

Achievement of replacement fertility among educated Ghanaian women: 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 short-term 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 of TFR in Africa and Asia





Source: UN. World Population Prospect: The 2012 Revision

SSA: Trends of contraceptive prevalence (traditional & modern)





Among married or in-union women aged 15-49

SSA: Ratio of traditional users among all users by level of education



Among married or in-union women aged 15-49

Source: DHS STAT Compiler

Ghana: TFR



Total Fertility Rates for the Three-Year Period Preceding the Survey, by Level of Education



Ghana: TFR





Source: Machiyama 2011

TFR among women aged 15-39

Ghana: fertility intention



Mean ideal family size among women aged 20-29



Ghana: fertility intention



% of currently married women who have 2 children want no more children by level of education



Ghana: CPR



Percentage of Currently Married Women 15-49 Currently Using a Contraceptive Method, by Level of Education



Ghana: CPR



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







- Assess determinants of use of traditional methods in Ghana
- Investigate reasons for non-use of family planning

Methods



- DHS Ghana 1988, 1993, 1998, 2003 & 2008
- Women in union who were exposed to risk of pregnancy



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

users			Adjusted OR	95% CI			
	Residence (ref. urban)						
		Rural	1.05	0.70	1.57		
	Area (ref. Southern)						_
		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. P	rotestant)					
	7	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		

Trends of reasons for non-use, 1988-2008



Reasons for non-use by level of education



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

Infrequent sex



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



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)
 - "modern" women prefer natural methods to modern methods? (Basu 2005)





 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.





The STEP UP (Strengthening Evidence for Programming on Unintended Pregnancy) Research Programme Consortium generates policy-relevant research to promote an evidence-based approach for improving access to family planning and safe abortion. STEP UP focuses its activities in five countries: Bangladesh, Ghana, India, Kenya, and Senegal. STEP UP is funded by UK aid from the UK Government.

www.stepup.popcouncil.org





Thank you!

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