

Sources of Family Planning

Zambia



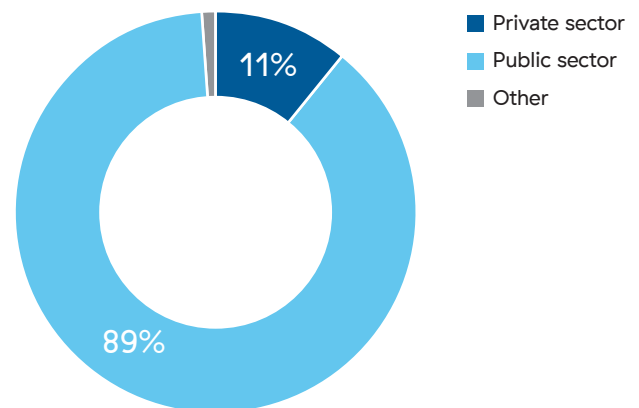
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Understanding where women obtain their family planning methods can help programs to better target their resources and increase overall access to modern contraception. This brief is one in a series of country briefs that examines where women obtain modern contraception by method, geography, marital status, age, and socioeconomic status. Through a secondary analysis of the 2018 Zambia 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 Zambia.

Key Findings

- One out of every 10 modern contraceptive users obtain their method from a private source.
- Zambia's modern contraceptive prevalence rate among all women increased slightly, from 32 to 34%, with increases in the use of injectables and implants and decreases in use of condoms and pills.
- More than one-fourth of pill and condom users obtain their method from a private source.
- Private sector use is twice as high among urban compared with rural users (15 versus 6%).
- The private sector share of the contraceptive market decreased from 18% in 2013 to 11% in 2018, likely related to the economic downturn and disruptions to social marketing supplies.

Source of modern contraceptives in Zambia



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 Zambia, approximately one-third (34 percent) use modern contraception. Among married women, the modern contraceptive prevalence rate (mCPR) is 48 percent. This brief focuses on all women, married and unmarried, to accurately portray contraceptive sources among all users. Zambia's mCPR increased slightly from 2013 to 2018 (32 to 34 percent). Most women use short-acting methods (SAMs) (26 percent) and almost one in every five women in Zambia rely on injectables (18 percent). While the overall use of long-acting reversible contraceptives (LARCs) and permanent methods (PMs) did not change from 2013 to 2018, there was an increase from 4 to 6 percent in implant use. Pill, condom, and IUD use all decreased between 2013 and 2018, while injectable use increased.¹

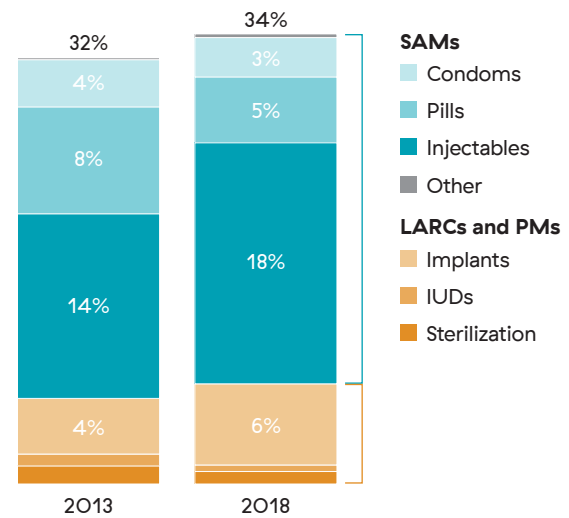
Sources for family planning methods

The public sector is the primary source of modern contraception in Zambia, serving 89 percent of all users. The private sector serves 11 percent, a decrease from 18 percent in 2013. One percent of users obtain their method from other sources like friends or relatives.²

The public sector is the dominant source for SAMs as well as LARCs and PMs for women in Zambia (23 and 7 percent, respectively). The private sector supplies SAMs to 3 percent of women, while the provision of LARCs and PMs is negligible. Nearly all women who use injectables and implants, the two most common methods in Zambia, rely on the public sector (96 percent for both methods).

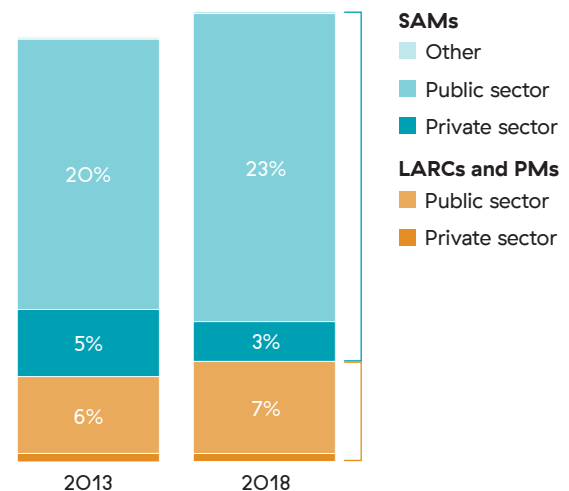
While 11 percent of SAM users obtain their method from the private sector, the public sector is the primary source of condoms and pills. This is surprising given that globally, condoms and pills are primarily sourced from the private sector. Although 28 percent of pill users in Zambia obtain their method from the private sector, public sources remain dominant (71 percent). Similarly, the public sector is the dominant source among condom users (73 percent), which is unlike most other countries.

Injectable and implant use increased between 2013 and 2018



Note: Numbers may not add due to rounding.

The public sector is the primary source of modern contraceptives in Zambia



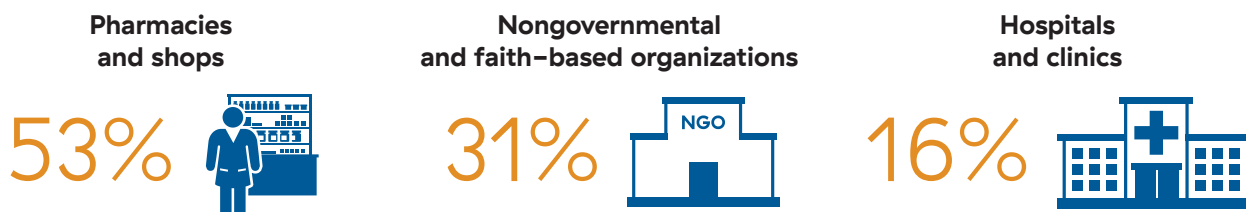
¹ SAMs include injectables, contraceptive pills, male condoms, female condoms, emergency contraception, and fertility-awareness methods. LARCs and PMs include IUDs, implants, and male and female sterilization. The lactational amenorrhea method and other modern methods are excluded from this analysis, as the Demographic and Health 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, health posts, mobile hospitals and clinics, community-based agents, and fieldworkers. Private sector sources include hospitals, clinics, and doctors; nongovernmental and faith-based organizations, including mission hospitals and clinics, churches, community-based agents, fieldworkers, and mobile hospitals and clinics; and pharmacies and shops. Other sources include friends and relatives. 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, 53 percent obtain their method from a pharmacy or shop, 31 percent from a nongovernmental or faith-based organization, and 16 percent from a private hospital or clinic. In line with global patterns, the two methods most commonly sought from the private sector are pills and condoms.

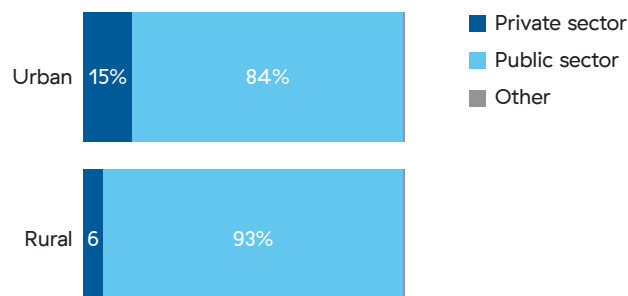
Pharmacies and shops are the primary private sector sources



Contraceptive source by geography

The mCPR is similar in urban (34 percent) and rural (33 percent) areas. Urban contraceptive users are more than twice as likely to purchase their method from the private sector (15 percent) as rural users (6 percent). Method mix also varies by residence: pills and condoms are more popular among urban than rural users. While injectables are the most common method among all users, they are more popular among rural users (61 versus 45 percent). Sources of family planning differ by province in Zambia as well. For example, in Lusaka, 19 percent of contraceptive users rely on private sources compared with just 4 percent in the Northern and Southern provinces.

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

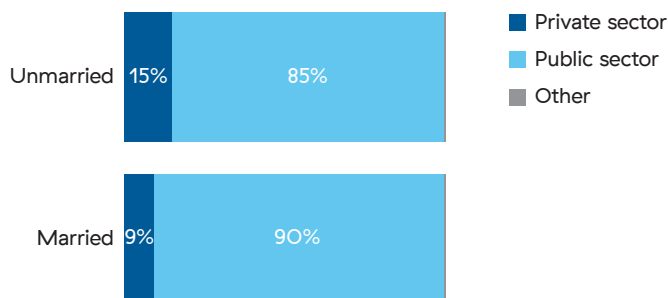


Percent of users in each group who obtain modern contraception from each source

Contraceptive source by marital status and age

Unmarried women use private sector sources for contraception at higher levels than married users (15 versus 9 percent). Implant use has increased among married and unmarried users since 2013 (13 and 15 percent in 2013, respectively) and is now the second most popular method behind injectables for both married and unmarried women. Implant use is more common among unmarried than married users (22 versus 17 percent), and married users are more likely to rely on pills (16 versus 9 percent). Contraceptive source patterns in Zambia are similar across age groups.

Private sector use is higher among unmarried users



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

Contraceptive source by socioeconomic status

In Zambia, the mCPR is similar among the poorest and wealthiest women (32 versus 34 percent).³ Among the poorest users, 6 percent rely on private sources. Sixteen percent of the wealthiest users obtain their method from the private sector and 84 percent from the public sector. The wealthiest users rely on the private sector for SAMs (19 percent) more than they do for LARCs and PMs (6 percent).

Less than 1 in 10 of the poorest contraceptive users go to the private sector



More than 8 in 10 of the wealthiest contraceptive users go to the public sector



Implications

The government of Zambia is committed to providing affordable family planning services to all. The public sector is the primary contraceptive source for all population segments. The mCPR has not changed substantially in the past five years, although there has been an increase in the use of injectables and implants, which are almost entirely sourced from the public sector. Though private sector use is relatively higher among urban and wealthier users compared with other demographics, its contribution is lower than in neighboring countries and has decreased since 2013. The decrease in private sector use could be explained by Zambia's economic downturn since 2014 and disruptions in social marketing supplies, particularly for condoms and pills. While government efforts ensured use of family planning did not decrease despite these challenges, Zambia should continue to expand access to quality and affordable family planning in both the public and private sectors, while also rebuilding trust in, and sustaining, private sector provision. Strategies that strengthen social marketing programs and promote a total market approach for family planning are in line with the government's commitment to reinforce public-private partnerships and integrate the private sector in the provision of family planning commodities and services (Republic of Zambia, n.d). These strategies could help increase the private sector's contributions to improving equity and sustainability of the family planning market, and help the government meet its new goal of increasing mCPR to 40 percent by 2026.

References

Republic of Zambia. n.d. *Zambia Integrated Family Planning Costed Implementation Plan and Business Case (2021–2026)*.

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.



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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. 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 support of the American people through USAID. The contents are the sole responsibility of Abt Associates and do not necessarily reflect the views of USAID or the United States government.

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