

1. Importance/context

In Benin, social norms legitimized the subordination of women give men more power than they, as far as sex is concerned. Tradition and culture continue to be a burden for women in the use of maternal and reproductive health services including the use of contraceptives and the achievement of their reproductive intentions. Despite a good knowledge of modern contraceptives (82%) and surveys revealing that a growing number of Beninese want fewer children, the level of use of modern contraceptives remains very low.

According to the Benin Demographic and Health Survey (INSAE, 2013), the percentage of women using contraceptives is 14%. Regarding future use, 25% of women who did not use contraception said they intended to use one in the future and 54% said they did not intend to use one in the future.

Studies examining the influence of women's sexual autonomy on their current and future use of contraception are very rare, especially in Benin. There is therefore a fundamental need for research on how women's sexual autonomy affects their current and future use of contraceptives.

2. Contribution to knowledge

For a long time, many studies have used variables such as education, economic activity, women's participation in decision-making in the household to measure women's autonomy in general and their influence on the use of current contraception among women in sub-Saharan Africa. The present study complements previous studies, the importance of women's sexual and reproductive autonomy in the current and future use of contraceptive methods.

Addressing the sexual and reproductive autonomy of women in union in Benin is therefore essential to improve the different lines of intervention of family planning, significantly reduce the high number of unmet need for contraception and the number of unwanted pregnancies.

3. Research question or main hypothesis

The present study aims to examine the influence of the sexual autonomy of women in union on the current and future use of contraceptive methods in Benin. The research question that arises is **how do the sexual autonomy of Beninese women influence their current and future use of contraceptive methods?** It assumes that regardless of the place of residence,

the lack of sexual autonomy of women in union constitutes a major obstacle to the current and future use of contraceptive methods in Benin.

4. Methodology (location, study design, source of data, time period, sample size, analytical approach)

➤ Data

The data used are from the DHS conducted in Benin in 2011-2012 and concern 11680 women in union and aged 15-49 (4832 women in urban areas and 6848 in rural areas).

➤ Dependent variable

The variable of interest is the current and future use of contraceptives of women. It was measured from the following questions:

(1) Are you currently doing anything or are you using a contraceptive method to delay or prevent pregnancy?

(2) Do you think that at some point in the future you will use a contraceptive method to delay or prevent pregnancy?

An indicator taking into account these two questions was created and recoded in three modalities (i): uses a current method, (ii): wants to use a method later (iii): does not want to use a method in the future.

➤ Main independent variables

Sexual and reproductive autonomy refer to the role of women in decisions about when and how sex was practiced. This autonomy also includes the idea that women should have the freedom to decide on their sexual relations. In order to build this indicator, we used the following questions that were asked of women:

Husband and wife do not always agree on everything. Please tell me if you think it is legitimate for a woman to refuse to have sex with her husband when:

- Does she know that her husband has a sexually transmitted infection?

-She knows that her husband has sex with women other than his wives?

-He refuses to put the condom she asks him to put?

-She recently gave birth?

- She is tired or not in the mood for that?

- Can you deny your husband to have sex with you when you do not want to have sex with you?

-Can you ask your husband to use a condom if you want him to use one?

-If a woman knows that her husband has an illness that she can contract during sex, do you think it is justified that she asks him to use condoms when they have sex? ?

➤ **Analytical approach**

The descriptive (Chi-square test) and explanatory (multinomial logistic regressions) methods were used with stratification according to urban and rural and national levels.

5. Key findings / conclusions

The results showed that 15% of women used contraception at the time of the survey in urban areas compared with 11.5% in rural areas. In contrast, 22% and 21% of those who did not use it intend to use it later in rural and urban areas respectively. Finally, more than 60% do not use and do not intend to use it in the future regardless of the place of residence. Women who have a high degree of sexual autonomy regarding the demand for condom use during sexual intercourse and the refusal of sex use more contraception and intend to use it in the future than women who have no sexual autonomy (more than 20% for high sexual autonomy against less than 10% for no sexual autonomy).

Regardless of place of residence, sexual / reproductive autonomy and contraceptive use are strongly associated with the 1% threshold. Women who have a high sexual autonomy (higher sexual autonomy) regarding the woman's refusal to have sex with her spouse in any situation and the request to her spouse to wear a condom during sex have more than chance to use contraceptive methods not only current but also and especially in the future.

Compared to non-use of contraceptives, women with high sexual autonomy regarding refusal of sex and demand for condom use are 1.54 and 1.35 times more likely to use contraception than having no sexual autonomy. Similarly, they are respectively 1.36 and 1.52 times more likely to use contraception in the future.

Other covariates such as women's education, economic activity, number of living children, desire for additional children, length of marriage, age, and spouse preference are associated with current use and future contraceptives.

These findings suggest that to achieve universal access to reproductive health services, including Family Planning in Benin, and to fully benefit from opening windows of opportunities for capturing the demographic dividend, future interventions must aim to reduce disparities sexual empowerment, to help women achieve their reproductive goals in both urban and rural settings.