Women autonomy and the fulfillment of contraceptive use intention after a year follow-up

Moussa Lonkila ZAN,
Daouda Silga & al.
ISSP/Université Joseph Ki-Zerbo
Background

- In most of the developing countries, women lack means to meet their fertility desires such as through the use of modern contraceptives.
- In sub-Saharan Africa women are less capable of translating child preferences into birth outcomes than women in other developing countries (Gunther and Harrtgen 2016 p.71)
- In Burkina, only one woman out of ten makes independent decisions about her health care (INSD & MACRO, 2012) and women are less likely to use modern contraception when their partner disapproves of it (Zan, 2021).
- It has been shown that some intentions declared in surveys are uncertain and instable (Speizer, 2006)

This research intends to answer the following questions:
- How much of the intentions declared by women is fulfilled after a year follow-up?
- How does a woman’s level of autonomy influence the realization of her intentions to use contraception?
- What is the role of women fertility preferences in the implementation of their intention?
Data and methods

• Data

- PMA Longitudinal data: Phase 1 and Phase 2 data
- Women of 15-49, nonusers at phase 1 and having declared the intention to use a contraceptive method
- Their contraceptive behavior, as the dependent variable, was captured at phase 2
- The concept of autonomy was computed using items related to:
  -- 6 items related to decision power over household affairs
  -- 6 items related to decision power over fertility matters.
Data and methods

• Method

Descriptive statistics

- Cross tabulation: contraceptive behavior and sociodemographic characteristics,

- Path analysis by level of autonomy, and path analysis by fertility desires (withdraw missing values)

Multivariate analysis: logistic regression where:

- Outcome variable: contraceptive use. The main independent variable is the level of autonomy, and other covariables were included in this model.

- These covariables are measured at phase 1: place of residence, wealth, education, age group, parity, marital status, fertility desire,
About ¼ of the women fulfilled their intention to use one year later.

- higher rates of modern users among those with higher level of autonomy

- The same rates of pregnant and nonusers by levels of autonomy

- The increasing rates of nonuse who have an intention to use with the decreasing level of autonomy
Among the initial sample, half of the women wanted to delay the next birth, 1/3 want a child before 24 months and only 15% prefer no child.

- 26% percent of those who prefer no more child are using contraception (23.74 for modern contraception)
- The majority (56.36%) of those who wanted to delay childbearing for 24 months are still nonusers but have the intention to use
- higher rates of modern contraceptive users among those who want to avoid pregnancies
- Highest rate nonusers with intention to use among those who wanted a child after 24 months
The net effects show that the likelihood to use a modern contraceptive is higher among women who have more autonomy.

### Effects of other variables

- **Residence**: Urban women tend to fulfil more than rural ones
- **Wealth**: Lowest tercile women are more likely to fulfil than middle and highest tercile
- **Education**: Secondary level women have more chance to fulfil
- **Marital status**: Women living with a partner are also more likely to fulfil
- **Fertility desire**: Women who want a child before 24 months are less likely to fulfil her intention than those who prefer no child or want to delay 24 months or more
Discussion

Contraceptive intention and practice
• Only a small part of the intention is realised one year later (less than 25%).
• Most of the women who promise to use contraception are still not using it on year later.
• Even those who want to avoid pregnancy are not using one year later.

Effect of autonomy and fertility desire
• But the more women have autonomy, the more they tend to fulfil their intention more quickly.
• Education and Fertility desire also have an impact on the fulfilment of contraceptive intention.
Conclusion

• As other studies have shown, our results tend to reinforce the instability and the weakness of contraceptive intention.

• Despite these weaknesses, women autonomy over household and fertility matters may help them to realize contraceptive intentions.

• Women level of autonomy can be taken into account to help predict contraceptive behavior, based on their contraceptive intention and fertility preferences.
THANK YOU