Contraceptive use in urban sub-Saharan Africa: Recent trends and differentials

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Background [1]

- SSA’s fertility decline from 8 children per woman in the mid 1970s to around 5 by the mid 1990s
- CPR increased rapidly as women began wanting fewer children
- These positive trends however came to a halt in the late 1990s
- Unmet need for contraception remains high as FP funding continues to become scarce
Background [2]

- Low CPR and high unmet need:
  - Increased unintended pregnancies
  - Increased maternal, infant and child morbidity and mortality
  - Progress toward most MDG targets
- Urban areas projected to be home to more than half of the region’s population in the next decade
- Intra-urban inequities in RH outcomes between the poor and the rich
Objectives

- Describe trends in contraception use in urban areas of 3 sub-Saharan African countries
- Examine how these trends vary between the poor and the non-poor
Data & Methods [1]

- DHS data from 3 countries where a major 5-year URH program is being implemented with funding from the Gates Foundation
- Women aged 15-49 from
  - Nigeria (1990, 1999, 2003);
- Dependent variable: Current use of modern contraception
Data & Methods [2]

- **Key Predictors**
  - Survey period defined as 1 (1990-93), 2 (1997-99) and 3 (2003-05)
  - Household wealth recalculated based on the urban sample
- **Controls:** Women’s education, Work status, age, parity, type of union and religion
- **Methods:** 2-level logistic regressions to account for the possible correlation
CPR: Levels & Trends

Survey 1  Survey 2  Survey 3

All countries  Kenya  Nigeria  Senegal
CPR Levels & Trends by Wealth

All Countries

Kenya

MLE

Nigeria

Senegal
Conclusion

- Stalled trends in the use of contraception in urban areas of the studied countries
- Poor-rich gaps in the use of modern contraception are high in the studied countries (5-fold, 3-fold and 2-fold in urban Nigeria, Senegal and Kenya)
- Tended to:
  - Narrow in urban Senegal
  - Widen in urban Nigeria
  - Remained unchanged in Kenya
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Thank You