Effect of Household Autonomy on Unmet Need of Contraceptives among Married Women in West Africa.

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Background

Family planning techniques are defined as the dissemination of knowledge and resources that enable individuals and couples to consciously control the number and timing of their births through the effective use of modern or traditional contraceptives (Aliyu, 2018). The Family Planning 2020 (FP2020) study emphasises that one significant barrier to women's reproductive health in West Africa remains the inadequate availability of contraception services (Ouedraogo et al., 2021). Women in Africa face significant limitations in exercising their basic reproductive health rights due to patriarchal governance (Ouedraogo et al., 2021). Higher levels of women's autonomy in health matters enhance women's empowerment. Gebeyehu et al. (2022) and Negash et al. (2023) provided findings indicating that women with decision-making autonomy had a greater propensity to take contraceptives. The objective of this study is to examine the impact of women's autonomy, household variables, and contemporary contraceptives on the rate of unmet need for family planning in West Africa.

Specific Objectives

1. examine the distribution of unmet needs for contraceptives among married women in West Africa.

2. investigate the association between household autonomy, attitude towards domestic violence and unmet needs of contraceptives among married women in West Africa.

3. investigate the socio-demographic characteristics associated with unmet needs of contraceptives among married women in West Africa.

Methodology

Data Source

This study utilised a cross-sectional survey design from the Demographic and Health Survey (DHS) derived from twelve West Africa countries namely Benin (2017-18), Burkina Faso (2021), Côte d'Ivoire (2021), Gambia (2019-20), Ghana (2022), Guinea (2018), Liberia (2019-20), Mali (2018), Mauritania (2019-21), Nigeria (2018), Senegal (2023), and Sierra Leone (2019).

Study Population

The study concentrates on married women aged 15-49 who were either permanent residents or household visitors the night before the survey. This study criterion aims to focus on women who are currently or recently sexually active and, therefore, potentially at risk of pregnancy.

Variables Measurement

The outcome variable for this study was unmet needs for contraception. This study follows the DHS Statistics (DHS-8) guideline to measure the outcome variable (Croft et al., 2023). This includes the unmet need for spacing encompasses individuals who desire to delay their next birth, coded as No “0” and Yes “1”; and the unmet need for limiting focuses on individuals who desire to avoid any further pregnancies, coded as No "0" and Yes "1".

The independent variable in this study was gender roles, operationalised by assessing whether decisions were made by the wife and others "0", jointly by the husband and wife "1", solely by the husband "2" for decision on how to spend respondent's earnings, decision on respondent's health care, decision on large household purchases, decision on visits to family or relatives, decision on what to do with money husband earnings and decision maker for not using contraception.

Evidence from previous studies assessing contraceptive use and family planning have often included covariates such as the age of the respondent, respondent and partner education levels, place of residence, wealth index, household size, employment status, number of living children, exposure to family planning media, and number of sexual partners to analyse women's characteristics and their relationship to contraceptive use (Casterline & El-Zeini, 2014; Obeagu & Bunu, 2023; Yaya et al., 2018).

Method of Data Analysis

This study used STATA application software version 16.0; sample weights for STATA survey command (SVY) were applied and used appropriately to adjust the over-sampling or under-sampling effect to adjust for coverage sampling error. Data was analyzed using frequency distribution, Chi-square (χ^2) and binary logistic regression.

Results

Table 1. Distribution by the Country Profile of Married Women in West Africa

Table 1 revealed that majority of the participants were from Nigeria (27.2%), followed by Mauritania (9.0%), Benin (8.8%), Senegal (8.6%), and Mali (8.0%). The fewest were reported from Liberia (1.6%) and Côte d'Ivoire (4.4%).

Country Profile by Unmet Needs of Contraceptives

Figure 1 shows that the overall prevalence of unmet needs for spacing and limiting children in West Africa was 24.7% and 11.2%, respectively. Mauritania had the highest proportion of unmet needs for spacing (33.2%), followed by Benin (32.0%), Sierra Leone (30.3%), Liberia (30.2%), and the least were Nigeria (17.6%). Similarly, the proportion of unmet needs for limiting was higher among married women in Liberia (25.3%), followed by Ghana (19%), Sierra Leone (13.6%), Benin (13.5%) and the least reported were from Gambia (8.5%).

Table 2: Country Profile Associated with Unmet Needs for Contraceptives (Unadjusted Odds Ratio Based on Binary Logistic Regression Analysis)

Table 2 revealed that most married women from Senegal were 93% less likely to experience unmet needs for spacing children compared to married women from Bening (RC). This was followed by married women from Nigeria, Burkina Faso, Guinea and Ghana by 54%, 39%, 35%, and 33%, respectively, who were less likely to have unmet needs for spacing children compared to married women from Benin (RC). 91% of married women from Côte d'Ivoire were less likely to experience unmet for limiting children compared to those in Benin (RC). Similarly, 42%, 41%, 39%, 27%, and 24% were less likely to have unmet needs for limiting children in Burkina Faso, Gambia, Senegal, Nigeria, and Mali, respectively, compared to married women from Benin (RC). On the contrary, married women from Ghana and Liberia were 1.51 times and 2.17 times more likely to have unmet needs for limiting children compared to those reported from Benin (RC).

Distribution by Gender Role, Socio-Demographic Characteristics Associated with Unmet Needs for Contraceptives (Adjusted Odds Ratio Based on Binary Logistic Regression Analysis)

The findings show that when the husbands alone made a decision on how to spend, respondents' earnings when married were 27% (P= 0.007, CI=1.07-1.51) more likely to have unmet needs for limiting children than when the wife and others made the decisions (RC). When the husband alone decided on the respondent's health, large household purchases and visits to family or relatives' women were 36% (P=0.000, CI=0.53-0.77), 19.0% (P=0.039, CI=0.67-0.99) and 16% (P=0.038,

CI=0.71-0.99) respectively less likely to had unmet needs for limiting children compare to when wife and others make a decision (RC). When husband and wife made a joint decision not to use contraception, participants were 0.86 (P=0.002, CI=0.79-0.95) times less likely to have unmet needs for spacing children compared to when wife and others made the decision (RC). These findings highlight the importance of empowering women within their households and promoting gender equality in decision-making. Wado (2018) asserted that involving women in financial planning, healthcare decisions, and social interactions can significantly improve their ability to access and utilise family planning services. Other covariates significantly associated with unmet needs for limiting and spacing were age of women, level of education, wealth index, number of household members, number of living children, exposure to mass media and number of sex partners.

Conclusion

The findings from this study showed that the overall prevalence of unmet needs for spacing and limiting children in West Africa was 24.7% and 11.2%. This varies significantly across countries, with Mauritania (33.2%) and Benin (32.0%) reporting the highest rates for spacing and Liberia (25.3%) and Ghana (19%) having the highest rates for limiting. Women's autonomy in decision-making is associated with lower unmet needs for limiting children when the husband alone decides on how to spend respondents' earnings, respondent's health, large household purchases and visits to family or relatives and when the joint decision is made for not using contraception participants were less likely to had unmet needs for spacing children. Older women are more likely to have unmet needs for limiting children, while younger women may prioritise spacing. Higher education levels among women and their partners are associated with lower unmet needs. Wealth index, household size, number of children, media exposure, and number of sexual partners also influence unmet needs. This study recommends empowering women within households to make decisions about their health, finances, and family planning. Address gender inequality in decision-making processes to ensure women have a greater say in their lives. Develop age-appropriate family planning programs that address the specific needs of different age groups.