

Women's Growing Desire to Limit Births in Sub-Saharan Africa: Meeting the Challenge

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- One in four women of reproductive age in Africa uses a modern family planning (FP) method.
- Birth spacing is a common concept in African FP programs; there is less known about women with a desire to limit births.
- The proportion of women in Sub-Saharan Africa who want to limit rather than postpone childbearing is **rising steadily**.
- Increases in demand for contraception are primarily from the rising proportion of women who wish to **cease** rather than postpone childbearing.



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- Increasing use of contraception among women with a desire to limit will:
 - Reduce high-risk, high-parity births
 - Contribute to the reduction of maternal mortality
- Birth-limiting behavior has a greater impact on fertility rates than does birth spacing.
- Limiting has been major factor in driving the fertility transition in Africa.
- Fertility intention is an important predictor of reproductive behavior, and contraceptive use intentions are an even better predictor.



- Sub-Saharan African countries with a Demographic and Health Survey (DHS) after 2000 were eligible for inclusion.
- Selection was based on having a sufficient number of users (25+) of each method categories for a large enough sample size.
 1. Short-acting methods
 2. Long-acting reversible contraceptives (LARCs)
 3. Permanent methods
 4. Traditional methods
- Also included were high-population countries (Ethiopia, DR Congo), to ensure that analyses were representative of the region's population.
- 14 countries were excluded due to small sample size.
- STATA Version 9; SPSS Version 20; StatCompiler



DHS Datasets from 18 Sub-Saharan African Countries

Country	Year
Benin	2006
Cameroon	2004
DRC	2007
Ethiopia	2011
Ghana	2009
Kenya	2008–2009
Lesotho	2004 and 2009
Madagascar	2009
Malawi	2010

Country	Year
Namibia	2007
Nigeria	2008
Rwanda	2010
Senegal	2010–2011
Swaziland	2007
Tanzania	2010
Uganda	2006
Zambia	2007
Zimbabwe	2010–2011



- Although fertility desires are generally high, demand for limiting births (met and unmet need) is strong.
- More women of reproductive age have a demand to space (25%) than to limit (14%).
 - Among married women of reproductive age, demand for limiting **nearly equals** that for spacing (26% versus 31%, respectively).
- 37% of all demand for FP is for limiting.
- 9% of women reported they had wanted no more children at the time of their last birth.
 - 4% in Benin
 - 37% in Swaziland

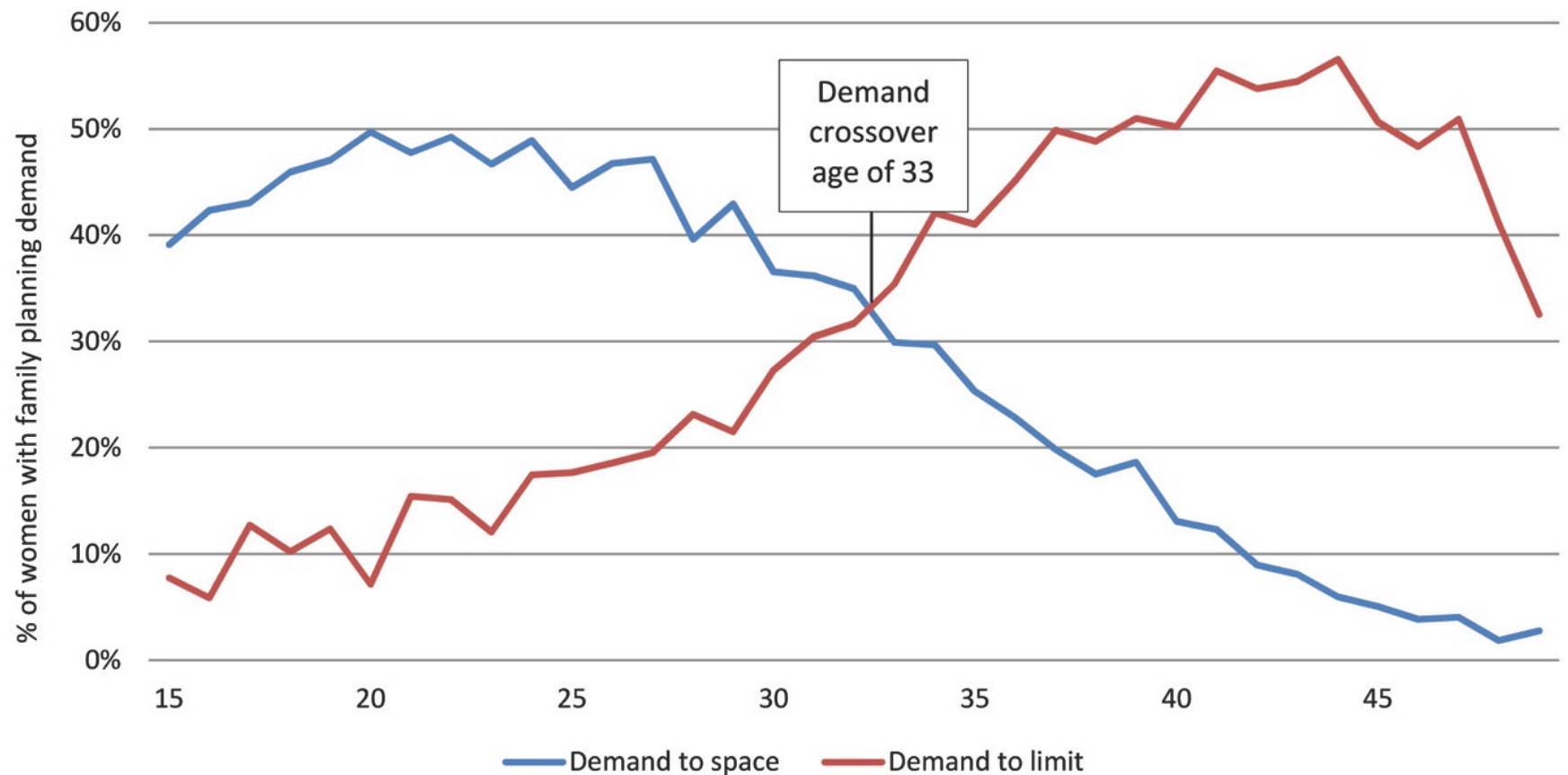


Photo by E. Uphoff / EngenderHealth

- Typically, demand for spacing exceeds that for limiting among younger women.
- On average, limiters are a decade older than spacers.
 - 37 versus 27
- Demand Crossover Age
 - Average age at which demand to limit begins to exceed demand to space
 - Occurs when women reach desired family size and wish to cease childbearing
- Demand to limit begins to exceed demand to space at age 33, though this is lower in Southern Africa:
 - Swaziland: 23
 - Lesotho: 24

Demand for Spacing and Limiting Births, by Age

(Averages weighted by population of women of reproductive age for all 18 countries)





Demand Crossover Age

Country	Age
Swaziland	23
Lesotho	24
Namibia	28
Malawi	29
Kenya	31
Madagascar	31
Rwanda	31
Ethiopia	32
Zimbabwe	32

Country	Age
Uganda	33
Benin	34
Tanzania	34
Cameroon	35
Zambia	35
Ghana	36
Nigeria	36
DRC	38
Senegal	38

- In one-third of countries studied, demand to limit exceeds demand to space.
- FP use for spacing exceeds that for limiting in many countries, but limiters comprise the majority of FP use in more than one in three countries.
- Percentage using contraception to limit is highest in:
 - Swaziland (70%)
 - Lesotho (63%)
 - Kenya (59%)
 - Namibia (55%)
 - Malawi and Rwanda (both 56%)
 - Madagascar (50%)



Photo by A. Smith / EngenderHealth

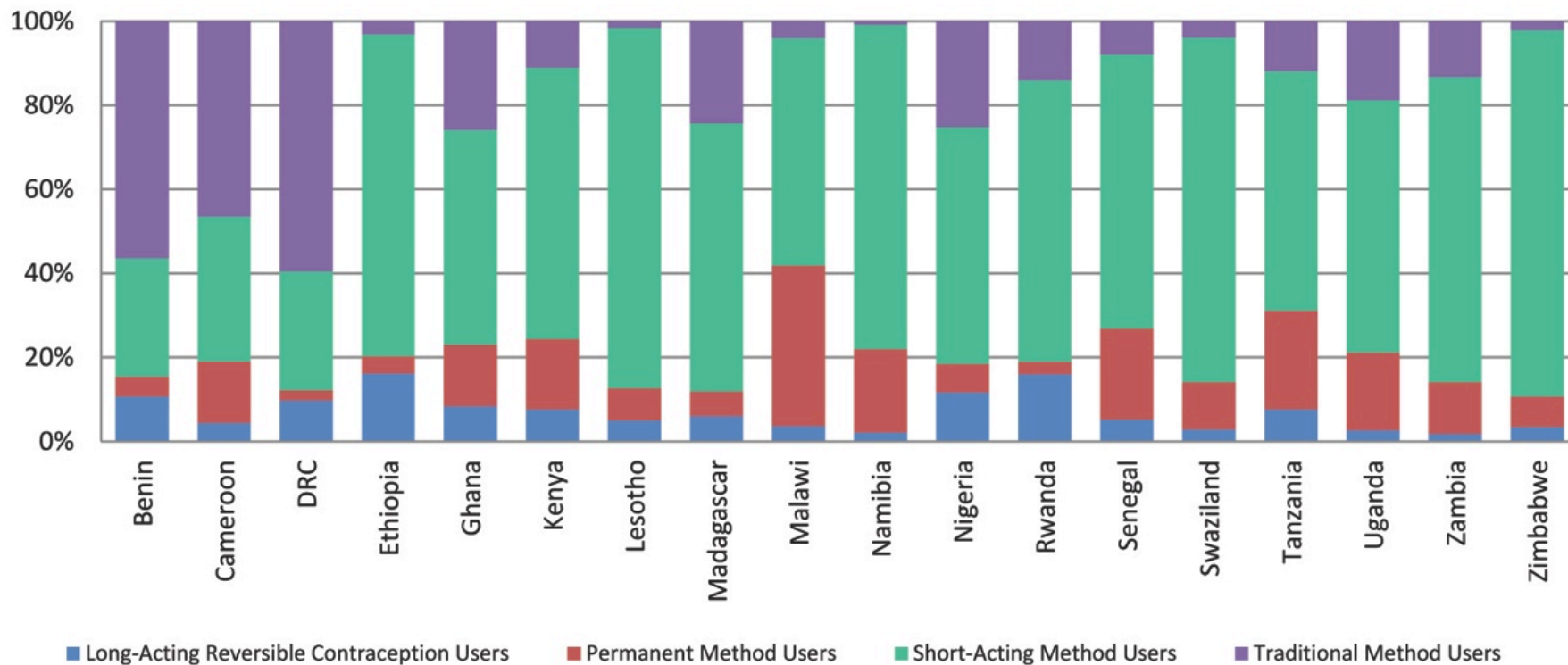
Limiters Use Short-Acting Methods More than LARCs or Permanent Methods (PMs)

- Contraceptive effectiveness with typical use varies widely.
- In all 18 countries, FP users who would prefer to limit were **more likely** to use short-acting/traditional methods than LARCs or PMs.
 - 80% of limiters use a short-acting or traditional method
 - 95% of spacers use a short-acting or traditional method
- Injectables are most commonly used among limiters.
- Variation exists:
 - Malawi: 38% of limiters use PMs
 - Tanzania: 23% of limiters use PMs
- More women hope to use LARCs/PMs in the future.
 - In seven countries, more women intend to use LARCs/PMs than current users of these methods.



Photo by A. Smith / EngenderHealth

Method Mix among Women Using Contraception to Limit Births

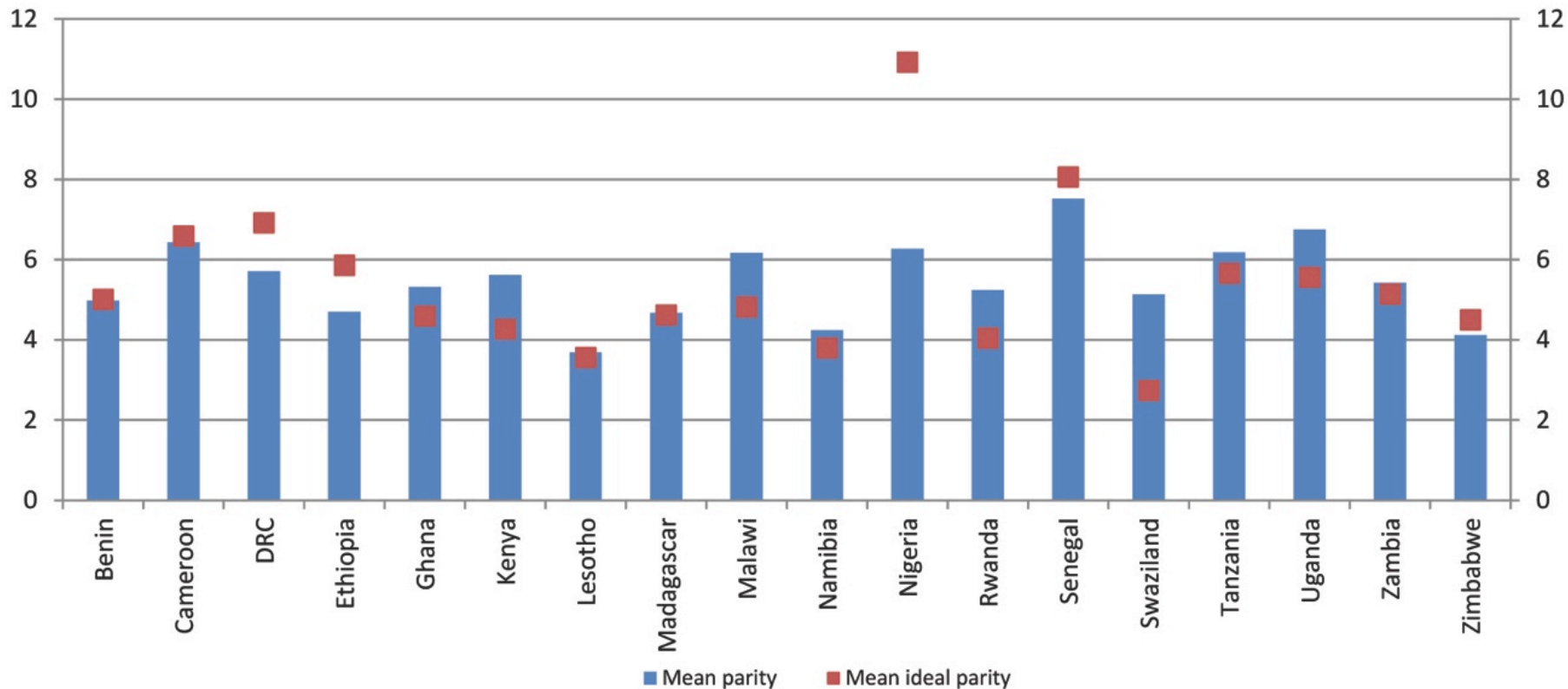


- 28% of women with a demand to limit had met their ideal parity; 30% had exceeded it.
- This contrasts sharply with spacers, of whom 5% had met their ideal parity.
- In Rwanda and Swaziland, more than half of limiters have exceeded their ideal parity.
- In 15 countries, more than one-fourth of PM users exceeded their ideal parity.
- In 5 of these 15 countries, more than half had exceeded their ideal parity.



Photo by B. Jones / EngenderHealth

Mean Parity and Mean Ideal Parity among Users of Permanent Contraceptive Methods



Fewer Poor Women Use Contraception for Limiting Than Wealthy Women

- 12% in wealthiest quintile used FP for limiting, vs. 5% in the poorest.
- Striking differences between wealthiest and poorest quintiles:
 - **Namibia:** 30% of wealthiest use FP for limiting, 16% of poorest do.
 - **Uganda:** 15% of wealthiest use FP to limit, 4% of poorest do.
- On average, 74% of demand for limiting among wealthiest is satisfied, while only 40% of poorest women's demand is satisfied.



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1. Is a broad method mix available in Sub-Saharan Africa?
2. Are quality info and services available in poor or hard-to-reach areas?
3. Are FP options readily offered and available?
4. Is quality counseling occurring?
5. Are we addressing multiple domains of influence on FP decision making?
6. Exposure to social and behavior change communication messages has a positive effect on FP ideation—are we doing enough?
7. Do we know enough about women's intentions to limit?



- Fertility decline is likely to continue in Sub-Saharan Africa.
- If this trend holds, more and more women will want to limit, requiring advance preparation by FP programs.
- Many Sub-Saharan African women want to limit, and are already taking action to do so.
- Younger women have a significant unmet need for limiting.
- Must pay attention to growing number of women with an intention to limit—this is a unique audience, long overlooked and underserved.



<http://www.ghspjournal.org/content/1/1/97.abstract.html>



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