2016–17: from 29 to 56 percent among the poorest and from 19 to 37 percent among the wealthiest. Among the wealthiest, in particular, there was a considerable shift in obtaining injectables from public rather than private sources. The wealthiest contraceptive users are also more likely to obtain their method from a friend or relative compared with the poorest users (13 versus 2 percent) due to considerably higher condom use among the wealthiest (44 versus 9 percent).

More than 4 in 10 of the poorest contraceptive users in Haiti rely on the private sector



Nearly 4 in 10 of the wealthiest contraceptive users in Haiti use the public sector



Implications

Haiti's private sector remains an important source of family planning for all population segments, despite the decline in its contribution since 2012. Haiti's 2013 governmental policy that decreed free family planning services in public facilities, together with the end of a large social marketing program, likely led to an increase in public sector reliance across methods, particularly injectables, which is Haiti's most popular contraceptive. The policy has likely ensured continued equity in use despite the hardships Haitians have endured in the last decade. However, sustaining availability of free contraceptives may be a challenge, indicating the need for a total market approach to ensure that public and private sector resources are used efficiently to meet the reproductive needs of all population segments.

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.



Find Us

SHOPSPlusProject.org



Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is a five-year cooperative agreement (AID0AA-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.

November 2019