

Non-marital contraception in sub-Saharan Africa: levels, trends and determinants*

A Draft Conference Paper

By

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Abstract

Although it is known that contraceptive use is not limited to people in marital unions, the conventional indicator of family planning programs focuses on women in unions. Not enough has been done to systematically study the contraceptive behavior of single but sexually active women (SSAW). Therefore, using data from 16 sub-Saharan African countries that have participated three or more times in the DHS program, this paper investigates the patterns, trends and determinants of modern contraceptive use among SSAW. The results show a steep increase in modern contraceptive prevalence rate (MCPR) among SSAW in several sub-Saharan Africa countries. The ratio of MCPR among SSAW compared to women in union is as high as 10:1. The widest divergence in MCPR among SSAW and married women is in low prevalence countries of West Africa. The most common contraceptive method among SSAW is the condom while injectables predominate among married women. The implications of these results are discussed.

Introduction

The conventional measure of the level of contraceptive use among women is the prevalence among women who are currently married or in union. Thus, much of what we know about patterns and trends in the use of family planning methods is tinted by contraceptive practices of married women. Of course, there are practical and programmatic benefits to focusing on women in union: marriage is a measure of exposure to the risk of conception; the largest proportion of childbearing occurs in marital unions; in many settings, particularly in sub-Saharan Africa, marriage is almost universal; and these marriages tend to mark the beginning of childbearing. Moreover, in the early days of family planning program in Africa, some countries restricted services to only married couples, and in many national surveys, women who have never been married were also excluded from answering survey questions on family planning and reproductive health. Hence, in such countries, it was difficult to calculate the contraceptive prevalence rate (CPR) for women who are not in unions.

However, a significant proportion of women who are not in marital unions are exposed to the risk of conception in most countries and family planning services are no longer restricted to married women. Despite these changes, the most commonly used indicator of family planning adoption still focuses on women in union. Thus, not many studies exist on the contraceptive behavior of women who, though single, are in stable heterosexual relationships. This paper aims to fill that gap by contributing to our understanding of the contraceptive behavior of women who are single but are sexually active.

Research questions: The main research questions are:

- What is the prevalence of modern contraceptive use among single but sexually active women of reproductive age in Africa?
- How does this compare to the prevalence among women in unions?
- Is the prevalence increasing over time, and why or why not? Is the method choice among SSAW different from that among women in union?

This paper hypothesizes that the prevalence of modern contraceptive use will be higher among single but sexually active women because the motivation to prevent a mistimed pregnancy may be higher among women who are not in unions, and women who are likely to remain single for a long time while exposure to the risk of conception tend to be more educated or urban, and those characteristics are associated with higher contraceptive prevalence rates. Moreover, the effort to prevent heterosexual HIV transmission has meant easier access to condoms, and condom use tends to be more common among women who are single. Hence, I expect increased trends in the use of modern contraceptives among women who are single but sexually active.

In many African countries, the age at marriage is rising, particularly among educated men and women. Many women who are in stable relationships are also not able to marry and may be using contraception to avoid premarital pregnancies and births. In fact, some studies have found that the motivation to prevent an unwanted pregnancy is much stronger than the motivation to avoid STIs.

Data and Definitions

The analysis is based on data from the Demographic and Health Surveys (DHS). A total of 16 countries in sub-Saharan Africa that have participated 3 or more times in the DHS program are selected for the analysis. Six countries had only three surveys, seven had four and only three countries had five survey data points. The focus of the analysis is on contraceptive use among women of reproductive age (15-49) who are single but sexually active (SSA) at the time of survey. A woman is defined as single if she is not in a marital or consensual union. Therefore, single but sexually active women include those who have never married, those who are divorced, and those who are widowed and separated. A woman is defined as sexually active if she reported having had a sexual intercourse within 30 days to the day of interview. Contraceptive prevalence rates can be calculated for all methods or for modern methods only. The CPR in this analysis refers to only modern methods.

Preliminary Findings

The prevalence rates for modern contraceptive use among single sexually active women in all 16 countries are presented in Table 1 and they show steep increases in modern CPR in most of these countries over time. The absolute percentage increase between the first and most recent surveys ranged from a low of about 30% in Niger Republic to as high as 10-folds in Madagascar. Between the first and most recent surveys, the prevalence of modern contraceptive use at least doubled in 11 countries, at least tripled in 7 countries and at least quadrupled in 5 countries. The most rapid increase in absolute terms was in Madagascar (with almost 10fold increase). In the most recent survey, the country with the lowest level of modern contraceptive use among single but sexually active women was Mali (22.2%), and the prevalence was highest in Namibia - where about 78% of SSAW used a modern method.

Table 2 shows modern CPR among SSA woman with that among currently married women. It shows that in almost every country, the prevalence of modern contraceptive use is higher among the single but sexually active women. Sometimes, the prevalence of modern contraceptive use among the SSAW is 9-10 times the prevalence among married women. This is especially so in some low prevalence West African countries. For example, in Burkina Faso, modern CPR among SSAW quadrupled the rate among CMW in the first survey, and by the time of the most recent DHS, that ratio had increased to about 6:1 (55% vs. 9%). Similarly in Cameroon, the ratio was 2:1 in the first survey but increased to almost 4:1. The ratio was also wide in Senegal and Mali. In East and Southern African countries, the modern CPR gap among CMW and SSAW is generally narrower. Table 2 also shows that the rate of increase in the modern CPR among SSAW tends to be faster than CPR among CMW - thus creating what looks like a widening gap between the two groups. For example, in Uganda, CPR among CMW increased from 2.5% in 1989 to 17.9% in 2006 but increased from 7.4% to 46.9% among SSAW within the same period.

What contraceptive methods are used by the SSAW in these countries? To answer the question, we obtained the proportion of their CPR that is accounted for by pills, injectables and condoms. The results are presented in Table 3. It shows that the most dominant method used by SSAW is the condom. The method accounts for more than half of the CPR among SSAW in 9 countries, and is the most prevalence method (i.e., accounts for the largest share) in 13 countries. It accounts for 92% of the modern methods used by SSAW in the Cameroons. In Niger, the preferred method by SSAW was the pill (accounting for 62% of the CPR). No SSAW in Niger was using Depo-Provera. By contrast, in Madagascar, the preferred method was Depo Provera, accounting for 61% of the CPR.

Among married women, the pattern was as expected: pills and Depo-Provera dominated the method mix. Depo was the dominant method among currently married women in 10 of the countries while the pill was the dominant method in 5. The outlier

country was the Cameroon where the preferred method among married women was condoms.

Table 1: Proportion of single but sexually active women who reported that they currently use a modern contraceptive method in selected sub-Saharan African countries

Country	Survey Rounds					Last/1 st Ratio
	I	II	III	IV	V	
Benin	13.5	17.1	29.4			2.2
Burkina Faso	16.0	44.0	55.4			3.5
Cameroon	9.5	21.6	46.6			4.9
Ghana	6.5	19.0	20.0	31.6	33.8	5.2
Kenya	23.5	30.3	36.2	44.3	45.1	1.9
Madagascar	3.0	9.9	22.3	28.6		9.5
Malawi	-	25.6	24.4			1.0
Mali	8.3	27.3	22.0	22.2		2.7
Namibia	33.5	57.6	77.9			2.3
Niger	33.3	44.1	42.1			1.3
Nigeria	14.6	35.4	38.6	42.4		2.9
Senegal	-	31.3	45.6	43.3		1.4
Tanzania	11.9	21.4	26.1	35.7	44.7	3.8
Uganda	7.4	26.5	44.0	46.9		6.3
Zambia	9.3	17.9	29.8	43.3		4.7
Zimbabwe	40.7	52.6	53.5	60.2		1.5

Source: MEASURE DHS STATcompiler

Table 2: Modern CPR among single but sexually active women compared with that among women in union in selected sub-Saharan African countries

Country	I		II		III		IV		V	
	Single	Married	Single	Married	Single	Married	Single	Married	Single	Married
Benin	13.5	3.4	17.1	7.2	29.4	6.1				
Burkina Faso	16.0	4.2	44.0	4.8	55.4	8.8				
Cameroon	9.5	4.3	21.6	7.1	46.6	12.5				
Ghana	6.5	4.2	19.0	10.1	20.0	13.3	31.6	18.7	33.8	16.6
Kenya	23.5	17.9	30.3	27.3	36.2	31.5	44.3	31.5	45.1	39.4
Madagascar	3.0	5.1	9.9	9.7	22.3	18.3	28.6	29.2		
Malawi	-		25.6	26.1	24.4	28.1				
Mali	8.3	1.3	27.3	4.5	22.0	5.7	22.2	6.9		
Namibia	33.5	26.0	57.6	42.6	77.9	53.4				
Niger	33.3	2.3	44.1	4.6	42.1	5.0				
Nigeria	14.6	3.5	35.4	8.6	38.6	8.2	42.4	9.7		
Senegal	-		31.3	4.8	45.6	8.1	43.3	10.3		
Tanzania	11.9	6.6	21.4	13.3	26.1	16.9	35.7	20.0	44.7	
Uganda	7.4	2.5	26.5	7.8	44.0	18.2	46.9	17.9		
Zambia	9.3	8.9	17.9	14.4	29.8	25.3	43.3	32.7		
Zimbabwe	40.7	36.1	52.6	42.2	53.5	50.4	60.2	58.4		

Source: MEASURE DHS STATcompiler

Table 3: The proportion of CPR that is accounted for by pills, injectables and condoms among SSAW and currently married women

Country	Single			Married				
	CPR	% Pill	% Depo	% Condom	CPR	% Pill	% Depo	% Condom
Benin (2006)	29.4	11.2	8.5	77.2	6.1	24.6	29.5	18.0
Burkina Faso (2003)	55.4	12.1	3.4	82.5	8.8	25.0	28.4	23.9
Cameroon (2004)	46.6	4.3	1.7	91.8	12.5	12.8	11.2	60.8
Ghana (2008)	33.8	28.1	12.4	52.1	16.6	28.3	37.3	14.5
Kenya (2008)	45.1	12.9	37.3	39.9	39.4	18.3	54.8	4.6
Madagascar (2008/09)	28.6	24.5	60.5	11.2	29.2	20.5	61.3	3.8
Malawi (2004)	24.4	8.6	46.7	40.2	28.1	7.1	64.1	6.4
Mali (2006)	22.2	32.9	24.8	41.9	6.9	42.0	36.2	5.8
Namibia (2006/07)	77.9	9.6	31.5	54.7	53.4	16.1	40.8	19.9
Niger (2006)	42.1	61.8	0.0	38.2	5.0	60.0	30.0	0.0
Nigeria (2008)	42.4	10.4	4.5	82.8	9.7	17.5	26.8	24.7
Senegal (2005)	43.3	2.5	21.5	56.8	10.3	35.0	31.1	14.6
Tanzania (2010)	44.7	18.3	32.9	35.3	27.4	24.4	38.7	8.4
Uganda (2006)	46.9	13.0	28.6	56.9	17.9	16.2	57.0	9.5
Zambia (2007)	43.3	18.2	17.3	59.8	32.7	33.6	26.0	14.4
Zimbabwe (2005/06)	60.2	35.4	18.4	43.7	58.4	73.6	17.0	2.4

Source: MEASURE DHS STATcompiler