

Renewed Efforts to Meet Women's Reproductive Health Needs Required to Address Stagnation in Family Planning Use in Eastern and Western Africa

Summary

Despite concerted efforts and commitments by African governments and development partners to increase the use of family planning (FP) in sub-Saharan Africa, evidence shows that there is a general stagnation in FP use in eastern and western Africa. Contraceptive use levels are considerably lower and stagnation is worse in western Africa compared to eastern Africa. Contraceptive use increased from 7% in 1991 to 15% in 2004 in western Africa, while it increased from 16% to 33% in eastern Africa over the same period. There was greater increase in contraceptive use in the 1990s than in the early years of the twenty-first century. The increase dropped from 0.68 to 0.57 percentage points per year for western Africa and from 2.7 to 1.45 percentage points in eastern Africa.

This stagnation coincides with reduced funding and program effort on population and reproductive health programs due to the disproportionate emphasis on HIV and AIDS and the effect of the Bush Global Gag Rule effected in January 2001. Western Africa's dismal performance reflects deep-rooted leadership and resource gaps on reproductive health and strong attitudinal and cultural barriers in the region. These results are very critical considering that FP is an important intervention for improving prevention of unwanted and mistimed births, for improving maternal and child health, empowering women, reducing poverty at household and national levels, and slowing down Africa's rapid population growth.

This new evidence points to the need for African governments and development partners to reinvigorate their investments and programs if the MDG goal of ensuring universal access to FP and other reproductive health services is to be a reality. A careful examination of the drivers of the relatively good progress in eastern Africa and the apparent failure in western Africa would provide key policy and program lessons for western Africa and other eastern African countries that are not making good progress towards universal access to FP.

These findings are contained in a recently published paper that reviewed progress in demand, approval, access, and use of modern contraception among married or cohabiting women between 1991 and 2004 in eastern and western Africa by examining demand, approval, access and use of modern contraception¹.

Recommendations

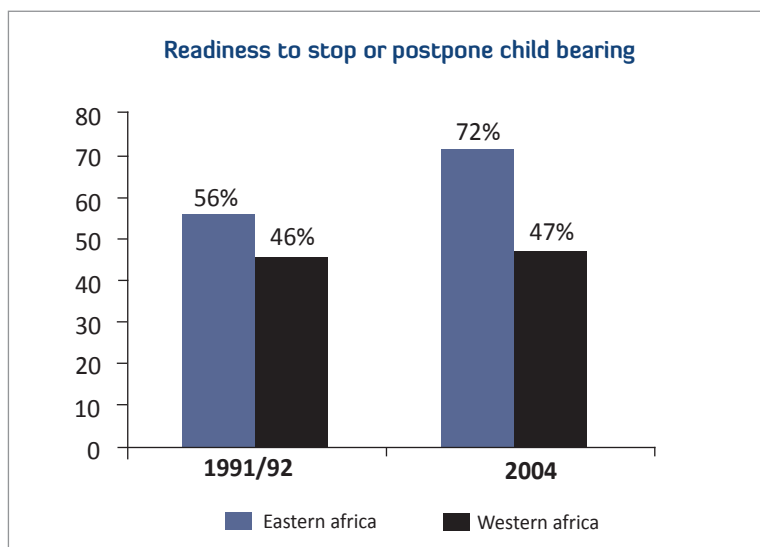
- Design and implement intensive educational and promotional campaigns that should be facilitated by **strong political leadership**, to help women realize that they can effectively and safely control the timing and number of children using modern FP methods. Such efforts should focus on addressing pro-natalist cultural beliefs and practices, and changing unfavourable attitudes towards FP.
- Increase investment in FP commodity security in general, and expand service distribution points, **including community-based distribution**, in particular. These investments and overall program efforts need to be more intensive in western Africa, but eastern Africa should not be forgotten altogether as there are countries like Uganda, Tanzania and Zambia still lagging behind.
- Investigate the policy and program factors that are making a difference in eastern Africa and specifically the countries that are doing relatively well to **draw lessons** for other countries and sub-regions, and provide platforms for effective **cross-country experience sharing**.

Findings

In western Africa, women's readiness to stop or postpone childbearing has not changed in more than 10 years and remains low, whereas in eastern Africa this has increased only minimally

Between 1991 and 2004, there was no increase in the proportion of women in western Africa who want to stop or postpone childbearing. Only 46% of married or cohabiting western African women reported a desire to stop or postpone childbearing in 1991, and in 2004 this stood at 47%. In eastern Africa however, the proportion of women wishing to stop or postpone childbearing increased from 56% in 1992 to 72% in 2004. This difference points to the greater need for educational campaigns and reproductive health champions that would help women realize that they can personally control the timing and number of children using modern FP methods.

¹Cleland JG, RP Ndugwa and EM Zulu (2011). 'Family planning in sub-Saharan Africa: progress or stagnation?' *Bulletin of the World Health Organization*, 89(2): 137-143. Available at: <http://www.who.int/bulletin/volumes/89/2/10-077925/en/index.html>

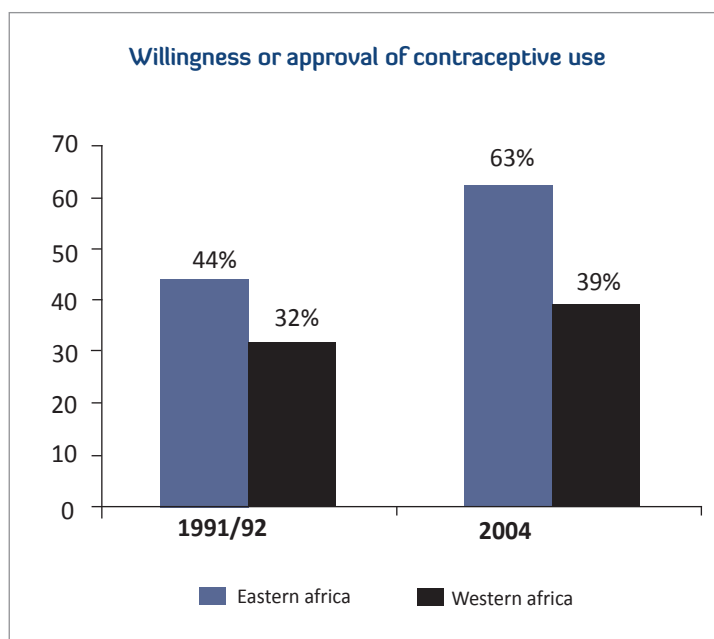


Between 1991 and 2004, there was no increase in the proportion of women in western Africa who want to stop or postpone childbearing.

In western Africa, couples' willingness to use modern contraception increased only minimally, and in eastern Africa the increase was slightly marked

In western Africa, the proportion of couples that approved use of contraception rose slightly from 32% in 1991 to 39% in 2004. In eastern Africa, the proportion increased strikingly from 44% in 1992 to 63% in 2004. Evidently, there is still much more serious attitudinal resistance to contraceptive use in western Africa than in eastern Africa, which also calls for more intense promotional campaigns focused on addressing the negative attitudes that many people hold against FP.

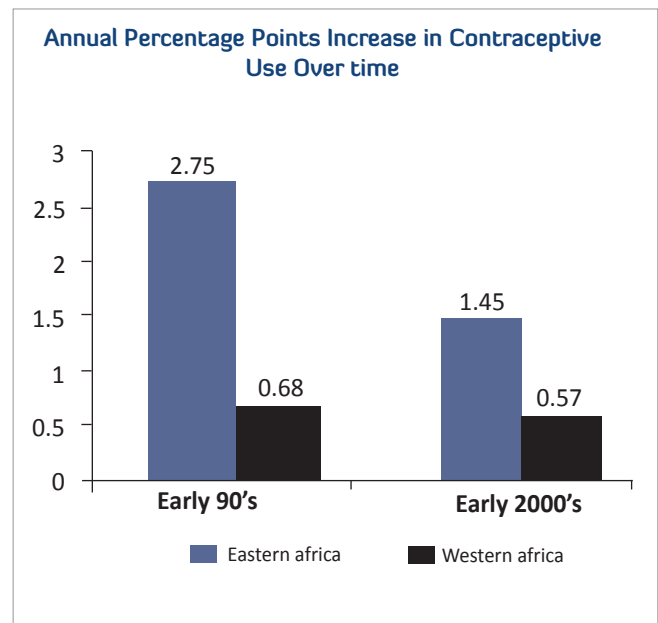
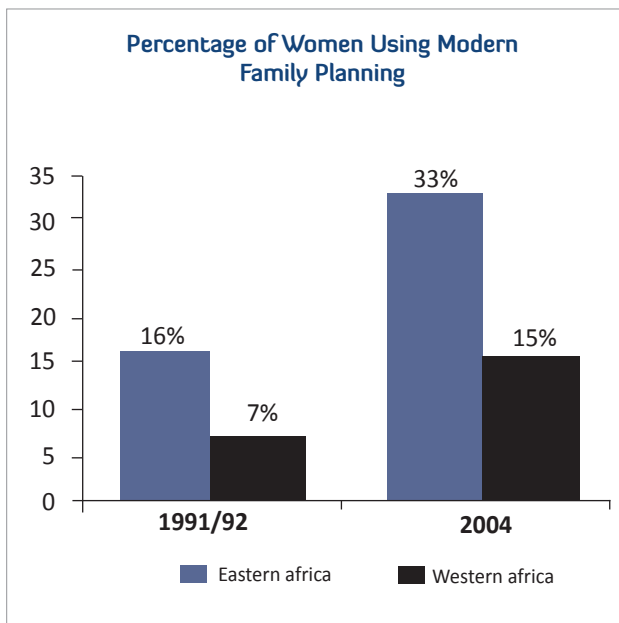
In western Africa, the proportion of women who were familiar with commonly used contraceptives (pills and injectables) and who knew where to seek contraceptive services more than trebled from 8% in 1991 to 29% in 2004. In eastern Africa, this doubled from 32% in 1991 to 64% in 2004. Although western Africa saw a marked increase in ability to use family planning over this period, the fact that less than a third of non-users of FP know where they can access the contraceptives suggests weak promotion of family planning as well as limited distribution points.



In both eastern and western Africa, the percentage of married women using FP remains very low and annual progress in contraceptive use has stagnated or greatly slowed down

The proportion of women using modern contraceptives doubled in both regions between 1991 and 2004; from 7% to 15% in western Africa and from 16% to 33% in eastern Africa. The annual increase in contraceptive use during the first and second halves of the observation periods were 0.68% and 0.57%, respectively in western Africa. Similar stagnation was observed in eastern Africa where the annual increase dropped from 2.7% to 1.45%.

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What are the Policy and Program Implications of these Findings?

The findings of this study point to the need for urgent action at policy and program levels to address the challenges that millions of women face in relation to fertility preferences and their ability to plan the timing and number of children they would like to have. Progress is being made in increasing receptivity to and use of modern contraceptives in Africa, albeit at a very slow pace and at strikingly varying levels. The huge differences in demand, approval, access, and use of modern FP between eastern and western Africa call for a special need to build FP programs in western Africa. Western Africa is consistently behind eastern Africa in all the measures of fertility intentions and contraceptive use examined in this study. The 2004 levels for western Africa are consistently at the level where eastern Africa was in 1991.

The differences in demand and approval of FP point to the need for more intensive educational and promotional campaigns, which are facilitated by strong political leadership, to help women realize that they can effectively and safely control the timing and number of children using modern FP. Such efforts should particularly focus on addressing pro-natalist cultural beliefs and practices, and changing unfavourable attitudes towards FP which are very prevalent across the continent, but more so in large parts of western and middle Africa.

The low levels of ability and actual use of modern contraception calls for increased investment in FP commodity security in general, and in expanding service distribution points, including community-based distribution, in particular. These investments and overall program efforts needs to be more intensive in western Africa, but not at the expense of eastern Africa, which still has huge inequities in access to FP both within and across countries.

The differences in performance between eastern and western Africa provide an opportunity to derive policy and program lessons that are making a difference in the regions and coun-

tries that are doing relatively well. Systematic assessment and documentation of these lessons need to be done in order to reinforce advocacy efforts in the countries that are not doing well and to reinforce interventions that are bearing dividends in the countries that are making good progress.

In the meantime, it is important to explore ways of enhancing three key factors that have been vital in increasing contraceptive use in various African settings and Asia: 1) supportive policy environment and strong political leadership; 2) sustained investments and strong commodity security; and 3) strong service delivery programs backed up by a vibrant community distribution component. There is need for mobilization of international and national financial resources and commitment as well as technical expertise to build effective intervention programs.



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Study Methods

The paper on which this brief is based used data of trends in readiness, willingness, ability, and contraceptive use in Africa from the Demographic and Health Surveys (DHSs), which provide highly standardized and nationally representative information about contraception and health. Specifically, the paper tracked trends in 24 sub-Saharan African countries that had conducted two or more DHSs – 13 countries from western Africa and 11 countries from eastern Africa (see list of countries in Table 1). The study countries account for over 75% of the entire population of sub-Saharan Africa. The median year of the field work for the initial DHS was 1991 in western Africa and 1992 in eastern Africa. For both areas, the median year of the most recent enquiry was 2004. Thus, trends were examined over a 13-year period in western Africa and over a 12-year period in eastern Africa.

Table 1: List of countries in eastern and western Africa studied

Eastern African Countries	Western African Countries
Ethiopia	Benin
Kenya	Burkina Faso
Madagascar	Cote d'Ivoire
Malawi	Cameroon
Mozambique	Ghana
Namibia	Guinea
Rwanda	Liberia
United Republic Tanzania	Mali
Uganda	Nigeria
Zambia	Niger
Zimbabwe	Senegal
	Chad
	Togo

About AFIDEP

AFIDEP is a regional non-profit policy think tank whose purpose is to facilitate the translation and utilization of research evidence in strengthening political leadership, and increasing investment and program effectiveness in Africa. AFIDEP was established in 2009 to help close the gaps between research, policy, and practice by translating research evidence and promoting its use by policy makers and development practitioners at national, regional, and international levels. The Institute also builds local capacity in knowledge generation, translation, and utilization.

AFIDEP's work covers the African continent, with a particular focus on sub-Saharan Africa, where it is currently carrying out in-depth knowledge synthesis and evidence-based advocacy in selected focal countries. The Institute's work currently focuses on the following inter-related issues: population change, environment, and development; maternal and child health; sexual and reproductive health; and family planning.

This Policy Brief is based on the paper: Cleland JG, RP Ndugwa and EM Zulu (2011). 'Family planning in sub-Saharan Africa: progress or stagnation?' *Bulletin of the World Health Organization*, 89(2): 137-143. Available at: <http://www.who.int/bulletin/volumes/89/2/10-077925/en/index.html>. The brief was developed by Rose Oronje.

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