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Maternal and Child Nutrition and Health Results Project

Technical Brief: The Gambia

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Health, Nutrition, and Population Global Practice

Impact Evaluation Baseline Report: Fertility and Family Planning

Key Messages

- In The Gambia, the total fertility rate (TFR) was 5.6 births per woman in 2013 with Central River Region (CRR), Upper River Region (URR) and North Bank Region (NBR) having the highest TFRs (Gambia Bureau of Statistics 2014).
- In this survey, an average of 12 percent of women reported using modern contraceptives: 4 percent in URR, 10 percent in CRR, and 27 percent in NBR-West (NBR-W).
- With substantial regional variation, 40 percent of women did not approve of family planning.
- Use of modern family planning for birth spacing was much more acceptable to women than using it for limiting the number of children.
- Less than 13 percent of women reported being the main decision maker regarding contraceptive use and 40 percent reported that the decision was shared by herself and her partner as a couple.
- Across all three regions, community members voiced strong opinions that family planning services should only be used by married women.
- General availability of family planning supplies was extremely high across all regions and methods, but high stockout rates were also reported, suggesting interruptions in the supply chain.

Introduction

The government of The Gambia is implementing the Maternal and Child Nutrition and Health Results Project (MCNHRP) to increase the use of community nutrition and primary maternal and child health services. In collaboration with the government, the World Bank is conducting an impact evaluation to assess the project's impact on key aspects of maternal and child nutrition and health.

The MCNHRP baseline evaluation was conducted between November 2014 and February 2015. Quantitative and qualitative data were collected on three regions: CRR, NBR-W, and URR. Its purpose was to establish a baseline against which project performance will be assessed in the future. This technical brief summarizes the baseline report findings related to fertility and the use of family planning.

This series of policy briefs was produced in direct response to a request from the government of The Gambia to share the findings of the Maternal and Child Nutrition and Health Results Project Impact Evaluation Baseline Survey.

This brief was prepared by a core team comprising Laura Ferguson (Principal Investigator, University of Southern California), Rifat Hasan (co-Principal Investigator, Health Specialist, World Bank), and Alexandra Nicholson based on the Impact Evaluation Baseline Report produced by Laura Ferguson, Rifat Hasan, Guenther Fink, Yaya Jallow, and Chantelle Boudreaux. The Impact Evaluation Baseline Report benefited from substantial inputs from The Gambia Bureau of Statistics, Mariama Dibba, Halimatou Bah, Momodou Conteh, Sering Fye, Alexandra Nicholson, Hannah Thomas, and Steven Strozza. The team benefited from the general guidance of Vera Songwe (former Country Director), Louise Cord (Country Director), and Trina Haque (Health, Nutrition, and Population Practice Manager). Helpful comments were received from the Project Implementation Committee led by Modou Cheyassin Phall (Executive Director, The Gambia National Nutrition Agency) and comprised of Haddy Badjie, Abdou Aziz Ceesay, Ousman Ceesay, Modou Lamin Darboe, Malang Fofana, Catherine Gibba, Bakary Jallow, Musa Loum, Lamin Njie, and Matty Njie, and Menno Mulder-Sibanda (Senior Nutrition Specialist, World Bank). The work was made possible by support from the Health Results Innovation Trust Fund.

Figure 1. Use of Family Planning, by Region

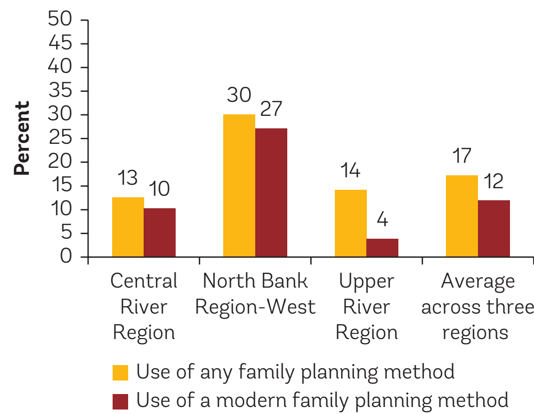
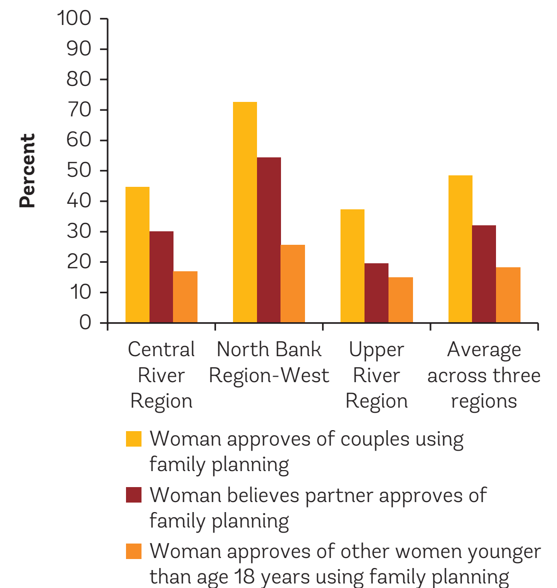


Figure 2. Cultural Acceptability of Family Planning, by Region



Fertility

In The Gambia, the TFR was 5.6 births per woman in 2013: 4.7 in urban areas and 6.8 in rural areas. CRR, URR, and NBR have the highest fertility rates in the country (Gambia Bureau of Statistics 2014). The same regions also have the highest levels of teenage childbearing, especially CRR and URR. Childbearing begins early with 15 percent of adolescent girls ages 15–19 years nationwide already mothers or pregnant with their first child.

Family Planning Uptake

12%

of women use modern contraceptives

Overall, the use of modern contraceptives was low; across the three regions, approximately 12 percent of women reported using modern contraceptives with large variations (figure 1). By far, the most common modern method was the injectable (Depo), used by 50 percent of women using family planning, followed by the oral contraceptive pill used by 15 percent.

URR had particularly low uptake, where only 4 percent of women reported using modern contraceptives, but utilization rates were higher in NBR-W (27 percent). Use of modern contraception was higher among women in higher wealth quintiles compared to poorer women.

Many women, particularly in URR, reported using traditional methods to delay pregnancy. Reliance on breastfeeding to prevent or delay pregnancy was particularly common in URR, where it was the dominant family planning method for this reason.

"With the injection, when I started menstruating, the blood did not stop coming and that is not good for a Muslim."
– Female community member, URR

Reasons for Not Using Family Planning

Cultural Acceptability of Family Planning

40%

of women did not approve of family planning

Approval of family planning was generally low with 40 percent of women not approving. Approval was highest in NBR-W and lowest in URR. There was a large difference in the approval of family planning by literacy: while nearly 60 percent of literate women approved of using family planning methods, only 45 percent of nonliterate women approved of their use. Nearly half of women reported being in favor of family planning use *to prevent a pregnancy*, but only one-third of women reported thinking that their partners were in favor of using family planning (figure 2).

Across all three regions, but especially in CRR and URR, community members voiced strong opinions that family planning should only be used by married women. Only 18 percent of women approved of women under the age of 18 using family planning, with variation by region and literacy. Unmarried women said that it was difficult for them to seek contraceptives because of prevailing social attitudes in this area.

A suggested potential justification for contraceptive use was shame associated with pregnancy and childbearing out of wedlock, or with becoming pregnant again while still breastfeeding a previous child.

Method Preference and Side Effects

A strong perceived association between modern contraceptives and severe side effects may constitute a barrier to uptake. Although Depo was a preferred method of modern family planning, a striking number of women reported side effects from this injectable contraceptive, which led to discontinuation. Women also reported high levels of side effects from oral contraceptive pills.

Accessibility

Lack of knowledge on how to access services can present a fundamental barrier to health care utilization, including family planning services. While knowledge of where to access contraceptives was high in NBR-W and URR, nearly 20 percent of women in CRR reported not knowing where to get contraceptives. Lower proportions of women in the lowest socioeconomic quintile and women living further from health facilities reported knowing where to access family planning commodities.

Availability

Availability of family planning supplies was extremely high with the exception of the intrauterine contraceptive device, which was not widely available. Despite the generally high availability of supplies, there was also a high prevalence of stockouts of family planning commodities for at least one day in the 30 days before the survey. This gap suggests that regular interruptions in the supply chain occur. Stockouts were particularly frequently reported for Depo (96 percent of health facilities), oral contraception (92 percent), and the contraceptive implant (Jadelle) (92 percent) (figure 3). In focus group discussions, women suggested that making contraceptive supplies available in the community in addition to health facilities would improve accessibility.

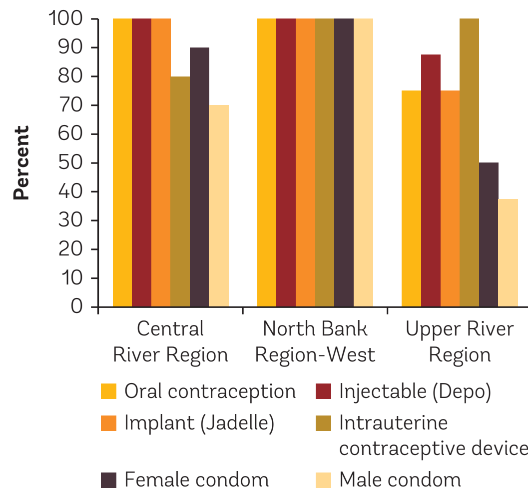
Lack of available financing to train health workers was cited as a limitation to the provision of family planning.

Fertility Desires, Intentions, and Decision Making

Across all three regions, expressed desired fertility was high with both male and female respondents stating that women should have at least six children and some suggesting that more than six children was ideal. This reflects the particularly high TFR in these three regions. A stated preference for sons was given as a reason for women to keep having children if they only had female children.

In the survey, 71 percent of pregnant women reported that their current pregnancy was desired at that time, while 28 percent of respondents would have preferred their pregnancy to have happened later. Only 1 percent of women who were pregnant at the time of the survey did not want to ever be pregnant again.

Figure 3. Stockouts of Family Planning Supplies for at Least 1 Day in the Past 30 Days, by Region



Among pregnant women, it was more common in URR for the woman to have wanted the pregnancy at that time. Mistimed pregnancies were more common in CRR and NBR-W, with 30 percent and 34 percent of women in these regions, respectively, reporting that the pregnancy was mistimed.

Overall, less than 13 percent of women reported being the main decision maker regarding family planning use, and 40 percent reported that the decision was shared by herself and her partner as a couple. Nearly one in four women reported that their partner had primary control over whether they used contraceptives to prevent or delay pregnancy.

In one instance, a group of men in a community of "Jahankas" (a branch of the Mandinka ethnic group) in CRR joked about the very high fertility rate among their ethnic group. This high fertility was a source of pride with men stating that they benefit from their wives having many children as some of them will likely prosper.

Many people reported that the number of children they would have was in God's hands, which meant that for them family planning was irrelevant because they felt that it was not for them to decide the number of children they should have.

Reference

Gambia Bureau of Statistics (GBOS) and ICF International. 2014. *The Gambia Demographic and Health Survey 2013*. Banjul, The Gambia, and Rockville, MD: GBOS and ICF International.

"The contraceptive prevalence rate is very low because the service providers are not trained on this and they need equipment to be able to do this."
– Regional Health Directorate member, CRR

"The man decides as he is the one who married the woman. It is his decision to make—the number of children the woman should have."
– Male community member, CRR

Government of The Gambia

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