

The Private Sector: Key to Reaching Young People with Contraception

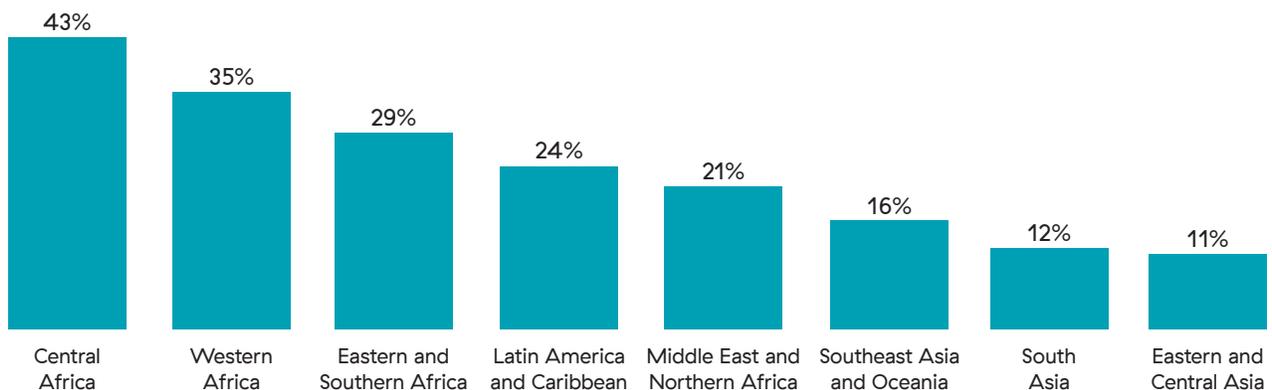


As family planning stakeholders look to increase the use of modern contraceptive methods among young people aged 15–24, the private health sector presents a significant opportunity to expand access to this group. To prioritize investments in private sector strategies to reach youth, donors and governments need to understand which opportunities offer the greatest potential to reach additional young users of modern methods. This brief uses data from Family Planning 2020’s Core Indicator Estimates and Demographic and Health Surveys to model growth under a few potential scenarios.

Current role of the private sector

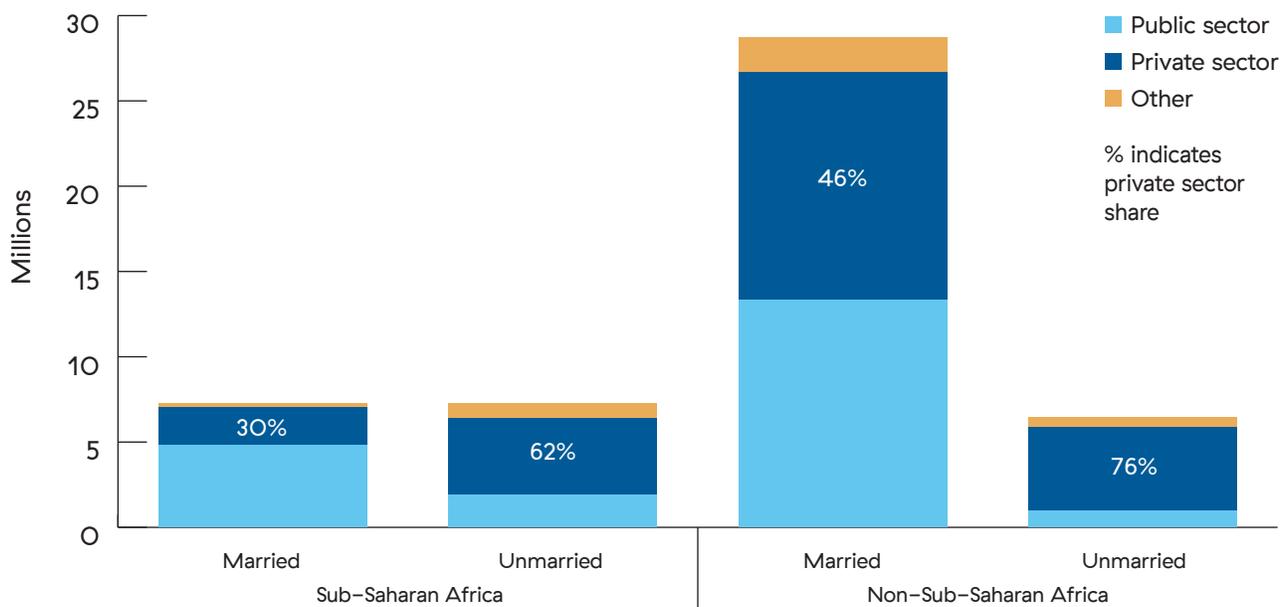
Across the 69 Family Planning 2020 (FP2020) focus countries, there were nearly 322 million young women aged 15–24 in 2016. When looking at modern contraceptive use among young people, we generally look at use among two groups: married young women, and unmarried sexually active young women. Taken together, there were an estimated 49.7 million young women using modern contraceptives in 2016 across the 69 FP2020 focus countries, representing nearly 17 percent of total modern users. As shown in the graph below, there are large variations across regions—these patterns are driven by the age and socioeconomic structures of countries, as well as levels of contraceptive use among both married and unmarried youth.

Percent of modern users who are young (15–24), by region, 2016



Across the 69 FP2020 focus countries, half of young modern method users (15–24) get their method from the private sector,¹ representing 25 million young women in 2016. Unmarried young women use the private sector at higher rates than married young women (68% versus 43%), with some regional variations. Married young women living in sub-Saharan Africa access the private sector at the lowest rates, only 30 percent, in 2016.

Young modern contraceptive users (15–24) by region, marital status, and source, 2016



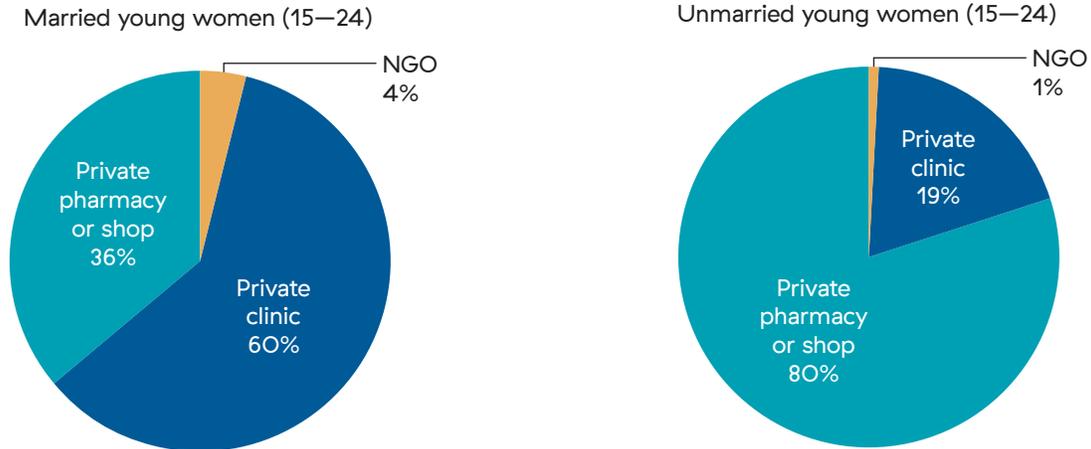
Note: Due to limited data and sample sizes, we can only look at sub-Saharan Africa compared to non-sub-Saharan Africa for unmarried youth and cannot break down the data into smaller regions.

Source for contraceptive method depends on marital status

Across the 69 FP2020 countries, married and unmarried young women differ greatly in the types of private sector sources they go to for their contraceptive needs. The majority of married young women using the private sector get their methods from clinics (60%), while unmarried young women using the private sector predominately go to pharmacies and shops (80%) (see next page).

¹ For the purposes of this brief, users are split into three main sources: public, private, and other. “Other” includes friends, relatives, and other non-professional sources. In this brief, the following have been classified as private sources: shop, bar, market, and kiosk.

Private sector source mix of contraceptives in 2016

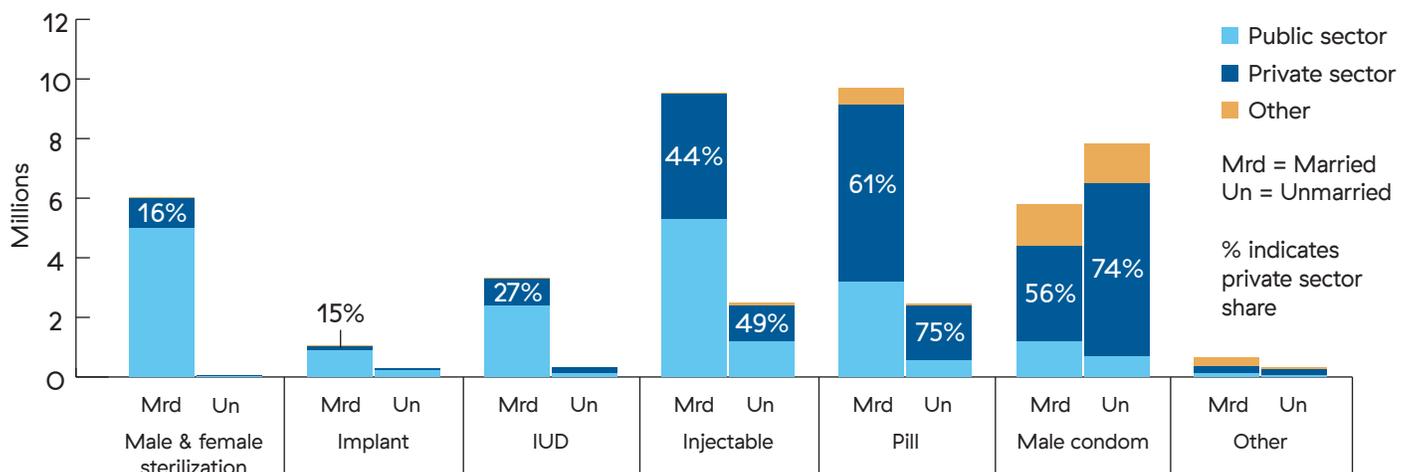


These overall differences are driven largely by differences in the types of methods used by married and unmarried young women, as shown below.

The private sector role varies by method

The following graphs show both the mix of methods used by married and unmarried young women, as well as the proportion of users accessing each method from the private sector. Unmarried young contraceptive use is predominantly made up of male condoms (57%), pills (18%), and injectables (18%), while married young contraceptive use is more spread out across multiple modern methods. Unmarried young women generally access their methods through the private sector at higher rates than married young women—even for the same methods. For example, 61 percent of married young pill users got their pills from a private source compared to 75 percent of unmarried young pill users.

Young modern contraceptive users (15–24) by method, source, and marital status, 2016



Note: The private sector market share is not shown for unmarried young users of sterilization, implants, IUDs, and other methods due to the small amount of use.

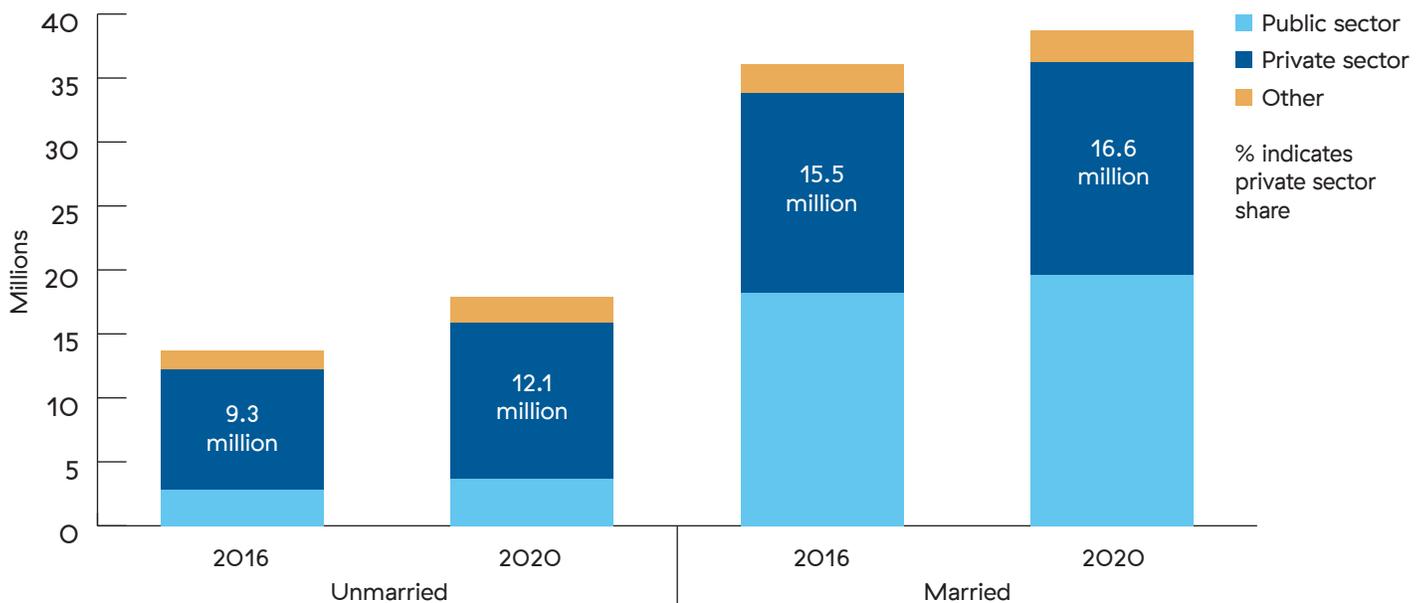
Projected role of the private sector

As we look to 2020, we know that there will be changes in the number of young women (15–24) living across the FP2020 focus countries and changes to the relative proportion of all women and modern method users who are young. These changes will influence the total number of young women we expect to use modern contraception in the future and the role of the private sector in serving these women.

In absolute terms, the number of young women age 15–24 will continue to increase in most FP2020 countries. **There will be 14.7 million more young women living across the 69 FP2020 countries in 2020 than there are today, a 5 percent increase.** However, in most countries the relative proportion of women of reproductive age who are young is declining, due to declines in fertility and shifting age structures.

If current patterns continue² to 2020, there will be an estimated 6.8 million more young modern contraceptive users than there are today. Based on current use, **the private sector would see an increase of 3.8 million young users, a 15 percent increase.** Most of this increase will be from unmarried young users (2.8 million more users—a 30 percent increase).

Increase in young modern contraceptive users (15–24) if current trends continue

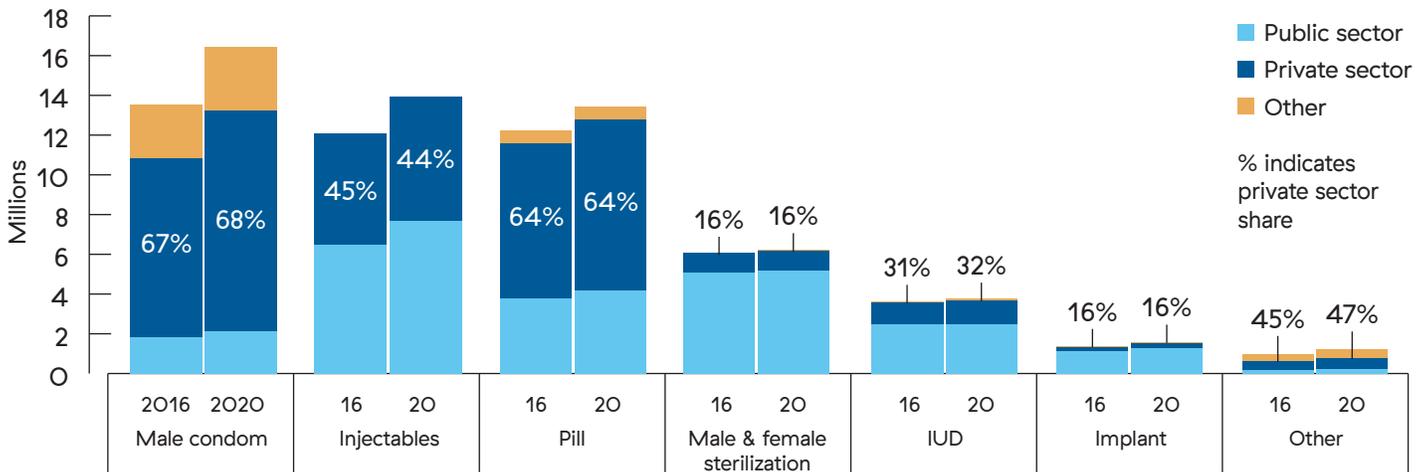


It is possible that this number will be even larger. Recent efforts to increase contraceptive use among both married and unmarried youth, as well as efforts to accelerate overall progress, could mean that by 2020 current patterns are disrupted with even more young women seeking modern contraceptives from private sources.

² If countries follow their current growth trajectories to 2020, the relative use of modern contraceptives among young people compared to all women remains similar, and method and source mix stay similar.

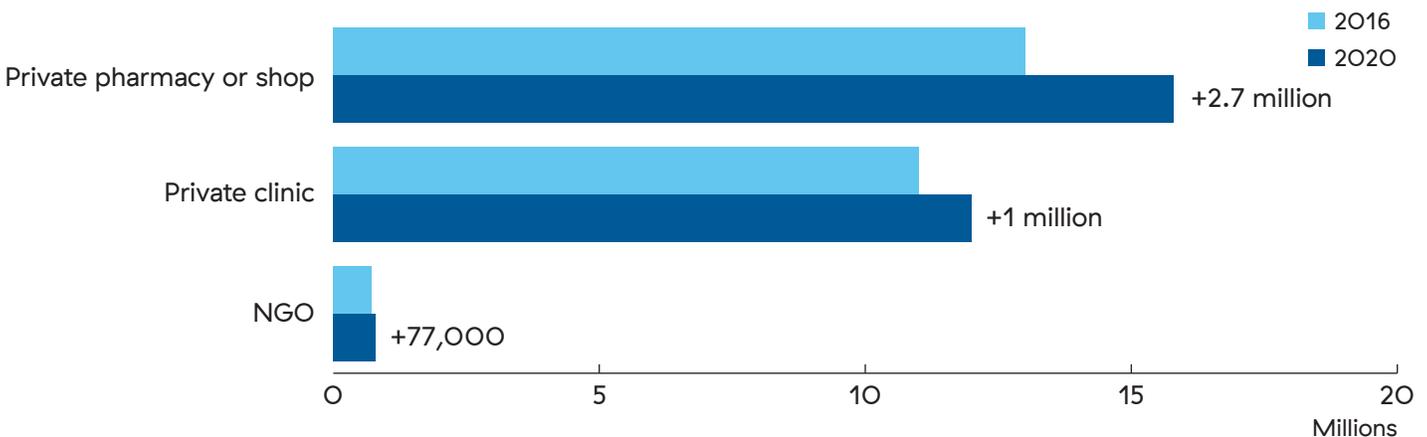
If the current method mix persists to 2020, **condoms will be the method that experiences the largest increase in use** (2.9 million more users), **followed by injectables** (1.9 million more users) and pills (1.3 million more users). The private sector already plays a significant role in supplying these methods, so there is large potential growth in the number of young users who will rely on the private sector for their contraception.

Changes in young modern contraceptive users (15–24) by method if current trends continue, 2016 and 2020



Without shifts in method mix, pharmacies would experience the largest growth among private sources from now to 2020 given their role in the provision of condoms and pills. It is key to ensure that the private sector is ready to absorb this increase, and potentially even larger increases if we see shifts in both the method mix and the private sector market share going to 2020.

Number of young modern contraceptive users (15–24) accessing their method from the private sector, 2016 and 2020



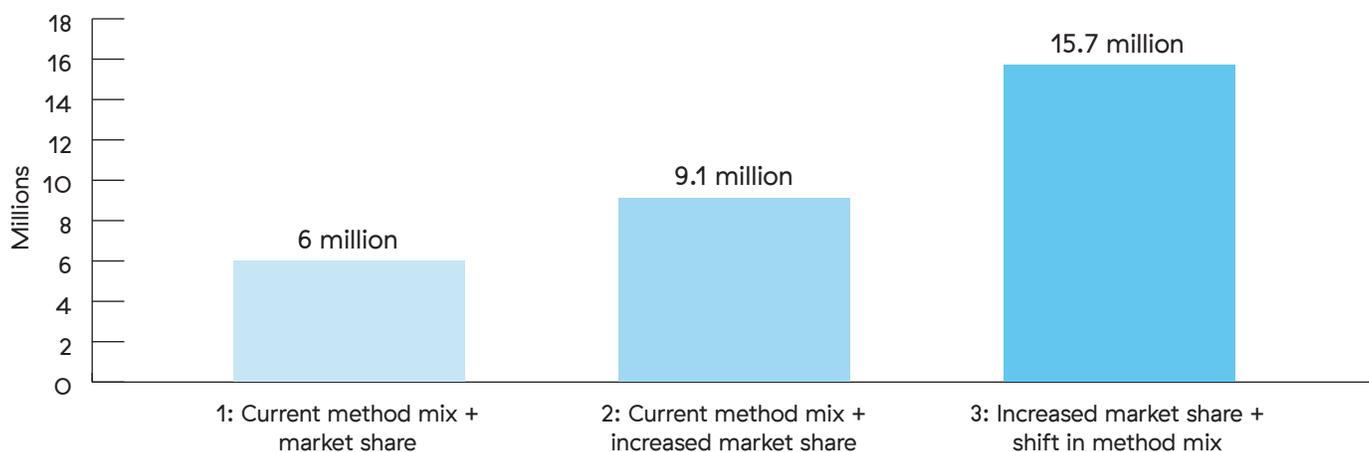
Task sharing to increase access to injectables

Assuming there are no changes in the method mix or source mix by country, 44 percent of young injectable users would access these methods through the private sector by 2020. The private sector plays a smaller role in providing injectables to young people compared with its provision of pills and condoms (66 percent from private sector), in part due to policy restrictions in many countries limiting the provision of injectables at private pharmacies. Efforts to increase the number of pharmacies able to deliver injectables could help ensure wider access to this method by both married and unmarried young women. This is especially true as recent data suggests that injectables are the fastest growing contraceptive method in many countries,³ meaning there could be relatively more injectable users in the future.⁴

The graph below shows the number of young injectable users in 2020 that would access their method from the private sector based on three potential scenarios:

1. The current method mix and market share persist.
2. The current method mix persists, but the private sector market share increases (to levels seen for pills and condoms).
3. The method mix shifts (one-third of pill and condom users switch to injectables) and the private sector market share increases (to levels seen for pills and condoms).

Young injectable users (15–24) who get their method from the private sector in 2020 under three scenarios



Preparing the private sector, especially private pharmacies and drug shops, to increase their provision of injectables could mean potentially large increases in the number of users that they serve,⁵ making the private sector adaptable to changing method preferences and increasing their ability to offer a wider range of contraceptive methods.

³ FP2020. 2016. *Momentum at the Midpoint 2015–2016*. <http://progress.familyplanning2020.org>.

⁴ This trend is true of overall shifts in the method mix. It may also hold true for married and unmarried youth, but data is limited to explore these changes.

⁵ For the third scenario, some of the increase in injectable users could come at the cost of a decline in pill and condom users, so the net increase in overall private sector use may be smaller.

Shifting method preferences

Currently, young women—both married and unmarried—rely heavily on short-term methods of contraception, particularly condoms (27% of use) and pills and injectables (each 24% of use). Globally, there has been increased momentum for expanding young people’s access to a full range of methods—including long-acting reversible contraceptives (LARCs), which include IUDs and implants. For example, see the recent Global Consensus Statement on supporting the expansion of contraceptive choice for young people to include LARCs.⁶ This shift could impact private sector market share because the private sector currently plays a smaller role in the provision of LARCs.

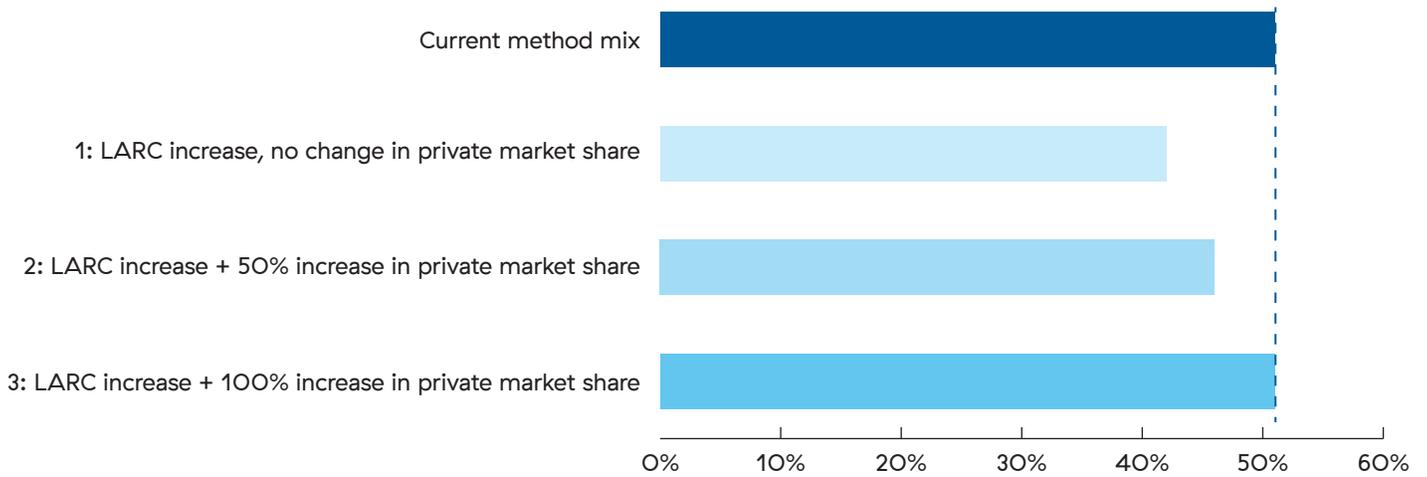
The following graph presents three hypothetical scenarios to explore the implications of increased LARC use among young people:

1. One-third of young short-term method users switch to LARCs with no change in private sector provision.
2. One-third of young short-term method users switch to LARCs with a 50 percent increase in private sector provision.
3. One-third of young short-term method users switch to LARCs with a 100 percent increase (double) in private sector provision.

Based on current patterns, only 16 percent of young implant users and 32 percent of young IUD users get their methods from the private sector. If the method mix shifts from short-term methods to LARCs without changes in private sector provision, the overall share of young women getting methods from the private sector would decline—from just over 50 percent to only 42 percent (scenario 1).

⁶ Read “Global Consensus Statement on Expanding Contraceptive Choice for Adolescents and Youth to Include Long-Acting Reversible Contraception” at www.familyplanning2020.org/youth-larc-statement.

Percent of young modern contraceptive users (15–24) who get their method from the private sector in 2020 under three scenarios



If we see shifting preferences among young people from short-term methods to LARCs, the private sector risks seeing its market share decline, placing additional burdens on public facilities, unless changes are made and appropriate support is given to increase the private sector's role in providing a full range of contraceptive methods. Even if the share of women getting LARCs from the private sector were to double (scenario 3), the overall share would still drop slightly (from 50.9% to 50.5%). A large amount of work may be needed just to maintain the current role of the private sector in the context of shifting method preferences.

Policy and program implications

The private sector plays an important role in providing contraception to both married and unmarried young modern method users across the 69 FP2020 countries. It serves a greater number of married youth due to there being a higher number of married contraceptive users. However, in relative terms, the private sector serves a greater proportion of unmarried youth (68 percent versus 43 percent). This implies that there may be an opportunity for the private sector to better meet the needs of married young users, especially if private sector sources are able to increase their provision of injectable contraceptives and LARCs as explored in this brief.

With the adequate and sustained investments, the private sector can adapt to better meet the needs of young women. Donors and global family planning advocates can support governments and local leaders to identify and leverage resources needed to address policy, training and commodity access, financing, and other youth-specific barriers that currently stand in the way. On the policy front, governments should work with stakeholders—including young women themselves—to develop policies and guidelines that are inclusive of and supported by diverse groups of youth populations. Specifically, this means ensuring that policies do not limit access to a specific category (i.e., married youth), as is currently the case in many countries. It also means that policies include the full range of private providers. To that end, governments should adopt World Health Organization guidelines on task sharing injectable contraceptives to a wider range of mid- and lower-level workers, especially staff at private pharmacies and drug shops.

As governments develop and implement task sharing policies, they will need to ensure that relevant types of health workers build their capacity to deliver the expanded basket of methods they are allowed to deliver. Donors can support these initiatives by sponsoring training programs on LARCs and permanent methods for private providers at hospitals, maternity homes, and nurse-owned clinics, in addition to training programs on injectable contraceptives for pharmacy and drug shop staff. Providers will need more than just additional clinical skills to reach youth. Training interventions should be complemented by strategies to ensure private sector providers can access new and existing job aids, counseling tools, information sheets, and post-training support for youth-friendly family planning provision. These tools and resources should address provider biases that can restrict youth access to modern family planning methods. Many social franchises have already adopted youth-friendly protocols and practices. Supporting their strategic expansion can accelerate the private sector's ability to reach youth with modern family planning methods. To provide many of these methods, private facilities may need structural modifications to ensure privacy and make their facilities youth-friendly. Facilitating access to finance from private banks and exploring partnerships with microfinance institutions can help providers gather the financial resources needed to make these changes.

Supply gaps are often a challenge for private sector providers since commodities are typically distributed through the public sector. As a greater variety of methods become available at a wider range of private facilities, donors should work with governments to ensure that strategies are in place to mitigate family planning supply gaps at local private facilities. Financial barriers can be particularly high for reaching youth. To address these challenges, donors and governments can subsidize services for youth at private facilities through voucher programs, coupons, insurance schemes, and social marketing.

It is important that the private sector is able to grow and adapt with the changing needs of young women, especially since so many young users already rely on the private sector. With aforementioned investments, the private sector will be able to play a larger role in the global focus on expanding use of modern methods, especially LARCs and injectable methods, among youth.

Behind the Numbers

The numbers presented in this brief are based on analysis undertaken by Avenir Health, which brings together a variety of data sources. We would like to thank FP2020 for sharing their Core Indicator Estimates, which gave us trends in total modern users for the FP2020 countries. These estimates are in line with the data published for the 2015–2016 FP2020 Progress Report, *Momentum at the Midpoint*. These user trends were then segmented as follows: (1) split into married versus unmarried sexually active users based on Demographic and Health Survey (DHS) data on the percentage of users who are married or unmarried and sexually active, (2) split into youth users based on DHS data on the percentage of users (married versus unmarried) who are young and UN projections of the percentage of women of reproductive age who are under 25, (3) split into users by method using method mix data from recent household surveys or regional averages where data are missing, and (4) split into source of method based on DHS secondary analysis of source for married young and unmarried users. Where DHS data were not available, regional averages were used. The country-level figures were then aggregated to create the results seen in this brief.

DHS analysis was based on the most recent dataset for each of the following countries: Bangladesh, Burkina Faso, Benin, Bolivia, Burundi, Chad, Democratic Republic of the Congo, Congo, Côte d'Ivoire, Cameroon, Egypt, Ethiopia, Ghana, Guinea, Honduras, Haiti, India, Indonesia, Kenya, Cambodia, Kyrgyzstan, Liberia, Lesotho, Madagascar, Mali, Malawi, Mozambique, Nicaragua, Nigeria, Niger, Nepal, Philippines, Pakistan, Rwanda, Sierra Leone, Senegal, Sao Tome and Principe, Togo, Timor-Leste, Tanzania, Uganda, Uzbekistan, Vietnam, Yemen, Zambia, Zimbabwe.

Recommended Citation

Michelle Weinberger and Sean Callahan. 2017. *The Private Sector: Key to Reaching Young People with Contraception*. Brief. Bethesda, MD: Sustaining Health Outcomes through the Private Sector Project, Abt Associates.

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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, Marie Stopes International, Population Services International, Prækelt.org, and William Davidson Institute at the University of Michigan.



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