

Topic: Fertility Trend and Use of Contraception in Zimbabwe

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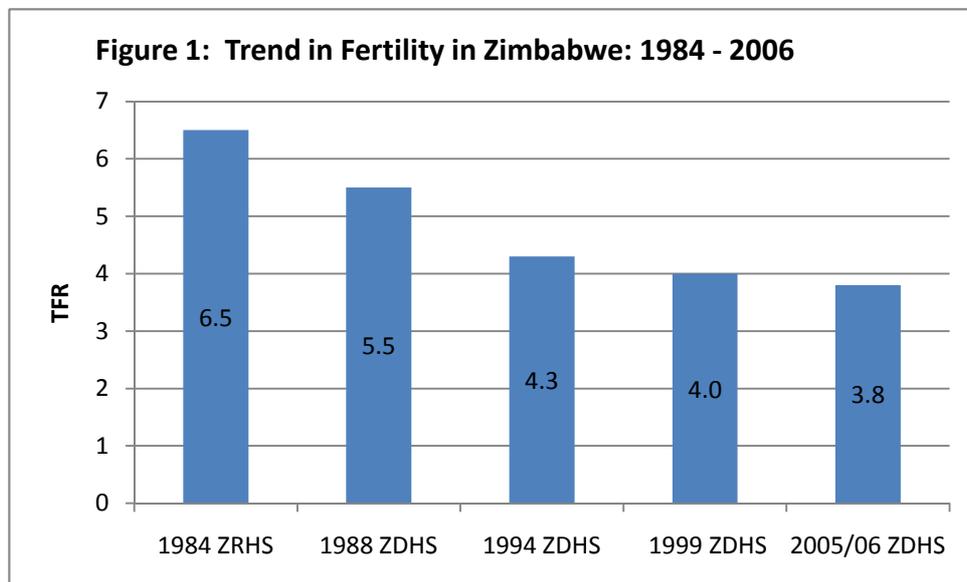
Background: The onset of fertility transition in sub-Saharan Africa began to be documented since early 1990s. However, to date there are more questions than answers on whether the fertility transition is still on track in the region or not and what causes the observed fertility trend. Initially writers on the so called African fertility transition cited Zimbabwe as one of the leaders. For some reasons, Zimbabwe does not feature very much on the current debate. This article is trying to fill-in this gap by examining the fertility transition in Zimbabwe and find out where the country features in the overall debate on African fertility transition.

Objectives: The article presents the trend in and pattern of fertility in Zimbabwe during the post independence period (i.e. 1980 – 2006). The determinants of fertility trend are also analysed and discussed. Two factors known to affect fertility are looked at closely, the family planning programme on one hand and the political and economic crisis on the other. The paper also discusses the future fertility prospects given the new twist on the political situation of the country and some attempts for economic recovery witnessed in the last few years. The specific objectives of the article can be outlined as follows:-

- a) To examine the fertility trend in Zimbabwe;
- b) To investigate the proximate determinants of fertility;
- c) To assess the performance of the family planning programme over the years;
- d) To analyse the socio-economic factors associated with use of modern contraceptives; and
- e) To explore the future fertility decline prospects.

Data and Methods of Analysis: Data used in this article come from the Zimbabwe Demographic and Health Surveys (ZDHS) conducted in 1987/88, 1994, 1999 and 2005/06. In addition to using the tabular and graphical analyses, the proximate determinants of fertility are analysed using the Bongaarts' Model. The factors associated with use of modern contraceptive methods are analysed using the binary logistic regression model.

Preliminary Findings: The fertility trend in Zimbabwe is presented in Figure 1. TFR of Zimbabwe was well over 6 births per woman during independence in 1980. It declined consistently over the years to reach 3.8 in 2005/06.



This does not only show that fertility in Zimbabwe has been declining over the years, but it is one of the lowest national fertility rates in sub-Saharan Africa. This fertility trend is explained mainly by contraceptive usage. The proportion of currently married women aged 15-49 using any contraceptive method was estimated to be 60 percent in 2005/06. This is double the proportion estimated immediately after independence. Surprisingly, contraceptive uptake continued to increase even during the years when Zimbabwe was going through serious economic, social and health challenges. Table 1 presents a summary of the indices computed using the Bongaarts Framework. The table indicates that there is a consistent decline in the index of contraception from 0.58 in 1987/88 to 0.41 in 2005/06, which confirms what is indicated above that use of contraception played a significant role in fertility decline in Zimbabwe. It seems the contribution to fertility decline from other indices

is marginal. The paper suggests that Zimbabwean fertility is still a role model in sub-Saharan Africa.

Table 1: Indices for the proximate determinants of fertility

Survey year	Cm	Cc	Ci
1987/88	0.45	0.58	0.64
1994	0.57	0.53	0.65
1999	0.59	0.47	0.63
2005/06	0.56	0.41	0.65

Source: 1987/88 ZDHS; 1994 ZDHS; 1999 ZDHS and 2005/06 ZDHS

Table 2 presents the factors related to use of modern contraceptives for currently married women in Zimbabwe. Initially, twelve variables were selected from the 2005/06 ZDHS but five were found not to be significant after controlling for other variables. The insignificant variables are type of place of residence, religion, number of unions, partner’s educational level and partner’s occupation. The significant variables include age (as expected, it has a non-linear relationship with use of modern contraceptives) which was mainly used as a control variable. There exist regional differentials on use of modern contraceptives in Zimbabwe. Harare, where the capital city is, has no significant differences compared to Manicaland. However, Bulawayo, where the second largest city is, indicate that currently married women are more likely to use modern contraceptives than Manicaland. Although education, occupation, wealth index, number of dead children and number of living children were found to be significant, the direction of the relationships is not consistent with the literature. This has to be a peculiar situation of Zimbabwe. The implications of these relationships will be unpacked further in the paper.

Table 2: The parsimonious logistic regression model of the factors related to current use of modern contraceptives for currently married women

Variable	Categories	Odds Ratio
Age	-	1.030
Age squared	-	0.999**
Region of residence	Manicaland Mashonaland Central Mashonaland East Mashonaland West Matebeleland North Matebeleland South Midlands Masvingo Harare Bulawayo	Reference category 0.828 1.584** 1.510* 1.293 0.782 0.535** 1.234 1.151 1.354*
Highest Educational Level	No education Primary Secondary Higher	Reference Category 0.260** 0.458** 0.613*
Occupation	Not working Office work Agric-self employed Agric/domestic worker Services/manual	Reference Category 0.736* 0.921 0.893 1.014
Wealth Index	Poorest Poorer Middle Richer Richest	Reference Category 0.351** 0.515** 0.553** 0.849
Number of Dead Children	None 1 2+	Reference Category 1.424* 1.088
Number of Living Children	None 1-2 3-4 5+	Reference Category 0.008** 0.410** 0.767*
Constant	-	12.835

Source: 2005/06 Zimbabwe Demographic and Health Survey

Note: ** Significant at 0.01 level
* Significant at 0.05 level