

How many women are abstaining or having infrequent sex in Sub-Saharan Africa? Implications for family planning targets

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Background

With roughly one in four married women ages 15-49 not using contraception while not wanting a birth in the next two years, Sub-Saharan Africa has the highest unmet need for family planning in the world. Unmet need is measured at 26.3% in Eastern Africa, 26.1% in Middle Africa, 25.4% in Western Africa and 13.7% in Southern Africa (Alkema et al. 2013). In the region as a whole, only 17% of married women of reproductive age who want to avoid a pregnancy are using a modern contraceptive method (Bradley et al. 2012). These indicators are currently in the spotlight, as the international community has pledged to provide access to family planning to 120 million additional women in 69 of the world's poorest countries by 2020, many of them in Sub-Saharan Africa (London Family Planning Summit 2012). As national family planning programs in many of these countries undergo a massive reshaping, it is becoming increasingly clear that not all unmet need is created equal. Rather, across disparate cultural and socioeconomic contexts, different types of unmet need call for different types of programmatic action (Casterline and Sinding 2000, Darroch et al. 2011).

Several recent studies have pointed to extended abstinence or infrequent sexual activity as a major cause of unmet need among married women in Sub-Saharan Africa (Darroch et al. 2011, Machiyama and Cleland 2013, Rossier et al. 2013a). 17% of married women in Ghana, for example, reported infrequent sex as a reason for non-use of family planning (Machiyama and Cleland 2013). According to the unmet need algorithm, women who have infrequent sexual intercourse are included in the pool of married women at risk of an unintended pregnancy (Bradley et al. 2012). While the resulting overestimation of unmet need is likely to be modest in many regions of the world, the situation may be quite different in Sub-Saharan Africa. First, the continent's tradition of extended post-partum abstinence, though declining, is still prevalent in many West African countries (Benefo 1995, Desgrées du Lou and Brou 2005). But beyond postpartum abstinence, many analysts seem to have overlooked the possibility that a non-negligible proportion of married women experience long periods of abstinence or infrequent sexual activity due to migration that separates them from their partners. In a region where migration flows are sustained and conjugal bonds remain weak, long intervals of spousal separation may be common and viewed as a normal part of life.

It is well established in the literature that a substantial portion of unmarried women of reproductive age in Sub-Saharan Africa are protected from unintended pregnancies by a delayed entry into sexual activity; their proportion remained stable between 1993 and 2001 (Cleland and Ali 2006). Abstaining women are not included in the current "unmet need" indicator for unmarried women which is concerned only with sexually active women (defined as women who had sexual intercourse in the previous 30 days) (Bradley et al. 2012). The unmet need indicator also does not take into account the fact that many unmarried women have infrequent sex. In fact, secondary abstinence (not having had sex in the last year) among the never-married has been shown to be more common in Sub-Saharan Africa than in other regions of the world (Khan et al. 2008). Cleland and Ali (2006) showed that the proportion of single women who did not have sex in the last three months rose between 1993 and 2001 in 18 Sub

Saharan countries. Infrequent sex is a common compromise on the continent, where social expectations of chastity for young women mix with new aspirations for romance and a sexual life before marriage (Johnson-Hanks 2002, Rossier et al. 2013b).

The first goal of this paper is to measure the proportion and number of married women with unmet need for family planning who are abstaining or have infrequent sex in Sub-Saharan Africa, and to determine the variations in these numbers across countries and subgroups of women. The second goal is to measure the proportion and number of unmarried women who are abstaining or have infrequent sex in Sub-Saharan Africa, along with those who are having regular sexual activity (and are currently considered in the unmet need algorithm); we will explore variations in these figures across countries and subgroups of women. Altogether, our paper will provide a methodology to calculate the size of the entire group of married and unmarried women who are abstaining or engaging in infrequent sex along other categories of unmet need.

This tool will help decision-makers visualize the entire group of women in need of family planning services, and will help them target different subgroups with programs adapted to their life circumstances. Indeed, most family planning providers and advocates would argue that married women who abstain (and are not using contraception) do have an unmet need for family planning, as depicted rightly by the unmet need indicator. Even if these women are not expecting to engage in sexual relations in the short or medium term, they are likely to do so at some point, often unexpectedly. However, hormonal methods may not always be the best fit for these women. Programs promoting condom use, negotiation skills, and emergency contraception may be better suited for married women who undergo long periods of abstinence.

The same can be said of the large group of unmarried young people of reproductive age who are abstaining or have infrequent sex. Because most young women start their sexual life unexpectedly and unprotected on the continent (Biddlecom et al. 2007), single women who abstain or have infrequent sex constitute an important target for reproductive health program promoting methods adapted to their life circumstances. Our approach will help make their needs visible, among those of other women of reproductive ages.

Data and methods

We will use the MEASURE Demographic and Health Surveys (DHS) conducted in Sub-Saharan Africa since 2005. For countries with multiple surveys, we will use the most recent one, providing a total of 30 surveys. In the first phase of the analysis, we will focus on married women, and use the revised version of the unmet need indicator (Bradley et al. 2012). To measure infrequent sex among married women, we will use the question on time since last sexual intercourse. We will test different thresholds to define "infrequent sex" (time since last sex: one year, six months, three months, etc.) We will examine the overlap between women having infrequent sex and women who are abstaining after a birth; we will check to what extent abstaining women have husbands who are absent from the list of household members. We will then describe women's sexual behaviors across the different categories of the unmet need variable ("no need, infertile", "no need, wants a child," "contraceptive use," "unmet need for family planning"). Among women with an unmet need, we will examine how the "reasons not to use a method" vary with the frequency of sexual intercourse (one reason women can cite being "infrequent sex"). We will discuss the pertinence of using "reason not to use" compared to the behavioral variable to define infrequent sex as a cause of unmet need. We will examine all these patterns across subgroups of women (ethnicity, socioeconomic status, place of residence), both within countries and across countries. We will summarize the emerging trends and patterns in a series of contingency tables,

grouping categories as appropriate. A series of graphs will highlight the main patterns.

For unmarried young women, we will depart from the current "unmet need" indicator (which considers on unmarried women who had sexual intercourse in the previous 30 days). We will include all unmarried women in the analysis, just as we do for married women. We will create a "never had sex" category for the unmarried. We will then define the other categories of the unmet need variable ("want a child", "infertile", "contraceptive use", "unmet need infrequent sex", "unmet need frequent sex") as we did for the married. We will examine differences in unmet need, abstinence and infrequent sex across subgroups of unmarried women within countries (ethnicity, socioeconomic status, place of residence) and across countries, and display the results using graphs and tables.

This approach to the "unmet need" of unmarried women overcomes to some extent a major difficulty in this field of research: the underreporting of sexual activity among unmarried women. Indeed, the two categories "never had sex" and "unmet need infrequent sex" will be considered as belonging to the same programmatic target group (those who need to be reached with condoms, emergency contraception, negotiation skills). Also, our approach makes it possible to compare unmarried to married women and to treat both groups and their family planning needs equally (relatively to their size). An important critic of the unmet need indicator concerns indeed its tendency to leave the family planning needs of unmarried women on the roadside. We will be able to end the paper with an appraisal of the overall proportion and number of women (married or not) concerned by abstinence and infrequent sex in Sub-Saharan Africa, who are being counted (or not) at the moment as having an unmet need for family planning.

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