A Closer Look at Zambia’s FP Situation:  
With Special Focus on Urban vs. Rural Wealth Quintiles
### Zambia at a glance

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Fertility Rate</td>
<td>6.17 children per woman</td>
</tr>
</tbody>
</table>
| Contraceptive Prevalence Rate | Total: 39.9%  
Modern: 26.5%          |
| Unmet Need                | 26.5% of married women ages 15-49           |
| Infant Mortality Rate     | 70 deaths per 1,000 live births              |
| Maternal Mortality Ratio  | 591 deaths per 100,000 live births           |
| Residence                 | Urban: 42.1%  
Rural: 57.9%                                  |

Source: 2007 Zambia DHS
I. Fertility
Zambia’s fertility rate has remained high compared with other SADC countries.
And...among the rural population fertility is rising.
For both urban and rural areas, large disparities in fertility exist between wealth quintiles.

2007 Total Fertility Rates

- Lowest: Rural 8.5, Urban 6.7
- Second: Rural 8.2, Urban 7.1
- Middle: Rural 6.9, Urban 5.9
- Fourth: Rural 4.9, Urban 3.7
- Highest: Rural 5.6, Urban 3.3

Redistributed Urban/Rural Wealth Quintiles
II. Family Planning Use
2007 Contraceptive Method Mix – All Methods

- Pill: 27.0%
- Lactational amenorrhea: 15.2%
- Injections: 20.8%
- Condom: 11.5%
- Female sterilization: 4.6%
- Periodic abstinence: 3.0%
- Withdrawal: 13.8%
- Other: 3.2%
- Norplant: 0.9%
Among rural women, traditional methods make up almost 50% of all FP use.

2007

LAM calculated as part of traditional methods
Almost all rural women need attention.

### 2007

<table>
<thead>
<tr>
<th>Rural Wealth Quintiles</th>
<th>Modern</th>
<th>Traditional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest</td>
<td>35%</td>
<td>65%</td>
</tr>
<tr>
<td>Second</td>
<td>54%</td>
<td>46%</td>
</tr>
<tr>
<td>Middle</td>
<td>56%</td>
<td>44%</td>
</tr>
<tr>
<td>Fourth</td>
<td>59%</td>
<td>41%</td>
</tr>
<tr>
<td>Highest</td>
<td>81%</td>
<td>19%</td>
</tr>
</tbody>
</table>
...and in urban areas services should be targeted to the poorest women.
A Closer Look at Modern Method Use
High use of resupply methods

- Pill: 42%
- Injectable: 32%
- Condom: 18%
- Female sterilization: 7%
- Norplant: 1%
Over time, urban-rural disparities remain high for modern method use

Modern Contraceptive Use

- **Urban**: 8%, 14%, 39%
- **Rural**: 20%, 14%, 39%

<table>
<thead>
<tr>
<th>Year</th>
<th>Urban Use</th>
<th>Rural Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>24%</td>
<td>8%</td>
</tr>
<tr>
<td>2001-2</td>
<td>39%</td>
<td>14%</td>
</tr>
<tr>
<td>2007</td>
<td>39%</td>
<td>20%</td>
</tr>
</tbody>
</table>
For rural women, disparities exist between highest and lowest wealth quintiles for modern FP use.
III. Sources of Family Planning
Public sector makes up the largest share for contraceptives

- Government clinic/pharmacy: 70%
- Private clinic/delivery: 8%
- Private pharmacy: 9%
- Shop, church, friend: 9%
- Other: 2%

Year: 2007
Lower wealth quintiles rely heavily on the public sector

2007

<table>
<thead>
<tr>
<th>Wealth Quintiles</th>
<th>Public Sector</th>
<th>Commercial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest</td>
<td>89%</td>
<td>2%</td>
</tr>
<tr>
<td>Second</td>
<td>80%</td>
<td>2%</td>
</tr>
<tr>
<td>Middle</td>
<td>78%</td>
<td>7%</td>
</tr>
<tr>
<td>Fourth</td>
<td>70%</td>
<td>13%</td>
</tr>
<tr>
<td>Highest</td>
<td>61%</td>
<td>28%</td>
</tr>
</tbody>
</table>
Public sector share is growing among rural women.
Among urban and rural women: Commercial sector use increases with wealth

### 2007

<table>
<thead>
<tr>
<th>Quintile</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>Second</td>
<td>11%</td>
<td>4%</td>
</tr>
<tr>
<td>Middle</td>
<td>21%</td>
<td>0%</td>
</tr>
<tr>
<td>Fourth</td>
<td>22%</td>
<td>8%</td>
</tr>
<tr>
<td>Highest</td>
<td>34%</td>
<td>10%</td>
</tr>
</tbody>
</table>
IV. Unmet Need for Family Planning
Unmet need is high across all quintiles – with greater desire for child spacing vs. limiting

2007

<table>
<thead>
<tr>
<th>Wealth Quintiles</th>
<th>Unmet need - spacing</th>
<th>Unmet need - limiting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest</td>
<td>28%</td>
<td>15%</td>
</tr>
<tr>
<td>Second</td>
<td>26%</td>
<td>14%</td>
</tr>
<tr>
<td>Middle</td>
<td>24%</td>
<td>15%</td>
</tr>
<tr>
<td>Fourth</td>
<td>28%</td>
<td>23%</td>
</tr>
<tr>
<td>Highest</td>
<td>31%</td>
<td>13%</td>
</tr>
</tbody>
</table>
Urban women: no trend in unmet need

2007

<table>
<thead>
<tr>
<th>Urban Wealth Quintiles</th>
<th>Unmet Need - Limiting</th>
<th>Unmet Need - Spacing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest</td>
<td>7%</td>
<td>22%</td>
</tr>
<tr>
<td>Second</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>Middle</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Fourth</td>
<td>11%</td>
<td>17%</td>
</tr>
<tr>
<td>Highest</td>
<td>10%</td>
<td>10%</td>
</tr>
</tbody>
</table>
Rural women: Unmet need is consistently high across all quintiles

2007

<table>
<thead>
<tr>
<th>Rural Wealth Quintiles</th>
<th>Unmet Need - Limiting</th>
<th>Unmet Need - Spacing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest</td>
<td>20%</td>
<td>9%</td>
</tr>
<tr>
<td>Second</td>
<td>20%</td>
<td>8%</td>
</tr>
<tr>
<td>Middle</td>
<td>21%</td>
<td>9%</td>
</tr>
<tr>
<td>Fourth</td>
<td>20%</td>
<td>9%</td>
</tr>
<tr>
<td>Highest</td>
<td>14%</td>
<td>9%</td>
</tr>
</tbody>
</table>
V. Programmatic Opportunities & Conclusions
Reach Youth: Over time, young women want fewer children
Reach Youth: Over time, young men want fewer children
Scale up communication campaigns: Women have limited exposure to FP messages

Women who were NOT exposed to FP messages in the past few months

Percent women ages 15 - 49

- Lowest: Urban 71%, Rural 78%
- Second: Urban 44%, Rural 74%
- Middle: Urban 39%, Rural 71%
- Fourth: Urban 40%, Rural 69%
- Highest: Urban 29%, Rural 48%

Redistributed Wealth Quintiles
Take a regional approach to address specific challenges and disparities

Zambia by region

- **Central**
  - CPR: 27%
  - TFR: 6.4

- **Eastern**
  - CPR: 49%
  - TFR: 7.2

- **Copperbelt**
  - CPR: 42%
  - TFR: 4.8

- **Luapula**
  - CPR: 14%
  - TFR: 7.9

- **Northern**
  - CPR: 17%
  - TFR: 7.1

- **North Western**
  - CPR: 22%
  - TFR: 7.3

- **Southern**
  - CPR: 39%
  - TFR: 6.7

- **Western**
  - CPR: 27%
  - TFR: 6.2

- **Lusaka**
  - CPR: 40%
  - TFR: 4.1
Conclusions - based on redistributing urban and wealth quintiles

• Fertility:
  – Fertility is high overall
  – Fertility is higher among the rural population

• Modern FP Use:
  – Urban women: poorest segment has lowest CPR
  – Rural women: modern FP use is low among all quintiles

• Provider Source:
  – Urban women: commercial use increases with wealth
  – Rural women: heavy reliance on public sector regardless of wealth

• Unmet Need:
  – Urban women: little variation in unmet need across quintiles
  – Rural women: high unmet need across all wealth quintiles
Conclusions – based on additional analysis

- **Reach youth**
  - 15 to 24 olds want fewer children

- **Expand communication**
  - Urban women: poorest segment needs to be reached
  - Rural women: almost all segments of the population need to be reached

- **Understand regional differentiation in CPR/TFR to better utilize resources effectively**
  - Socio-cultural?
  - Access to services and uninterrupted supply of commodities?
Programmatic Opportunities

- Focus on fertility reduction through a regional approach and reach specific populations
  - Urban (poorest)
  - Rural (all)
  - Youth

- Conduct further analysis to better understand relationship between high CPR and high TFR in specific regions, e.g., Eastern, Southern

- Expand and scale-up communication campaigns in rural areas and among poorest segment of the urban population

- Use public sector resources more effectively to reach poorest segments of the population
  - Reach all rural and urban poor
  - Implement innovative financing schemes to reach most vulnerable populations

- Create favorable environment for greater private and NGO participation