

Bridewealth and women's contraceptive use in sub-Saharan Africa: does completeness of payment matter?

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Short Abstract

The relationship between bridewealth payment and women's reproductive autonomy has been the subject of investigation for many years in sub-Saharan Africa (SSA). But few studies have examined whether the level of completeness of bridewealth payment is associated with women's use of contraceptives. Efforts to assess this relationship has been hampered by lack of survey data. We address this knowledge gap using recently collected survey data in four SSA countries. We analysed data from a sample of 5,322 women in union who had a desire to postpone or stop childbearing. We found that women in marriages where bridewealth was partially paid or yet to be paid were significantly more likely to use modern contraceptives relative to those in marriages where bridewealth was fully paid. This suggests that complete bridewealth payment limit women's use of modern contraceptives. Therefore, efforts to increase modern contraceptive uptake need to address the curtailing effect of bridewealth.

Extended Abstract

Introduction

Marriage is an important social and cultural phenomenon that shapes fertility and contraceptive use behaviour, particularly in sub-Saharan Africa (SSA) where it is nearly universal (Garenne, 2014; Shapiro & Tesfayi, 2014). Negotiation and payment of bridewealth is a key feature of marriage across SSA. While bridewealth payment has undergone changes overtime, it still involves the exchange of goods such as livestock, clothing, money and household goods from a groom's family to the bride's family in order for the marriage to be formally recognised (Horne, Dodoo & Dodoo, 2013). Bridewealth negotiated between families in a marriage can be completed in a single payment or in instalments overtime (Isiugo-Abanihe, 1995; Horne, Dodoo & Dodoo, 2013). It is established that the purpose of bridewealth in marriage is to compensate a woman's family for the loss of her productive labour, while formalising the transfers of her sexual and reproductive rights to the man's family (Horne, Dodoo & Dodoo, 2013; Chae, Agadjanian & Hayford, 2021). While the level of completeness of bridewealth payment may vary (fully paid, partially paid and none paid yet), couples in a bridewealth transaction are duly recognised and identify themselves as married.

The implication of bridewealth payment for women's contraceptive behaviour has been the subject of investigation in SSA for many years, but findings across studies have not been consistent. While some studies find bridewealth payment to constrain women's contraceptive use (Horne, Dodoo & Dodoo, 2013), others show a positive association between bridewealth payment and contraceptive use (Wojcicki, van der Straten & Padian, 2010). Some studies even find no significant association bridewealth payment and modern contraception (Chae, Agadjanian & Hayford, 2021). It is important to note that previous studies on bridewealth and women's contraceptive behaviour have been small-scale. Efforts

to assess the relationship between bridewealth payment and contraceptive use at national level and across countries in SSA have been hampered by lack of data. Also, very few studies (Horne, Dodoo & Dodoo, 2013), have investigated the effect of different levels of bridewealth payment on contraceptive use among married women in the sub-region.

Using recently collected survey data in four SSA countries (Democratic Republic of Congo, Ghana, Kenya and Nigeria), we examine whether the level of completeness of bridewealth payment is associated with women's use of contraceptive methods.

Data and Methods

The data for this paper emerged from the implementation of the TEAM-UP Project– a project led by the African Institute for Development Policy (AFIDEP) and funded by the Bill and Melinda Gates foundation. For this paper, we analysed data from a sub-sample of 5,322 women in union who had a desire to postpone or stop childbearing. We run two multinomial logistic regression models to examine the relationship between the level of bridewealth payment and contraceptive use. In the first model, we did not adjust for other factors while the second model adjusted for key socio-demographic factors that had the potential to confound the relationship between bridewealth and contraceptive use.

Results

Approximately half (47.1%) of the women in our sample were in marriages where bridewealth payment was complete while 22% of them were in relationships where bridewealth was yet to be paid. Three in ten of the women were in marriages where bridewealth was partially paid. Regarding contraceptive use, 41.4% of the women (who indicated a desire to postpone or stop childbearing) used modern methods while 12.6% of them relied on traditional methods. The results of the unadjusted model (table not shown) shows a significant association between the level of completeness of bridewealth payment and contraceptive use. Specifically, women in marriages where bridewealth was partially paid (RRR=1.69, $p<0.05$) or yet to be paid (RRR=1.66, $p<0.05$) were significantly more likely to use modern contraceptives relative to those in marriages where bridewealth was fully paid. Also, women whose bridewealth was partially paid (RRR=0.66, $p<0.05$) or yet to be paid (RRR=0.70, $p<0.05$) were less likely to use traditional methods compared to those whose bridewealth was fully paid. The results of the adjusted model (table 1), after controlling for possible confounders, shows that the level of bridewealth payment was significant associated with the use of modern contraceptives. As in the unadjusted model, the adjusted model showed that women whose bridewealth was partially paid (RRR=1.29, $p<0.05$) and those whose bridewealth was yet to be paid (RRR=1.24, $p<0.05$) were more likely to use modern methods compared to women whose bridewealth payment was complete. The effect of bridewealth payment on traditional contraceptive use as observed in model I, however, disappeared after controlling for the key socio-demographic factors.

Table 2. Completeness of bridewealth payment and contraceptive use, controlling for key socio-demographic factors

Independent variable	Adjusted model			
	Modern methods vs Not using		Traditional methods vs. Not using	
	RRR	95% CI	RRR	95% CI
Completeness of bridewealth payment				
Complete (ref.)	1.00	–	1.00	–
Partial	1.29**	1.09–1.53	0.90	0.70–1.16
Not paid yet	1.24*	1.03–1.49	1.12	0.85–1.47
Control variables				
Age				
25-39 (ref.)	1.00	–	1.00	–
15-24	0.80*	0.67–0.95	0.69*	0.51–0.92
40-49	0.76**	0.64–0.90	1.01	0.81–1.26
Education				
Secondary (ref.)	1.00	–	1.00	–
No education	0.88	0.67–1.14	0.77	0.52–1.15
Primary	1.07	0.91–1.26	0.67**	0.51–0.88
Tertiary	1.35**	1.11–1.64	1.30*	1.01–1.69
Wealth status				
Richest (ref.)	1.00	–	1.00	–
Poorest	0.71**	0.55–0.92	0.56**	0.37–0.85
Poorer	0.85	0.67–1.07	0.82	0.57–1.19
Middle	0.88	0.73–1.08	0.95	0.72–1.26
Richer	0.96	0.80–1.15	1.27	1.00–1.62
Religious affiliation				
Other Christian (ref.)	1.00	–	1.00	–
Catholic	0.95	0.75–1.21	1.22	0.88–1.68
Protestant	1.08	0.87–1.33	0.76	0.54–1.06
Charismatic	1.22*	1.01–1.47	1.10	0.84–1.43
Islam	0.74**	0.60–0.91	0.91	0.69–1.21
Other	1.68**	1.21–2.33	1.23	0.77–1.98
Place of residence				
Urban (ref.)	1.00	–	1.00	–
Rural	1.09	0.91–1.31	1.57**	1.20–2.06
Peri-urban	1.23*	1.03–1.46	1.24	0.98–1.58
Sex of household head				
Male (ref.)	1.00	–	1.00	–
Female	0.82*	0.70–0.96	0.79	0.62–1.01
Employment				
Unemployed (ref.)	1.00	–	1.00	–
Employed	1.40***	1.23–1.60	1.44***	1.19–1.75
Number of children				
No child (ref.)	1.00	–	1.00	–
1–2 children	0.99	0.84–1.17	0.94	0.73–1.20

Independent variable	Adjusted model			
	Modern methods vs Not using		Traditional methods vs. Not using	
	RRR	95% CI	RRR	95% CI
3–4 children	1.21*	1.01–1.44	1.43**	1.12– 1.84
5+ children	1.23	0.98–1.54	1.02	0.73–1.43
Country				
Nigeria	1.00	–	1.00	–
DRC	0.97	0.78– 1.20	0.94	0.72–1.23
Ghana	1.00	0.80–1.25	0.32	0.22–0.46
Kenya	3.73*	3.06–4.54	0.84	0.63–1.14

Sample size=5,292. RRR=Relative Risk Ratio

Source: TEAM-UP Data, 2022

Conclusion

The finding of this study is consistent with study of Horne, Dodoo & Dodoo (2013) in Ghana, demonstrating that complete payment of bridewealth grant men full control of women’s reproductive autonomy and reduces the uptake of modern contraceptives. This finding has implications on efforts on increase contraceptive use among married women. Family planning programmes need to pay attention to cultural barriers to contraceptive use, especially bridewealth’s effect in constraining modern contraceptive use in marriage.

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