



■ Research Brief

COUPLE CONCORDANCE INDEX, TOGO

Construction of the Couple Concordance Index and Its Relationship with Contraceptive Use in Togo

BACKGROUND

We know that changes in contraceptive prevalence follow an S-shaped curve, starting with low contraceptive use when preferences for large family size dominate and norms relating to women's participation in schooling and work are inequitable.¹ As norms shift and preferences for regulating fertility change, countries move from low levels of contraceptive use to higher levels and modern contraception use becomes more acceptable. This analysis examines levels of concordance between couples on demographics, family preferences, knowledge, and empowerment (i.e., couple concordance index [CCI]), and its relationship with country groupings along the S-curve.

International examination of the CCI has shown a strong relationship between a country's CCI and its location on the modern contraceptive prevalence rate (mCPR) S-Curve. The purpose of this study is to understand regional differences in couple concordance in Togo and the relationship between concordance and position on the S-curve.

METHODS

We constructed the CCI using national-level data from 182 Demographic and Health Surveys (DHS) for 65 countries. We chose 12 variables to create four domains of concordance: demographics, family preferences, resources, and empowerment and beliefs. For most indicators, concordance was measured as the percentage of couples who both answered positively, for example, both were literate or knew a long-term method of family planning. We scaled indicators and weighted them following expert consultations. Following the creation of individual domains, we formed the CCI by taking the geometric mean of the four domains.

Study Questions

How do levels of couples' concordance differ across regions in Togo?

What is the relationship between couples' concordance and position along the mCPR S-curve?



Although the CCI was initially developed at a national scale, subnational analysis is also feasible at the level of disaggregation of the DHS. For Togo, we constructed the CCI for 6 areas: Greater Lomé, Maritime (excluding Lomé), Kara, Centrale, Plateaux, and Savanes.

As mentioned above, subnational analysis is feasible at the level of disaggregation of the DHS. One consideration is change in scale for the subnational analysis. For the national CCI, some scale decisions were based on the highest and lowest observations of the data points. With a subnational CCI, these scales may need to be adjusted to consider the higher or lower range of subnational data. For Togo, we did not adjust the scales.

RESULTS

We present global results for the CCI and mCPR of married women, and dimension-specific results for the regions in Togo. For additional international results, see the full report.

The minimum possible CCI is 0 and the maximum is 1. Of countries in the multinational analysis, the global average is 0.48, with a standard deviation of 0.17. Ukraine has the highest score of 0.84 and Guinea has the lowest score of 0.08. Togo falls just below the global average with a score of 0.43. Regional CCI scores in Togo range from 0.24 in Savanes to 0.51 for Maritime (Figure 1).

Individual domain scores for Togo range from 0.33 for family preferences to 0.53 for empowerment and beliefs. Most regions score highest in empowerment and beliefs and lowest in family preferences, but the knowledge resources domain has the largest range (Figure 2).

FIGURE 1. CCI SCORES BY REGION, TOGO

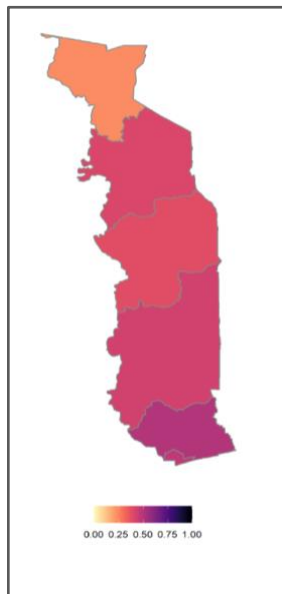
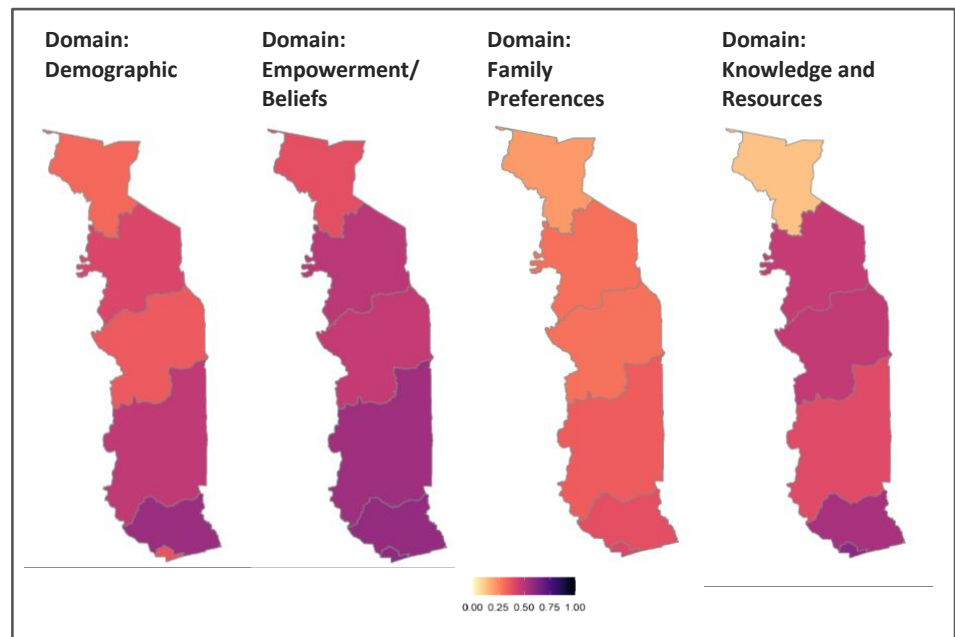


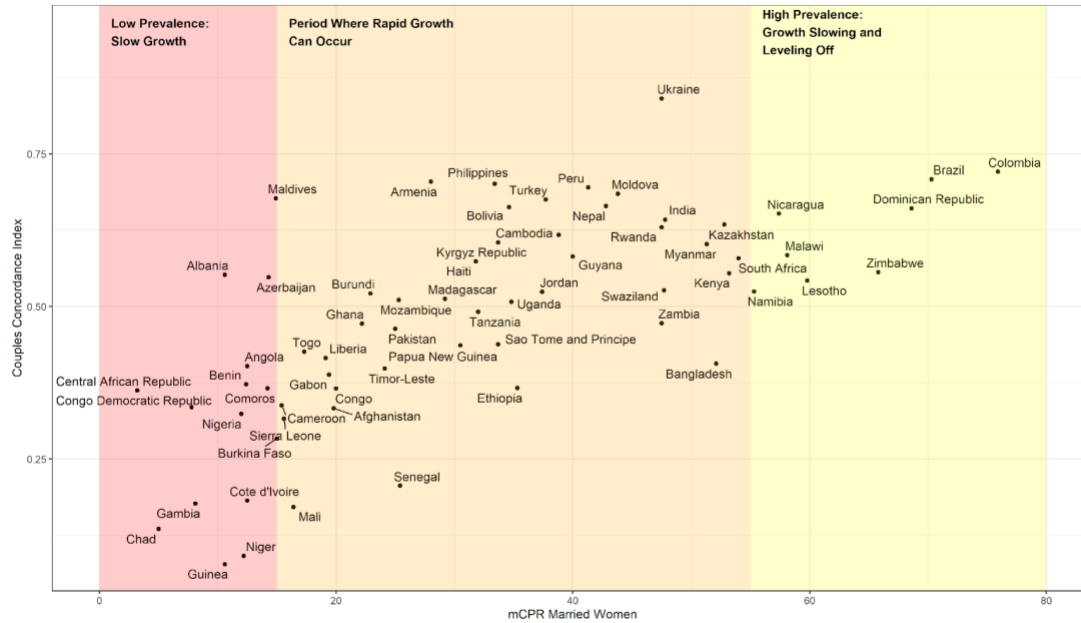
FIGURE 2. DOMAIN SCORES BY REGION, TOGO



CCI AND CONTRACEPTIVE USE

We found a strong relationship between the CCI and contraceptive use. No country in the analysis reached a high prevalence (i.e., greater than 55% of married women using modern methods) without a CCI of 0.55 or greater. Countries with the lowest CCI are also countries with low contraceptive prevalence.

FIGURE 3. GLOBAL COUPLE CONCORDANCE AND MCPR OF MARRIED WOMEN



Looking at the results for Togo, we see CCI scores and mCPR levels were closely grouped for all regions except Savanes, where both CCI and mCPR are lowest.

FIGURE 4. COUPLE CONCORDANCE AND MCPR OF MARRIED WOMEN, TOGO



CONCLUSIONS

The construction of the CCI offers policymakers a tool to capture a nuanced measure of interpersonal relationships. It allows one to observe changes at the macro level, which is where the combined effects of drivers of norms—education, skills, labor force participation—are felt substantially and create the space for movement from low prevalence to rapid growth along the S-curve. Further disaggregation of the CCI into the four domains allows policymakers to identify areas of focus for couples programming.

When we look at CCI scores alongside mCPR among married women, we see that despite a few exceptions, the two indicators track closely. In Togo, 5 out of 6 regions are closely clustered together when comparing CCI and mCPR, with Savanes having the lowest measure of both CCI and family planning. This finding emphasizes the need for inclusive family planning programs that emphasize the role that both men and women play in contraceptive decision-making. The regional analysis highlights that the region with the lowest CCI also has the lowest mCPR. If policymakers are interested in lower-level planning, analysis of the CCI at the regional level highlights aspects of focus for couples programming.

References

1. Track20 Project. 2017. “The S-Curve: Putting mCPR Growth into Context.” http://www.track20.org/pages/data_analysis/in_depth/mCPR_growth/s_curve.php.

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