

Role of Private Sector in Family Planning Service Delivery

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Although the successful story of family planning in Thailand during the last two decades is due to the widespread availability of government contraceptive outlets through out the country, the private sector has also contributed to the increase in contraception. During this period, slightly more than two out of ten current users reported that they received services from the private outlets. Despite the rising trend of contraceptive prevalence rate from 53.4 in 1978 to 72.2 in 1996, the percentage share of private sector in family planning service delivery has hardly changed, hovering around the low twenties (see Table 1).

Table 1: Percentage distribution of current users by source, and contraceptive prevalence rate : 1978-1996

Source	1978 CPS1	1981 CPS2	1984 CPS3	1987 CUPS	1996 NCPS
Government	76.9	78.2	79.6	82.5	75.3
Private	23.1	21.8	20.4	17.8	24.7
Total	100%	100%	100%	100%	100%
Contraceptive prevalence rate	53.4	59.0	64.6	70.5	72.2

Source: Leoprapai, Boonlert and Varachai Thongthai, 1989. *Contraceptive Practice of Thai Women 1987*, Nakhon Pathom, Institute for Population and Social Research, Mahidol University, and Aphichat Chamrathirong, et.al. 1997. *National Contraceptive Prevalence Survey 1996*, Nakhon Pathom, Institute for Population and Social Research, Mahidol University.

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Considering the market share of private sector by contraceptive methods, condom was first in the list, about 54 percent in 1996. Nearly one-third of pill users also obtained contraceptive pills from private sector in 1987 and the percentage of pill acceptors from private sector rose to 45 percent in 1996. The least provided methods from private sector were female sterilization and IUD, about 7.2 and 6.5 percent respectively in 1996.

As mentioned above, the overall role of private sector has been more or less stable. However, the role of private sector in providing each method of contraception has fluctuated considerably. The largest dip of private role in providing contraception was IUD which shared nearly 20 percent of the market in 1978. In 1996, the share of private sector in providing IUD was only 6.5 percent. The market share of male sterilization in 1996 also shrunk to nearly two-thirds of its share in 1978, i.e. from 33 percent to 23 percent. Although the private sector's role in providing condom was decreasing, the private sector was still the major source of condom service delivery.

Table 2: Percentage distribution of current users by method and source : 1978-1996

Method and Source	1978 CPS1	1981 CPS2	1984 CPS3	1987 CUPS	1996 NCPS
Pills					
Government	73.8	65.2	71.9	69.6	54.9
Private	26.2	34.8	28.1	30.4	45.1
Condom					
Government	29.9	23.1	36.6	43.9	46.9
Private	70.1	76.9	63.4	56.1	53.9

Table 2: (Continued)

Method and Source	1978 CPS1	1981 CPS2	1984 CPS3	1987 CUPS	1996 NCPS
IUD					
Government	80.7	96.1	92.8	96.8	93.5
Private	19.3	3.9	7.2	3.2	6.5
Injectables					
Government	76.5	73.4	72.9	82.2	75.1
Private	23.5	26.6	27.1	17.8	24.9
Female sterilization					
Government	95.5	95.6	89.1	91.4	92.8
Private	4.5	4.4	10.9	8.6	7.2
Male sterilization					
Government	66.7	72.8	73.5	78.9	77.2
Private	33.3	27.2	26.5	21.1	22.8
All methods					
Government	76.9	78.2	79.6	82.5	75.3
Private	23.1	21.8	20.4	17.5	24.7

Source: Same as Table I.

The market share of private outlets increased about one-third in the urban area as compared to the rural area during the 1984 to 1996 period. The largest share of private sector was in Bangkok where nearly three out of five contraceptive acceptors relied on private sources. Outside Bangkok, the Central has the highest proportion

of private acceptors followed by the South, the North and the Northeast in 1996 (see Table 3).

Table 3: Percent of private contraceptive users by region and contraceptive prevalence rate : 1978-1996

Year	Residence		Region					Total
	Urban	Rural	Bangkok	Central	North	Northeast	South	
Percent of private acceptors								
1984	30.4	17.0	41.2	24.3	18.7	13.6	17.3	20.4
1987	31.6	13.8	40.7	19.8	16.0	11.6	11.7	17.8
1996	40.8	18.0	54.4	30.3	19.5	14.9	22.0	24.7
Contraceptive prevalence rate								
1984	64.7	63.7	71.8	68.8	71.4	60.8	50.4	64.6
1987	69.5	70.4	71.9	77.0	76.2	68.2	55.4	70.5
1996	72.5	72.0	76.4	75.1	75.8	70.6	61.6	72.2

Source: Same as Table 1.

Among private sector providers, drug store was the major supplier of condom and pills. In 1996, about 92 and 82 percent of acceptors mentioned drugstore as their source of condom and pills acceptance. The private clinic dominated the market in providing injectables, male sterilization and IUD methods whereas the private hospital was the major supplier of female sterilization service.

Table 4: Percentage distribution of private outlets by source and method : 1987 & 1996

Source	Method						All
	FS ¹	MS ¹	Pills	IUD	Injects ¹	Condom	
1987							
Drugstore	0.0	0.0	75.0	0.0	2.2	94.5	44.9
Private clinic	49.5	75.4	12.9	84.4	88.8	2.9	35.9
Private hospital	50.6	15.6	1.6	15.6	4.5	2.7	12.4
Others ²	0.0	9.0	10.5	0.0	4.4	0.0	6.7
Total ³	100.0	100.0	100.0	100.0	100.0	100.0	100.0
1996							
Drugstore	0.0	0.0	82.5	0.0	2.4	91.5	52.6
Private clinic	37.6	61.5	16.4	53.8	93.9	3.4	37.2
Private hospital	61.5	20.5	0.9	46.2	3.3	5.1	9.3
Others ²	0.8	17.9	0.2	0.0	0.4	0.0	0.9
Total ³	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Notes

¹ FS = Female Sterilization; MS = Male Sterilization; Injects = Injectables

² Others include sources different from the above three sources such as mobile units and community-based distributors.

³ Not necessarily add up to 100.0 due to rounding.

Source: Same as Table 1.

In urban area in 1987, the role of drugstore and private clinic in providing all methods of contraception was nearly equal although in 1996, the role of private clinic had reduced considerably. However, in the rural areas, the role of drugstore and private clinic was more or less equal in both 1987 and 1996. In terms of geographical region,

drugstore dominated the market in all regions except in the South where its was overtaken by private clinic in 1987. In 1996, however, the market share of private clinic was higher than drugstore in the Northeast and the South (see Table 5).

Table 5: Percentage distribution of private outlets by source, type of residence and region : 1987 & 1996

Source	Residence		Region					Total
	Urban	Rura	Bang- kok	Central	North	North- east	South	
1987								
Drugstore	43.4	42.6	52.3	44.9	38.5	44.8	34.5	44.9
Private clinic	47.5	41.2	19.7	42.4	39.7	38.0	58.0	35.9
Private hospital	5.7	8.8	23.8	6.1	20.5	2.6	5.9	12.4
Others ¹	3.4	7.4	4.2	6.5	1.3	14.7	1.7	6.7
Total ²	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
1996								
Drugstore	58.7	47.8	65.7	52.0	47.7	43.6	46.4	52.6
Private clinic	26.2	47.2	16.4	40.0	37.8	52.1	47.4	36.8
Private hospital	13.5	5.0	14.7	7.6	11.4	3.4	5.2	8.9
Others ¹	1.7	0.0	3.1	0.3	3.1	0.8	1.0	1.6
Total ²	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Notes

¹ Others include sources different from the above three such as mobile units and community-based distributors.

² Not necessarily add up to 100.0 due to rounding.

Source: Same as Table 1.

In sum, the role of private sector in family planning in Thailand was not large and was more or less stable during the last two decades. Private sector was the major distributor of condom in 1978 but its role diminished in 1996. Nevertheless, its share of pills supply throughout the period has nearly doubled.

Drugstore was the most popular private outlets. It was the major provider of condom and pills. Private clinic which concentrated more in providing injectables, IUD and male sterilization was the next in line of popularity in both 1987 and 1996, in both urban and rural areas and in all geographical regions except Bangkok in 1987, where it was overtaken by private hospital. These two sources, namely drugstore and private clinic, accounted for 81 and 89 percent of all private sources in 1987 and 1996.

It can be stated that government outlets were still important in providing contraceptive services. Contrary to the private outlets which were concentrated mostly in the urban area and in Bangkok, the government outlets, especially the tambon health centers and community hospitals are mostly available and accessible throughout the country in the rural area where about 69 percent of the population still reside.

References

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