

D-R-A-F-T EXTENDED ABSTRACT

Child wanted and when? Fertility intentions, wantedness and child survival in rural northern Ghana: evidence from longitudinal surveillance data

Ayaga A. Bawah¹, Cornelius Debuur², Patrick Asuming³, James F. Phillips⁴

Significance/background

Most demographic and health surveys interview respondents about the wantedness children. Women who have had children before are asked if they wanted any more children while those who have never had a child, are asked if they would want to have any more children in the future. Also, women who have had a child before and responded that they did not want to have any more children in the future, are asked if at the time they had their previous birth they wanted to become pregnant at the time they did or would have preferred earlier or later. Such questions are often asked to get a sense of the fertility desires of women and to gauge future direction of fertility so as to guide the design and implementation of family planning and child survival programs (Debuur and Bawah 2002). Results from analyses of such data led to conclusions that many women are not using family planning despite their stated desires to stop or delay childbearing, a phenomena known as unmet need (Bongaarts, 1991; Bankole and Westoff 1995; Becker 1999; Casterline et al. 2003).

Research question

Are children born to women who indicated that they did not want to have a child at the time they did, or did not want any more children at all in the future, have higher risk of mortality compared to those who were wanted at the time of pregnancy? The assumption that children who are wanted will have better survival chances because their mothers would not only have been in a better psychological frame of mind to have them but, may also have planned financially to raise them.

Methodology

This paper links cross-sectional responses on wantedness to longitudinal data on births and deaths of children subsequently born to women. A total of 11 cross sectional panel surveys compiled over the 1993 to 2003 period are linked to longitudinal survival data of children born to women following these survey interviews. Data were compiled in rural northern Ghana where child mortality remains high despite recent declines, contraceptive use was very low in the 1990s, unmet need for family planning was high and pervasive. Most demand for contraception among non-users of family planning was attributed to the desire to space childbearing.

Proportional hazard models are estimated to determine if children born to women who indicated that they did not want to have a child at the time they did, or did not want any more children at all in the future, have higher risk of mortality relative to children who were wanted at the time of pregnancy. This analysis is premised on the supposition that children who are unwanted are at higher risk of death, either because familial relative adversity is an underlying cause of

¹ Mailman School of Public Health, Columbia University, NY 10032, New York, USA

² Navrongo Health Research Centre, Ghana Health Service, P. O. Box 114, Navrongo, Ghana

³ Mailman School of Public Health, Columbia University, NY 10032, New York, USA

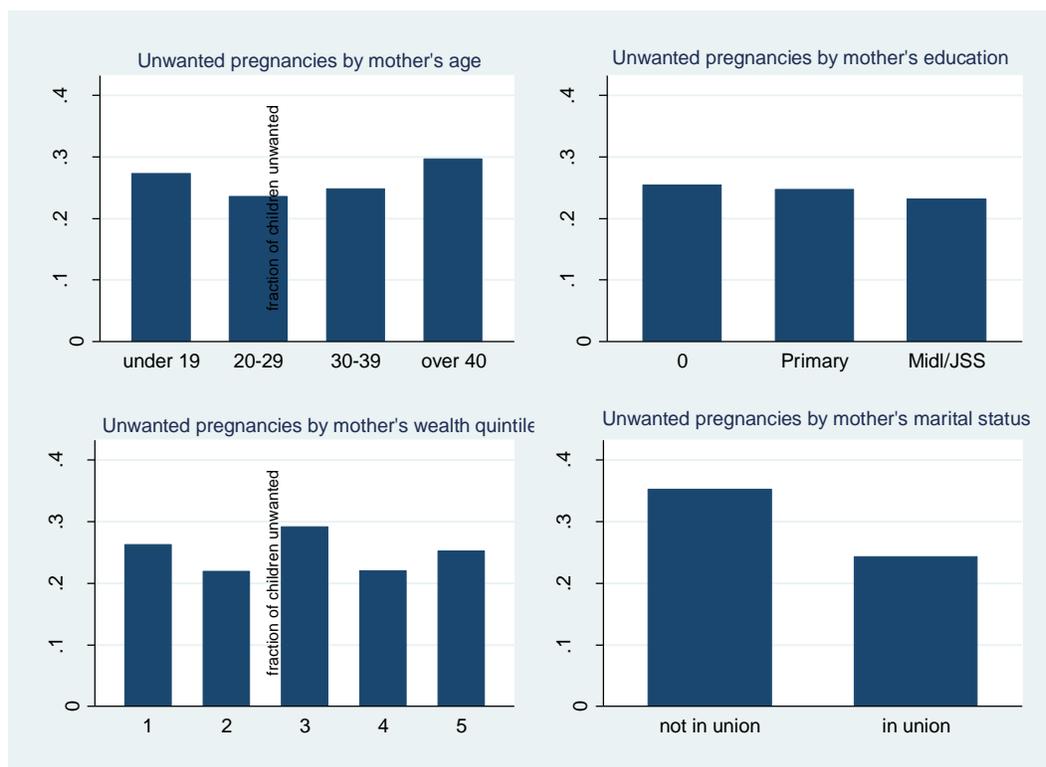
⁴ Mailman School of Public Health, Columbia University, NY 10032, New York, USA

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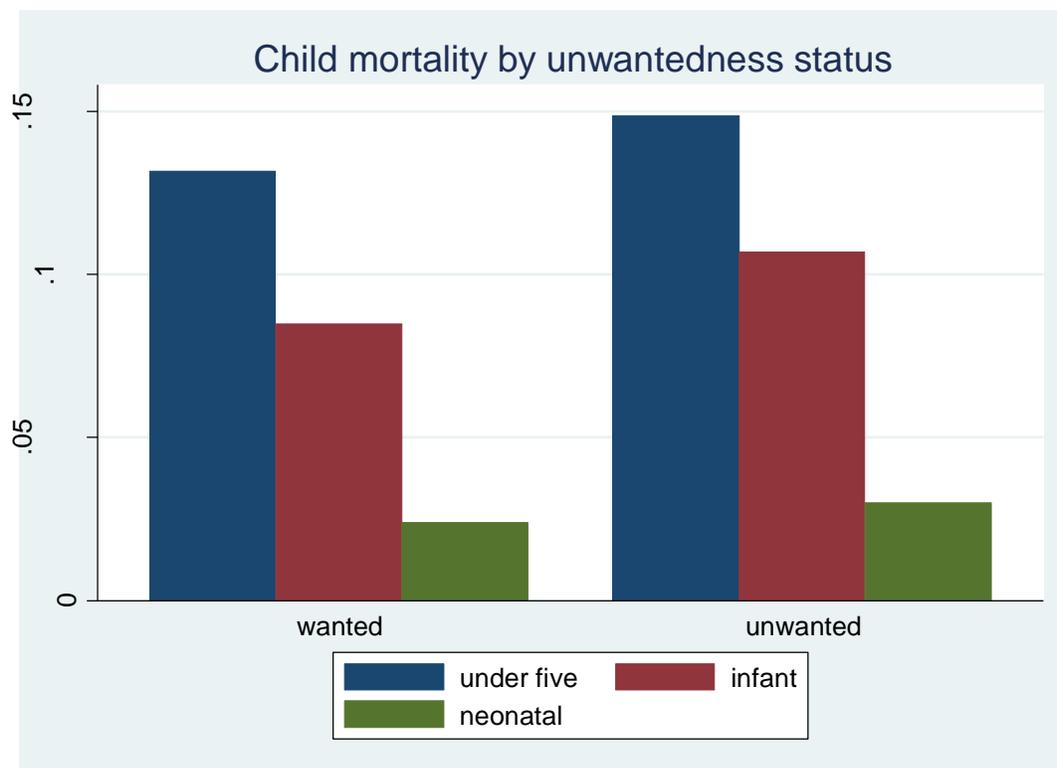
unwantedness or because mothers who do not want children born to them experience psychological, social, or monetary costs of childbearing that adversely impact on their children.

Results/key results

Preliminary analysis of the last panel survey show that contraceptive prevalence rate for modern methods was only 14.68 percent with a high level of unmet need for family planning. Eighty-six percent (86%) of all women interviewed who indicated an interest in spacing childbirth reported that they were not using any method of family to achieve that desire suggesting that if such women were to get pregnant at that time children born to such pregnancies would have been mistimed. Also, 22.7 percent of all women interviewed indicated that they did not want to have any more children, again suggesting that if such women were to get pregnant such children would be unwanted. Hazard models show that the relative risk of death is significantly elevated among children who were unwanted, relative to corresponding risks among wanted children.



D-R-A-F-T EXTENDED ABSTRACT



VARIABLES	(1) Under five	(2) infant	(3) Neonatal
Child is unwanted	1.110 (0.139)	1.231 (0.184)	1.235 (0.359)
Age group: 20-29	1.266 (0.426)	1.275 (0.517)	1.092 (0.812)
Age group: 30-39	1.181 (0.418)	1.128 (0.496)	0.990 (0.697)
Age group: 40 more	1.513 (0.545)	1.376 (0.603)	1.333 (1.014)
Child is male	1.001 (0.121)	0.966 (0.132)	1.287 (0.334)
CHFP: cell 1	0.814 (0.240)	0.883 (0.349)	1.326 (1.684)
CHFP: cell 2	0.968 (0.213)	1.055 (0.259)	2.701* (1.592)
CHFP: cell 3	0.744* (0.130)	0.835 (0.166)	1.560 (0.606)
Mother has primary educ.	0.680** (0.115)	0.701* (0.142)	1.049 (0.365)
Mother has at least secondary educ.	0.381** (0.152)	0.262** (0.141)	1.000 (0.000)
Married	0.786	0.722	0.561

D-R-A-F-T EXTENDED ABSTRACT

	(0.195)	(0.200)	(0.243)
Wealth quintile: Poorer	1.128	1.250	1.211
	(0.349)	(0.451)	(0.779)
Wealth quintile: Middle	0.997	1.140	0.733
	(0.348)	(0.470)	(0.567)
Wealth quintile: Richer	1.216	1.375	1.170
	(0.297)	(0.387)	(0.542)
Wealth quintile: Richest	0.909	1.027	0.731
	(0.217)	(0.288)	(0.398)
Religion: Christian	0.780*	0.680**	0.776
	(0.109)	(0.126)	(0.242)
Religion: Muslim	0.701	0.793	1.388
	(0.231)	(0.308)	(1.085)
Ethnic: Nankam	0.895	1.133	2.397*
	(0.173)	(0.251)	(1.109)
Ethnic: Bulsa	0.558*	0.508*	1.048
	(0.169)	(0.193)	(0.625)
Constant	0.237***	0.130***	0.020***
	(0.104)	(0.069)	(0.017)
Observations	2,187	2,187	2,016

Notes: Robust standard errors in parentheses. Age group is mother's age at the birth of the child. Omitted category of age group is 10-19 years. Omitted category for mother's education is those with no education. Omitted category of wealth is the poorest wealth quintile. Omitted category the original CHFP cell assignment is the regular (control) cell.

*** p<0.01, ** p<0.05, * p<0.1

Knowledge contribution

Results suggest that childhood survival would be enhanced if family planning use could be expanded and unwanted fertility reduced. The high level of unwanted fertility could be reduced if the latent demand arising out of the high level of unmet need could be mopped.

References

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D-R-A-F-T EXTENDED ABSTRACT

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