Union Formalization and Contraceptive Use in Southern Malawi

Monica Grant, Kirsten Stoebenau, and Isabel Pike

Abstract

Many studies have examined how young women's contraceptive use varies by marital or parity status. Less frequent, however, are studies that consider how variations in marital practice, in particular the degree of *union formality*, translate into differences in reproductive behavior. In this paper, we use data from the Malawi Schooling and Adolescent Study (MSAS) to examine the association between union formality and contraceptive use for a sample of married women aged 20-23 years old. The MSAS collected data from two districts in southern Malawi, predominantly matrilineal communities where bridewealth is not exchanged. Unions are formalized by the involvement of *ankhoswe*, or further solemnized by traditional or religious ceremonies. Preliminary analyses indicate that women with religious ceremonies have significantly lower modern contraceptive use than women in less formal unions.

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Introduction

Many studies have examined how young women's contraceptive use varies by marital or parity status (Cleland et al. 2006; Blanc et al. 2009; Hounton et al. 2015; Radovich et al. 2018; MacQuarrie 2014; Gebreselassie et al 2017; Behrman et al Forthcoming). **Less frequent, however, are studies that consider how variations in marital practice, in particular the degree of *union formality*, translate into differences in reproductive behavior**. This is a significant oversight, however, given longstanding recognition of marriage as a process, cultural variation in marital practices, and the extent to which marital practices are undergoing rapid social change; all of which may differentially influence family formation practices. **In this study, we address whether union formality influences contraceptive use among young women**. Given that the timing and number of children women have at younger ages carries important implications for their family size, and related social, economic and health consequences, it is important to understand how early union characteristics influence reproductive behavior at these ages.

Background

Demographic studies across sub-Saharan Africa have demonstrated that marriage is a complicated social process with substantial intercultural variation (Bledsoe 1990; Bledsoe and Pison 1994; Johnson-Hanks 2006; Meekers 1992). Not only do unions differ in the temporal ordering of sexual initiation, cohabitation, and ceremony, but the practices of union formalization such as the payment of bridewealth, the celebration of traditional or religious ceremonies, and the official recognition of unions through tribal custom also vary across and within cultures (Meekers 1992).

In addition to cultural variation, significant social changes to marriage have occurred including shifts from more to less formal unions (Calvès 2016; Hunter 2010; Shapiro and Gebreselassie 2013; Silberschmidt 1999) and a growing emphasis on the conjugal bond between partners (Parikh 2007, 2016, Smith 2001, 2007). In some settings, the rising cost of bridewealth has led to forms of marriage that forgo bridewealth, or delays in entry into marriage as bridewealth is accumulated (Hetherington 1990; Hunter 2010; Sennott et al. 2016). The emphasis on companionate marriage has led to a rise in elopement and a change in the sequence of formalization processes, including ceremonies to introduce kin. In addition to these formalization processes, others include initiating cohabitation, and religious ceremonies alongside other cultural markers. Finally, childbearing is also intricately linked to union formation. While childbearing has long been considered as a step in the union formation process in certain cultural groups in Western and Central Africa (Bledsoe and Pison 1994; Johnson-Hanks 2002); even among groups for whom premarital fertility was or remains heavily socially sanctioned, it may serve to catalyze some formalization of the union (Bingenheimer and Stoebenau 2016).

A limited body of research has considered the relationship between union formalization and fertility outcomes. Evidence suggests that women in more formal and stable unions have lower fertility than women in de facto or unstable unions (Lambert and Rossi 2016; Sembajwe 1979) need more refs here). These differences by union formalization status have been attributed to factors such as lower reproductive autonomy for women as bridewealth payments become more complete (Dodoo, Horne, and Biney 2014), higher ages at marriage/cohabitation (Isiugo-abanihe 1995), or women's efforts to bear sons in uncertain unions to ensure claims to the patrilineage (Lambert and Rossi 2016). We know less, however, about how variation in the formality of a union might impact on contraceptive use or how these associations operate in marriage systems that do not rely on bridewealth payments. Such an understanding can assist in further tailoring family planning and STI prevention programming to needs of women and men in different relationships over the life course.

Study Setting

In this paper, we use data from the Malawi Schooling and Adolescent Study (MSAS) to examine the association between union formality and contraceptive use for a sample of married women aged 20-23 years old. Our study is located in southern Malawi, where most ethnic groups are matrilineal and bridewealth is not typically exchanged. In this region of Malawi, all cohabiting unions are recognized as marriages. Non-formalized cohabiting unions are often the product of elopements and have relatively low levels of family support (Bertrand-Dansereau and Clark 2016). The most basic formalization involves the mediation of the *ankhoswe*, representatives from the families of the husband and wife who recognize and negotiate the terms of the marriage (Chimango 1977; Phiri 1983). Other couples will further formalize their marriage with a traditional ceremony, a religious ceremony, or both.

Conceptual Pathways

Although the data from Western and Central Africa suggest a positive association between union formality and fertility, this may not be true in all contexts. In patrilineal societies, bridewealth not only formalizes the union but also decreases reproductive autonomy among women (Dodoo et al. 2014; Horne and Dodoo 2013). Women in matrilineal societies may retain more reproductive autonomy (Schatz 2003) relative to patrilineal societies. Nonetheless, we would still expect more formal unions to have lower levels of contraceptive use under certain conditions.

In societies that value children, where women's identities are attached to motherhood and childbearing prior to formalizing a union is not heavily socially sanctioned, we might expect childless women in less formal unions to be less likely to use contraception in order to prove their fertility or provide children to bolster their relationship with their partner, kin, and enhance their position in the community. Producing children could be a means by which a relationship is strengthened; controlling for the length of the relationship and parity *we might expect less formal relationships to have lower levels of contraceptive use*.

Alternatively, for women (and men) who subscribe to and can uphold (either Muslim or Judeo-Christian) ideals of establishing a formal union prior to any childbearing, we may expect lower levels of contraceptive use once the formal marriage takes place. Therefore, *we might expect*

lower levels of contraceptive use among formal and religiously married women who did not have a child with that marital partner prior to marriage.

In addition to these hypothesized associations with union formality, we expect that *contraceptive use will be parity-responsive regardless of marriage type/formality*.

Data and Methods

This paper will analyze data from the Malawi Schooling and Adolescent Study (MSAS). The MSAS followed a cohort of youth from 2007 until 2013. Respondents were reinterviewed annually, with the exception of 2012 when fieldwork was cancelled due to economic and political uncertainty in Malawi. The original sample consisted of 2,650 youth aged 14-17 years old. Two-thirds of respondents were sampled from 59 primary schools in Balaka and Machinga districts in southern Malawi; schools were selected by a probability-proportional-to-size sampling mechanism. The remaining respondents were out of school at the time of the original sample; these individuals were selected from the catchment areas of the sampled primary schools. Out of school respondents were identified as head teachers and key informants as youth who had recently left the sampled schools. Characteristics of the out of school sample are comparable to those of similar youth in the 2010 Malawi Demographic and Health Survey.

In this analysis, we focus on data from the 2013 survey round, when 89 percent of the original sample of women were re-interviewed. Our analytic sample is restricted to women who were currently married, using local definitions that recognize all cohabiting unions as marriages. In 2013, 75 percent of women were currently married. Thirty-three women are excluded due to pregnancy at the time of the survey, yielding an analytic sample of 849 women.

Our dependent variable is modern contraceptive use in 2013. Respondents were asked whether they or their partner were currently using any method to delay or avoid pregnancy. Women who reported using any method were then asked to identify their primary method type. From these questions, we constructed a variable of whether the respondent reported using modern contraception. Sixty-three percent of women reporting using any form of contraception, and 95 percent of contraceptive users reported a modern method.

Our key independent variable is union formality. We operationalize union formality with four categories: elopement, ankhoswe, traditional ceremony, religious ceremony, defined by the most formal component reported by the respondent.

In addition to union formality, we will also include a set of control variables. These will include basic socio-demographic measures, such as age, educational attainment, household wealth, and ethnicity. We will also include other marriage- and fertility-related measures such as time since first marriage, union order, and parity. Additional models will include indicators for whether the respondent had a premarital birth, the number of births with the current partner, and fertility intentions.

We will use logit regression to examine modern contraceptive use in 2013. All models will include robust standard errors adjusted for sampled school clusters. Our base model will include union formality and the socio-demographic controls. Subsequent models will sequentially add

the marriage- and fertility-related indicators. In addition to these models, we will also use multinomial logit regressions to examine whether type of contraception varies by union formality.

Preliminary results

Table 1 shows the distribution of union formality and contraceptive use. Forty-six percent of currently married women reported a traditional ceremony, the most common type of union. Unions formalized by the *ankhoswe* were the second most common type of union (22.5%). Fifteen percent of women reported a religious ceremony and seven percent reported an elopement with no union formalization. Finally, eight percent of women did not respond to the questions about union formalization status.

Almost 60 percent of currently married women were using modern contraception at the time of the survey. Chi-squared tests indicate a significant difference in modern contraceptive use across categories of union formality. Half of young women with a religious ceremony reported using modern contraception, in contrast to almost 63 percent of women who had a traditional ceremony, 61 percent of women with *ankhoswe*-mediated unions, and 65 percent of women who eloped.

Discussion and Conclusion

Although ethnographic research has documented variation in union formalization practices across setting and increasing heterogeneity in marriage practices over time, demographers rarely capture these distinctions and their influence on reproductive behaviors, trajectories or outcomes. The results from this study will further our understanding of these patterns, and will inform both further research and programmatic efforts at the intersection of nuptiality and reproductive health.

Table 1. Descriptive statistics, currently married women aged 20-23 years old, MSAS 2013

	Distribution	**Modern contraceptive use**	**N**
Elopement	**7.4**	**65.1**	**63**
Ankhoswe	**22.5**	**60.7**	**191**
Traditional ceremony	**46.4**	**62.7**	**394**
Religious ceremony	**15.2**	**50.4**	**129**
Unknown	**8.5**	**50**	**72**
Total	**100**	**59.5**	**849**

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