Contraceptive Use In Uganda: Do Women Contracept Less In War-Affected Regions?

Abstract

Evidence is sparse on the contraceptive behaviour among war-affected population in Uganda. This study examines whether women contracept less in war affected regions of Uganda. Using 2011 Uganda Demographic and Health Survey (UDHS) data, logistic regression analysis was performed on 8663 women of reproductive ages and results were presented as odds ratios and 95% confidence interval. Findings indicate a significantly higher odds of using contraceptives for women in the non-conflict regions of the country compared to women in the conflict regions (OR:1.16,CI:1.02-1.32,p<0.05). After adjusting for the effects of number of living children, findings indicate that odds of using contraceptives were 21% significantly higher for women in the non-conflict regions compared to women in the conflict regions (OR:1.21,CI:1.06-1.38,p<0.05). This study underscores the need to promote and foster peaceful co-existence in Uganda, and perhaps other parts of sub-Saharan Africa, if efforts to achieve increased contraceptive use would yield the expected results.

Extended Abstract

Background

While some parts of Uganda have been characterised with peaceful co-existent, Eastern and Northern regions have experienced civil war for well over two decades. As a result, demographic outcomes such as fertility and mortality levels have varied widely across various regions of the country. For instance, while total fertility rate (TFR) at national level in Uganda currently stands at 6.2, TFR for Kampala region is 3.8 as against 7.5 in Eastern and Northern regions – i.e. the two regions with conflict in the country (UBS & ICF Macro, 2012). Similarly, while under-five mortality remain substantially high in the two conflict regions. Replacement fertility hypothesis posits that fertility will remain high as long as under-five mortality is high because of the couples' decision to replace deceased children. Hence, we hypothesize that women will contracept less in conflict regions.

Main Question

There is no consensus on what the trend in fertility level and contraceptive use (among the displaced persons in war-affected communities) is likely to be (McGinn, 2000). Hence, this paper aims to examine whether contraceptive use significantly differ between conflict regions and non-conflict regions in Uganda.

Data Source and Methods

This study draws on 2011 Uganda Demographic and Health Survey (UDHS) data. Samples for the survey (i.e. men aged 15-59 and women 15-49 years) were selected using a multistage sampling technique. The present study analysed information on women aged 15-49 to examine the contraceptive behaviour of women in the conflict and non-conflict regions of the country. The outcome variable in this study is contraceptive use coded as '0' i.e. currently using no method, and '1' i.e. currently using any method. We used region of residence as the primary explanatory variable to examine whether contraceptive use significantly differ between conflict and non-conflict regions. We also adjusted for the effects of other important independent variables such as number of living children, wealth index, education, place of residence, religion, respondent's age, occupation, marital status and others. Univariate, bivariate and multivariate analysis were conducted. At the multivariate level of analysis, we employed logistic regression to examine the relationship between the outcome variable and the selected independent variables. Measures of association between the outcome variable and explanatory variables were expressed as odds ratios (OR) and 95% level of confidence interval (CI). Data were analysed using Stata (version 11.2).

Results/Key findings

Results from the unadjusted logistic regression model revealed a significantly higher odds of using contraceptives for women in the non-conflict regions of the country compared to women in the conflict regions (OR: 1.16, CI: 1.02-1.32, p<0.05). After adjusting for the effects of number of living children covariate, the findings indicate that odds of using contraceptives were 21% significantly higher for women in the non-conflict regions compared to women in the conflict regions (OR: 1.21, CI: 1.06-1.38, p<0.05). As one would expect, women who had more than 3 living children were having almost three-fold higher odds of using contraceptives than women who had less than 3 living children (OR: 2.46, CI: 2.15-2.80, p<0.05). Further adjustments involving other socio-economic variables like education, showed that the odds of using contraceptives remained significantly higher for women in the non-conflict regions than for women in the conflict regions (OR:1.16, CI:1.01-1.32,p<0.05). After further adjustments involving other variables like occupation, wealth index, religion, place of residence and others, the difference between the odds of using contraceptives between the conflict and non-conflict regions became statistically insignificant.

Knowledge Contribution/Conclusion

This paper examined whether women contracept less in war-affected regions of Uganda compared to the regions that have witnessed relative peace in the country. Findings suggest that residence in a conflict region tends to play important role in the decision to use contraceptives. The odds of using contraceptives in the non-conflict regions compared to the

conflict regions slightly increased when adjustments were made for the effects of number of living children. This suggests that living in conflict regions as well as having fewer living children was associated with lower contraceptive use among the respondents. This result seems to support our hypothesis that women in the conflict regions will contracept less, perhaps because of having fewer surviving children.

Although, the significant difference in the odds of using contraceptives between the nonconflict and conflict regions waned after adjustments were made for variables like occupation and wealth index, the study's findings underscore the need to promote and foster peaceful coexistence in Uganda, and perhaps other parts of sub-Saharan Africa, if efforts to achieve increased contraceptives use would yield the expected results.