

Contraceptive use and unmet need among women in polygynous marriages

Abstract

Using DHS data from seven countries with a relatively high prevalence of polygyny, this study assesses contraceptive practices and unmet need among polygynous unions and their differences with monogamous unions. Preliminary findings indicate overall, women in polygynous marriages are less likely to use a contraceptive method than women in monogamous marriages after controlling for covariates. The two groups have a similar method mix, which suggests the primacy of the service environment in influencing choice of method. In general, women in polygynous marriages have a lower level of unmet need, especially unmet need for limiting than monogamous women. A larger proportion of women in polygynous unions have no need for contraception. Results on trends of contraceptive use and unmet need are forthcoming.

Extended abstract

Polygyny is commonly practiced in many sub-Saharan African countries. Understanding the contraceptive behavior and unmet need in polygynous couples is important to addressing the issue of high fertility and low contraceptive prevalence in the region. Couples in polygynous unions may have different decision-making processes and spousal communication than monogamous couples, which may impact their fertility preferences and their ability to effectively use contraception (Baschieri et al. 2013; Bove and Valeggia 2009). Only a few studies have looked contraceptive practices among women in polygynous marriages and very little has done on unmet need among this group. Baschieri et al found Malawian women in polygynous unions had a lower level of contraceptive use than their monogamous counterparts, and there was a higher incidence of covert use (2013). Women in polygynous marriages are believed to want more children because of the competition with other wives, therefore are less likely to use contraception. A study in Nigeria, however found that women in polygynous marriages were more likely to use contraception than those in monogamous marriages. However, certain factors such as older age, having more female children, or having no male children were associated with not using contraception among women in polygynous marriages (Audu et al. 2008). In Ghana and Kenya, research has shown that polygynous women are more able than their monogamous counterparts to effectively implement their desires for lower fertility, because they have weaker relational ties and more frequent separation from their husbands (Dodoo 1998).

Using nationally representative data from multiple countries in sub-Saharan Africa, this study seeks to assess contraceptive practices and unmet need among women in polygynous unions and their differences with those in monogamous unions.

Data and methods

The study used data from Demographic and Health Surveys (DHS) in seven sub-Saharan African countries: Cameroon, Congo Democratic Republic, Cote d'Ivoire, Nigeria, Sierra Leone, Mozambique, and Tanzania. Table 1 lists the countries included in this study and the prevalence of polygyny based on the country's most recent DHS survey. The prevalence of polygyny ranges from 18% in Tanzania (2015-16) to 35% in Sierra Leone (2013). Polygyny is more common in West African countries than in the other African countries studied. For example, 33% of married women in Nigeria (2013) and 35% in Sierra Leone (2013) reported having one or more co-wives.

We describe the socioeconomic profiles of women in polygynous marriages in terms of their age, educational attainment, household wealth, employment status, and urban rural residence. We assess the current levels and trends of contraceptive use and unmet need among women in polygynous marriages. Comparisons are made with women in monogamous unions. We use regressions models to quantify the over-time changes in contraceptive use and unmet need and differences between the two union groups after adjusting for other covariates. Complex survey design is accounted for in the estimation.

Preliminary results

Examining background characteristics of women in polygynous unions, we found that compared with women married monogamously, women in polygynous marriages tend to be older, with more children, less educated, from poorer households, and living in rural areas. The two groups share a similar pattern of employment status. Figure 1 shows contraceptive prevalence for both polygynously and monogamously married women who were sexually active in last month in each of the seven countries. The overall contraceptive prevalence among polygynous women ranges from 8% in Nigeria to 32% in Tanzania, which is lower than among monogamous women in any of the countries. The greatest difference between the two groups is in Cameroon and Nigeria. In both countries, the percentage of women in polygynous marriages who use contraception is only half of that among women in monogamous marriages.

Figure 2 shows comparisons of the modern contraceptive method mix by marriage type. In the studied countries as a whole, method mix among women in polygynous marriages is similar to that of women in monogamous marriages. For example, both groups in Central African countries reported common use of condoms and injectables. Pills and injectables are popular in both groups in other five African countries. In some countries, however, condom use is less common among polygynous women. For example, in Cameroon, 39% of modern method users in polygynous marriages reported condom use compared with 54% of those in monogamous marriages.

As Figure 3 shows, unmet need for limiting among polygynous women is lower than that among monogamous women. The percentages of women with no need for family planning differ between the two groups. Overall, a higher percentage of women in polygynous marriages have no need for contraception compared with those in monogamous marriages. The difference between the two groups is 10 percentage points or more in Cameroon, Congo Democratic Republic, Cote d'Ivoire, and Nigeria. Consequently, a lower percentage of women in polygynous marriages have an unmet need.

Logistic regression models were fitted to assess if contraceptive use is different between women in polygynous marriages and those in monogamous marriages after controlling for age, number of living children, education, household wealth, employment status, and urban-rural residence. Figure 4 plots the odds ratios and 95% confidence intervals of polygyny compared with monogamy from regressions of any contraceptive method use. In six of the seven countries – Nigeria, Tanzania, Cote d'Ivoire, Cameroon, Congo Democratic Republic, Sierra Leone- women in polygynous marriages are significantly less likely to use a contraceptive method. The odds ratio is lowest in Tanzania, at 0.59 (95% CI: 0.51-0.68), which means that women in polygynous unions have 51% lower odds of using any contraceptive method than women in monogamous unions after controlling for background characteristics. For modern contraceptive use, Figure 5 indicates the difference associated with marriage type remains significant in three countries: Tanzania (OR=0.67, 95% CI: 0.56-0.81), Nigeria (OR=0.74, 95% CI: 0.63-0.87), and Sierra Leone (OR=0.76, 95% CI: 0.64-0.90). These numbers indicate the odds of using a modern method is 24% to 33% lower among polygynous women compared with monogamous women.

Regressions of unmet need and trend analyses are yet to be completed.

Preliminary conclusions

Data on polygyny collected in DHS surveys provide an opportunity to further examine family planning practices among women in polygynous marriages and to compare them with monogamous marriages. Polygyny is commonly practiced in Central African and Western African countries. Overall, women in polygynous marriages are less likely to use a contraceptive method compared with women in monogamous marriages. This association remains in most of the countries even after controlling for background characteristics. This finding agrees with other studies in Nigeria (Audu et al. 2008) and Malawi (Baschieri et al. 2013). When looking at modern contraceptive use, however, the significant association with the type of marriage is found in fewer countries. Women's use of a modern method requires access to family planning services and to a range of methods. The two groups also have a similar method mix, which may suggest the primacy of the service environment in influencing choice of contraceptive method. Women in polygynous marriages have a lower level of unmet need for limiting compared with monogamous women. A larger proportion of women married polygynously have no need for contraception compared with monogamous women possibly because that women in polygynous marriages want more children due to the competition with other wives (Bove and Vaeleggia 2008).

References

- Audu, B., S. Yahya, A. Geidam, H. Abdussalam, I. Takai, and O. Kyari. 2008. "Polygamy and the Use of Contraceptives." *International Journal of Gynecology & Obstetrics* 101(1):88-92.
- Baschieri, A., J. Cleland, S. Floyd, A. Dube, A. Msona, A. Molesworth, J. R. Glynn, and N. French. 2013. "Reproductive Preferences and Contraceptive Use: A Comparison of Monogamous and Polygamous Couples in Northern Malawi." *Journal of Biosocial Science* 45(2):145-66.
- Becker, S., and E. Costenbader. 2001. "Husbands' and Wives' Reports of Contraceptive Use." *Studies in Family Planning* 32(2):111-129.
- Bove, R., and C. Vaeleggia. 2009. "Polygyny and Women's Health in Sub-Saharan Africa." *Social Science & Medicine* 68(1):21-29.
- Dodoo, F. N.- A. 1998. "Marriage Type and Reproductive Decisions: A Comparative Study in Sub-Saharan Africa." *Journal of Marriage and the Family* 60(1):232.

Table 1 Countries and DHS surveys included in the analysis

Country	Survey year	Prevalence of polygyny
Central Africa		
Cameroon	2011	25%
Congo Democratic Republic	2013-14	22%
Cote d'Ivoire	2011-12	28%
Nigeria	2013	33%
Sierra Leone	2013	35%
Mozambique	2011	20%
Tanzania	2015-16	18%

Figure 1 Contraceptive prevalence among sexually active currently married women, by marriage type

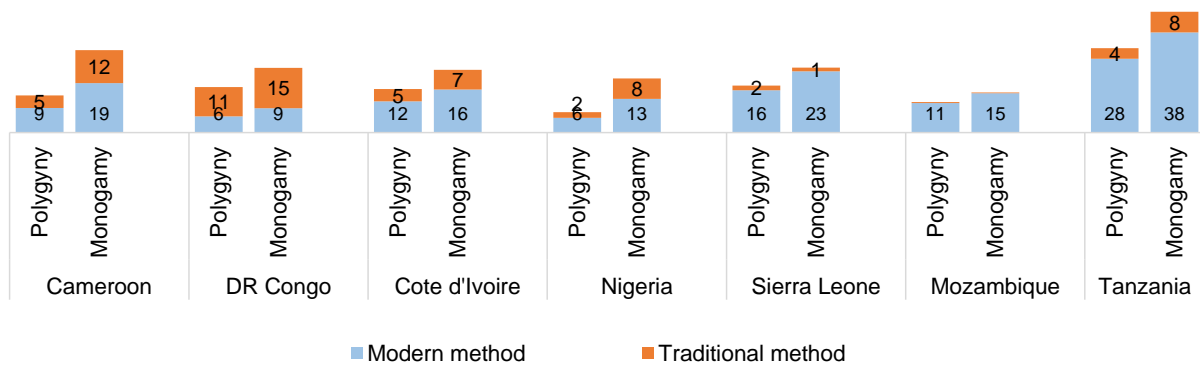


Figure 2 Method mix among sexually active currently married women who use modern contraception, by marriage type

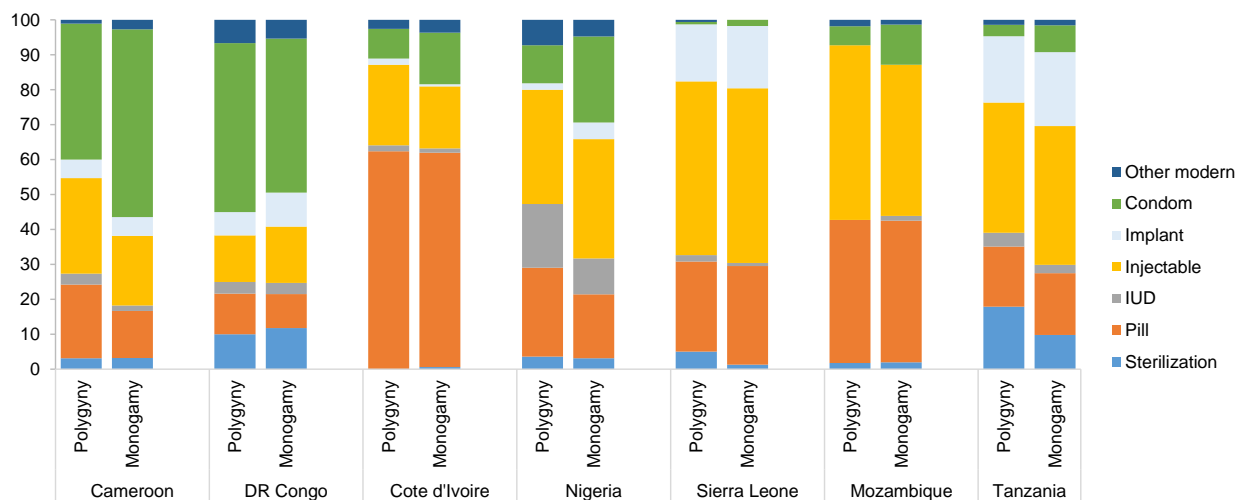


Figure 3 Percent distribution of sexually active currently married women according to the status of unmet need for family planning, by marriage type

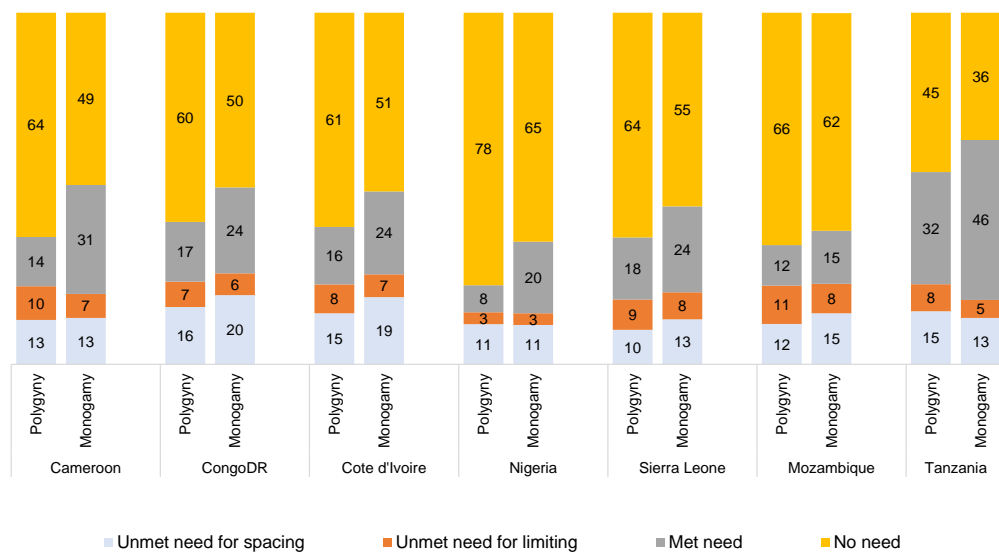


Figure 4 Odds ratios of polygyny compared with monogamy from multivariable regressions of any contraceptive use

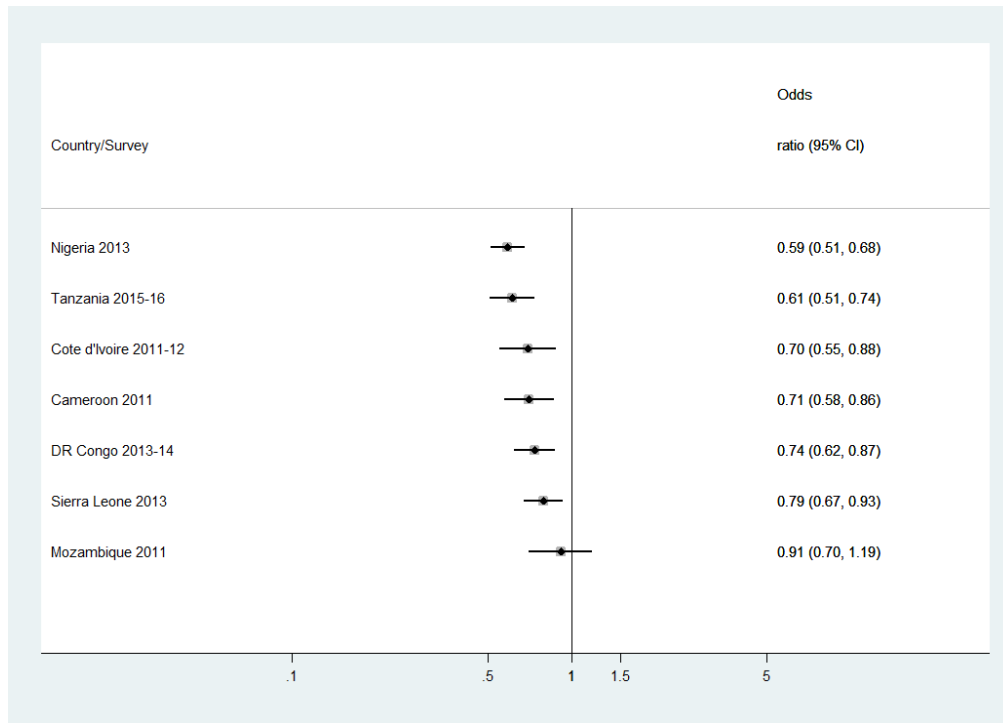


Figure 5 Odds ratios of polygyny compared with monogamy from multivariable regressions of modern contraceptive use

