

7 Source of Current Method of Contraception

7.1 INTRODUCTION

The recent rise in contraceptive use in much of the developing world, combined with the increase in the number of women of reproductive age because of population growth, has led to escalating costs in providing family planning services. Between 60 percent and 75 percent of the costs are met by governments, and questions arise about the sustainability of public sector and NGO family planning programs in light of the growing pressure on resources (United Nations Population Fund, 1993). Such concerns have led to increased interest in the role of the private sector

in providing contraceptives. Data on the source of the current method can be used to evaluate the relative roles of the public and private sectors in providing various contraceptive methods in different populations.

7.2 SOURCE OF CURRENT METHOD

Table 7.1 presents the percentage of currently married users of modern contraception who obtained their method from each type of source. In eight of the 11 surveys in sub-Saharan Africa, more than half of users obtained their meth-

Table 7.1 Source of modern contraceptive methods

Percentage of currently married users of modern contraceptive methods age 15-49 by source of method, Demographic and Health Surveys, 1990-1993

Country	Government		Private			Total	Number
	Stationary	Mobile	Pharmacy	Other	Other		
Sub-Saharan Africa							
Burkina Faso	65.5	0.0	9.2	10.6	14.7	100.0	222
Cameroon	30.6	0.0	36.3	24.5	8.7	100.0	123
Madagascar	37.8	0.0	5.9	54.3	2.0	100.0	191
Malawi	69.2	1.9	5.1	23.1	0.8	100.0	255
Namibia	79.5	1.8	3.7	14.6	0.5	100.0	573
Niger	95.3	0.0	2.2	1.8	0.8	100.0	125
Nigeria	43.1	0.0	21.6	28.5	6.8	100.0	241
Rwanda	98.5	0.0	0.1	0.1	1.3	100.0	481
Senegal	63.6	0.0	10.3	19.6	6.5	100.0	214
Tanzania	78.9	0.0	1.5	16.7	2.9	100.0	379
Zambia	55.0	0.0	7.7	31.3	5.9	100.0	394
Asia/Near East/ North Africa							
Egypt	35.0	0.0	28.3	34.9	1.8	100.0	4098
Indonesia	71.2	4.6	1.6	20.6	2.1	100.0	9933
Jordan	24.0	0.0	14.8	59.7	1.5	100.0	1657
Morocco	51.5	11.1	30.7	5.7	1.0	100.0	1817
Pakistan	55.3	0.7	12.5	13.2	18.3	100.0	571
Yemen	59.2	0.0	25.2	11.6	4.0	100.0	312
Latin America/ Caribbean							
Brazil (NE)	58.4	0.0	23.0	18.0	0.7	100.0	1901
Colombia	25.1	0.0	28.5	43.8	2.6	100.0	2426
Dominican Republic	31.5	0.7	13.0	52.2	2.6	100.0	2104
Paraguay	19.3	0.0	47.3	29.8	3.6	100.0	1255
Peru	50.4	0.4	17.6	26.4	5.3	100.0	2856

Note: Totals may not add to 100.0 due to rounding.

od from a stationary or mobile government source.⁸ Government sources are particularly important in Niger and Rwanda where more than 95 percent of users obtained their method from these sources. In contrast, in Cameroon (where only 4 percent of married women use modern methods), 31 percent of users obtained their method from the government, with pharmacies and other private sources providing most methods for the remaining users.

In the Asia/Near East/North Africa region, government sources also tend to dominate in the majority of countries, but to a lesser extent than in sub-Saharan Africa. Pharmacies and other private sources supply a significant minority of users. Government sources are particularly important in Indonesia where they supply three out of four users of modern methods. Government sources are less important in Egypt, supplying only 35 percent of users; pharmacies and other private sources supply the remaining users. However, contraceptive supplies such as pills that are bought in pharmacies are often heavily subsidized by the Egyptian government (Ayad et al., 1994). In Jordan, the majority of users obtain their supplies from private sources other than pharmacies.

In Latin America and the Caribbean, pharmacies and other private sources generally play a more significant role. Only in Peru and Northeast Brazil do more than half of users obtain their modern method from a government source, and even in these two countries fewer than 60 percent used a government source. The relative importance of pharmacies and other private sources varies across countries. Pharmacies are more important in Paraguay, while other private sources are important suppliers in Colombia and the Dominican Republic.

In countries where a mobile government source of contraceptives is available, relatively few users report that they obtained their most recent contraceptive supplies there. Only in Morocco did more than 10 percent of modern contraceptive users report using a mobile government source. Elsewhere, use of mobile units was reported by fewer than 5 percent of users.

Other sources (such as family, friends, shops, church, don't know) are reported by few users in almost all surveys.

The exceptions are Burkina Faso and Pakistan, where more than 14 percent of users reported other sources. In both cases, more users reported other sources than either pharmacies or other private providers.

7.3 SOURCE OF CURRENT METHOD BY TYPE OF METHOD

Some sources, such as pharmacies and mobile units are ill equipped to supply clinical methods, such as sterilization or IUD. Therefore, these sources are expected to be less important for clinical methods than for supply methods such as condoms and pills. Previous research has confirmed that this is generally true (Ayad et al., 1994). Table 7.2 presents the percentage of users of clinical and supply methods who obtained their method from each type of source.⁹

In most countries surveyed, more than half of users of clinical methods obtained their method by visiting a stationary government facility. Indeed, in six countries (Burkina Faso, Niger, Rwanda, Morocco, Pakistan, and Northeast Brazil) more than 75 percent of users of clinical methods used that source. The only other significant providers of clinical methods are private sources other than pharmacies. Such sources are particularly important in most of the Latin American countries, and in Zambia, Egypt, and Jordan. That group of providers often includes NGOs affiliated with the International Planned Parenthood Federation such as PRO-FAMILIA in Colombia.

As expected, the pattern of sources for supply methods is quite different from that for clinical methods. In the Latin America/Caribbean and in Asia/Near East/North Africa regions, pharmacies are a major source for supply methods. Pharmacies were reported as the most recent source by more than half of users of supply methods in all countries in Latin America and the Caribbean, and in Egypt and Jordan. In contrast, government stationary facilities, as well as private sources other than pharmacies, are generally a less important source of supply methods than of clinical methods.

In sub-Saharan Africa, the pattern is mixed. The smaller role of stationary government facilities as providers of supply methods than of clinical methods does not apply in all

⁸ Government stationary refers to any government-run facility at a fixed location; government mobile refers to supplies provided by government outreach workers or mobile units (see Section 2.5).

⁹ Clinical methods are IUD, Norplant, female sterilization, and male sterilization. Supply methods are the pill, injection, vaginal methods, and the condom.

Table 7.2 Source of modern contraceptive methods by type of method (clinical or supply)

Percentage of currently married users of modern contraceptive methods age 15-49 by source of method and type of method (clinical or supply), Demographic and Health Surveys, 1990-1993

Country	Clinical methods							Supply methods						
	Government		Private			Total	Number	Government		Private			Total	Number
	Station-ary	Mobile	Phar-macy	Other	Other			Station-ary	Mobile	Phar-macy	Other	Other		
Sub-Saharan Africa														
Burkina Faso	81.0	0.0	0.9	16.3	1.8	100.0	53	60.6	0.0	11.8	8.8	18.8	100.0	169
Cameroon	(55.8)	(0.0)	(0.0)	(44.2)	(0.0)	(100.0)	43	17.2	0.0	55.5	14.0	13.3	100.0	80
Madagascar	59.6	0.0	0.0	40.4	0.0	100.0	55	29.0	0.0	8.3	59.9	2.8	100.0	136
Malawi	66.3	0.0	0.0	33.7	0.0	100.0	68	70.2	2.6	7.0	19.2	1.1	100.0	187
Namibia	68.7	0.0	0.0	30.2	1.1	100.0	211	85.7	2.8	5.9	5.5	0.2	100.0	362
Niger	(94.8)	(0.0)	(0.0)	(5.2)	(0.0)	(100.0)	16	95.3	0.0	2.5	1.3	0.9	100.0	109
Nigeria	60.4	0.0	0.0	38.7	0.9	100.0	74	35.5	0.0	31.1	24.0	9.4	100.0	167
Rwanda	100.0	0.0	0.0	0.0	0.0	100.0	45	98.3	0.0	0.2	0.1	1.4	100.0	436
Senegal	66.3	0.0	0.0	30.2	3.5	100.0	86	61.7	0.0	17.2	12.5	8.6	100.0	128
Tanzania	57.4	0.0	0.0	42.0	0.5	100.0	114	88.2	0.0	2.2	5.7	3.9	100.0	264
Zambia	46.1	0.0	0.0	53.9	0.0	100.0	112	58.5	0.0	10.8	22.4	8.3	100.0	283
Asia/Near East/ North Africa														
Egypt	47.6	0.0	0.0	52.1	0.2	100.0	2659	11.8	0.0	80.5	3.2	4.5	100.0	1439
Indonesia	71.5	8.2	0.0	19.4	0.8	100.0	4160	71.0	1.9	2.7	21.4	2.9	100.0	5773
Jordan	28.3	0.0	0.8	69.5	1.4	100.0	1290	9.1	0.0	63.9	25.3	1.6	100.0	367
Morocco	81.0	0.3	0.0	18.0	0.6	100.0	316	45.3	13.4	37.1	3.1	1.1	100.0	1501
Pakistan	84.5	0.0	0.0	14.7	0.8	100.0	305	21.8	1.4	26.9	11.4	38.4	100.0	266
Yemen	69.5	0.0	0.8	26.6	3.1	100.0	112	53.4	0.0	38.9	3.1	4.6	100.0	200
Latin America/ Caribbean														
Brazil (NE)	76.4	0.0	0.0	23.3	0.2	100.0	1350	14.1	0.0	79.2	4.9	1.8	100.0	552
Colombia	30.7	0.0	0.2	68.1	1.0	100.0	1499	16.0	0.0	74.3	4.5	5.2	100.0	927
Dominican Republic	36.0	0.0	0.3	63.0	0.7	100.0	1653	15.3	3.1	59.4	12.8	9.4	100.0	451
Paraguay	38.2	0.0	0.3	60.6	0.9	100.0	466	8.1	0.0	75.0	11.6	5.3	100.0	789
Peru	59.5	0.0	0.2	36.4	3.9	100.0	1861	33.2	1.0	50.1	7.6	8.1	100.0	995

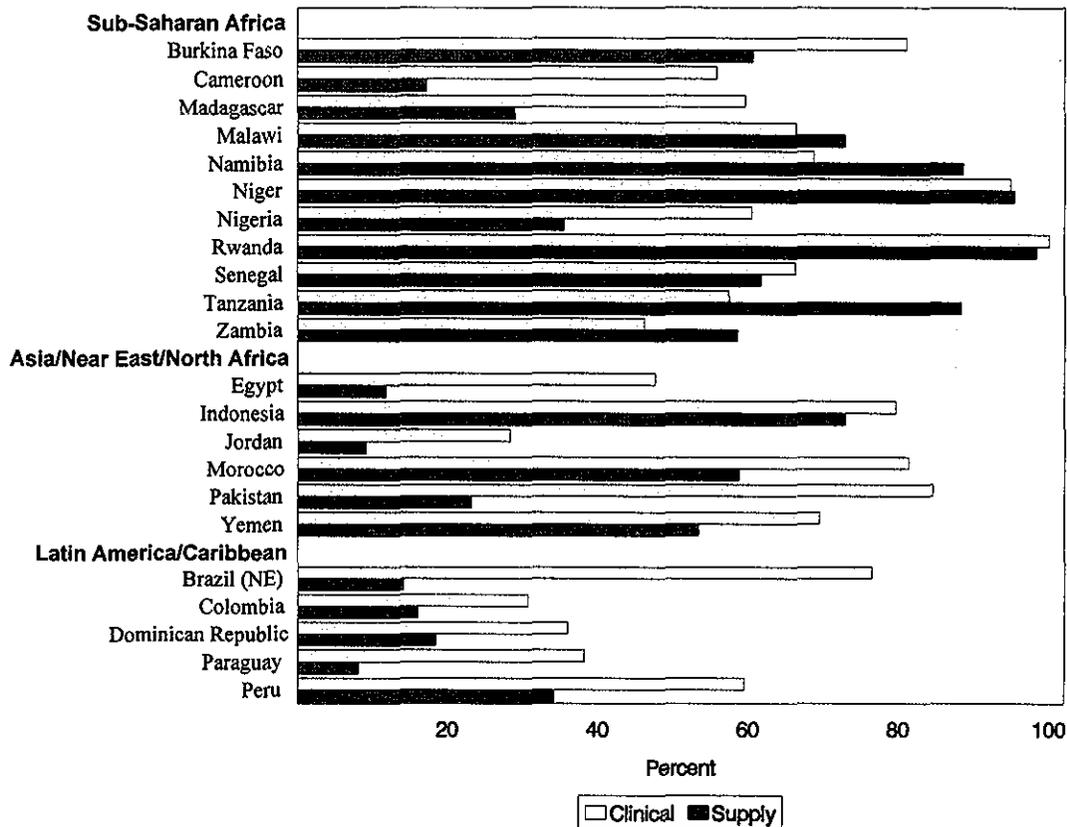
Note: Totals may not add to 100.0 due to rounding. Figures in parentheses are based on 25-49 unweighted cases.

countries and tends to be less pronounced where it does occur. Hence, government stationary facilities are the dominant source of both supply and clinical methods in most countries. In all except Cameroon, Madagascar, and Nigeria, more than half of users of supply methods said they obtained their most recent supplies from a stationary government facility. In general, the percentage of users who obtained their method from private providers other than pharmacies is smaller among users of supply methods than among users of clinical methods. In contrast, a pharmacy served as the source for more users of supply methods than users of clinical methods. Indeed, pharmacies were cited as the most recent source of supply methods by 31 percent of users in Nigeria and by 56 percent of users in Cameroon. In

Madagascar, private providers other than pharmacies were the main source of supply methods.

The differential use of government sources for clinical and supply methods is illustrated graphically in Figure 7.1. In the Asia/Near East/North Africa and Latin America/Caribbean regions, government sources are clearly used more for clinical than for supply methods. The differential is especially large in Northeast Brazil, where a government source was used by 76 percent of users of clinical methods compared to only 14 percent of users of supply methods. In sub-Saharan Africa, five countries do not conform to the pattern observed in the other regions. In the other six countries surveyed in sub-Saharan Africa, the differential is usu-

Figure 7.1 Percentage of currently married modern contraceptive users using government sources to obtain clinical and supply methods, Demographic and Health surveys, 1990-1993



ally less pronounced, reflecting the dominance of government sources for both types of methods in most countries in the region.

Table 7.3 presents the distribution by source of method for users of three important methods: the pill, IUD, and female sterilization. In general, the patterns reflect the earlier comparison of sources for supply and clinical methods. However, some caution should be exercised in interpreting results for individual methods because of the small number of users of some of those methods in some countries.

7.4 DEMOGRAPHIC AND SOCIOECONOMIC DIFFERENTIALS IN SOURCE OF METHOD

Differentials in the source of method reported by users of modern contraceptives may reflect differentials in both physical and financial access to sources. For example, edu-

cated women are more likely to be able to pay for their contraception in the private sector than poorer uneducated women, and urban women are more likely to have access to a wide range of contraceptive providers than women living in rural areas. Differentials may also reflect divergent choices of methods by the various subgroups of women. For example, analyses have shown that older, high-parity women are more likely to choose a long-term clinical method such as the IUD or female sterilization, while younger, low-parity women are more likely to use a supply method such as the pill. Given the differences in the sources of alternate types of methods, demographic differentials in the source of method are to be expected.

Current Age

Table 7.4 presents the distribution of the source of current method by age of the respondents. In Latin America and the Caribbean, the percentage of users who reported that

Table 7.3 Source of method for users of the pill, IUD, and female sterilization

Percentage of currently married users of the pill, IUD, or female sterilization, age 15-49 by source of method, Demographic and Health Surveys, 1990-1993

Country	Pill						IUD						Female sterilization								
	Government		Private		Other	Total	Number	Government		Private		Other	Total	Number	Government		Private		Other	Total	Number
	Station-ary	Mobile	Phar-macy	Other				Station-ary	Mobile	Phar-macy	Other				Station-ary	Mobile	Phar-macy	Other			
Sub-Saharan Africa																					
Burkina Faso	78.8	0.0	8.9	8.9	3.3	100.0	112	74.0	0.0	1.2	22.3	2.5	100.0	39	*	*	*	*	*	*	13
Cameroon	(21.1)	(0.0)	(58.7)	(17.9)	(2.3)	(100.0)	34	*	*	*	*	*	*	8	(54.7)	(0.0)	(0.0)	(45.3)	(0.0)	(100.0)	34
Madagascar	28.7	0.0	6.1	65.2	0.0	100.0	54	(22.7)	(0.0)	(0.0)	(77.3)	(0.0)	(100.0)	20	82.0	0.0	0.0	18.0	0.0	100.0	34
Malawi	79.1	0.0	0.9	17.6	2.4	100.0	75	*	*	*	*	*	*	10	65.8	0.0	0.0	34.2	0.0	100.0	56
Namibia	81.9	0.7	10.3	6.8	0.3	100.0	183	(35.8)	(0.0)	(0.0)	(64.2)	(0.0)	(100.0)	44	79.0	0.0	0.0	19.5	1.5	100.0	162
Niger	94.2	0.0	3.3	1.7	0.8	100.0	82	(96.5)	(0.0)	(0.0)	(3.5)	(0.0)	(100.0)	9	*	*	*	*	*	*	7
Nigeria	32.9	0.0	46.1	13.3	7.7	100.0	84	63.9	0.0	0.0	34.9	1.2	100.0	55	*	*	*	*	*	*	19
Rwanda	99.4	0.0	0.3	0.0	0.3	100.0	113	*	*	*	*	*	*	8	(100.0)	(0.0)	(0.0)	(0.0)	(0.0)	(100.0)	25
Senegal	66.3	0.0	17.3	12.2	4.1	100.0	98	67.2	0.0	0.0	31.3	1.6	100.0	64	*	*	*	*	*	*	20
Tanzania	91.7	0.0	1.0	4.7	2.6	100.0	198	*	*	*	*	*	*	26	53.7	0.0	0.0	45.6	0.7	100.0	87
Zambia	66.0	0.0	4.6	24.9	4.6	100.0	190	*	*	*	*	*	*	21	42.7	0.0	0.0	57.3	0.0	100.0	90
Asia/Near East/ North Africa																					
Egypt	11.6	0.0	83.6	1.8	3.0	100.0	1181	46.9	0.0	0.0	52.8	0.3	100.0	2255	65.1	0.0	0.0	34.9	0.0	100.0	103
Indonesia	82.5	2.6	2.4	8.3	4.3	100.0	3129	73.1	5.1	0.0	21.4	0.4	100.0	2815	69.4	1.4	0.0	29.2	0.0	100.0	566
Jordan	8.5	0.0	64.0	25.4	2.1	100.0	285	11.6	0.0	1.1	85.4	2.0	100.0	942	73.4	0.0	0.0	26.6	0.0	100.0	347
Morocco	46.1	13.9	36.0	3.0	1.0	100.0	1436	79.4	0.6	0.0	19.4	0.6	100.0	165	82.8	0.0	0.0	16.6	0.7	100.0	151
Pakistan	34.4	0.5	41.7	8.0	15.4	100.0	45	81.1	0.0	0.0	15.8	3.1	100.0	80	86.1	0.0	0.0	13.8	0.0	100.0	222
Yemen	52.8	0.0	39.5	2.8	4.9	100.0	162	58.0	0.0	1.4	36.8	3.8	100.0	65	(84.3)	(0.0)	(0.0)	(13.2)	(2.5)	(100.0)	41
Latin America/ Caribbean																					
Brazil (NE)	13.5	0.0	79.6	4.8	2.0	100.0	471	*	*	*	*	*	*	12	76.9	0.0	0.0	22.8	0.2	100.0	1334
Colombia	18.8	0.0	72.2	4.5	4.5	100.0	626	45.3	0.0	0.6	52.0	2.1	100.0	549	22.9	0.0	0.0	77.0	0.2	100.0	928
Dominican Republic	13.2	3.5	61.4	13.9	8.1	100.0	399	29.0	0.0	7.7	60.0	3.3	100.0	72	36.5	0.0	0.0	62.9	0.6	100.0	1568
Paraguay	9.8	0.0	72.3	12.5	5.4	100.0	484	20.4	0.0	0.2	78.4	0.9	100.0	204	52.2	0.0	0.4	46.5	0.9	100.0	262
Peru	37.1	1.6	46.7	7.5	7.1	100.0	497	57.0	0.0	0.2	39.2	3.6	100.0	1166	64.4	0.0	0.2	31.0	4.4	100.0	686

Note: Totals may not add to 100.0 due to rounding. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Table 7.4 Source of modern contraceptive methods by age

Percentage of currently married users of modern contraceptive methods age 15-49 by source of method and current age, Demographic and Health Surveys, 1990-1993

Country	15-24 years							25-34 years							35-49 years									
	Government			Private				Num- ber	Government			Private				Num- ber	Government			Private				Num- ber
	Station- ary	Mobile	Total	Phar- macy	Other	Other	Total		Station- ary	Mobile	Total	Phar- macy	Other	Other	Total		Station- ary	Mobile	Total	Phar- macy	Other	Other	Total	
Sub-Saharan Africa																								
Burkina Faso	56.8	0.0	13.2	1.8	28.2	100.0	54	66.2	0.0	7.3	12.4	14.0	100.0	111	72.3	0.0	9.1	15.3	3.3	100.0	57			
Cameroon	(15.1)	(0.0)	(50.2)	(21.9)	(12.8)	(100.0)	25	25.9	0.0	41.0	22.2	10.9	100.0	40	40.3	0.0	27.1	27.2	5.5	100.0	58			
Madagascar	(19.6)	(0.0)	(9.8)	(68.1)	(2.5)	(100.0)	22	28.8	0.0	6.5	62.0	2.7	100.0	81	50.8	0.0	4.4	43.5	1.3	100.0	87			
Malawi	62.7	2.8	20.2	12.7	1.6	100.0	53	70.0	1.9	0.8	26.2	1.1	100.0	102	71.7	1.5	1.6	25.3	0.0	100.0	100			
Namibia	91.2	4.4	1.3	2.6	0.6	100.0	93	75.4	1.5	5.0	17.6	0.5	100.0	235	78.9	1.0	3.4	16.2	0.5	100.0	246			
Niger	96.8	0.0	2.1	0.0	1.1	100.0	30	95.9	0.0	3.0	0.6	0.6	100.0	58	93.0	0.0	0.9	5.3	0.9	100.0	36			
Nigeria	(41.4)	(0.0)	(35.1)	(7.1)	(16.4)	(100.0)	38	41.6	0.0	19.8	30.9	7.7	100.0	94	45.0	0.0	18.4	33.9	2.7	100.0	109			
Rwanda	98.7	0.0	0.6	0.0	0.6	100.0	55	98.5	0.0	0.0	0.2	1.3	100.0	222	98.4	0.0	0.2	0.0	1.5	100.0	203			
Senegal	*	*	*	*	*	*	19	60.9	0.0	12.0	15.2	12.0	100.0	92	65.0	0.0	6.8	26.2	1.9	100.0	103			
Tanzania	84.6	0.0	0.9	8.7	5.8	100.0	82	84.5	0.0	2.8	9.5	3.2	100.0	147	70.3	0.0	0.6	28.1	1.0	100.0	150			
Zambia	55.6	0.0	10.5	19.9	14.0	100.0	93	58.7	0.0	6.0	31.5	3.7	100.0	162	50.2	0.0	7.8	38.8	3.1	100.0	139			
Asia/Near East/ North Africa																								
Egypt	39.5	0.0	23.0	37.4	0.1	100.0	430	34.5	0.0	27.0	36.3	2.2	100.0	1847	34.6	0.0	30.8	33.0	1.7	100.0	1821			
Indonesia	71.6	4.1	0.6	22.1	1.6	100.0	2007	70.5	3.7	1.6	22.0	2.2	100.0	4501	72.0	5.9	2.1	17.8	2.1	100.0	3425			
Jordan	12.2	0.0	18.5	67.8	1.5	100.0	187	13.7	0.0	15.5	68.8	2.0	100.0	664	35.3	0.0	13.3	50.4	1.1	100.0	806			
Morocco	50.5	12.8	30.8	4.4	1.5	100.0	273	46.4	11.0	37.4	4.2	0.9	100.0	737	56.5	10.7	24.4	7.6	0.9	100.0	807			
Pakistan	36.5	1.7	20.2	10.4	31.3	100.0	48	44.4	0.6	21.8	11.3	21.8	100.0	215	65.8	0.5	4.9	14.9	13.9	100.0	307			
Yemen	60.0	0.0	24.3	12.5	3.2	100.0	38	55.1	0.0	28.2	12.8	3.9	100.0	148	63.7	0.0	21.9	9.9	4.5	100.0	126			
Latin America/ Caribbean																								
Brazil (NE)	24.7	0.0	65.6	8.0	1.7	100.0	299	59.4	0.0	21.2	19.2	0.2	100.0	728	69.0	0.0	9.9	20.3	0.8	100.0	874			
Colombia	28.1	0.0	47.5	18.5	5.9	100.0	401	25.1	0.0	29.5	43.8	1.7	100.0	1060	23.8	0.0	19.6	54.3	2.3	100.0	965			
Dominican Republic	17.6	3.0	43.0	29.7	6.7	100.0	288	32.2	0.6	13.7	50.4	3.1	100.0	929	35.4	0.0	2.5	61.4	0.7	100.0	887			
Paraguay	11.0	0.0	62.2	18.8	7.9	100.0	208	13.5	0.0	54.5	29.5	2.5	100.0	563	29.6	0.0	32.4	34.8	3.1	100.0	484			
Peru	55.8	1.3	19.5	18.5	4.9	100.0	371	48.3	0.4	20.0	26.2	5.1	100.0	1248	50.8	0.0	14.5	28.9	5.8	100.0	1237			

Note: Totals may not add to 100.0 due to rounding. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

they obtained their method from a pharmacy declines with age in most countries surveyed. In contrast, the percentage of users citing other private sources increases with age. In Northeast Brazil, the Dominican Republic, and Paraguay the percentage of users who cited stationary government facilities as their most recent source also increases with age, but *there is no strong age differential in the reporting of government stationary facilities as the source in Colombia and Peru.* These patterns are consistent with a shift to use of clinical methods as women get older, as clinical methods are more likely to be obtained from other private sources and government stationary facilities.

Similar patterns are observed in most of the sub-Saharan African countries. In general, the percentage of users who reported that they obtained their method from a pharmacy decreases with age or is minimal in all three age groups. The percentage of users who reported that they obtained their method from some other private provider tends to be *higher for older users.* The age differential for government sources is less consistent but generally there is also a tendency for older women to be more likely to report that they used a government source for their method. In Niger and Rwanda, government sources dominate in all three age groups.

The age differentials in source of methods are generally less evident in the surveyed countries of the Asia/Near East/North Africa region. In Pakistan, the percentage of users who reported that they obtained their method from a government source increases with age, while the percentage who reported obtaining their method from a pharmacy declines among women in the oldest age group. In Jordan, also, users over age 35 are more likely to report government sources but are less likely than younger women to report other private sources. There are no strong age differentials in source of method in the other four countries in the region.

Number of Living Children

Table 7.5 presents the distribution of the source of current method by the number of living children that a woman has. As expected, the patterns are similar to those observed for the age of the respondents because age and parity are closely related and reflect the stage of women in their reproductive careers; that stage in turn tends to determine the type of method that women choose. The percentage of users who report using a government source to obtain their method tends to be higher among those with more living children, as does the percentage of users who report using a pri-

vate provider other than a pharmacy. In contrast, the percentage of users who report obtaining their most recent contraceptive supplies from a pharmacy tends to decline as the number of living children increases. There is quite a bit of variation across the 22 countries in the strength and precise form of the relationship, and several countries do not conform to the pattern. For example, in Yemen users who have more living children are less likely to cite government facilities and more likely to cite pharmacies as the source of their method than are users with fewer living children. Overall, however, the number of users in Yemen is small.

Area of Residence

Table 7.6 presents the percentage of urban and rural modern contraceptive users who use each type of source. In four of the five surveys in Latin America and the Caribbean, the percentage of users who report obtaining their method from a pharmacy or from other private providers is higher among urban than rural women, while the percentage who report using a government source is correspondingly lower among urban users. However, in Northeast Brazil urban users are more likely than rural users to report a government source and less likely to report a pharmacy as their source of contraceptive supplies. The percentage who reported private providers other than pharmacies is about the same in the two areas. That pattern probably reflects differences in the method mix between urban and rural users in Northeast Brazil—urban users are more likely to use female sterilization, which is obtained primarily from government stationary facilities, while rural users are more likely to use pills, which are obtained primarily from pharmacies.

In the Asia/Near East/North African countries also, urban users are more likely than rural users to obtain their contraceptive method from a pharmacy or other private provider and less likely to use a government source. This pattern holds in all six surveys in that region, but the differences are smaller in some countries (e.g., Egypt and Yemen). In Morocco, mobile government sources, which are used sparingly elsewhere, are cited by 24 percent of rural users but only 1 percent of urban users.

The pattern is less consistent among the sub-Saharan African surveys, and the number of users in some countries is too small to allow reliable comparisons. In six of the nine countries for which data are available, urban users appear to be less likely than rural users to report a government source and more likely to report obtaining contraceptives from a pharmacy. In the other three countries (Nigeria, Senegal,

Table 7.5 Source of modern contraceptive methods by number of children

Percentage of currently married users of modern contraceptive methods age 15-49 by source of method, and number of living children, Demographic and Health Surveys, 1990-1993

Country	0-2 children							3-4 children							5 or more children						
	Government		Private			Total	Number	Government		Private			Total	Number	Government		Private			Total	Number
	Station-ary	Mobile	Phar-macy	Other	Other			Station-ary	Mobile	Phar-macy	Other	Other			Station-ary	Mobile	Phar-macy	Other	Other		
Sub-Saharan Africa																					
Burkina Faso	56.1	0.0	13.9	8.1	21.9	100.0	96	67.1	0.0	6.5	11.7	14.7	100.0	74	80.2	0.0	4.5	13.5	1.8	100.0	53
Cameroon	(27.7)	(0.0)	(47.9)	(9.6)	(14.7)	(100.0)	33	(18.9)	(0.0)	(38.5)	(33.8)	(8.8)	(100.0)	30	38.0	0.0	28.7	28.0	5.3	100.0	60
Madagascar	24.4	0.0	10.1	60.7	4.8	100.0	45	32.7	0.0	8.2	58.3	0.8	100.0	69	50.3	0.0	1.4	46.8	1.4	100.0	77
Malawi	65.9	1.9	13.9	16.4	1.9	100.0	78	69.0	4.6	3.0	22.8	0.6	100.0	74	71.7	0.0	0.0	28.3	0.0	100.0	103
Namibia	72.9	2.2	6.4	18.3	0.2	100.0	238	78.2	1.9	2.6	16.0	1.3	100.0	186	91.6	0.8	0.8	6.8	0.0	100.0	149
Niger	95.3	0.0	1.9	0.9	1.9	100.0	35	98.6	0.0	1.4	0.0	0.0	100.0	47	91.6	0.0	3.3	4.4	0.7	100.0	43
Nigeria	35.1	0.0	33.6	16.4	14.9	100.0	62	54.1	0.0	15.3	29.6	1.0	100.0	69	40.7	0.0	18.7	34.7	5.9	100.0	109
Rwanda	98.5	0.0	0.4	0.4	0.7	100.0	95	99.3	0.0	0.0	0.0	0.7	100.0	159	97.8	0.0	0.2	0.0	2.0	100.0	227
Senegal	(62.2)	(0.0)	(17.8)	(13.3)	(6.7)	(100.0)	45	62.5	0.0	7.1	23.2	7.1	100.0	56	64.6	0.0	8.8	20.4	6.2	100.0	113
Tanzania	82.0	0.0	1.7	11.2	5.1	100.0	125	78.5	0.0	2.1	16.4	3.0	100.0	99	76.7	0.0	1.0	21.4	0.9	100.0	154
Zambia	55.9	0.0	10.4	22.9	10.9	100.0	126	50.9	0.0	6.2	35.7	7.2	100.0	105	56.9	0.0	6.7	35.1	1.3	100.0	164
Asia/Near East/ North Africa																					
Egypt	33.1	0.0	24.7	39.9	2.3	100.0	1143	34.3	0.0	30.1	34.2	1.4	100.0	1723	37.9	0.0	28.9	31.4	1.8	100.0	1232
Indonesia	71.0	3.6	1.7	21.7	2.1	100.0	4900	70.6	4.9	1.7	20.7	2.2	100.0	3386	73.4	6.8	1.0	17.1	1.7	100.0	1647
Jordan	9.0	0.0	21.6	68.0	1.4	100.0	205	17.1	0.0	14.3	67.9	0.7	100.0	402	29.6	0.0	13.6	55.0	1.8	100.0	1050
Morocco	45.1	8.0	41.4	4.5	1.1	100.0	561	49.1	10.1	33.6	6.5	0.7	100.0	556	58.6	14.4	19.7	6.1	1.1	100.0	700
Pakistan	33.1	1.0	21.4	11.5	33.0	100.0	82	49.2	1.0	17.2	11.0	21.6	100.0	177	64.6	0.4	7.6	14.9	12.6	100.0	312
Yemen	72.2	0.0	19.7	5.9	2.2	100.0	54	59.3	0.0	25.3	10.3	5.1	100.0	78	55.2	0.0	26.8	13.8	4.1	100.0	180
Latin America/ Caribbean																					
Brazil (NE)	38.3	0.0	45.2	15.9	0.6	100.0	691	68.5	0.0	10.4	20.2	0.9	100.0	707	71.6	0.0	10.2	17.8	0.5	100.0	504
Colombia	25.3	0.0	39.0	32.0	3.7	100.0	1164	21.7	0.0	18.1	58.5	1.7	100.0	833	31.2	0.0	20.3	47.2	1.3	100.0	429
Dominican Republic	20.7	1.1	31.7	40.2	6.4	100.0	672	32.2	0.5	5.3	61.2	0.8	100.0	993	46.7	0.3	1.8	50.3	0.8	100.0	440
Paraguay	13.5	0.0	57.1	24.5	4.8	100.0	549	19.4	0.0	40.9	36.1	3.6	100.0	428	30.7	0.0	37.6	30.3	1.4	100.0	279
Peru	45.0	0.6	22.5	26.8	5.1	100.0	1267	52.1	0.1	13.7	29.1	5.1	100.0	1036	59.5	0.2	13.7	20.3	6.3	100.0	553

Note: Totals may not add to 100.0 due to rounding. Figures in parentheses are based on 25-49 unweighted cases.

Table 7.6 Source of modern contraceptive methods by urban/rural residence

Percentage of currently married users of modern contraceptive methods age 15-49 by source of method, and urban/rural residence, Demographic and Health Surveys, 1990-1993

Country	Urban						Rural							
	Government		Private			Total	Number	Government		Private			Total	Number
	Station-ary	Mobile	Phar-macy	Other	Other			Station-ary	Mobile	Phar-macy	Other	Other		
Sub-Saharan Africa														
Burkina Faso	59.9	0.0	12.2	14.1	13.7	100.0	157	(78.7)	(0.0)	(2.1)	(2.1)	(17.0)	(100.0)	66
Cameroon	24.0	0.0	42.1	26.9	7.0	100.0	78	(41.9)	(0.0)	(26.2)	(20.3)	(11.6)	(100.0)	45
Madagascar	35.1	0.0	8.6	52.4	3.8	100.0	102	40.8	0.0	2.8	56.3	0.0	100.0	89
Malawi	U	U	U	U	U	U	U	U	U	U	U	U	U	U
Namibia	74.4	1.5	5.0	18.4	0.7	100.0	400	91.2	2.3	0.7	5.8	0.0	100.0	173
Niger	96.6	0.0	1.4	0.9	1.1	100.0	91	*	*	*	*	*	*	34
Nigeria	45.1	0.0	21.0	28.5	5.4	100.0	140	40.4	0.0	22.4	28.4	8.8	100.0	100
Rwanda	92.2	0.0	1.9	1.0	4.9	100.0	36	99.0	0.0	0.0	0.0	1.0	100.0	444
Senegal	64.5	0.0	12.2	18.6	4.7	100.0	172	(59.5)	(0.0)	(2.4)	(23.8)	(14.3)	(100.0)	42
Tanzania	89.7	0.0	1.5	5.7	3.1	100.0	173	69.8	0.0	1.6	25.9	2.7	100.0	205
Zambia	53.7	0.0	8.2	31.3	6.8	100.0	318	60.2	0.0	5.9	31.6	2.3	100.0	76
Asia/Near East/ North Africa														
Egypt	32.3	0.0	28.9	37.2	1.5	100.0	2315	38.6	0.0	27.4	32.0	2.0	100.0	1783
Indonesia	55.4	2.1	4.1	36.9	1.6	100.0	3127	78.5	5.7	0.4	13.1	2.3	100.0	6806
Jordan	22.2	0.0	15.7	60.5	1.6	100.0	1382	33.1	0.0	10.2	55.9	0.8	100.0	275
Morocco	50.2	1.4	39.5	8.2	0.8	100.0	1016	53.2	23.5	19.5	2.6	1.2	100.0	801
Pakistan	49.0	1.1	16.0	13.3	20.6	100.0	358	65.8	0.0	6.8	13.0	14.5	100.0	213
Yemen	58.6	0.0	26.8	12.0	2.6	100.0	172	59.9	0.0	23.2	11.1	5.8	100.0	140
Latin America/ Caribbean														
Brazil (NE)	59.8	0.0	21.7	18.0	0.5	100.0	1294	55.3	0.0	25.6	17.9	1.2	100.0	607
Colombia	22.6	0.0	29.4	45.4	2.7	100.0	1793	32.1	0.0	26.1	39.3	2.4	100.0	633
Dominican Republic	28.3	0.5	15.1	53.0	3.1	100.0	1408	38.2	1.0	8.7	50.8	1.4	100.0	696
Paraguay	16.8	0.0	48.5	32.2	2.5	100.0	823	24.2	0.0	44.8	25.2	5.9	100.0	432
Peru	47.6	0.3	18.7	28.0	5.4	100.0	2471	68.4	0.6	10.4	15.7	4.9	100.0	385

U = Unknown (not available)

Note: Totals may not add to 100.0 due to rounding. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

and Tanzania), urban users are more likely than rural users to report that they obtained their method from a government source. Rural users in these countries cite private providers other than a pharmacy or other sources more often than urban users do.

Level of Education

Table 7.7 presents the percentage of modern contraceptive users with no education, primary education, and secondary or higher education who use each type of contraceptive source. In all five countries in Latin America, the percentage of users who reported that they obtained their

method from a government source decreases as the level of education increases. The same pattern holds in five of the six countries in the Asia/Near East/North Africa region. In Yemen, educational differentials in source of supply are small, but it appears that users with secondary or higher education are more likely than users with less education to report a government source. In sub-Saharan Africa, use of government facilities also generally declines as education increases, except in Tanzania where the pattern is reversed.

In general, users with no education are less likely than other users to report that they obtained their method from a pharmacy. That pattern is found to some extent in all coun-

Table 7.7 Source of modern contraceptive methods by education

Percentage of currently married users of modern contraceptive methods age 15-49 by source of method and education, Demographic and Health Surveys, 1990-1993

Country	No education							Primary							Secondary or higher						
	Government		Private			Total	Number	Government		Private			Total	Number	Government		Private			Total	Number
	Station-ary	Mobile	Phar-macy	Other	Other			Station-ary	Mobile	Phar-macy	Other	Other			Station-ary	Mobile	Phar-macy	Other	Other		
Sub-Saharan Africa																					
Burkina Faso	76.6	0.0	3.2	6.4	13.8	100.0	89	67.8	0.0	6.4	11.4	14.4	100.0	59	50.5	0.0	18.5	14.9	16.1	100.0	75
Cameroon	*	*	*	*	*	*	16	(27.0)	(0.0)	(32.4)	(32.5)	(8.1)	(100.0)	43	25.7	0.0	47.2	16.7	10.5	100.0	64
Madagascar	*	*	*	*	*	*	8	49.8	0.0	0.0	49.4	0.8	100.0	73	28.0	0.0	10.3	58.8	3.0	100.0	110
Malawi	75.2	2.3	4.4	18.1	0.0	100.0	86	68.6	1.1	7.1	22.7	0.5	100.0	128	58.3	3.6	0.4	34.5	3.2	100.0	41
Namibia	93.9	3.4	0.0	2.7	0.0	100.0	70	90.7	4.1	0.0	4.8	0.3	100.0	174	70.4	0.1	6.5	22.2	0.7	100.0	329
Niger	97.5	0.0	0.0	2.5	0.0	100.0	78	90.3	0.0	8.4	0.0	1.3	100.0	25	92.7	0.0	2.9	1.5	2.9	100.0	22
Nigeria	48.8	0.0	19.4	25.3	6.5	100.0	57	40.5	0.0	17.7	36.5	5.3	100.0	79	42.1	0.0	25.7	24.2	8.1	100.0	104
Rwanda	98.8	0.0	0.0	0.0	1.2	100.0	191	98.9	0.0	0.0	0.0	1.1	100.0	236	95.4	0.0	1.3	0.7	2.6	100.0	54
Senegal	72.6	0.0	4.8	13.1	9.5	100.0	84	67.7	0.0	9.2	16.9	6.2	100.0	65	47.7	0.0	18.5	30.8	3.1	100.0	65
Tanzania	74.7	0.0	3.6	21.6	0.0	100.0	44	78.9	0.0	1.5	16.1	3.6	100.0	288	(82.9)	(0.0)	(0.0)	(15.8)	(1.3)	(100.0)	47
Zambia	(71.0)	(0.0)	(4.7)	(24.3)	(0.0)	(100.0)	23	57.5	0.0	5.7	31.4	5.4	100.0	172	51.0	0.0	9.8	32.1	7.1	100.0	199
Asia/Near East/																					
North Africa																					
Egypt	39.5	0.0	30.7	28.2	1.6	100.0	1571	36.9	0.0	31.6	29.6	1.9	100.0	1234	27.9	0.0	22.0	48.3	1.8	100.0	1293
Indonesia	82.2	5.8	0.1	10.5	1.4	100.0	1371	75.6	5.1	0.9	16.1	2.3	100.0	6223	53.2	2.5	4.2	38.3	1.8	100.0	2339
Jordan	42.2	0.0	11.1	46.2	0.5	100.0	294	29.2	0.0	12.3	56.9	1.6	100.0	417	16.1	0.0	17.0	65.2	1.7	100.0	946
Morocco	56.3	14.9	22.4	5.3	1.1	100.0	1233	50.0	5.2	36.9	6.9	1.0	100.0	306	32.0	0.7	60.4	6.5	0.4	100.0	278
Pakistan	66.5	0.9	7.5	13.6	11.5	100.0	311	57.5	0.0	15.8	4.9	21.8	100.0	80	34.9	0.5	19.8	16.2	28.6	100.0	180
Yemen	57.8	0.0	24.7	13.0	4.5	100.0	201	56.7	0.0	27.6	9.7	6.0	100.0	53	66.2	0.0	24.9	8.2	0.7	100.0	58
Latin America/																					
Caribbean																					
Brazil (NE)	69.8	0.0	13.7	14.8	1.7	100.0	349	58.3	0.0	25.3	15.8	0.5	100.0	1174	47.9	0.0	24.2	27.6	0.3	100.0	378
Colombia	31.6	0.0	19.1	48.5	0.8	100.0	112	28.9	0.0	26.3	42.1	2.7	100.0	1103	21.0	0.0	31.4	44.9	2.7	100.0	1211
Dominican Rep.	56.4	0.0	3.4	39.7	0.6	100.0	127	36.2	1.0	8.6	53.1	1.2	100.0	1210	20.1	0.2	21.6	53.0	5.1	100.0	767
Paraguay	*	*	*	*	*	*	23	21.9	0.0	48.1	25.7	4.2	100.0	751	14.5	0.0	46.6	36.5	2.4	100.0	482
Peru	77.8	0.0	4.2	15.1	2.9	100.0	93	60.7	0.5	13.9	20.7	4.2	100.0	765	45.1	0.3	19.6	29.1	5.9	100.0	1998

Note: Totals may not add to 100.0 due to rounding. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

tries except Malawi, Tanzania, Egypt, and Yemen. In many countries, use of other private sources also tends to increase as education increases, but the pattern is nowhere near universal. In some countries, the opposite pattern is observed, while in others the differentials are small or not clearly defined.

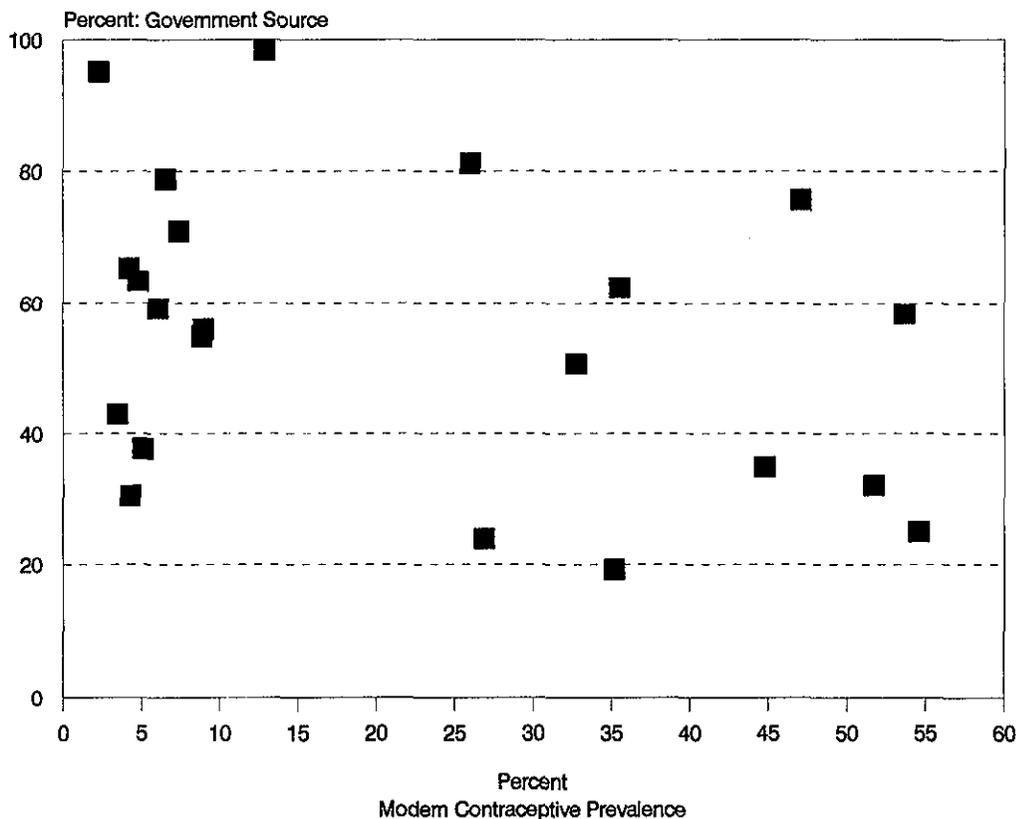
7.5 CONTRACEPTIVE PRACTICE AND CONTRACEPTIVE SOURCE PATTERNS

The foregoing analyses raise the question as to whether the contraceptive sources used in a population are associated with the level of contraceptive prevalence. Cross et al. (1991) proposed a model linking use of modern contraceptives to contraceptive source patterns. The model hypothesizes that government sources of contraceptives are most important in the intermediate stages of family planning de-

velopment in a country. It argues that, in the early stages, most users are financially well-off urban residents whose contraceptive needs can be met by the private sector. As family planning becomes more established, the government begins to play an increasing role in providing contraceptives; but once family planning demand reaches a high level, the government attempts to shift more responsibility to the private sector to reduce the financial burden of supplying contraceptives. In this model, the primary role of NGOs is to motivate users and provide counseling rather than to supply contraceptives.

Figure 7.2 illustrates the percentage of modern contraceptive users who reported in DHS-II that they used a government source to obtain their contraceptive method by the prevalence of modern contraception in the population. No relationship between the two variables is apparent. Thus, the present survey data do not support the proposed model.

Figure 7.2 Modern contraceptive prevalence by percentage of modern methods obtained from a government source, Demographic and Health Surveys, 1990-1993



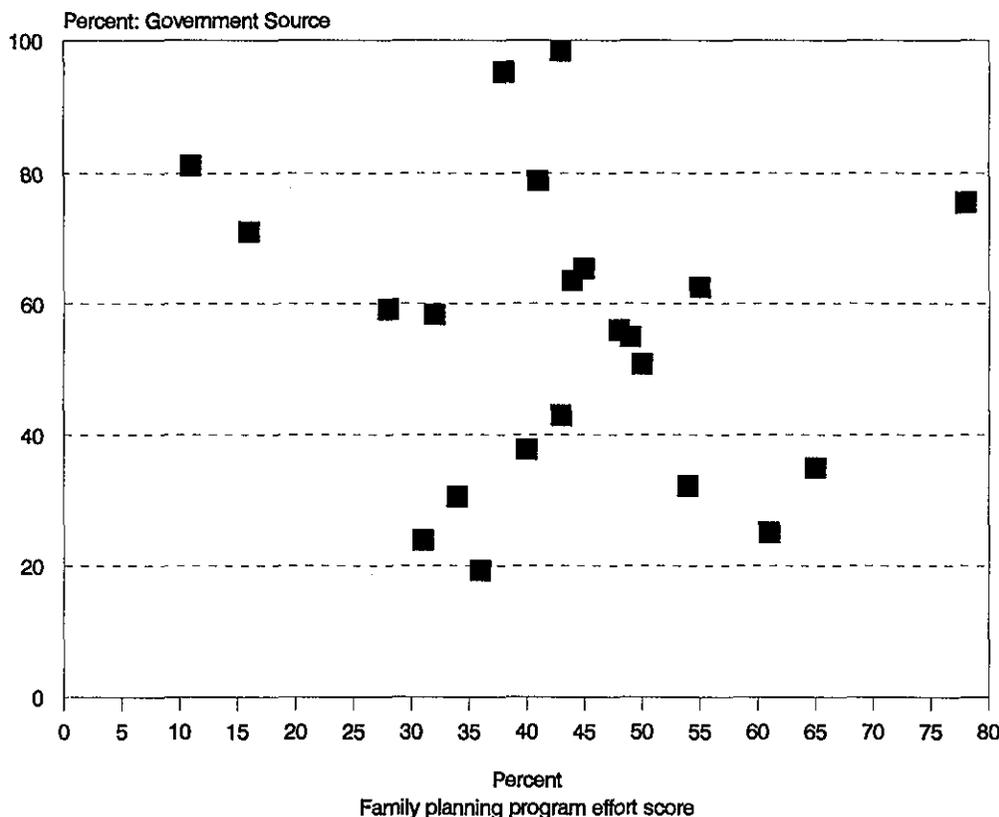
Ayad et al. (1994) conducted a similar analysis using DHS-I surveys focusing on the role of NGOs as hypothesized under the Cross et al. model. They concluded that NGOs were important suppliers of contraceptives in some countries, again contrary to the model. They also concluded that the public sector remains an important provider of contraceptives where the government has a strong population policy to reduce fertility, even in countries with high levels of contraceptive prevalence.

To test the latter hypothesis, the percentage of users who cited a government source is plotted against the family planning program effort score (Mauldin and Ross, 1991) for each country (Figure 7.3). The family planning program effort score, given as a percentage of the maximum score possible, provides a summary measure of the strength of the family planning program in a country based on four components—policy and stage-setting activities, service and service-related activities, record keeping and evaluation, and availability and accessibility of fertility control supplies

and services. A positive relationship is expected between that score and the percentage of users who opt for a government source, but no relationship is apparent from the figure. Hence, the present survey data suggest that the role of government as a supplier of contraceptives does not systematically depend on the strength of the family planning program.

Our conclusion from these analyses is that the contraceptive source pattern in a country is related primarily to the historical context of family planning provision and the social environment in a particular population and hence does not vary systematically across countries. Of course, the analyses presented do have limitations. For example, it is possible that the family planning program effort score does not adequately measure the particular dimension of a family planning program that affects source patterns, yet the absence of any strong relationships suggests that detailed analyses of contraceptive sources and policies aimed at affecting source choices need to be country-specific.

Figure 7.3 Family planning program effort scores by percentage of modern methods obtained from a government source, Demographic and Health Surveys, 1990-1993



7.6 TIME TO SOURCE

Data on time to the most recent source of contraceptive supplies are available in DHS-II surveys. Such information can be used to assess how far women travel to obtain their contraceptive supplies and how difficult they perceive it is to get to the source. The analysis presented here examines only time to the most recent source of supply for current users of modern contraception. It is quite plausible that women who are current users of modern contraceptives live closer to a source of supply than nonusers, especially if lack of access to a source is an important barrier to modern con-

traceptive use in a population. Therefore, the results of this analysis should not be interpreted as indicating the time required to get to a modern contraceptive source in the population as a whole. Rather, the analysis compares the time and perceived effort required of contraceptive users in different populations to obtain their contraceptive supplies.

Table 7.8 presents the median time to reach the most recent contraceptive source, together with the percentage of modern contraceptive users who stated that it was easy or difficult to reach the source for each population. The median time taken to reach the most recent contraceptive source is

Table 7.8 Accessibility of sources of modern contraception

Median time to source for currently married users of modern contraceptive methods age 15-49 and their perception of source accessibility, Demographic and Health Surveys, 1990-1993

Country	Urban					Rural					Total				
	Easy	Difficult	Not stated	Total	Median time (min.)	Easy	Difficult	Not stated	Total	Median time (min.)	Easy	Difficult	Not stated	Total	Median time (min.)
Sub-Saharan Africa															
Burkina Faso	76.7	20.1	3.2	100.0	25.8	(71.8)	(23.1)	(5.1)	(100.0)	(30.7)	75.3	20.9	3.8	100.0	30.1
Cameroon	84.2	11.7	4.1	100.0	20.2	(78.1)	(18.6)	(3.3)	(100.0)	(30.5)	82.1	14.1	3.8	100.0	20.6
Madagascar	88.5	6.6	4.9	100.0	30.5	53.5	29.6	16.9	100.0	60.6	72.0	17.4	10.6	100.0	45.0
Malawi	U	U	U	U	U	U	U	U	U	U	70.9	27.6	1.5	100.0	90.9
Namibia	84.7	12.4	2.9	100.0	15.5	62.6	35.1	2.3	100.0	60.6	78.1	19.2	2.7	100.0	20.6
Niger	75.7	20.4	3.9	100.0	21.0	*	*	*	*	*	71.0	25.1	4.0	100.0	30.2
Nigeria	88.1	11.2	0.8	100.0	30.4	68.6	30.3	1.1	100.0	30.9	79.7	19.4	0.9	100.0	30.6
Rwanda	75.8	21.2	3.0	100.0	30.5	70.2	26.7	3.1	100.0	60.7	70.6	26.3	3.1	100.0	60.7
Senegal	79.3	12.2	8.5	100.0	30.2	(66.7)	(27.8)	(5.6)	(100.0)	(60.5)	77.0	15.0	8.0	100.0	30.5
Tanzania	91.8	7.4	0.8	100.0	30.1	65.8	33.2	0.9	100.0	120.0	77.6	21.5	0.9	100.0	31.0
Zambia	85.8	10.8	3.5	100.0	25.7	51.1	45.8	3.0	100.0	120.3	79.2	17.4	3.4	100.0	30.3
Asia/Near East/ North Africa															
Egypt	95.1	4.6	0.3	100.0	15.2	91.4	8.4	0.2	100.0	30.1	93.5	6.2	0.3	100.0	15.8
Indonesia	96.2	1.2	2.6	100.0	15.1	90.7	5.4	3.9	100.0	15.6	92.5	4.1	3.4	100.0	15.4
Jordan	89.6	10.3	0.1	100.0	15.8	76.7	23.1	0.2	100.0	30.8	87.5	12.4	0.1	100.0	16.0
Morocco	91.3	7.5	1.1	100.0	15.5	47.3	50.9	1.8	100.0	60.9	74.7	23.9	1.4	100.0	30.2
Pakistan	73.8	25.7	0.5	100.0	30.2	56.7	43.3	0.0	100.0	60.5	67.3	32.4	0.3	100.0	30.7
Yemen	U	U	U	U	16.0	U	U	U	U	60.8	U	U	U	U	30.4
Latin America/ Caribbean															
Brazil (NE)	89.0	10.8	0.2	100.0	20.5	73.8	26.1	0.1	100.0	60.2	84.2	15.6	0.2	100.0	30.3
Colombia	96.3	3.4	0.3	100.0	15.8	79.2	20.6	0.2	100.0	40.7	91.8	7.9	0.3	100.0	20.8
Dominican Republic	86.2	11.3	2.6	100.0	30.2	76.1	22.8	1.1	100.0	60.6	82.2	15.8	2.0	100.0	30.8
Paraguay	88.3	7.9	3.8	100.0	20.0	56.0	41.8	2.2	100.0	60.5	77.6	19.1	3.3	100.0	30.2
Peru	91.2	7.9	0.9	100.0	20.0	67.6	31.3	1.1	100.0	48.2	88.0	11.1	0.9	100.0	20.4

U = Unknown (not available)

Note: Totals may not add to 100.0 due to rounding. Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

45 minutes or less in all countries except Malawi and Rwanda,¹⁰ and those who report that it is easy to reach their source exceeds 70 percent everywhere except Pakistan.

More than 70 percent of urban users reported that it was easy to get to their contraceptive source in all of the surveys with data available, and more than 90 percent said it was easy in Tanzania, Egypt, Indonesia, Morocco, Colombia, and Peru. The median time to the most recent source in urban areas was between 15 and 30 minutes in all countries.

As expected, proportionately fewer rural users find it easy to get to their contraceptive source. In the majority of surveys, between 50 and 80 percent of rural users reported that it was easy to get to their contraceptive source. However, in Morocco only 47 percent of rural users considered it easy, while in Egypt and Indonesia more than 90 percent

did so. The median time taken to reach the source in rural areas is between 30 minutes and one hour in most surveys, but is around two hours in Tanzania and Zambia. Only in Indonesia is the median time to source under half an hour for rural users.

On average, the median time to source for both urban and rural users tends to be slightly higher in sub-Saharan Africa and slightly lower in Asia/Near East/North Africa, but the differences are small. Overall, there are no strong regional differentials in either urban or rural areas in the percentage of users who perceive that it is easy to reach their contraceptive source. The percentage of users who report that it is easy to get to their contraceptive source is only weakly related to the median time to reach the source. There is much variability in the perceived accessibility of a source for a given median duration to the source. For example, in the 10 populations in which the median time to source for rural users is around one hour, the percentage of users who report that it is easy to reach that source ranges from 47 percent in Morocco to 76 percent in the Dominican Republic.

¹⁰ The median time to source reported in Table 7.8 tends to be around 15, 30, 60, or 120 minutes in most surveys. This reflects heaping of the individual responses on multiples of 15 minutes.