# Reproductive freedom and contraceptive use in Burkina Faso

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## Introduction

Burkina Faso is emblematic of a late entry into the demographic transition: the fertility rate has slightly decreased between 2010 and 2015 - from 6 to 5.4 children per woman. The modern contraceptive prevalence among married women has increased from 15% in 2010 (INSD, 2012) to 24.2% in 2016 (PMA2020/BURKINA FASO, 2017), and 30% in 2017 according to the fifth round of the PMA2020 survey. In addition, there has been an increase of long-acting methods (Implant, IUD), that represent in 2016 more than half of the contraceptive methods used, 51.6% (PMA2020/BURKINA FASO, 2017). These developments seem astonishingly rapid in the context of Burkina Faso, which is described in the « Plan national d'accélération de planification familiale du Burkina Faso 2017-2020 », as not favourable to contraception (Ministère de la santé, 2017). In fact, most of the population who is suspicious about side effects and still desires a large number of children does not approve the use of modern contraceptive methods. Thus, this rapid increase in contraceptive prevalence raises concerns about the underlying factors of reproductive behaviours. The Cairo conference emphasized the freedom, which should enjoy couples in using contraception according to their fertility desire (ICPD, 1994). This requires the absence of constraints, including psychosocial and cognitive ones. Several authors have shown that most women still lack the cognitive and psychosocial resources, i.e. knowledge, attitude, autonomy and decision-making regarding family planning (Machiyama et al., 2017). One could thus wonder about the reality of their freedom of choice and their ability to make decision in accordance to their fertility desire. More broadly, one can question women's ability to formulate a family project, namely, to anticipate the number of children they consider ideal for themselves, in other terms the capability to shaping their family. The capability approach offers thus a framework to analyse the relationship between reproductive freedoms and contraceptive use in order to achieve one's family project. In this approach, the availability and use of contraception are seen, not as an end per se, but as one of the possibilities used by women to shape and achieve the family project they value. We refer to the notion of ambivalence to figure out the dualistic attitudes and behaviours about contraception use versus fertility preferences. The type of contraception used (short, long acting or permanent method) should depend on the fertility preference (for spacing or limiting childbearing), but the sociocultural context may interfere by preventing women to use long acting or permanent method. The use of modern contraception despite the inability to conceive a clear family project may also reflect the influence of other actors, such as the medical staff. In consequence, the availability and quality of family planning services, in some cases, may lead women to use modern contraception in absence of a real change in fertility desire. In this case, contraception does not express reproductive freedom.

## Objectives

This paper explores the real reproductive freedom enjoyed by Burkina women by analysing the reasons behind their contraceptive behaviour. Do their contraceptive behaviours express reproductive freedoms, that is their ability to conceive and realize the family project they have reason to value? To treat this question, we shall analyse the practices of women aged 15-49 years old in order to understand the extent to which their contraceptive behaviours match their fertility desires.

## Research questions and indicators

- The Capabilities will be expressed through Reproductive freedom, defined as the ability to choose the appropriate strategy to achieve their fertility project. The fertility project is measured through answers to questions about the freedom to space/limit childbearing, the to use or not contraception

and to have an ideal number of children. The first research question is thus to consider whether the person has a well-defined fertility project and whether this project differs from the prevailing norms of high fertility. Ambivalence refers to the possible gap between the personal project and the contextual norms.

- The second research question is to analyse whether the person is applying the contraceptive strategy that will enable her to realize her project. The first point is to figure out what makes the person having this reproductive freedom. The second point is to analyse the factors of a lack of reproductive freedom. Two types of mismatch between desires and means may express this lack. On the one side, a mismatch between a project of smaller family and the contraceptive strategy may express a lack of personal resources, as much material, as cognitive or psychosocial to solve the ambivalence, i.e. realize a personal project different from the prevailing norms. Yet, on the other side, the use of long-lasting medical contraceptive methods by women who declare wishing a large number of children expresses also a lack of reproductive freedom. In this case the issue is to consider the reasons why the woman still wishes a large family and reasons why she recourses nevertheless to modern contraception.

**Table 1: Variable matrix used**

| | **Endowments** | **Conversion factors** | **Capabilities** | **Functionings** |
|---|---|---|---|---|
| **Individual level** | - Age ; Marital status<br>- Nomber of children | - Education<br>- | freedom to decide on :<br>- The use of contraception<br>- The timing of chilbearing | - modern contraceptive use<br>- unmet need |
| **Household level** | | - Household wealth tertile<br>- Place of residence | | |
| **Contextual level** | - Distance from service delivery point<br>- Quality of service delivery point (quantity and quality of personnel) | - Community wealth (% of HH in the upper tertile)<br>- Psycosocial context (predominent belief about reproductive behaviours) | | |

## Data and methods

We use quantitative and qualitative data collected on the PMA2020 platform in Burkina Faso, during the months of december 2018 and january 2019, in 83 enumeration areas. For the quantitative survey, we interviewed 3329 women on topics related to their reproductive behaviour and their socioéconomic and démographic characteristics. In addition, we asked questions about cognitive qnd psychosocial accessibility to contraception. Qualitative data on the same topics have been collected in May 2019 through 32 In Depth Interview (IDI) with women (users and non users of contraception), 16 IDI with men, 16 IDI with community leaders, 16 IDI with heads of local health facilities, 32 Focus group discussions (FGD) with women (users and non users separately) and 16 FGD with men.

The capability is approached by four variables that measure women's perceived freedom. Two of the questions used in the survey concerned her freedom to contraceptive use and the other two concerned the decision making on the timing of childbearing. For each question we have read an affirmative statement and asked the woman to say if she does agree or not. The choices are 1=strongly desagree, 2= desagree, 3=indefferent/doubtful, 4=agree and 5=strongly agree. We recoded each variable in two categories in order to avoid low size categories. The codes 4 and 5 have been joined and named « Agree » and the other codes have been coded as « Do not agree/doubtful ». We use descriptives and multivariates analyses as well as analysis of qualitative data. The 4 capability variables are available for married women only. So we will not use marital status when we use those variables.

## Descriptive results

### Table 2 : Link between independent variables and dependent variables (modern contraceptive use and unmet need)

| | Use modern contraceptive method | | | | Have unmet need | | | |
|---|---|---|---|---|---|---|---|---|
| | | No | Yes | | | No | Yes | |
| Variables | n | % | % | Chi2(p-value) | n | % | % | Chi2(p-value) |
| **Place of residence** | | | | 34.86(p<.001) | | | | 28.62(p<.001) |
| Urban | 857 | 59,0 | 41,0 | | 857 | 85,1 | 14,9 | |
| Rural | 1372 | 71,5 | 28,5 | | 1372 | 74,8 | 25,2 | |
| **Education** | | | | 64.96(p<.001) | | | | 15.57(p<.001) |
| No education | 1422 | 73,8 | 26,2 | | 1422 | 75,0 | 25,0 | |
| Primary | 383 | 62,8 | 37,2 | | 383 | 78,1 | 21,9 | |
| Secondary & + | 424 | 51,5 | 48,5 | | 424 | 83,4 | 16,6 | |
| **Wealthtertile** | | | | 40.55(p<.001) | | | | 31.84(p<.001) |
| Lowest | 714 | 74,6 | 25,4 | | 714 | 72,9 | 27,1 | |
| Middle | 586 | 69,8 | 30,2 | | 586 | 75,0 | 25,0 | |
| Highest | 929 | 60,7 | 39,3 | | 929 | 84,0 | 16,0 | |
| **Age** | | | | 22.31(p<.001) | | | | 5.37(p<.068) |
| 15-24 | 572 | 72,8 | 27,2 | | 572 | 73,8 | 26,2 | |
| 25-39 | 1211 | 65,1 | 34,9 | | 1211 | 76,3 | 23,7 | |
| 40-49 | 446 | 75,8 | 24,2 | | 446 | 80,8 | 19,2 | |
| **Number of children** | | | | 64.92(p<.001) | | | | 18.92(p<.001) |
| No child | 149 | 97,1 | 2,9 | | 149 | 86,6 | 13,4 | |
| One to three | 1104 | 67,5 | 32,5 | | 1104 | 78,2 | 21,8 | |
| Four or + | 976 | 67,3 | 32,7 | | 976 | 73,7 | 26,3 | |
| **will be conflict if delay/stop** | | | | 12.62(p<.001) | | | | .07(p<.798) |
| Do not agree/doubtful | 1077 | 67,0 | 33,0 | | 1077 | 75,5 | 24,5 | |
| Agree | 1152 | 71,3 | 28,7 | | 1152 | 77,4 | 22,6 | |
| **Can decide on another child** | | | | 20.05(p<.001) | | | | .76(p<.384) |
| Do not agree/doubtful | 790 | 75,0 | 25,0 | | 790 | 78,1 | 21,9 | |
| Agree | 1439 | 66,1 | 33,9 | | 1439 | 75,7 | 24,3 | |
| **Can decide alone on FP** | | | | 10.85(p<.001) | | | | .05(p<.82) |
| Do not agree/doubtful | 1705 | 70,8556 | 29,144 | | 1705 | 76,709 | 23,291 | |
| Agree | 524 | 64,5013 | 35,499 | | 524 | 76,122 | 23,878 | |
| **will be conflict if use FP** | | | | 30.91(p<.001) | | | | .83(p<.362) |
| Do not agree/doubtful | 1172 | 64,784 | 35,216 | | 1172 | 77,246 | 22,754 | |
| Agree | 1057 | 73,5745 | 26,426 | | 1057 | 75,925 | 24,075 | |

As the capability variables are not consistently linked to the unmet need variable (All of the Chi2 are not significant), we have done the multivariate analyses with the variable on modern contraceptive use only. The other independent variables have been used as control variables.

## Multivariate analyses

**Table 3: Logistic regression and odd ratios showing the effects of capability variables on modern contraceptive use for married women (n=2229)**

| | Model 1 | Model 2 | Model 3 | Model 4 |
|---|---|---|---|---|
| | OR (95% IC) | OR (95% IC) | OR (95% IC) | OR (95% IC) |
| **will be conflict if delay/stop** | | | | |
| Do not agree/doubtful (ref) | 1 | 1 | 1 | 1 |
| Agree | .82(.63-1.07) | .93(.72-1.22) | .93(.7-1.22) | .92(.7-1.22) |
| **Can decide on another child** | | | | |
| Do not agree/doubtful (ref) | 1 | 1 | 1 | 1 |
| Agree | 1.54(1.13-2.1)** | 1.48(1.09-1.99)* | 1.41(1.03-1.92)* | 1.37(1-1.88)† |
| **Can decide alone on FP** | | | | |
| Do not agree/doubtful (ref) | 1 | 1 | 1 | 1 |

| | | | | |
|---|---|---|---|---|
| Agree | 1.34(1.02-1.76)* | 1.3(1.01-1.68)* | 1.31(1.02-1.69)* | 1.24(.96-1.6)† |
| **will be conflict if use FP** | | | | |
| Do not agree/doubtful (ref) | 1 | 1 | 1 | 1 |
| Agree | .66(.49-.89)** | .7(.52-.96)* | .74(.55-1.01)† | .75(.54-1.04)† |
| **Place of residence** | | | | |
| Urban (ref) | 1 | | 1 | 1 |
| Rural | .58(.45-.74)*** | .(.-.) | .93(.73-1.19) | .87(.67-1.14) |
| **Education** | | | | |
| No education (ref) | 1 | | 1 | 1 |
| Primary | 1.67(1.16-2.4)** | .(.-.) | 1.47(1.01-2.15)* | 1.53(1.01-2.31)* |
| Secondary & + | 2.65(2.02-3.48)*** | .(.-.) | 2.07(1.54-2.78)*** | 2.65(1.87-3.75)*** |
| **Wealthtertile** | | | | |
| Lowest (ref) | 1 | | 1 | 1 |
| Middle | 1.27(.95-1.68) | .(.-.) | 1.21(.9-1.62) | 1.23(.9-1.67) |
| Highest | 1.9(1.4-2.57)*** | .(.-.) | 1.35(.95-1.91)† | 1.44(1.02-2.05)* |
| **Age** | | | | |
| 15-24 (ref) | 1 | | | 1 |
| 25-39 | 1.43(1.15-1.78)** | .(.-.) | .(.-.) | .94(.71-1.24) |
| 40-49 | .85(.6-1.22) | .(.-.) | .(.-.) | .52(.35-.78)** |
| **Number of children** | | | | |
| No child (ref) | 1 | | | 1 |
| One to three | 15.99(5.65-45.25)*** | .(.-.) | .(.-.) | 15.74(5.5-45.1)*** |
| Four or + | 16.15(5.8-44.98)*** | .(.-.) | .(.-.) | 27.62(9.52-80.13)*** |

The model 1 concerns the crude effects. The model 2 added the capability variables. The model 3 added the socioeconomic variables, and the model 4 added the demographic variable. All the models are weighted. Signification : †p < 0,10; *p < 0,05; **p < 0,01; ***p < 0,001.

## Bibliography


ICPD. (1994). International Conference on Population and Development- ICPD- Programme of Action. 5-13 September 1994.

INSD, I. (2012). International : Enquête Démographique et de Santé et à Indicateurs Multiples du Burkina Faso 2010. Calverton, Maryland, USA: Institut National de la Statistique et de la Démographie (INSD) and ICF International.

Machiyama, K., Casterline, J. B., Mumah, J. N., Huda, F. A., Obare, F., Odwe, G., … Cleland, J. (2017). Reasons for unmet need for family planning, with attention to the measurement of fertility preferences : Protocol for a multi-site cohort study. Reproductive health, 14(1), 23.

Ministère de la santé. (2017). Plan National d'Accélération de Planification Familiale du Burkina Faso 2017-2020.

PMA2020/BURKINA FASO. (2017). Résumé des principaux indicateurs en planification familiale pour la 4ème vague de collecte. Consulté à l'adresse https://pma2020.org/sites/default/files/BFR4-EN-FP-Brief-v3-2017-03-17_0.pdf