



Fertility transition in West Africa: A conundrum

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Introduction



Historical Europe:

Widespread use of withdrawal and postponement of marriage since the 18th century (Coale and Watkins 1986, McLauren 1990, Van de Walle and De Luca 2006)

 Fertility transition is usually led by wider use of modern method after the advent of modern contraception in the 1960s.



Introduction



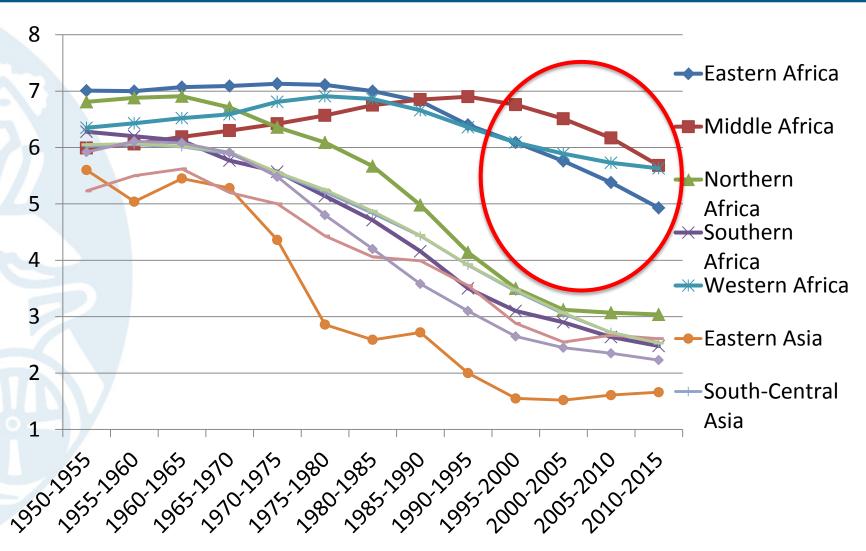
Role of traditional and barrier methods in fertility transition

- Former Soviet Union and Turkey: widespread of withdrawal with abortion as back-up
- Albania fertility transition driven by withdrawal without legal abortion (Falkingham and Gjonca 2001, Institute of Statistics et al. 2010).
- Japan: fertility transition is driven by induced abortion and condom use (Coleman 1983)
- India higher use of sterlisation among the poor and higher use of traditional method among the educated (Basu 2005)
- Iran: Use of withdrawal was positively associated with level of education in Iran, but not Turkey (Erfani and Yüksel-Kaptanoğlu 2012)



Trends in TFR in Africa and Asia

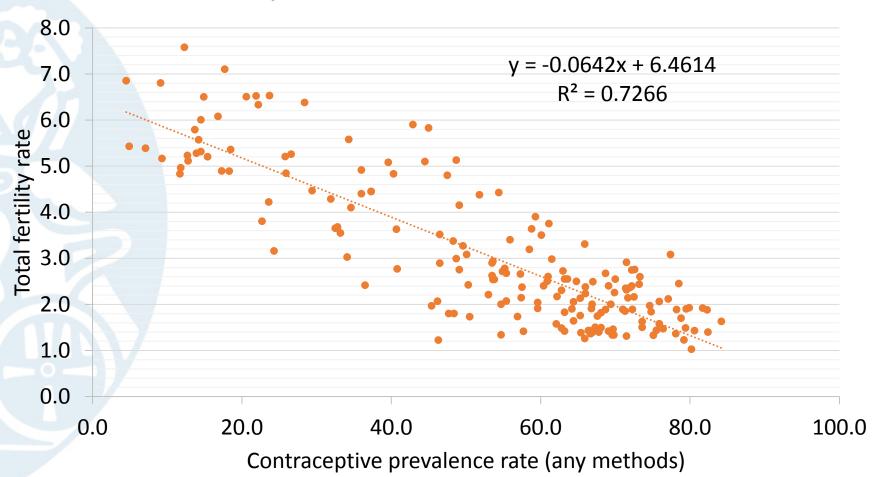




Source: UN. World Population Prospect: The 2012 Revision

Relationship between TFR & CPR SCHOOL OF SCHOO

Relationship between TFR and CPR in 184 countries

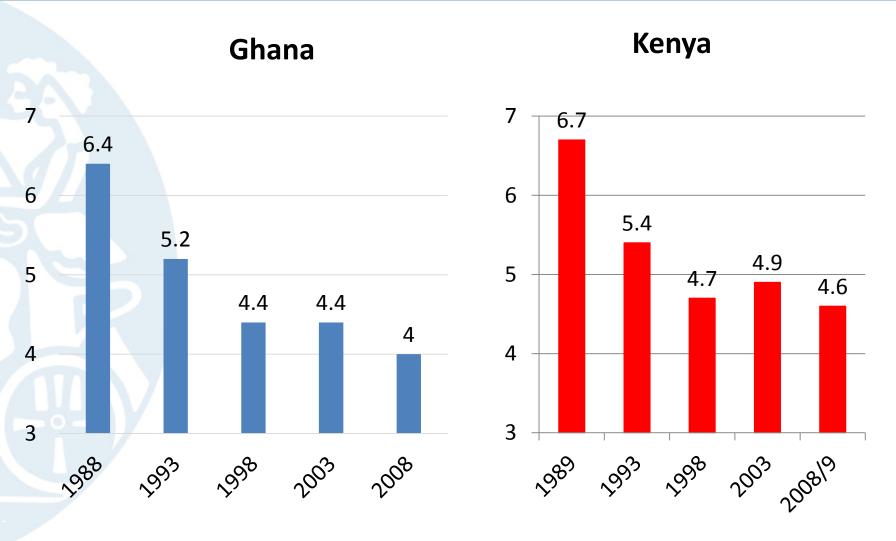


Source: UN. World Population Prospect: The 2012 Revision, Model-based Estimates and Projections of Family Planning Indicators: 2013 Revision



West vs East Africa: TFR



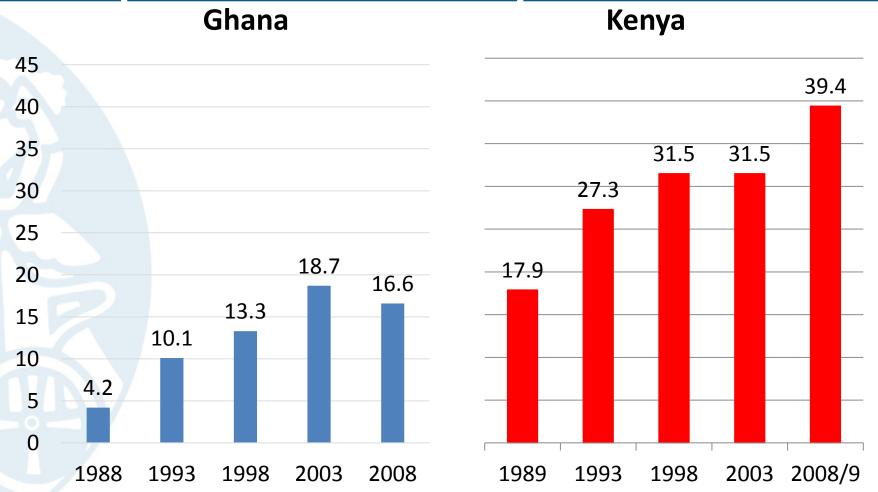


Source: DHS STATcompiler

West vs East Africa:



CPR (modern methods)





Aim



Assess changes in proximate determinants of fertility in Western African countries which experienced some decline in TFR

Hypothesis:

Use of traditional methods and non-coresidence, with abortion as a back-up, may be the main drivers of fertility decline among elite groups in Western African countries where strong family planning programmes exit.

Methods



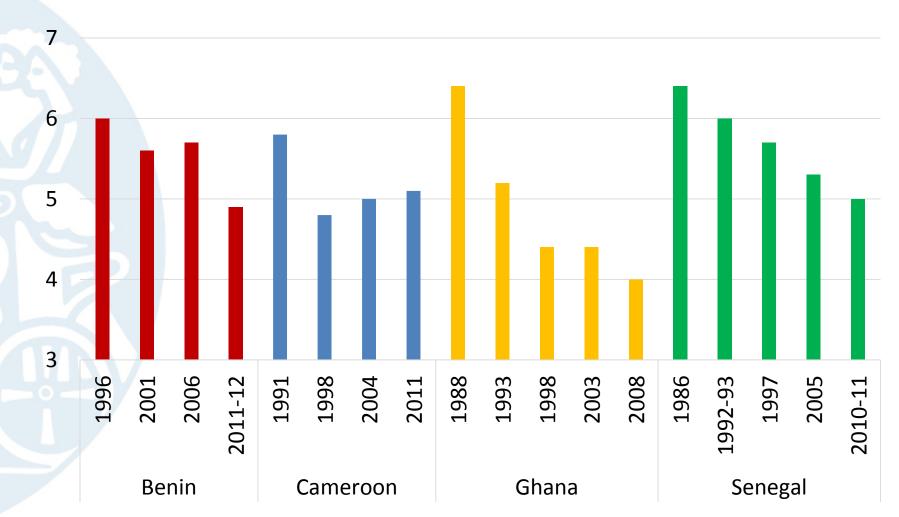
Data

All Demographic and Health Surveys from 4 countries (Benin, Cameroon, Ghana and Senegal) which experienced more than 0.5 children decline over the past 2 decades



Trend in TFR



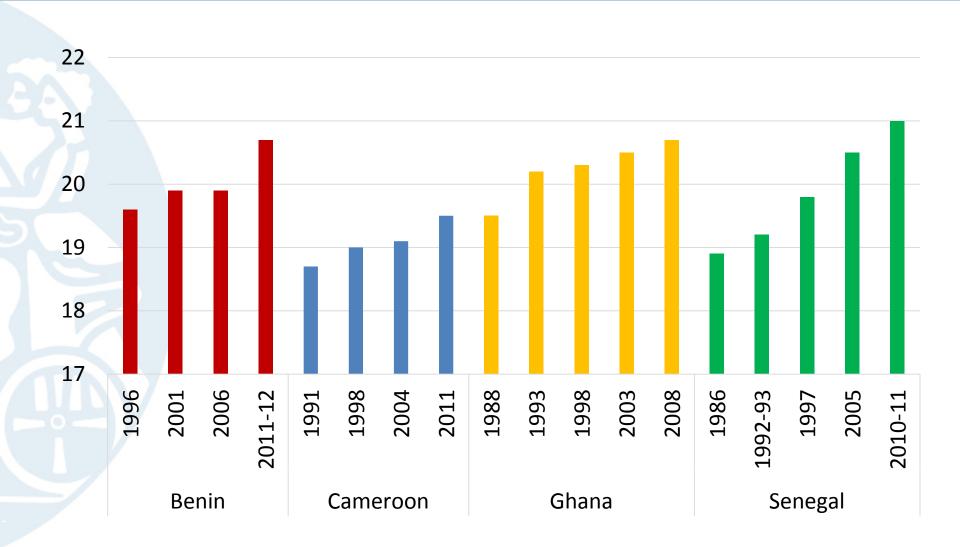


Source: DHS STATcompiler



Median age at first birth



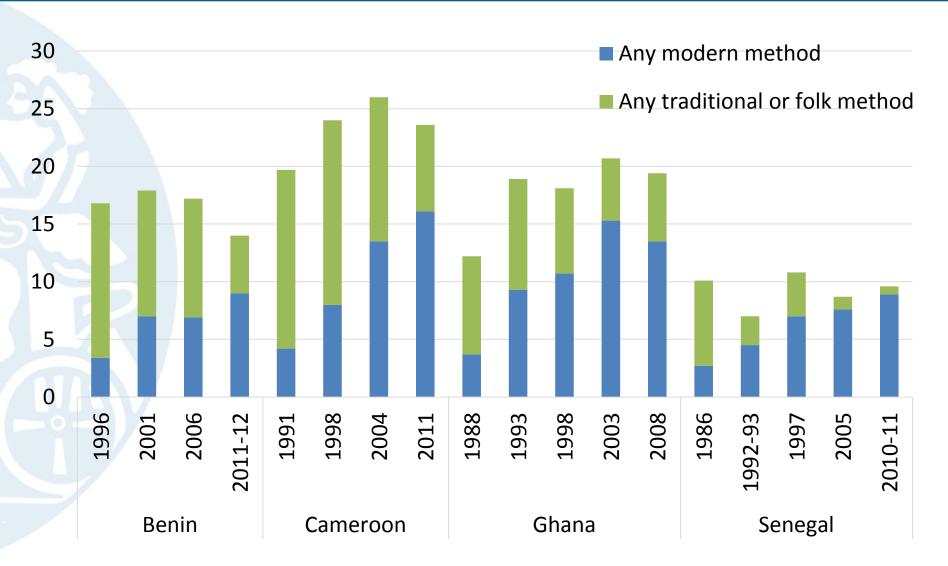


^{*} Median age among women aged 25-49

Source: DHS STATcompiler

Trends in CPR



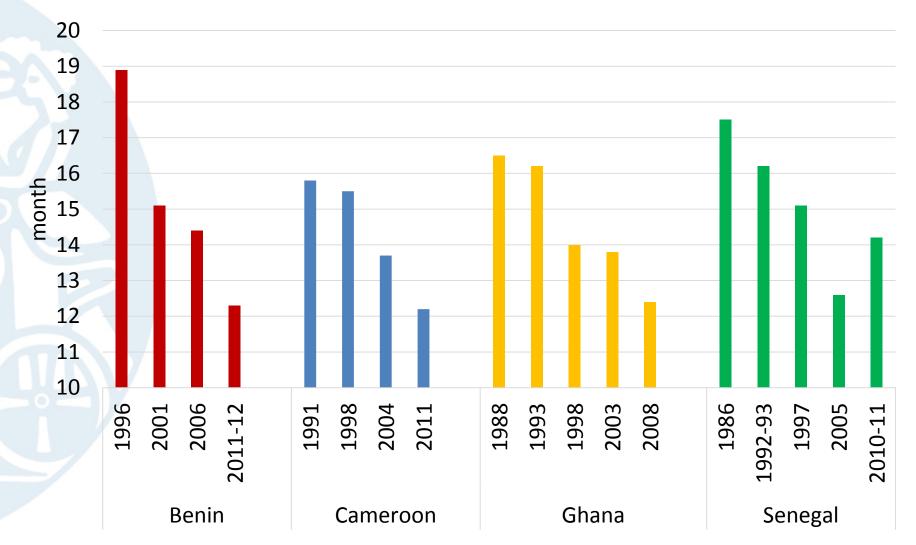


Among all women 15-49

Source: STAT-compiler

Trends in median duration of postpartum insusceptability

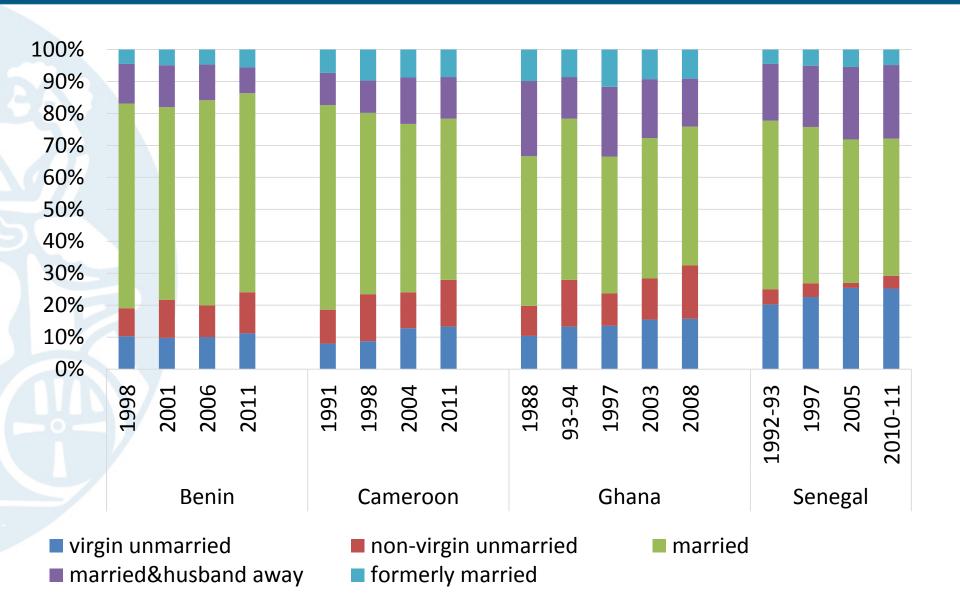




Source: STAT-compiler

Marital status and co-residence







Summary

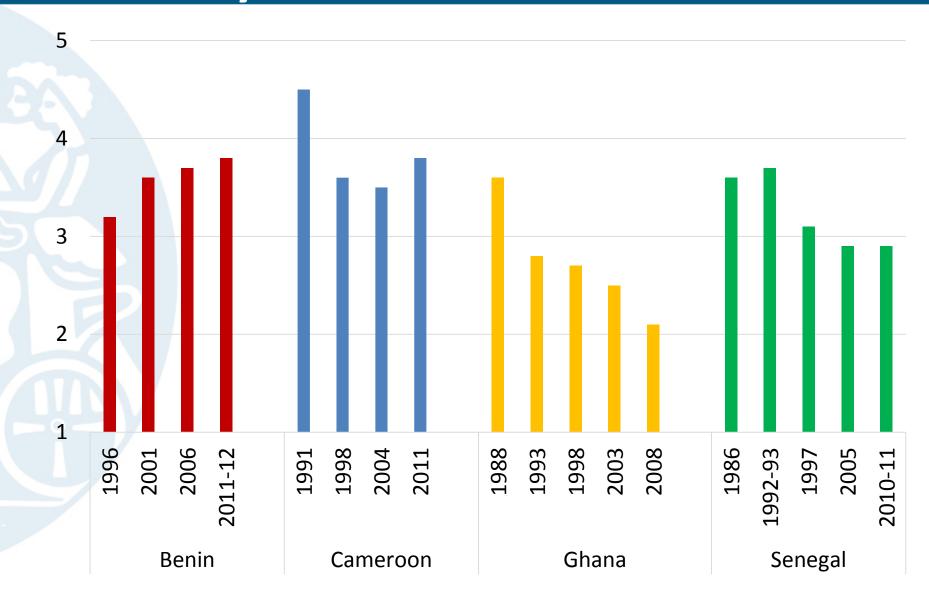


Analysis at national level

- TFR declined by 0.5-2.4 in the past 2 decades
- Age at first birth increased at different rate (0.8 in Ghana,
 2.1 years in Senegal)
- Modern contraceptive use is low (<17%)
- Duration of insusceptability has declined
- Increase in non-co-residential couples in Senegal and Ghana
- Little or some increase in unmarried women

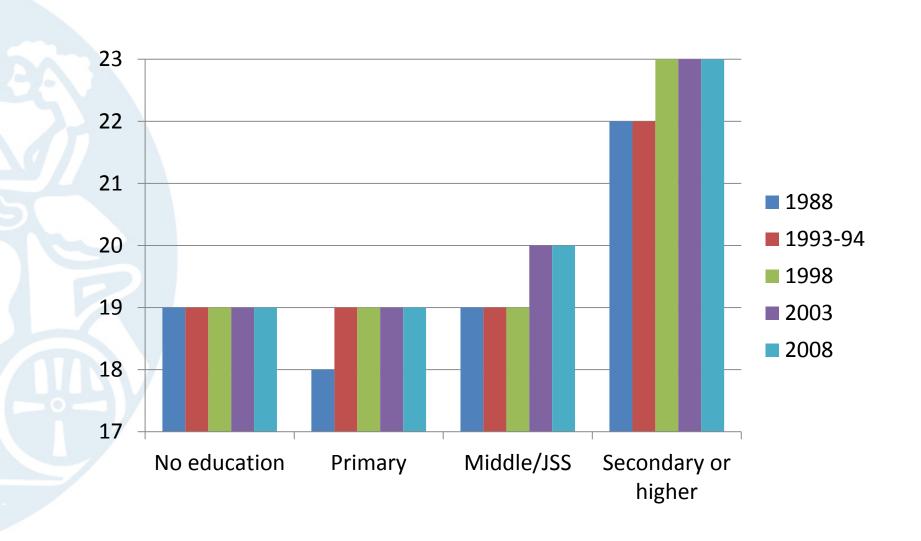
These do not appear to explain fertility decline in the 4 countries

Trend in TFR among women with LONDON SCHOOL OF HYGIENE STROPICAL MEDICINE



Median age at first birth by level of education (25-49)



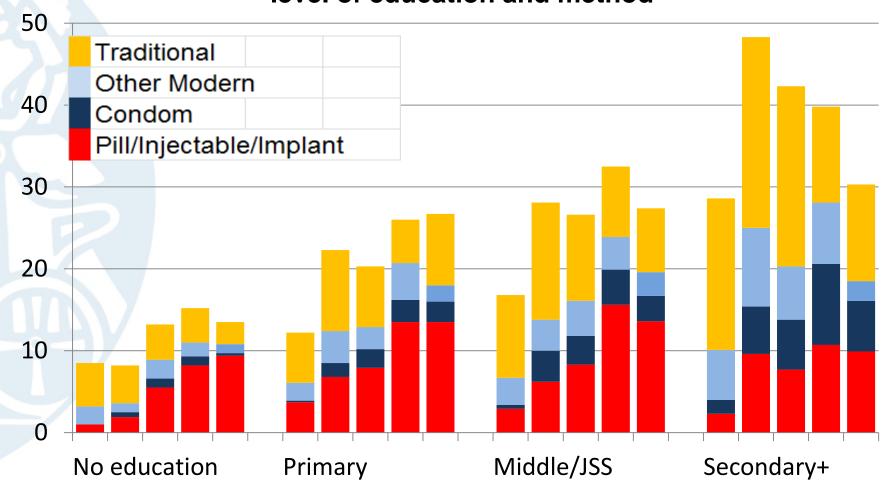






Ghana: mixed method

% of married women currently using a contraceptive method, by level of education and method



Source: GDHS



Ghana: Traditional methods



Adjusted odds ratios for currently using traditional or folkloric method vs non-

US	ers
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, 5							
		Adjusted OR	95% CI				
Residence (ref. urban)							
	Rural	1.05	0.70	1.57			
Area (ref. Southern	า)						
	Greater Accra	1.63	0.94	2.85			
	Middle	1.31	0.82	2.07			
	Northern	0.09	0.03	0.31	***		
Education (ref. no	education)						
	Primary	2.22	1.16	4.25	*		
	Middle/JSS	1.80	0.97	3.35			
	Secondary/SSS+	2.45	1.14	5.26	*		
Religion (ref. Protestant)							
	Catholic	0.95	0.50	1.77			
	Other Christian	0.85	0.49	1.48			
	Moslem	0.69	0.33	1.42			
Traditional/spiritualist		2.25	0.74	6.85			
	Other	1.15	0.38	3.47			

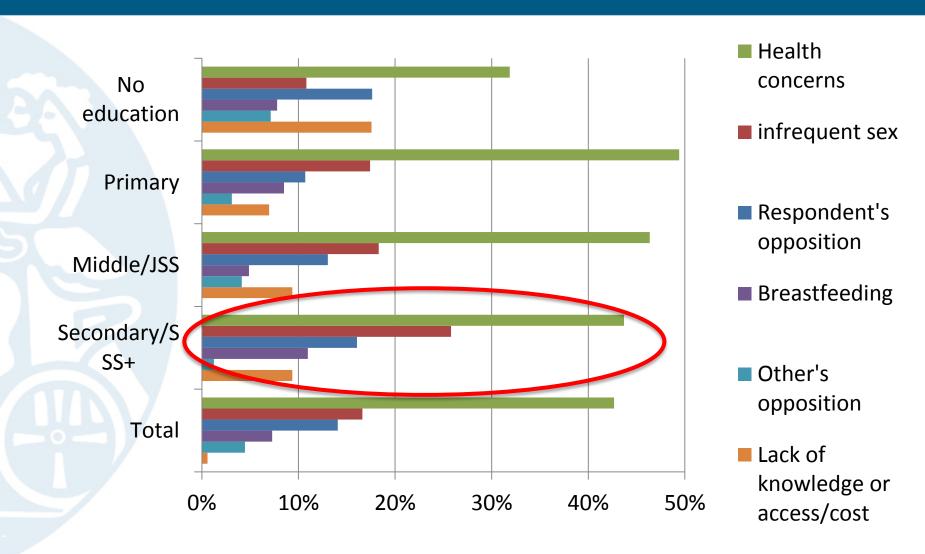
Source: Machiyama and Cleland (2013)

N = 1046



Ghana: Reasons for non-use of FP





Source: Machiyama and Cleland (2013)



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Ghana: Infrequent sex

Recency of last sex by whether infrequent sex was given as a reason for non-use, 2008

	Reason fo Infrequ		
Recency of last sex	No	Yes	Total
in last 4 weeks	71.3	32.6	64.8
in last 3 months	19.8	28.9	21.3
4 or more months ago	6.2	34.0	10.8
before last birth	0.0	1.6	0.3
Missing	2.7	2.9	2.8
Total	100.0	100.0	100.0

N=479

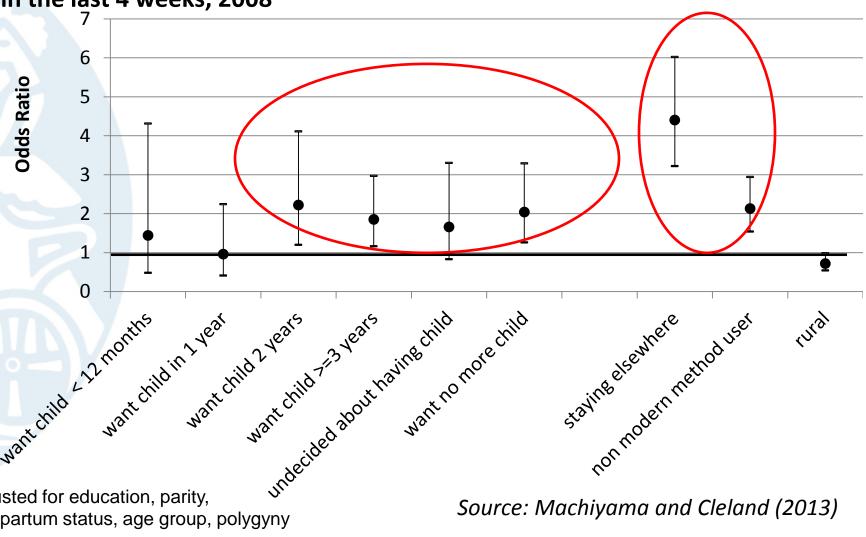
Source: Machiyama and Cleland (2013)







Adjusted odds ratios for not having sex in the last 4 weeks versus having sex in the last 4 weeks, 2008



Adjusted for education, parity, postpartum status, age group, polygyny

Source: Machiyama and Cleland (2013)



Implications



- An enduring resistance to hormonal methods may lead many Ghanaian women to use non-hormonal methods, i.e. male condom, periodic abstinence or reduced coital frequency as an alternative means of reducing pregnancyrisk.
- The elite group use less effective method, but the TFR has continuously declined.



Is Ghanaian fertility transition powered by less effective methods with medical abortion as back-up? (Osei 2009)



Use of periodic abstinence conforms to norms of modernity and self-discipline in Cameroon (Johnson-Hanks 2002)



Implications



 Further research is needed to understand fertility regulation strategies and strong resistance to FP in Ghana, taking into account living arrangement.

Re-visit role of traditional methods.





Thank you!

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Trend in level of education



