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 of a series of country briefs that examines where women obtain modern contraception by method, geography, and socioeconomic status. Through a secondary analysis of the 2017 Senegal 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 Senegal.

**Key Findings**

- The majority (86%) of modern contraceptive users in Senegal rely on public sources.
- Senegal’s modern contraceptive prevalence rate (19%) increased substantially since 2010—11 due to implant and injectable growth.
- In contrast to global patterns, the private sector is not a common source among pill users (23%).
- Compared with the national average (12%), the private sector plays a larger role among urban (17%), wealthy (20%), and unmarried (35%) users.

![Source of modern contraceptives](chart.png)

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](http://PrivateSectorCounts.org).
Modern contraceptive prevalence rate and method mix

One out of every five women of reproductive age in Senegal use modern contraception (19 percent). Among married women, the modern contraceptive prevalence rate (mCPR) is 26 percent. This brief focuses on all women, married and unmarried, to accurately portray contraceptive sources among all users. Senegal's mCPR increased substantially in recent years from 9 percent in 2010–11 to 19 percent in 2017, primarily due to the increased use of implants (from 1 to 6 percent) and injectables (from 4 to 7 percent). Short-acting methods (SAMs) are the most common methods (11 percent), but use of long-acting reversible contraceptives and permanent methods (LARCs and PMs)—primarily implants—also play an increasingly important role (8 percent).¹

Sources for family planning methods

Among contraceptive users, the public sector is the primary source in Senegal (86 percent). Twelve percent of users rely on the private sector and 1 percent use other sources.² These contraceptive source patterns have remained consistent since 2010–11.

The public sector is the dominant source for SAMs as well as LARCs and PMs. The private sector plays a small role in supplying SAMs to 2 percent of Senegalese women, and private sector LARC and PM provision is negligible. Most mCPR growth between 2010–11 and 2017 occurred in the public sector (public sector SAM use increased from 6 to 9 percent and public sector LARC and PM use increased from 1 to 7 percent). However, private sector SAM use doubled from 1 to 2 percent.

Among Senegalese women who use injectables—the most common method—nearly all (94 percent) rely on public sources and just 6 percent rely on private sources. Use of the private sector is somewhat more common among pill users (23 percent), though this is low in comparison

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¹ SAMs include injectables, contraceptive pills, male condoms, and female condoms. 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, family planning centers, rural maternities, health homes, community pharmacies, and outreach strategies/mobile teams. Private sector sources include hospitals, clinics, and doctors; religious dispensaries; 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.
to most other sub-Saharan African countries. The private sector is the dominant source for condom users (80 percent—primarily pharmacies), yet only 1 percent of Senegalese women use condoms. Among all private sector users, 65 percent rely on pharmacies or shops, 31 percent on hospitals or clinics, and 4 percent on religious dispensaries.

### Pharmacies and shops are the primary private sector source

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### Contraceptive source by geography

The mCPR is higher in urban (22 percent) than in rural (15 percent) areas of Senegal. Urban contraceptive users are over three times more likely to purchase their method from the private sector than rural users. The use of condoms and pills, more typically sourced from the private sector, is more common among urban than rural users (condoms make up 8 percent of the urban method mix versus 2 percent of the rural method mix; pills: 17 versus 13 percent). Injectables and implants, usually obtained from public sources, are more common among rural contraceptive users. Contraceptive source varies by region as well. Unsurprisingly, private sector use is highest in Dakar (24 percent), Senegal’s urban hub, followed by Thiès (12 percent). In the remaining areas, only 6 percent of modern contraceptive users or fewer rely on private sources.

### Contraceptive source by marital status

Unmarried contraceptive users are substantially more likely than married users to rely on private sources (35 versus 10 percent). Unmarried users are also much more likely to rely on condoms (36 versus 3 percent), a pattern seen globally. Married users rely much more heavily than unmarried users on injectables (40 versus 18 percent) and pills (17 versus 4 percent).
**Contraceptive source by socioeconomic status**

In Senegal, the mCPR is higher among the wealthiest than poorest women (21 versus 15 percent). Among the poorest users, nearly all (97 percent) rely on public sources. In contrast, 78 percent of the wealthiest rely on public sources, and 20 percent use private sources.

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The public sector in Senegal is the primary source of modern contraception for all population segments. Public sector efforts have succeeded in growing contraceptive demand and increasing Senegal’s mCPR by 10 percentage points between 2010–11 and 2017. While private sector use is higher among urban, wealthy, and unmarried users, it could play a larger role in increasing contraceptive access and choice, thus improving sustainability. For example, nearly 80 percent of the wealthiest contraceptive users rely on public sources, adding to the burden on these government facilities. Additionally, just 6 percent of injectable users and 23 percent of pill users obtain their method from private sources. In comparison, pill and injectable users in many neighboring countries are more likely to obtain their method from a private source. Low use of the private sector for pills and injectables in Senegal could be related to a national policy that prohibits pharmacies from selling pills unless the client has a prescription and from selling injectables at all. The country’s 2012–2015 National Family Planning Action Plan recognized that this policy may impede efforts to scale contraceptive access and use. Updating national policies to allow pharmacy sales without prescriptions could shift some SAM users from the public to the private sector. This could free up public resources to be redirected towards reaching rural and other underserved populations as well as sustaining LARC improvements, helping Senegal meet its goals of scaling contraceptive access and use. Expanding social franchising models and nongovernmental mobile outreach are additional private sector strategies that could help improve contraceptive access and choice in Senegal.

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**References**


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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.