



Private Sector Family Planning Service Access and Contraceptive Use

Summary: Greater geographic access to private-sector family planning facilities is associated with modern contraceptive method use. Development loans and the creation of private provider networks are examples of program interventions that can improve geographic access.

Background

Since the 1970s, many governments and international donors have worked to increase access to family planning products and services. A substantial amount of research dedicated to examining the impact of this policy on contraceptive use has emerged. Much of the empirical evidence indicates that geographic access to family planning facilities is associated with an increase in contraceptive use.

Despite this consensus, recent research suggests that the relationship between access and contraceptive use is not straightforward. In particular, other considerations related to service quality — convenience and types of methods available in alternative facilities — appear to lead many women to frequent family planning facilities other than the one that is closest to them.

In light of these more recent findings, one might expect private sector family planning service availability in particular to be important. Studies examining client perceptions of private- and public-sector service quality have found that private-sector family planning services are perceived as being more convenient, having greater drug availability, and demonstrating better provider behavior. Thus, as access and perceived quality are both important to a woman's decision to use modern contraception, geographic

proximity to private-sector family planning services may be an important determinant of contraceptive use.

CMS RESEARCH STUDY

As part of a larger study of the association between maternal and child health (MCH) service utilization and subsequent contraceptive use, CMS examined the impact of geographic proximity to private-sector family planning services on contraceptive use in Bolivia and Guatemala. The study relies on data from Demographic and Health Surveys (DHS) and the service availability surveys carried out in conjunction with the DHS.

In the Bolivia analysis, private-sector family planning access is measured as the proximity to a private health facility or pharmacy that offers family planning. In the Guatemala analysis, it is measured as the proximity to the local International Planned Parenthood Federation affiliate, Asociación Pro Bienestar de la Familia de Guatemala (APROFAM) — the country's largest private provider of contraceptive services.

The study employs multinomial logistic regression analysis to determine the relationship between private-sector family planning access and the likelihood of using a modern contraceptive method (as opposed to a traditional method or

no method). The analysis controls for the potential effects of a variety of other individual, household, and community-level variables on contraceptive use, including access to family planning facilities (regardless of type). The analysis also controls for the effects of unobserved heterogeneity (i.e., potentially relevant factors not measured by the surveys). To facilitate the interpretation of results the study includes simulations for Guatemala.

Findings

The study finds that proximity to family planning facilities in general does not have a statistically significant impact on contraceptive use in Bolivia or Guatemala, but that access to private family planning facilities in particular does.

In Bolivia, women living in areas with private family planning facilities within 15 kilometers are estimated to be about twice as likely to use a modern method as women living in areas where private-sector family planning facilities are further away.

Similarly, in Guatemala, proximity to an APROFAM clinic is associated with an increase in modern contraceptive use. Women living within two kilometers of an APROFAM clinic are more than twice as likely to use a modern contraceptive method than no method and are more

than three times as likely to use a modern method than a traditional method. Simulations indicate that universal access to APROFAM clinics would increase modern contraceptive prevalence by 26 percent.

Table 1: Effects of Private Sector Access (Expressed as Relative Odds) on Current Contraceptive Use

| Explanatory Variable | Bolivia | | Guatemala | |
|---|----------------------|-------------------------|----------------------|-------------------------|
| | Modern vs. No Method | Modern vs. Trad. Method | Modern vs. No Method | Modern vs. Trad. Method |
| Private facility of pharmacy offering FP within 15 km (I=yes) | 2.05*** | 1.93*** | - | - |
| APROFAM Clinic within 2 km (I=yes) | - | - | 2.32* | 3.32* |

*** p<0.01, **p<0.05, *p<0.10

Note: Control variables include age, marital status (Bolivia only), respondent's education, husband's education (Guatemala only), household size (Guatemala only), number of adult females in the household, household assets index, intensity of maternal and child health service use, urban residence, distance to nearest FP facility, contraceptive availability index, and infrastructure and equipment index.

Program Implications

In the face of growing public sector and donor funding constraints, many policy makers are seeking ways to partner with the private sector to finance needed family planning commodities and services around the world. The results of this study suggest that increased private sector participation has the potential not only to help resolve financial challenges, but also to increase modern contraceptive use — an important goal of many family planning programs. The study specifically finds that greater geographic access to private-sector family planning service facilities is associated with a significant increase in the likelihood of modern method use, even after taking into account the potential confounding effects of other factors. Thus, one possible way to significantly influence modern contraceptive method use in developing countries is to expand the geographic coverage of private family planning facilities. Examples of program interventions that can facilitate such an expansion include development loans and the creation of private provider networks and franchises.

More Information

For more information or to receive a copy of this research paper please contact Christine Préfontaine at (202) 220-2174 or cprefontaine@cmsproject.com. Electronic versions of most CMS publications can be downloaded from the publications page in the resources section of the CMS web site at www.cmsproject.com. This brief was written by Ruth Berg.

SOURCE

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