

Sources of Family Planning

Bangladesh



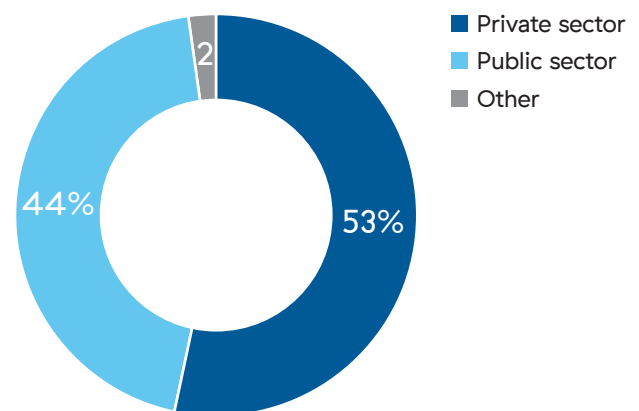
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Understanding where women obtain their family planning methods can help programs to better target their resources and increase overall access to modern contraception. This brief is one in a series of country briefs that examines where women obtain modern contraception by method, geography, age, and socioeconomic status. Through a secondary analysis of the 2017–2018 Bangladesh Demographic and Health Survey, the brief explains where married modern contraceptive users obtain their method and examines the contribution of the private sector to family planning in Bangladesh.

Key Findings

- More than half (53%) of married modern contraceptive users go to the private sector for their method.
- Bangladesh has a high and equitable modern contraceptive prevalence rate across population groups, including urban and rural women as well as poorer and wealthier women.
- More than 70% of adolescent users age 15–19 go to the private sector for family planning.
- The private sector is widely used by both the poorest (41%) and wealthiest (68%) contraceptive users.
- The vast majority of condom users (81%) and more than half of pills users (58%) obtain their method from the private sector.

Source of modern contraceptives in Bangladesh



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

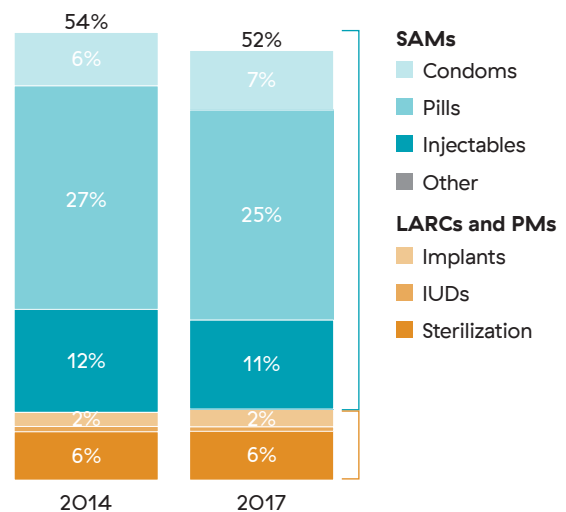
Among currently married women of reproductive age in Bangladesh, more than half (52 percent) use modern contraception.¹ The modern contraceptive prevalence rate (mCPR) has remained relatively unchanged since 2014. Short-acting methods (SAMs)—primarily pills and injectables—are the most popular methods among married women (43 percent). Fewer women use long-acting reversible contraceptives (LARCs) and permanent methods (PMs), which have remained stable at 9 percent.²

Sources for family planning methods

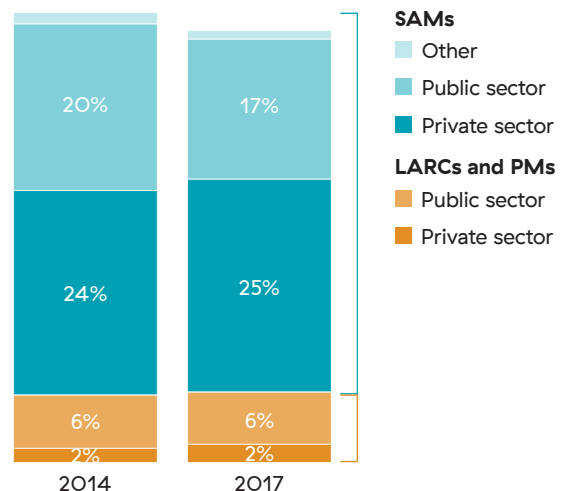
Among all modern contraceptive users in Bangladesh, approximately half (44 percent) go to the public sector and the other half (53 percent) go to the private sector. Two percent use other sources.³ Use of the private sector has increased slightly from 48 percent in 2014, while public sector use has decreased from 49 percent. SAM users are more likely to obtain their method, primarily pills, from a private than a public source (59 versus 39 percent). LARC and PM users are more likely to visit a public than a private facility (73 versus 25 percent), mainly for sterilization.

Among users of pills, Bangladesh’s leading method, 58 percent use private sources and 40 percent use public sources. For injectable users, the public sector is a more commonly used source than the private sector (51 percent versus 45 percent, respectively), although private sector use has increased from 34 percent in 2014. Among condom users, who constitute 14 percent of all modern method users, the private sector is the dominant source (81 percent).

Pills and injectables are the dominant methods in Bangladesh



The private sector is the primary source for SAMs



¹ This brief focuses on currently married women, as the Bangladesh Demographic and Health Survey does not collect family planning data from unmarried women.

² SAMs include injectables, contraceptive pills, male condoms, emergency contraception, 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 Surveys do 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 public hospitals, maternal and child welfare centers, Upazila health complexes, health and family welfare centers, satellite clinics and outreach, community clinics, and field workers. Private sector sources include private hospitals, clinics, and doctors; NGOs including static clinics, satellite clinics, field workers, and depo holders; and pharmacies, drug stores, and shops. Other sources include friends, relatives, and non-qualified doctors. 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 all private sector users, the majority (84 percent) obtain their method from a pharmacy, drug store, or shop. In addition, 9 percent go to NGOs and 7 percent go to hospitals or clinics. The two methods most commonly sought from the private sector are pills and condoms. Nearly all pill and condom private sector users obtain their contraceptive from a pharmacy or shop (94 percent and 97 percent, respectively).

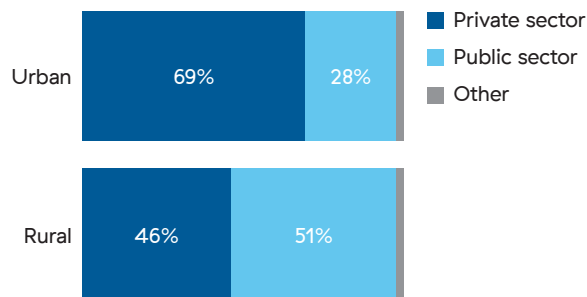
Contraceptive source by geography

Bangladesh has an equitable mCPR in urban (55 percent) and rural (51 percent) areas, which is unusual compared with global patterns in which the mCPR tends to be lower in rural areas. Urban contraceptive users are more likely to purchase their method from the private sector (69 percent) compared with rural users (46 percent). The method mix varies between urban and rural areas as well. Condoms, the method most commonly sought from the private sector, are more popular among urban users than among rural users (23 percent versus 10 percent, respectively). Injectables, however, are less commonly used in urban areas than in rural areas (18 percent versus 22 percent, respectively). While pills remain the most popular method across urban and rural areas, they are used slightly more among rural than urban users (50 versus 45 percent). Contraceptive sources vary by division. Private sector use is highest in Dhaka (63 percent) and Chittagong (60 percent) and lowest in Mymensingh and Rangpur (both 43 percent). The population in Rangpur and Mymensingh is more than 85 percent rural which helps explain the lower private sector use.

Contraceptive source by age

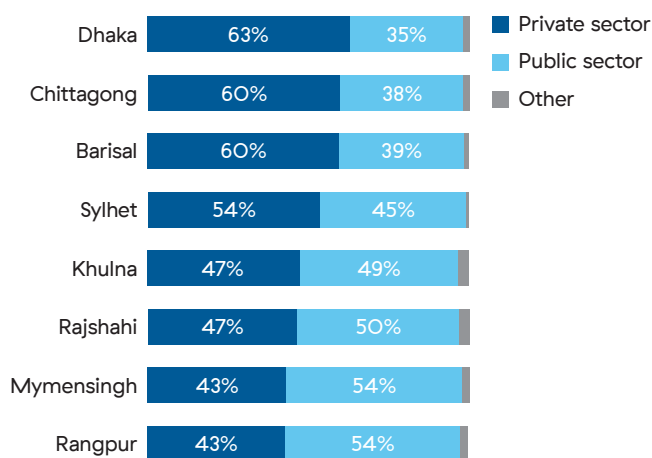
Contraceptive users age 15–19 and 20–24 are more likely than users 25 and older to go to the private sector (72 and 65 percent versus 48 percent, respectively). Condom use is slightly higher among users younger than 25 compared with users older than 25 (17 versus 13 percent). Users age 15–19 and 20–24 are more likely to use pills (62 and 56 percent), which are commonly sought from the private sector, than users older than age 25 (46 percent). As expected, women age 25 and older are more likely to be sterilized (15 percent) than users younger than 25 (1 percent).

More than two out of three urban users rely on the private sector



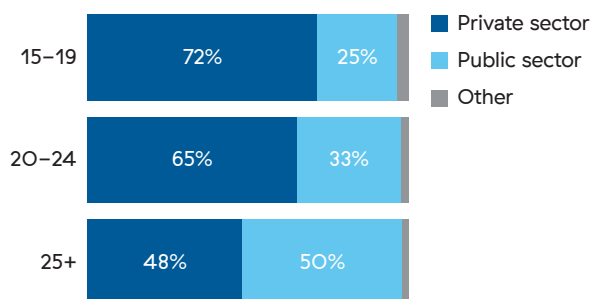
Percent of users in each group who obtain modern contraception from each source

Contraceptive source varies by division



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

Younger contraceptive users rely more heavily on the private sector



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

Contraceptive source by socioeconomic status

In Bangladesh, the mCPR is slightly higher among the poorest women compared with the wealthiest women (55 and 50 percent).⁴ Among the poorest modern contraceptive users, 41 percent go to private sources. More than two-thirds (68 percent) of the wealthiest contraceptive users obtain their method from the private sector. Private sector use has increased among both the poorest and wealthiest women since 2014, from 35 to 41 percent among the poorest and 64 to 68 percent among the wealthiest. The wealthiest contraceptive users go to the private sector more for SAMs (72 percent) than they do for LARCs and PMs (45 percent).

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



Less than one-third of the wealthiest contraceptive users use the public sector



Implications

Bangladesh has a high and equitable mCPR across population groups, including urban and rural women as well as poorer and wealthier women. The country's contraceptive market is mature and, accordingly, both the public and private sectors are important sources of contraception. While private sector contributions have increased across all population segments and among SAM and LARC and PM users, mCPR has been stagnant since 2014. Additionally, more than half of injectable users obtain their method from the public sector. Social marketing and social franchises, such as the Blue Star Program, could continue facilitating access to injectables through the private sector. Increasing provision of subcutaneous injectables in pharmacies could also help improve private sector participation. This would also help to ensure that women who are more likely to use private sources, such as youth, have access to a wider range of methods. These strategies will provide greater opportunity for the private sector to serve segments of the population with the ability to pay for contraceptive services, thereby fostering a more efficient, sustainable market.

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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