

An examination of the high rate of traditional contraceptive method use in the Democratic Republic of Congo: Adaptation in a post-conflict setting?

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Background

The Democratic Republic of Congo (DRC) only recently emerged from a decade of conflict (1996-2004) that devastated the country's health system, including family planning (FP) programs. Recovery has been slow: according to the 2013-14 Demographic and Health Survey (DHS), the DRC has among the world's highest TFR (6.8) and lowest modern contraceptive use (7.8%). Somewhat puzzlingly, it also has one of the highest rates of traditional method use and an unusually high ratio of traditional to modern method use.

Women using traditional methods are generally considered have their FP needs met, despite the lower efficacy of traditional methods (Steiner et al. 2011). Despite increased attention to the "unmet need for modern contraception" (Sing&Dannooh 2012), most influential FP literature still reports CPRs for *any* method (traditional and modern) (e.g., WHO World Health Statistics 2010). This has important implications: it may overstate the degree to which contraceptive needs are met, and underestimate unmet need if many women are using traditional methods out of necessity, not preference. There is no conclusive evidence on why traditional methods are dominant in the DRC, and this paper is the first to disentangle patterns of modern/ traditional method use in light of the aftermath of prolonged conflict.

We hypothesize that the DRC has an unusually high ratio of traditional to modern method use and that this unique pattern can be explained in part by the post-conflict setting of the DRC, if family planning uptake and method choice following a period of prolonged conflict are different from those in times of peace. More specifically, we suspect that the current high rate of traditional method use is thus due in part to substitution or transitions to traditional methods due to the decreased availability of many modern methods in many parts of the country following the conflict.

The relationship between post-conflict settings and traditional method use that has not been adequately addressed in the FP literature to date. While much attention has been given to the DRC's low modern contraceptive prevalence rate, very little attention has been given to the country's remarkably high traditional method use. Our preliminary findings suggest that this unique pattern in the DRC and neighboring RoC may be related to the difficulty of accessing FP products and services in post-conflict settings, rather than a preference for traditional methods or hesitancy/resistance to use modern contraceptive methods.

Rather than reflecting a persistent demand for high fertility in the DRC (Romaniuk 2011), the recent increase in TFR (from 6.6 in 2007 to 6.8 in 2013-14) could instead be a result of high use of less effective traditional methods among Congolese women who would prefer to use modern contraceptive methods if given the choice. This could explain in part how the DRC's TFR and CPR (all methods) both rose between the 2007 and 2013-14 DHS. In fact, the DRC's unmet need for modern methods (which

includes traditional method users) is among the highest for all sub-Saharan Africa countries. Our findings may have implications for family planning programs in the DRC: current traditional method users in the DRC may in fact offer an opportunity for FP efforts to increase overall modern CPR, these women can be identified and targeted for transitioning to more reliable modern contraceptive methods.

Data and Methods

We use data from the few studies on family planning prior the mid-1990s in the DRC (Bertrand et al. 2014, UNFPA 2007) for general estimates of contraceptive use prior to the conflict (aprox. 15%) and compare these to estimates from the same period from neighboring countries (e.g. Cameroon, Angola, Tanzania). For current patterns of contraceptive use, we use data on all women aged 15-49 from the 2007 ($n=9,995$) and 2013-14 ($n=18,827$) DHS carried out in the DRC; here again we compare data on modern mix patterns with other countries in the region from the same period to determine if there is a unique pattern of use in the DRC. More detailed data (part of a several-country family planning study on method choice and preference among women in two areas of the DRC, Kinshasa and Bas Congo, will also be incorporated into the study if permission to use the data is granted (as planned).

We run descriptive analyses to compare user profiles and use logistic regression to explore the relationship between current use of traditional methods (main outcome of interest) and previous modern method use in the 2007 DHS. Particular attention will be given to accurate knowledge of the fertile cycle and frequency of sex in relation to method choice between modern and traditional users. We again perform the same analysis for neighboring countries to discern if the DRC shows a unique pattern compared to other countries that share similar population profiles (and in some cases have also experienced recent periods of unrest). As the more recent 2013-14 DHS does not include data on previous use of contraception by method type, we will explore other approaches for examining the relationship between previous contraceptive use and current contraceptive method use type.

Preliminary Results

The DRC has among the highest rate of traditional method use (12.7% in 2007 and 10.2% in 2013-14) of all SSA countries. In the period since 2005, only the neighboring Republic of Congo (RoC) in 2005, which also experienced prolonged unrest related to the DRC conflict, has a higher TCPR (Table 1). Only two other countries show greater traditional than modern current methods use: Rwanda 2000 (also post-conflict) and Benin 2006. Contrary to our hypothesis, the DRC and RoC (now grouped together) have not the highest but the *lowest* ratio of previous modern to current traditional use. Closer inspection shows this may reflect the very high use of traditional methods and low ever-use of modern methods – for which the DRC and RoC are again outliers.

More detailed analysis from the OLS regression does in fact show a unique association the previous modern/current traditional method use for the DRC. Women who previously used a modern method were 3% more likely than women who previously used no method to currently use a traditional method ($p<.03$). Although this is lower than the association between previous and current traditional use (15%, $p<.01$), it is substantially higher than for other countries and is positive, in contrast to the general negative relationship found in other countries. Next analysis steps include a systematic cross-

country comparison, to determine if the pattern in the DRC/RoC resembles other post-conflict settings and to investigating differences in user profiles and preferences among current traditional and modern users, and the incorporation of qualitative data from the DRC on previous and current method use and choice motivations.

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