

# Family Planning in sub-Saharan Africa: Progress or Stagnation?

John Cleland\*, Robert Ndugwa\*, Eliya Zulu\*\*

\*Centre for Population Studies, London School of Hygiene & Tropical Medicine

\*\*African Institute for Development Policy, Nairobi, Kenya

International Conference on Family Planning: Research and Best Practices

15-18 November 2009

Kampala, Uganda

# Background

- Fertility transition in sub-Saharan Africa appears to have slowed down
- Assumption -> sustained transition towards low fertility will be driven primarily by mass use of modern FP.
- Fertility decline is unlikely to proceed at a fast sustained pace unless a large fraction of couples are "ready, willing and able" to use modern effective contraception.
- **Objective**
- Review progress, or lack of progress, towards mass uptake of modern contraception.
- Using the framework of **Readiness, Willingness, Ability.**

# Readiness, Willingness, Ability

- **Readiness** refers to the subjective need or desire to postpone births or limit family size
- **Willingness** represents favourable attitudes to the idea of contraception and to specific methods
- **Ability** denotes knowledge of methods and supply sources and reasonable access to them.

The 3 elements in this simple conceptual framework no doubt interact with each other.

# Data & Methods

- 24 sub-Saharan African countries that have conducted two or more DHSs
  - 13 from West Africa (WA)
  - 11 from East -Southern Africa (ESA)
- Coverage : represent over 75% of the entire population of the sub-Saharan Africa.
- Median years of first (1991/2) & most recent (2004) survey
  - (*middle survey variable used if missing from first or most recent survey*)
- Currently married/cohabiting fecund women (sterilized included)

Background

Methods

Results

Discussion

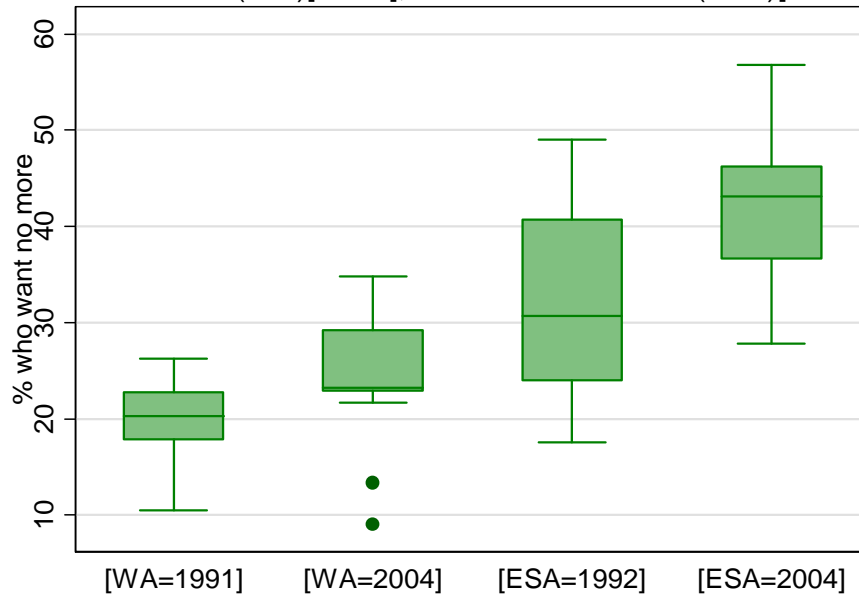
# Measures of Readiness, Willingness, Ability

Indicators (N)	Measures used
Ready (2)	<ol style="list-style-type: none"><li>1. % Want to delay next child for 2+ years</li><li>2. % Want no more children or sterilized</li></ol>
Willing (3)	<ol style="list-style-type: none"><li>1. % Woman and husband approve FP</li><li>2. % Intention to use modern method (among non-users)</li><li>3. % Discuss FP with partner</li></ol>
Able (3)	<ol style="list-style-type: none"><li>1. % Know both pill and injectables</li><li>2. % Know source of Family planning</li><li>3. % Know pill and injectables <b>and</b> knows source for FP</li></ol>
Using(3)	<ol style="list-style-type: none"><li>1. % Current use of modern method (<b>exposed only</b>)</li><li>2. Among those who want to delay next child after 2+ years, % using Modern method</li><li>3. Among those who want no more, % using Modern method</li></ol>

# Measures of readiness

Trends in % of women who want no more children

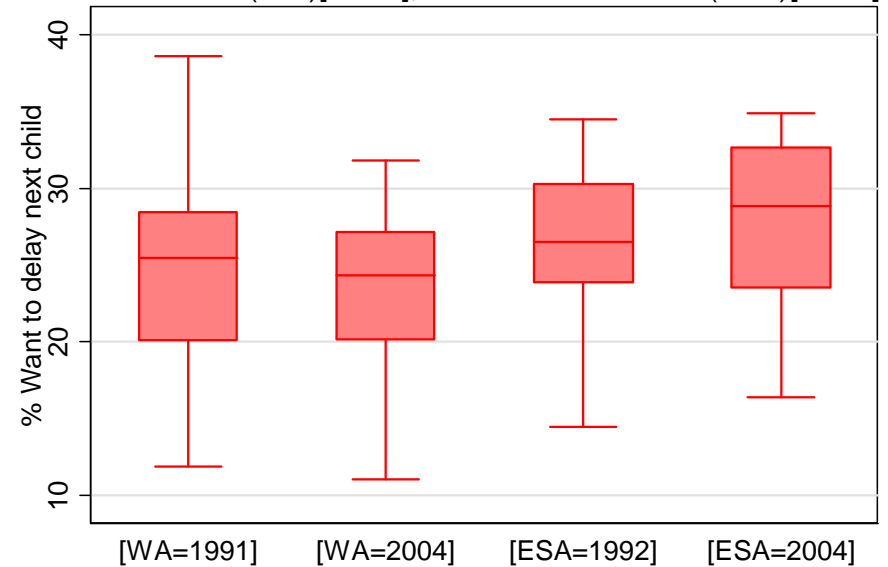
West Africa(WA)[N=13]; East/Southern Africa(ESA)[N=11]



Results are for fecund, currently married or co-habiting women (standardized by living children, education and residence)

Trends in % wanting to delay next child for 2+ years

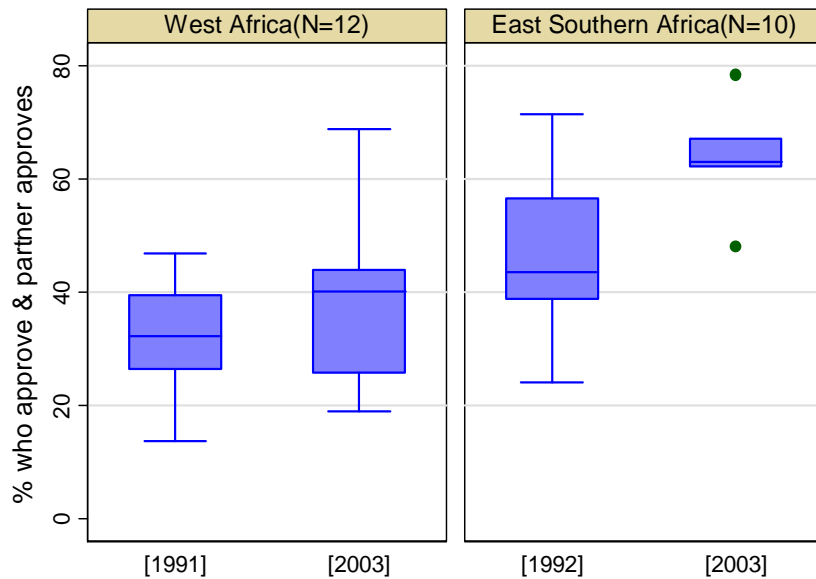
West Africa(WA)[N=13]; East/Southern Africa(ESA)[N=11]



Results are for fecund, currently married or co-habiting women (standardized by length of open interval, education and residence)

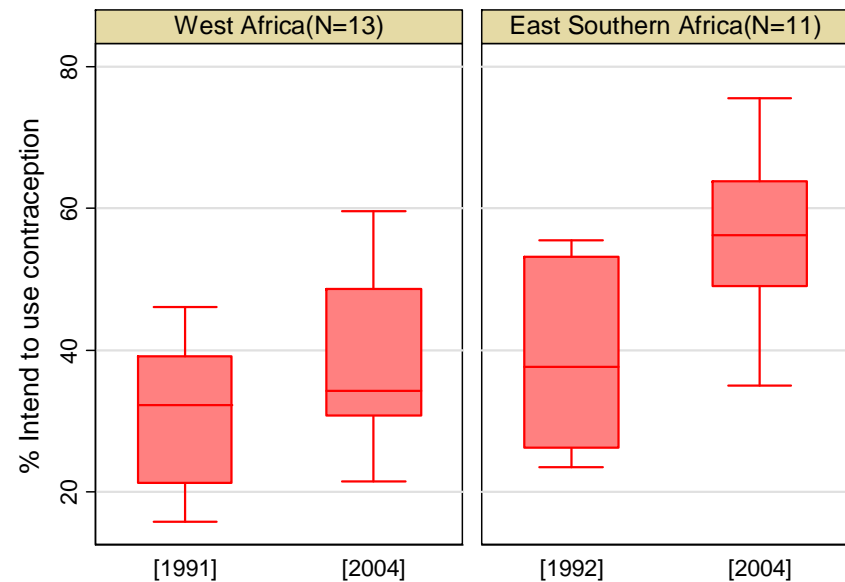
# Measures of Willingness

Trends in % of couples where wife approves and reports that partner approves



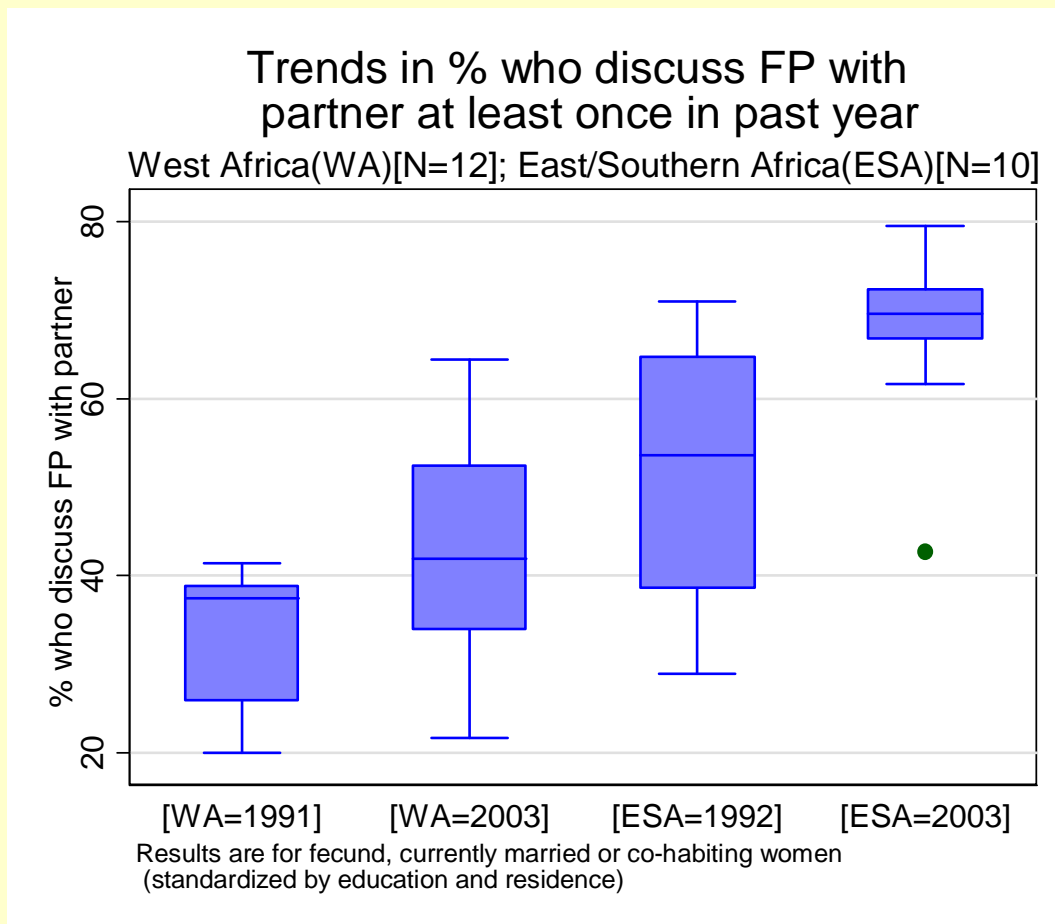
Results are for fecund, non-abstaining currently married or co-habiting women (standardized by education and residence)

Trends in % of women with intentions to use contraception

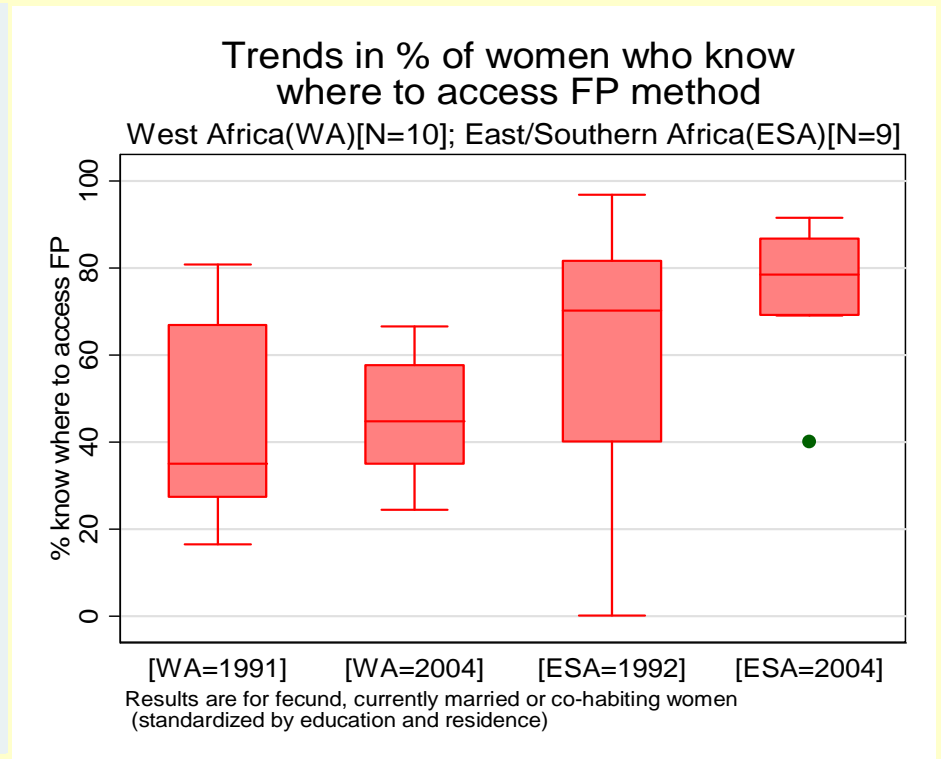
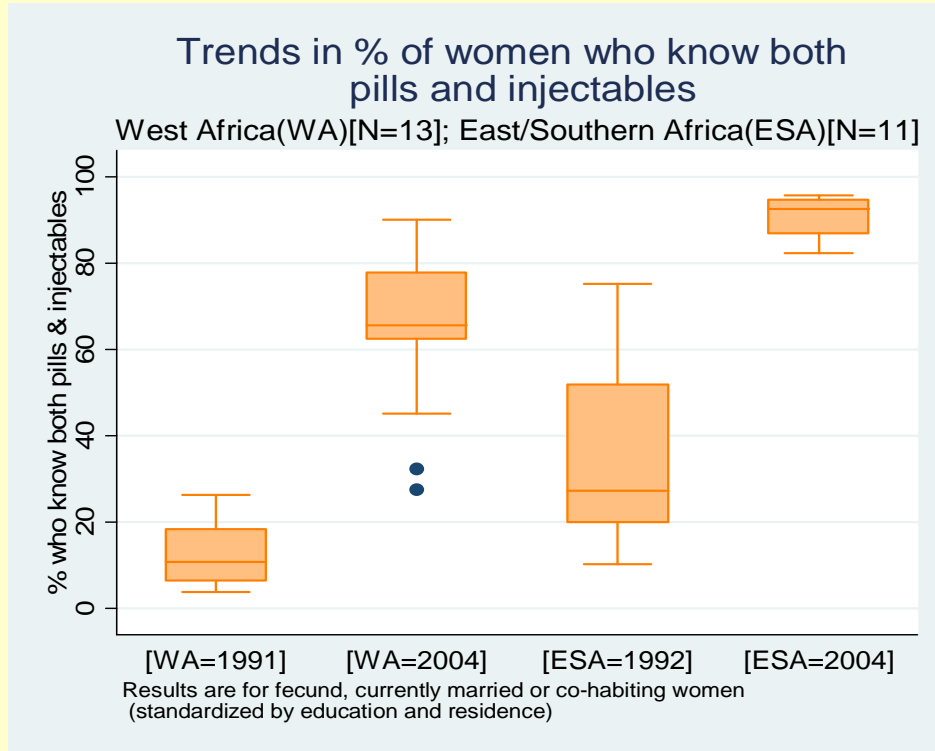


Results are for fecund, currently married or co-habiting women (standardized by education and residence)

# Measures of Willingness



# Measures of ability

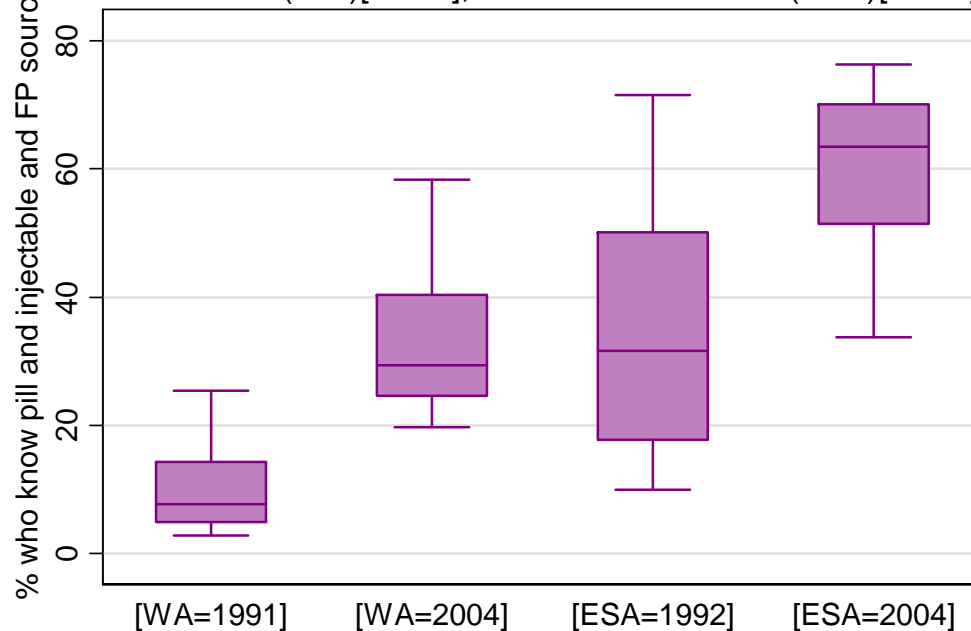


- Knowledge of the two methods most widely used by married women in Africa has greatly increased

# Measures of ability

Trends in % of women who know pills and injectables and know FP source among all current non-users

West Africa(WA)[N=13]; East/Southern Africa(ESA)[N=11]

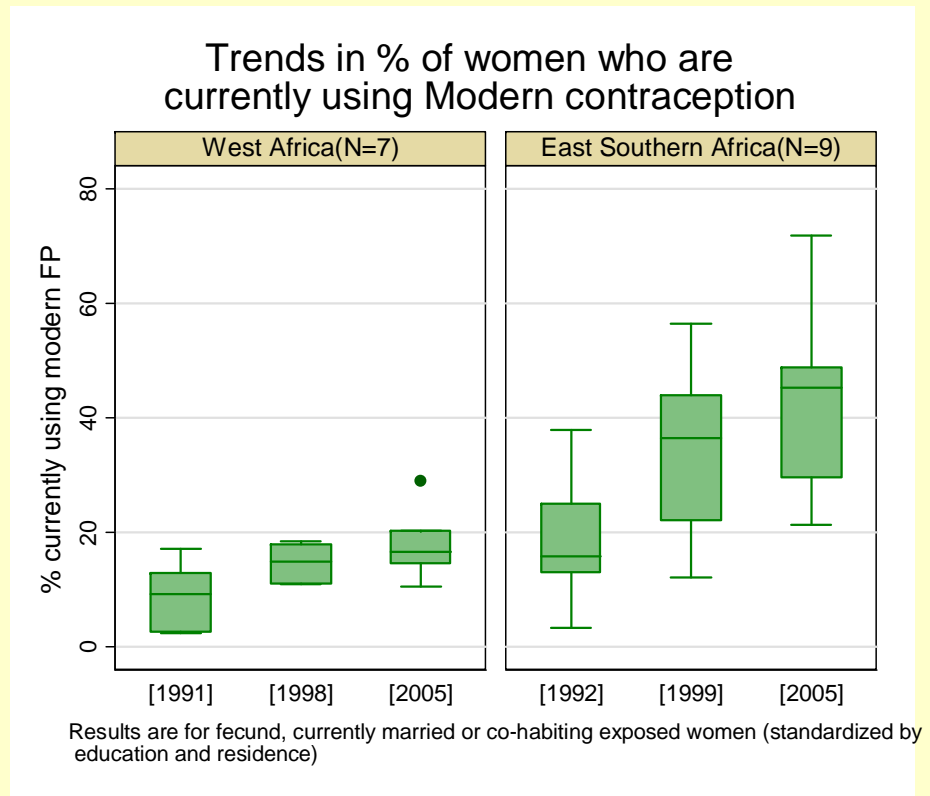
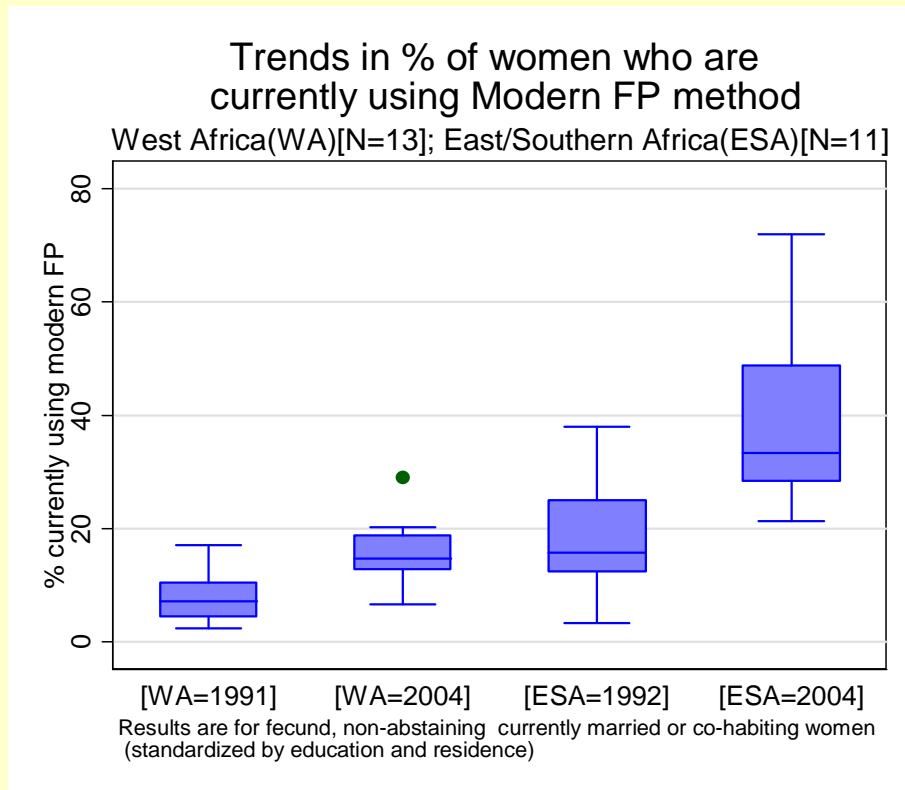


Results are for fecund, currently married or co-habiting women (standardized by education and residence)

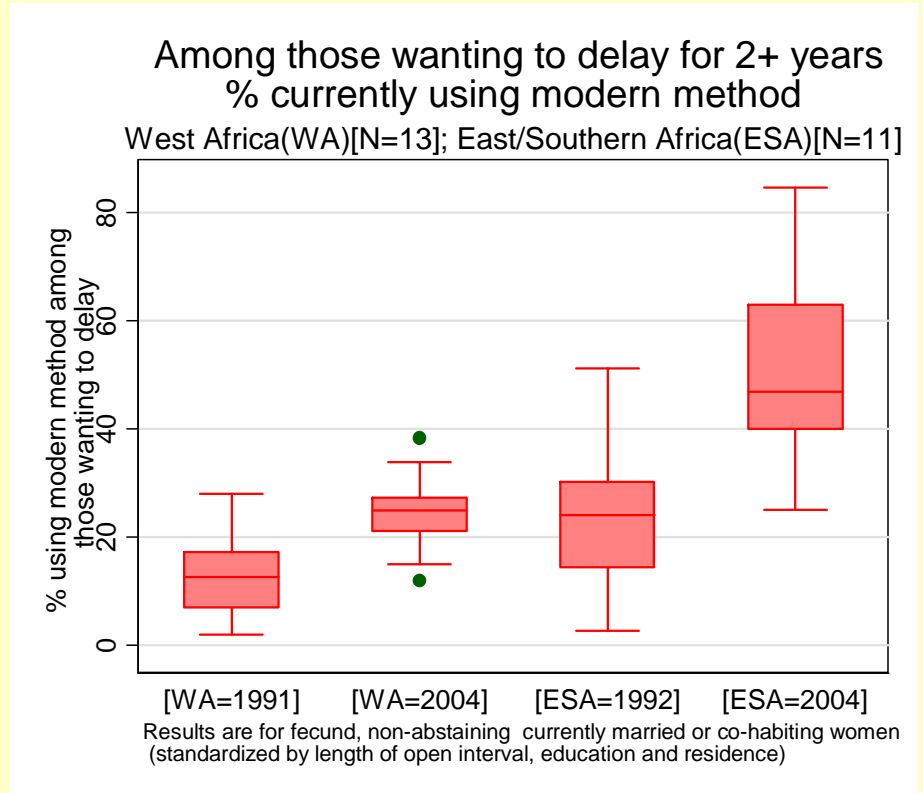
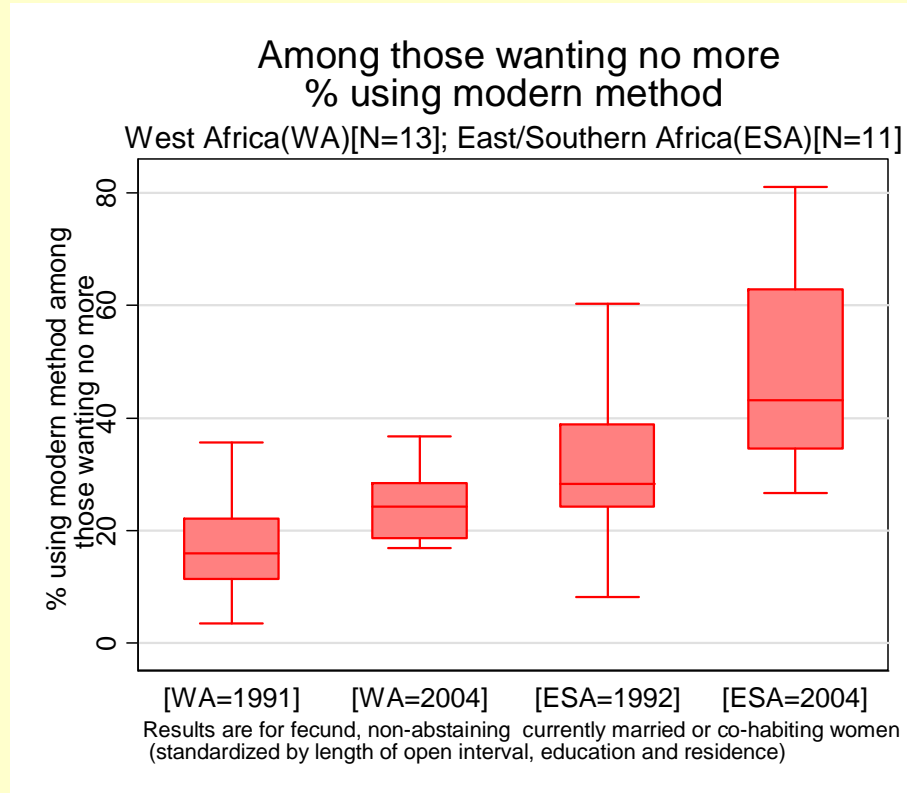
Both regions show increases in this indicator of ability which combines knowledge of the two methods and of a supply source and thus comes closer to a realistic measure of access.

BUT Knowledge of method and supply source remains low in WA (In 2004 - only 29%).

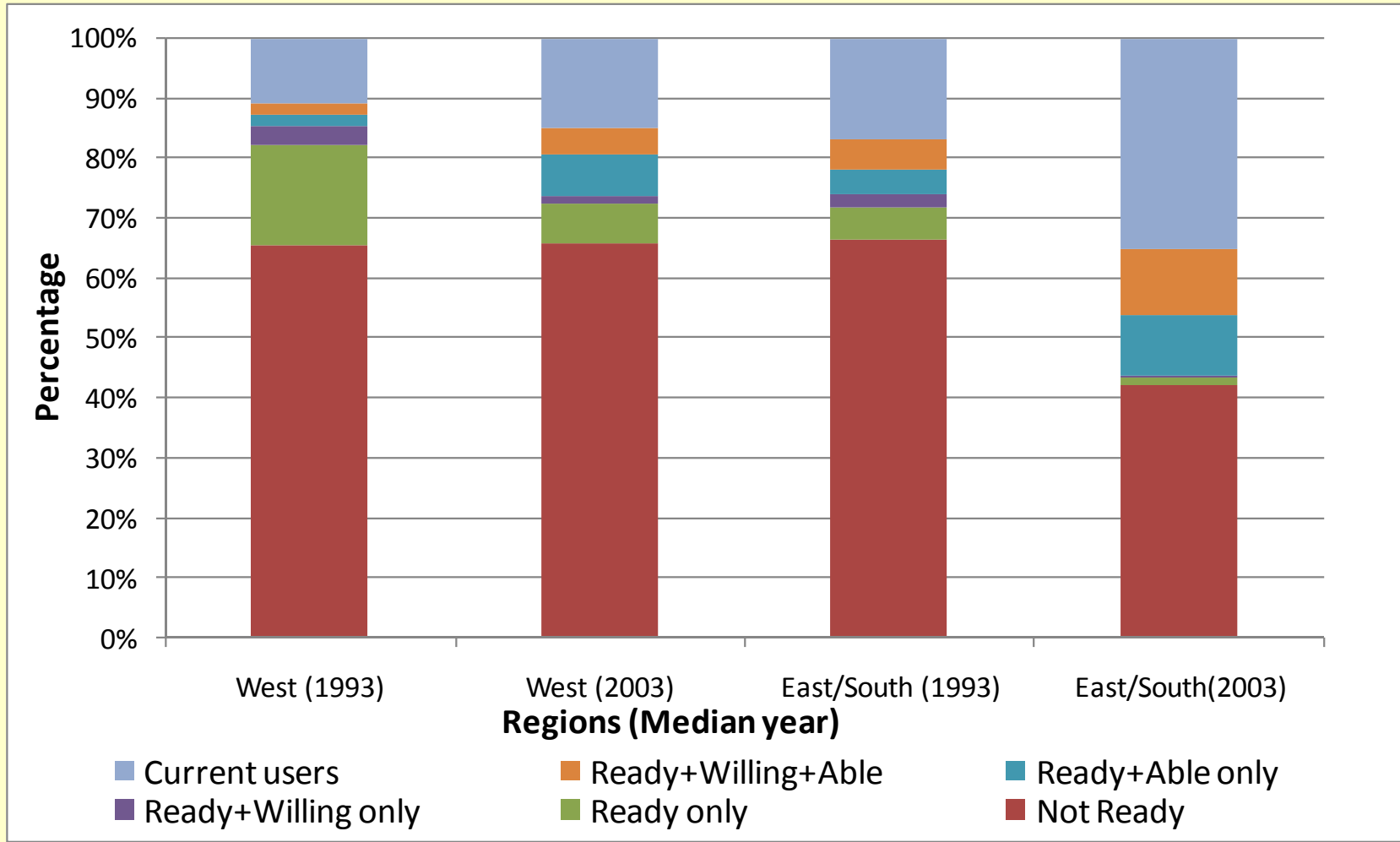
# Current use measures



# Current use measures



## Median percentage of Current use, Readiness or Non-readiness, Willingness, and Ability to use modern methods among current fecund, married or cohabiting, non-pregnant women in West (N=11) and East/Southern Africa (N=10).



# Explanations for sub-regional divide

- Health care delivery
- Family planning effort (Ross index)
- Human development index
- Agricultural land availability
- Sociological.
  - likely that the extended lineage, which acts to diffuse the costs of childbearing, remains more important in the West
- Education of married women
  - % completed primary schooling
  - WA(13% to16%)
  - ESA(24% to 46%)

## Changes emerging from WA region

- In the 13 West African countries: subjective demand or need for contraception among married women remains low at about 35% and has not changed
- Positive approval of family planning and intention to use in the future also remain low and have changed only modestly
- Increase in contraceptive use is only 0.6 percent points per year.

# Changes emerging from ESA region

- Demand for contraception to limit family size (though interestingly not for postponement) has risen sharply to 45%,
  - attitudes have become more positive and access in terms of knowledge and a supply source is very high.
- Current use of contraception has risen at an annual rate of 1.5 percent points, which is close to the general experience of developing countries over past decades.
- One important caveat to this positive verdict is that the pace of increase in contraceptive use has slowed down appreciably, from an annual change of 2.7 points in the 1990s to 1.45 more recently.

# Acknowledgments

- DFID (through funding to the Realizing Right Research program Consortia)
- Wellcome Trust
- FP Conference Organizers