

Sources of Family Planning

Liberia



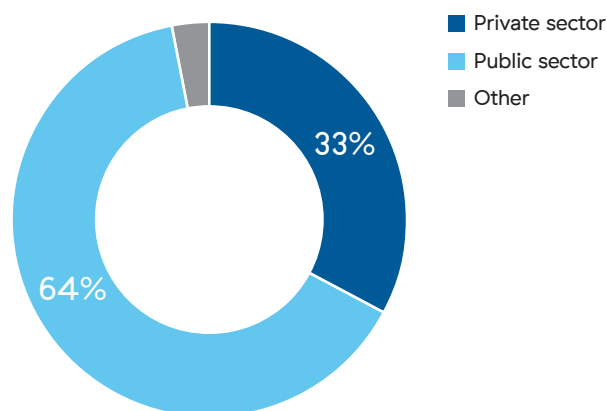
Photo: Laura Elizabeth Pohl/Bread for the World

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 Liberia 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 Liberia.

Key Findings

- One-third (33%) of modern contraceptive users rely on the private sector for their method.
- Liberia's modern contraceptive prevalence rate increased from 12% in 2007 to 20% in 2013, largely due to the increased use of injectables and a more modest increase in the use of implants.
- Two in ten of the poorest users rely on the private sector for family planning.
- Over half (56%) of the wealthiest users go to the public sector for family planning.

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.

Modern contraceptive prevalence rate and method mix

One out of every five Liberian women use modern contraception (20 percent). Among married women, the modern contraceptive prevalence rate (mCPR) is 19 percent. This brief focuses on all women, married and unmarried, to accurately portray contraceptive sources among all users. The recent and substantial growth in Liberia's mCPR, from 12 to 20 percent, is largely driven by increases in two methods: a three-fold increase in injectables (from 4 to 12 percent) and a rise in the use of implants (from negligible use to 2 percent). Use of both short-acting methods (SAMs) and long-acting reversible contraceptives and permanent methods (LARCs and PMs) increased from 2007 to 2013: SAMs from 11 to 18 percent and LARCs and PMs from 1 to 3 percent. SAMs increased despite a three-fold decrease in condom use (from 3 to 1 percent).¹

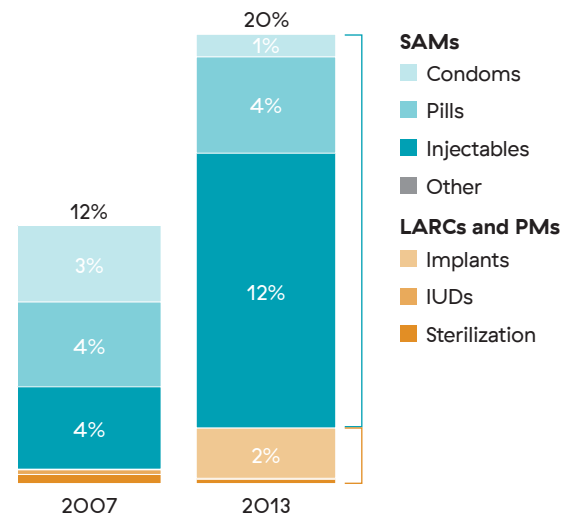
Sources for family planning methods

The public sector is the primary source of modern contraceptives in Liberia (64 percent). One-third of users rely on the private sector (33 percent) and 3 percent use other sources.² The public sector market share has increased somewhat since 2007 with a corresponding decrease in reliance on other sources (friends and relatives). The private sector has contributed to mCPR growth and the market share has remained stable.

Private sector's contribution to method mix

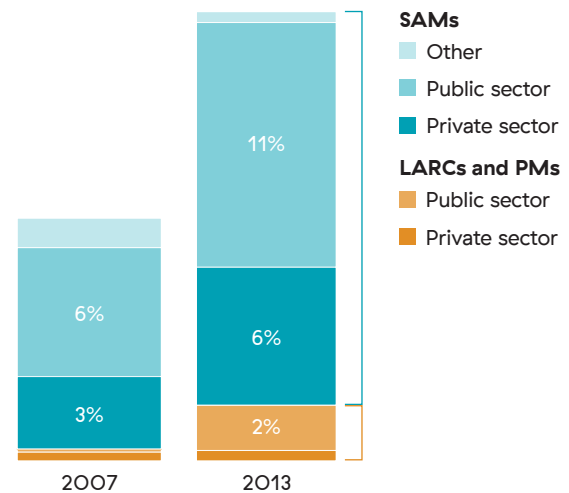
Both the public and private sectors have substantially contributed to SAM growth among Liberian women between 2007 and 2013: from 6 to 11 percent in the public sector, and doubling from 3 to 6 percent in the private sector. Use of public sources for implants also increased from less than 1 percent to 2 percent. Among users of Liberia's leading method—injectables—65 percent use public sources and 34 percent use private sources. This pattern is similar for pills, with 62 percent using the public sector and 35 percent using the private sector. Compared with global patterns, this is unusually low private sector use for pills.

Liberia's mCPR increase is largely due to higher use of implants and injectables



Note: Numbers may not add due to rounding.

Use of the public and private sectors for SAMs nearly doubled since 2007



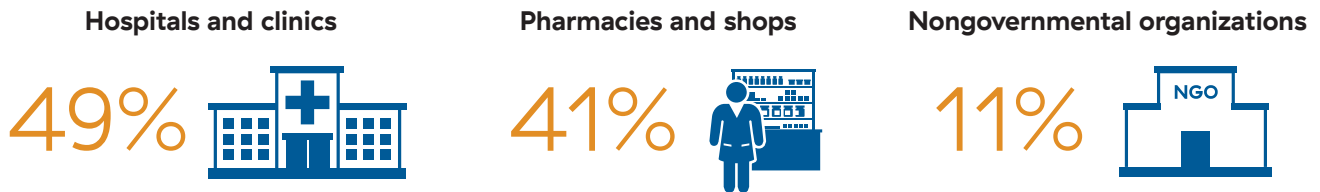
¹ SAMs include injectables, contraceptive pills, male condoms, and fertility awareness methods. LARCs and PMs include IUDs, implants, and male and female sterilization. The lactational amenorrhea method and "other modern" methods are excluded from this analysis, as the Demographic and Health Survey does 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.

² Public sector sources include hospitals, health centers, clinics and community health volunteers. Private sector sources include hospitals and clinics; nongovernmental organizations including Planned Parenthood and mobile clinics; and pharmacies and shops. 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, 49 percent obtain their method from a private hospital or clinic, and 41 percent go to a pharmacy (32 percent) or shop (9 percent). In addition, 11 percent of private sector users go to a nongovernmental organization. The two methods most commonly sought from the private sector are injectables and pills. Most injectable private sector users go to a hospital or clinic (58 percent), while private sector pill users typically go to pharmacies (56 percent).

Hospitals and clinics are the primary private sector sources



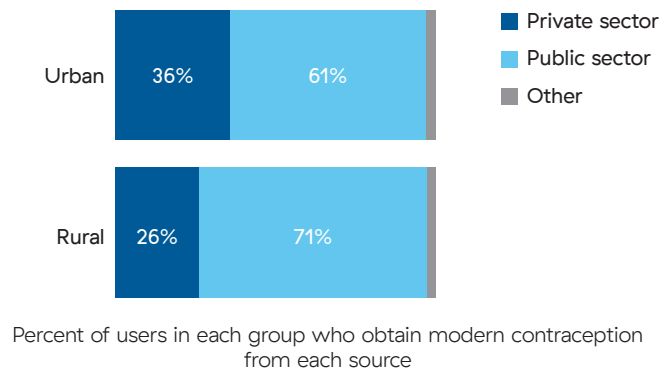
Contraceptive source by geography

The mCPR is higher in urban (23 percent) compared with rural areas (17 percent). Urban contraceptive users are more likely to purchase their method from the private sector (36 percent) compared with rural users (26 percent). Contraceptive sources vary by region as well. For example, private sector use is highest in the South Central region of Liberia (38 percent) and lowest in the South Eastern 'A' region (17 percent).

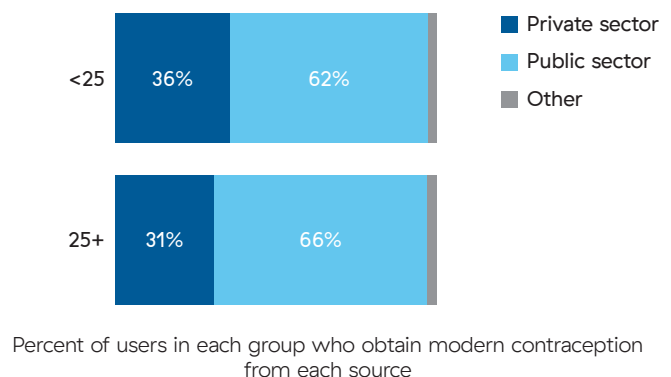
Contraceptive source by age and marital status

Contraceptive users younger than 25 use the private sector slightly more than older users (36 versus 31 percent). The method mix is fairly similar across age categories, with injectables as the most popular contraceptive for both younger (63 percent) and older users (60 percent). Younger users are slightly more likely to use condoms (7 versus 4 percent), while older users are more likely to use pills (24 versus 18 percent). Source patterns by marital status mirror those by age, with the private sector serving 36 percent of unmarried users and 31 percent of married users.

Private sector reliance is higher in urban than rural areas



Younger users are slightly more likely to obtain their method from the private sector



Contraceptive source by socioeconomic status

In Liberia, the poorest women are less likely to use a modern contraceptive method than the wealthiest women (15 versus 24 percent).³ Among the poorest users, two in ten rely on private sources. Four in ten (41 percent) of the wealthiest users rely on the private sector and over half (56 percent) on the public sector. The wealthiest users rely on the private sector more for SAMs (43 percent) than they do for LARCs and PMs (26 percent).

2 in 10 of the poorest contraceptive users in Liberia rely on the private sector



More than half of the wealthiest contraceptive users in Liberia use the public sector



Implications

Liberia's private sector is an important source for contraception, particularly for SAM users, youth, and urban populations. Liberia's Family Planning 2020 commitments (Liberia Ministry of Health 2018) and recent Costed Implementation Plan (Government of Liberia 2018) emphasize the importance of youth-friendly services. These documents also underscore the national goal of increasing private sector use by 10 percentage points. Younger users rely on private sources more than those 25 and older, so the private sector will be a key resource for enhancing youth-friendly services.

Understanding barriers to private sector provision of pills and injectables would help improve private sector participation and programming. Pills are a relatively low-cost method and could be obtained from private outlets at higher levels—similar to levels seen in neighboring countries. Additionally, improving access to injectables—one of two methods that has driven recent mCPR increases—in the private sector could allow women who are able to pay to access this method from the private sector, freeing up government services for poorer women. The government could then focus its resources on providing LARCs, while simultaneously working to address policy and regulatory barriers to increase the private sector's capacity to provide a range of contraceptive commodities and services.

References

Government of Liberia. 2018. *Liberia Family Planning Costed Implementation Plan (2018–2022)*. Monrovia: Ministry of Health and Social Welfare.

Liberia Ministry of Health. 2018. *Liberia FP2020 Commitment Self-Reporting Questionnaire 2018*.

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](https://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.