

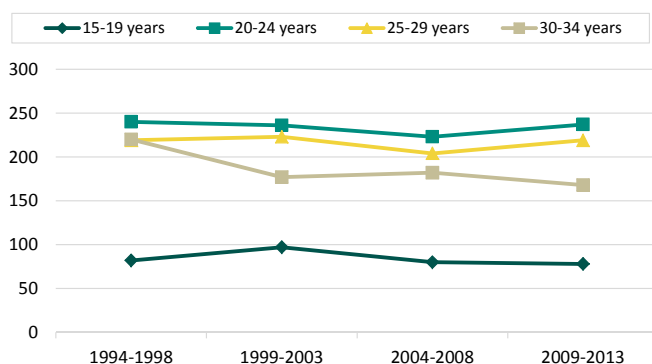


The 2013 Vanuatu DHS results suggest that, on average, a ni-Vanuatu woman will have 4.2 children during her reproductive life, with rural women (4.7) showing a higher total fertility rate than urban women (3.3); fertility is higher (4.8) in the remote rural areas than in villages adjacent to Port Vila and Luganville (4.3), which have easy access to urban services. There are no conclusive variations in terms of educational status of mothers, but marked differences when considering economic circumstances, with women in the lowest wealth quintile (5.5) having on average two children more than women in the highest wealth quintile (2.9). It is also worth noting that teen-age fertility amongst rural women is nearly twice as high (97 births by 1000 women in this age group), as that of young urban women (52).

Trends in age-specific fertility rates

After declining significantly between the 1960s and the late 1980s, fertility rates have remained relatively steady over the past 20 years across major age-groups, with only women in their early thirties showing a decline in fertility (Fig. 1). The survey results indicate a tendency for women in urban areas to have children between the ages of 25 and 34 years, while women in rural areas are more likely to spread out the time they have children between the age ranges of 20 and 34. The slightly delayed childbearing age of women in urban areas may result from women undertaking further education or taking advantage of a greater range of employment opportunities than do women in rural Vanuatu.

Figure 1: Trends in age specific fertility rates



Family planning

Knowledge of contraceptive methods is high in Vanuatu, with 91% of all women and 98% of all men knowing at least one contraception method. More people reported knowing about modern contraception methods than traditional methods, and the most commonly known method was the male condom, with 84% of women and 95% of men reporting that they knew this method.

In contrast to this widespread knowledge, contraceptive use is low, with approximately two out of three women reporting that they have used contraception at some time in their life. Married women are more likely than unmarried women to have used contraception (78%). Men are more likely (73%) than women to have used contraception at some time. The male condom is the most popular male modern method, being used by 58% of all men.

Married ni-Vanuatu men and women expressed a desire to have some control over the number of births they have and the timing of

those births, with 41% of women and men reporting that they do not want another child.

The survey results also highlight that not everyone's family planning needs are being met. Overall, 24% of married ni-Vanuatu women have an unmet need for family planning, with no major contrasts emerging between women in urban (23%) and rural areas. Forty-nine per cent of the total demand for family planning is currently met.

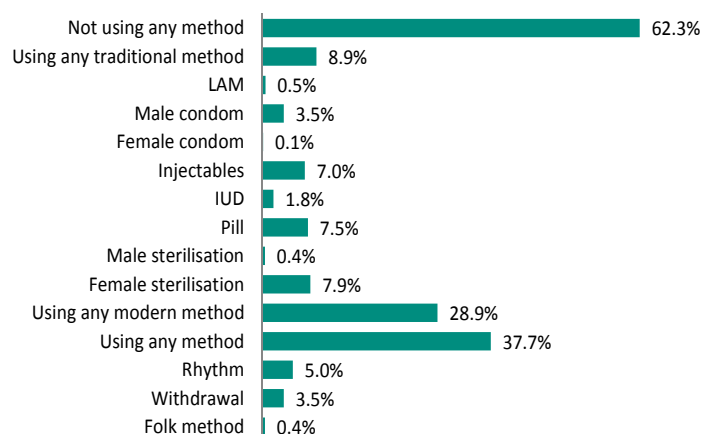
Regarding the notion of an ideal family size, men expressed a desire to have slightly larger families than women, with men's mean ideal number of children being 3.1, compared with 2.6 for women. Both these preferred family sizes are lower than the total fertility rate of 4.2 children per woman. It is perhaps a surprise to some, that one in ten ni-Vanuatu men and women said they wanted no children at all.

Current use of modern contraceptives by women (15-49 years)

The current use of contraception is low in Vanuatu and large families are the norm. Almost three out of ten women reported that they were using contraception at the time of the 2013 Vanuatu DHS (Fig. 2). Women are most likely to use a contraceptive method if they are currently married and aged between 25 and 29 years (54%). The most common method is female sterilisation.

A variation in the use of modern contraceptives is observed between urban (42%) and rural (35%) women, but use varies most noticeably in relation to numbers of children had: 7% of married women with no children, 36% of married women with one or two children, 42% of married women with three or four children, and 40% of women with five or more children. Contraceptive use is less prevalent amongst married women in the lowest wealth quintile (29%) than among women in the higher wealth quintiles, ranging from 32% in the middle quintile to 45% in the fourth quintile.

Figure 2: Current use of contraceptives by women aged 15-49 years



About 16% of women reported that they had used a form of contraception prior to having children. Around 20% of women start using a contraceptive method after they have their first child. The survey results suggest that there is an rise in contraceptive use amongst women, with 14% of women aged 45-49 years using contraception after the birth of their first child compared with more than 24% of women aged 20-24 years. Younger women have never used any form of contraception, with more than one in three



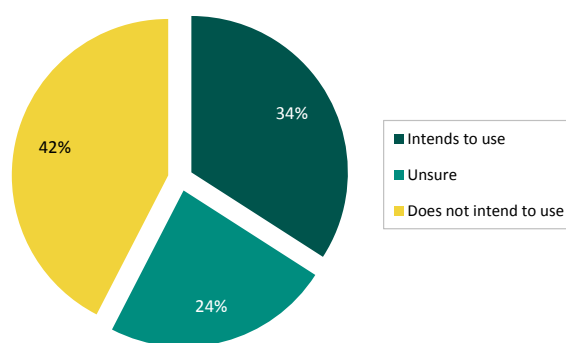
women aged 20–24 years reporting that they have never used a contraceptive method. Female sterilisation is one of the most common forms of contraception used by ni-Vanuatu women. The median age for sterilisation is 31 years.

The majority of people using contraception obtain it from the public sector, mainly from government hospitals (55%), health centres (25%) and family planning clinics (4%). Respondents indicated that contraceptives are generally available free of charge.

Intended future use of contraception

Over 40% of women in Vanuatu not currently using contraception do not intend to start using contraception in the future (Fig. 3), while one out of three women intend to start using contraception in the future. This slightly lower number of women who intend to start using contraception in the future can be attributed to issues such as fear of side effects (20%), health concerns (16%), and being opposed to using contraception (16%), among the main reasons. The reasons for not wanting to use contraception do not appear to be much related to a lack of knowledge or access issues.

Figure 3: Intended future use of contraception by married women not currently using contraception



Amongst women who expressed a desire to use contraception in the future, the three preferred methods of contraception are the pill (37%), injectable (31%), and male condom (7%).

The media are currently being used to disseminate family planning information in Vanuatu and 23% of women and 37% of men reported that they had heard family planning messages on the radio. Television and newspapers are also a common source of family planning messages.

Throughout the world, field workers have proven to be an effective means of providing family planning information. However, more than four out of five women (82%) reported that they had not discussed family planning with a field worker or health care worker at a health facility in the twelve months prior to the survey. Only around one in ten women reported that they had been visited by a health worker who discussed family planning with them in the twelve months prior to the survey.

Median age at first childbearing

The median age for a ni-Vanuatu woman to have her first child is 21.2 years, which means, 50% of women delay childbearing until after 21 years of age. No substantial differences emerge between urban and rural Vanuatu.

*For more detailed information on fertility and family planning see chapters 4 and 5 in the 2013 Vanuatu DHS report.

Age at first sexual intercourse

The median age at first sexual intercourse for both ni-Vanuatu women and men is 19 years, which is relatively young compared with worldwide norms. And with the median age for first marriage around 21 years of age for women and 24 years for men, this points to an onset of sexual activity well before marriage. Having said this, marriage at a very young age does happen, with 5% of women reported to have married by age 15, and 6% of men at age 18.

Birth intervals

The median birth interval among ni-Vanuatu women is 36 months. Wealthier women tend to have longer birth intervals than women in lower wealth quintiles. About one in four women (28%) in the lowest wealth quintile had birth intervals of less than the recommended 24 months. This suggests that women in the lowest wealth quintiles have more children, and that they tend to have their children in quick succession.

Teenage pregnancy and motherhood

Pregnancies among women aged 15–19 years are common in Vanuatu, with about 12% of women in this age-group having reported a live birth, and 4% being pregnant at the time of the survey. Almost one in three teenage women (30.4%) who have had a live birth were 19 years old. As indicated in Figure 1, teen-age fertility has remained both high and unchanged over the past twenty years, with figures for rural Vanuatu twice as high as for young women in town.

Policy note

As contraceptive use is quite low, and most women (three out of four) not currently using contraception and not intending to start using contraception in the future, a review of reproductive health policy and programmes might be timely, particularly with a focus on reproductive and sexual health education.

Reproductive and sexual health initiatives would do well to assess women's concerns about perceived implications of contraceptive use on their health (2%) or other side effects (16%), as well as emphasise the positive spin-off on sexual health (protection from STIs). The latter seems to be particularly relevant, with sterilisation representing the most commonly used contraception by women aged 15–49 years, but which provides no protection against STIs, whereas current contraceptive use of the male condom (which offers protection against STIs) is very low at just 1%.

The survey results suggest that there is a need for more family planning messages to be targeted at young people, with close to half of all females aged 15–19 years reporting that they had neither seen nor heard any family planning messages on radio, television or in the newspaper.

The use of health fieldworkers could be stepped up to provide reproductive and sexual health education; with four out of five women reporting never having discussed family planning with a field worker or staff at a health facility in the twelve months prior to the survey, there seems to be an obvious need to address the lack of reproductive and sexual health information.