



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

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# 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 à 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**

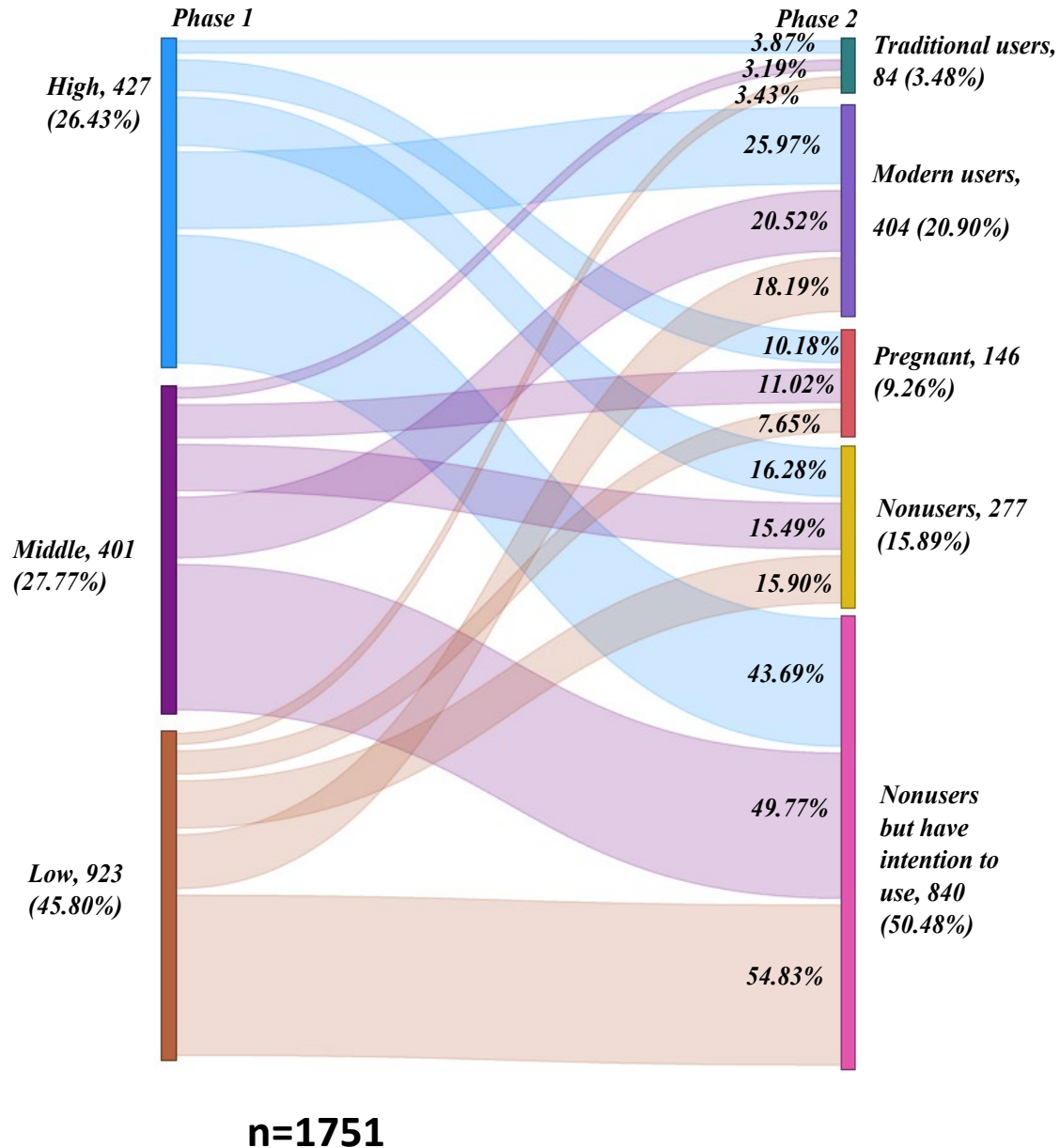
## **Descriptive statistics**

- 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,

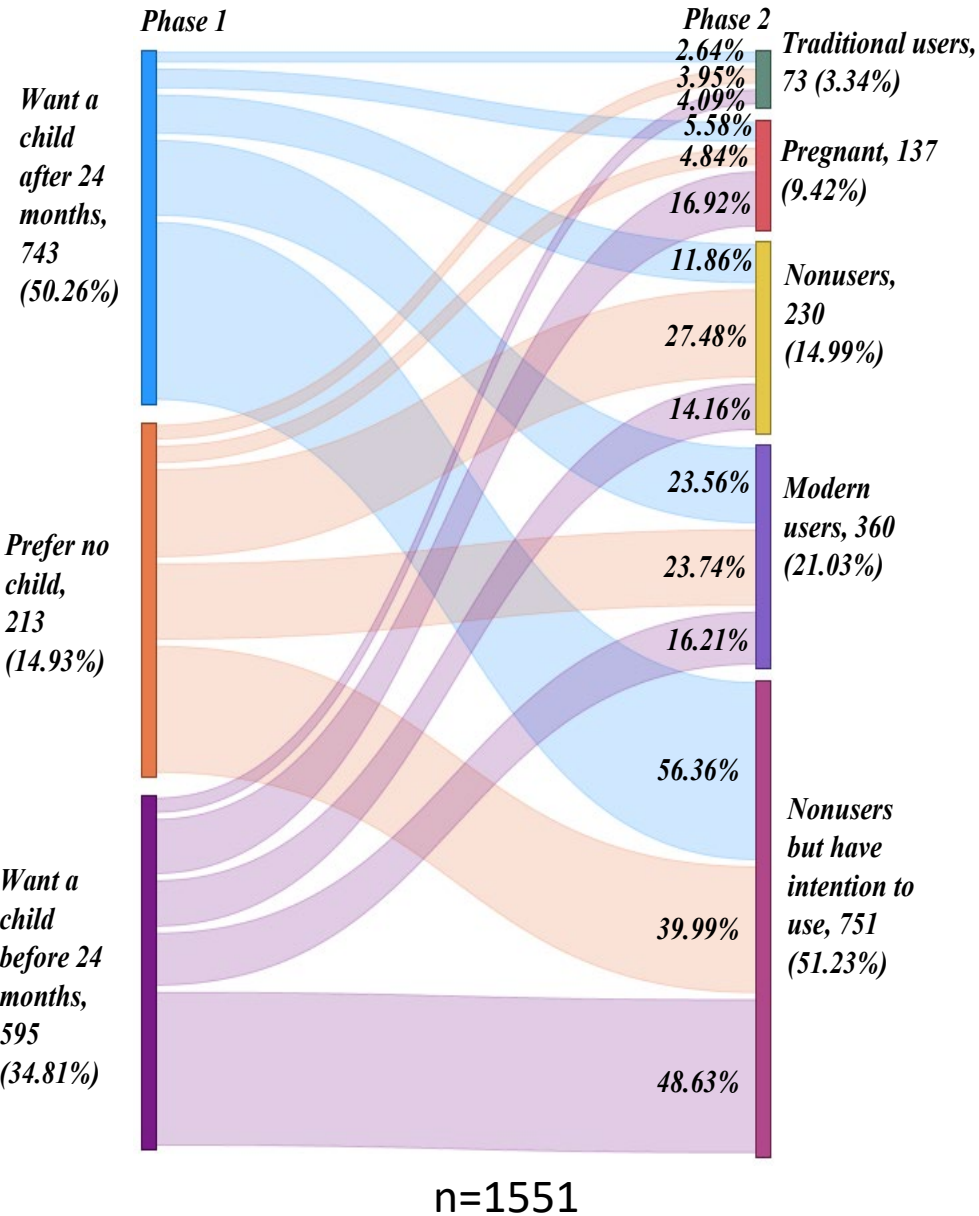
# Results (1/3)



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

# Results (2/3)



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

# Results (3/3)

	<i>Non adjusted effects; OR (95% IC)</i>	<i>Adjusted effects; OR (95% IC)</i>
<b>Autonomy</b>		
<i>Lowest</i>	1	1
<i>Middle</i>	1.324 (1.026-1.709)**	1.171 (0.804-1.705)
<i>Highest</i>	1.766 (1.26-2.476)***	1.652 (1.05-2.599)**
<b>Place of residence</b>		
<i>Urban</i>	1	1
<i>Rural</i>	0.738 (0.59-0.923)***	0.554 (0.377-0.812)***
<b>Wealth</b>		
<i>Lowest tercile</i>	1	1
<i>Middle tercile</i>	0.728 (0.552-0.96)**	0.722 (0.541-0.965)**
<i>Highest tercile</i>	0.888 (0.668-1.18)	0.608 (0.388-0.953)**
<b>Education</b>		
<i>No formal education</i>	1	1
<i>Primary</i>	1.258 (0.952-1.662)	1.368 (0.993-1.885)*
<i>Secondary or high</i>	1.458 (1.07-1.987)**	2.18 (1.44-3.3)***
<b>Age group</b>		
<i>15-24</i>	1	1
<i>25-34</i>	1.267 (0.896-1.792)	1.035 (0.632-1.695)
<i>35-49</i>	0.766 (0.556-1.056)	0.698 (0.406-1.198)
<b>Parity</b>		
<i>Less than 2 children</i>	1	1
<i>2 to 4 children</i>	1.207 (0.906-1.607)	0.939 (0.595-1.482)
<i>5 or more children</i>	0.984 (0.702-1.381)	1.052 (0.55-2.014)
<b>Marital status</b>		
<i>Without a partner</i>	1	1
<i>Live with a partner</i>	1.557 (1.17-2.072)***	2.322 (1.491-3.615)***
<b>Fertility desire</b>		
<i>Children before 24 months</i>	1	1
<i>Children after 24 months</i>	2.216 (1.591-3.085)***	2.369 (1.579-3.553)***
<i>Prefer no more child</i>	1.346 (0.867-2.09)	1.601 (0.988-2.592)*
<b>Constant</b>	-	<b>0.102 (0.053-0.197)***</b>

*Non adjusted models include a single variable. All models are weighted using the weighting coefficients. \*\*\* p<0.01, \*\* p<0.05, \* p<0.1*

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 one 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