Sources of Family Planning

Benin

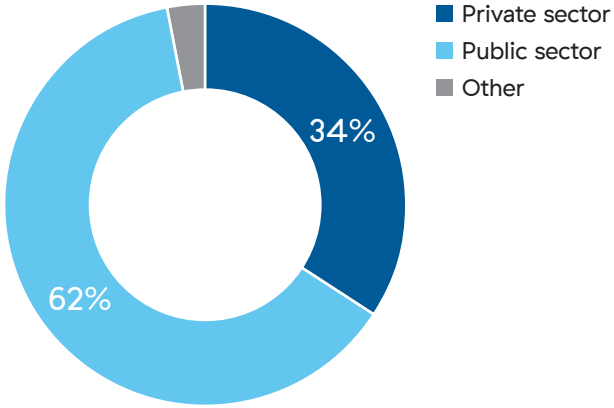
Photo: Joshua Yospyn/JSI

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 highlighting where women obtain modern contraception by method, geography, age, marital status, and socioeconomic status. Through a secondary analysis of the 2017—18 Benin 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 Benin.

Key Findings

- More than one-third (34%) of modern contraceptive users obtain their method from a private source.
- Benin's modern contraceptive prevalence rate increased from 8% to 12% in recent years, largely due to higher implant use from public sources.
- Urban contraceptive users are twice as likely as rural users to obtain their method from a private source (46% versus 23%).
- 60% of adolescent modern contraceptive users rely on private sources.

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**.

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Modern contraceptive prevalence rate and method mix

Among all women of reproductive age in Benin, 12 percent use modern contraception.[1] Benin's modern contraceptive prevalence rate (mCPR) increased from 8 to 12 percent between 2011–12 and 2017–18, primarily due to a five-fold increase in implant use (from 1 to 5 percent).[2] Short-acting methods (SAMs) and long-acting reversible contraceptives and permanent methods (LARCs and PMs) are used equally in Benin (6 percent).

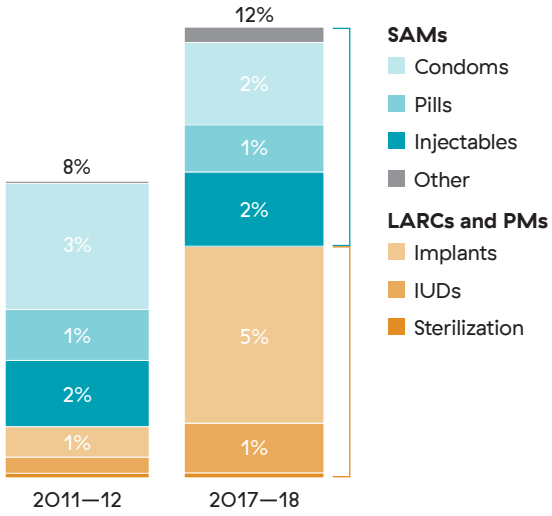
Sources for family planning methods

Among modern contraceptive users in Benin, the public sector is the primary source (62 percent). More than one-third (34 percent) of contraceptive users rely on a private source, and 3 percent use other sources.

Both the public and the private sectors play an important role in SAM provision for women in Benin.[3] However, the public sector is the primary source of LARCs and PMs. LARC and PM growth since 2011–12 occurred primarily through public sources, likely due to implant price guarantees that increased availability of this method in public clinics through the Implant Access Program. Use of the private sector for LARCs and PMs increased modestly.

The large majority (91 percent) of implant users obtain their method from a public source. Likewise, the majority of injectable users rely on public sources (81 percent). The source pattern is the reverse for condom users: 82 percent visit private sources to obtain their method.

Benin's mCPR increased from 8 to 12 percent due to growth in implant use



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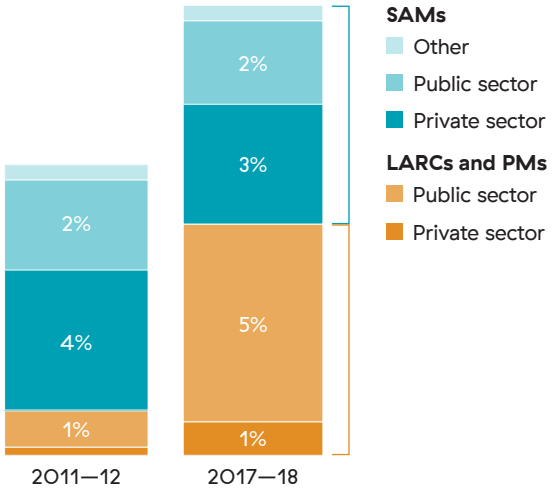
Benin's mCPR growth is primarily due to higher LARC use from public sources



[1] This brief focuses on all women, married and unmarried, to accurately portray contraceptive sources among all users.

[2] SAMs include injectables, contraceptive pills, male condoms, female condoms, emergency contraception, and fertility–awareness methods. LARCs and PMs include intrauterine devices, 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.

[3] Public sector sources include hospitals, health centers, community health workers, and mobile clinics. Private sector sources include hospitals, clinics, and doctors; NGOs including 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 clients in Benin, nearly half (48 percent) obtain their method from a pharmacy, more than one-third (34 percent) from a clinic or hospital, and 17 percent from a shop. Private sector condom users rely on pharmacies (60 percent) and shops (38 percent). Nearly all (93 percent) private sector pill users obtain the method from a pharmacy.

Contraceptive source by geography

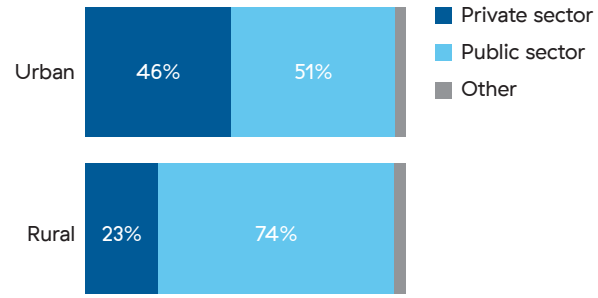
The mCPR is slightly higher in urban (13 percent) than in rural (10 percent) areas. Urban contraceptive users are twice as likely to purchase their method from the private sector as rural users (46 versus 23 percent). This is likely related to differences in the method mix: condoms are more common among urban users (23 versus 14 percent) whereas implants are more common among rural users (47 versus 32 percent). Contraceptive sources vary by department as well. For example, private sector use is highest in Littoral (60 percent) and Atlantique (58 percent) and lowest in Donga (11 percent).

Contraceptive source by age and marital status

Higher private sector use is correlated with younger age. Among contraceptive users ages 15 to 19, 60 percent rely on private sources. This decreases to 40 percent among users ages 20 to 24 and to 29 percent among users 25 or older. There are also stark method mix differences by age: condoms are dominant among adolescent users (62 percent), while one-third (35 percent) of users ages 20 to 24 and just 7 percent of users age 25 and older rely on condoms. The reverse pattern holds true for implants: 44 percent of users 25 or older rely on implants compared with 32 percent and 23 percent of 20- to 24-year-olds and 15- to 19-year-olds, respectively.

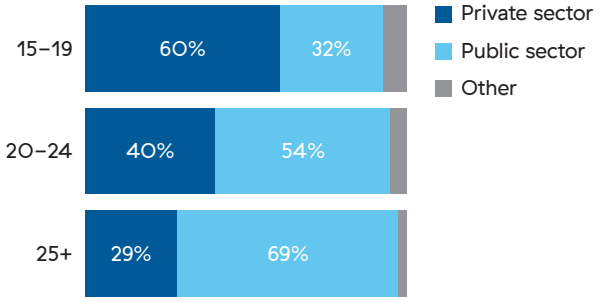
There is a similar source and method mix pattern by marital status, with unmarried contraceptive users substantially more likely than married users to rely on private sources (56 versus 27 percent) and to use condoms (49 versus 8 percent). Implants and IUDs are both more common among married than unmarried women (implants: 44 versus 25 percent, IUDs: 13 versus 5 percent).

Urban users are twice as likely to use the private sector as rural users



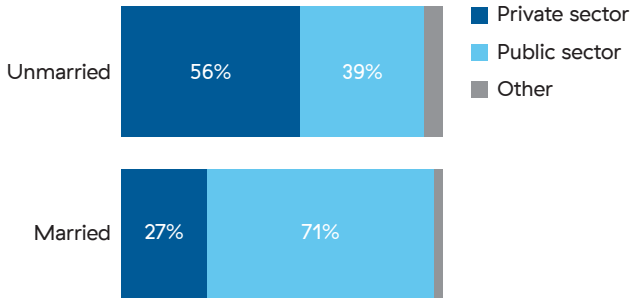
Percent of users in each group who obtain modern contraception from each source

Private sector use is highest among the youngest age groups



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

Unmarried users are more than twice as likely to rely on private sources as married users



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

Contraceptive source by socioeconomic status

The mCPR is higher among the wealthiest than poorest women in Benin (14 versus 9 percent).[4] Among the poorest modern contraceptive users, nearly 2 in 10 (17 percent) rely on private sources, while 82 percent use public sources. The wealthiest users rely nearly equally on the private and public sectors (46 percent private and 49 percent public). Among the wealthiest private sector users, 41 percent go to private sources to obtain condoms.

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

Almost half of the wealthiest contraceptive users in Benin use the public sector

Implications

The public sector is the primary source of modern contraception in Benin, though the private sector is a key source for young, unmarried, and urban users. Benin has made important strides toward reaching its Family Planning 2020 goal of increasing the mCPR to 22 percent, and has committed to increasing collaboration with the private sector to ensure the availability and accessibility of contraceptive products throughout the country (FP2020 2013, 2018). Engaging the full market is important in Benin to sustainably finance family planning commodities and ensure contraceptive security. For example, the availability of implants in Benin through the Implant Access Program was likely a key driver of recent contraceptive growth, and sustaining access to affordable implant insertion and removal services will be a critical issue for public and private stakeholders as well as donors. Benin's Family Planning 2020 commitment emphasizes the importance of reaching adolescents and youth with information, education, and access to contraception. Since nearly 2 out of every 3 adolescent users in Benin obtain contraceptives from a private source, the private sector is a key partner in ensuring this population's needs are met. Using a total market approach will help Benin to make its family planning programs more sustainable, equitable, and efficient as it continues to increase contraceptive access and choice.

References

FP2020 (Family Planning 2020). 2013. "Benin FP2020 Commitment." www.familyplanning2020.org/news/benin-fp2020-commitment.

————. 2018. "Questionnaire 2018 de Mise À Jour Annuelle Des Engagements FP2020."

[4] 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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Sustaining Health Outcomes through the Private Sector (SHOPS) Plus is a five-year cooperative agreement (AIDOAA-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.

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