Does couple discussion influence unmet need for family planning in Uganda?

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Non-use of family planning among women tends to widen the unmet need gap for contraceptive use and leads to a growing need for male involvement in maternal health. This study investigates the role of spousal discussion in unmet need for family planning in Uganda using the 2006 DHS data. Logistic regression shows significant relationships between frequency of discussion between couples and unmet need controlling for women's socio-economic and demographic characteristics. The odds of unmet need for Family planning are significantly higher among the young, couples who hardly or never discussed contraception with their partners, rural women, the non-educated including their spouses, and those of a lower wealth status. There is need to strengthen programs which emphasize improvement of the literacy levels of women so as to improve their socio-economic status which will translate into female economic and social empowerment hence ability to discuss sexuality related issues strengthened. Also supporting men as active partners in maternal health is pertinent for their active involvement in reproductive health

Key words: Unmet need for family planning, couple discussion, male involvement

Introduction

Many sexually active women in the developing world would prefer to avoid getting pregnant but are not using any method of contraception, these women are referred to as having unmet need for family planning. Unmet need for family planning refers to the gap between a woman's reproductive intentions and her actual contraceptive behavior. This implies that these women's attitudes towards family planning are positive and that they would want to use contraception but for some reason or a combination of reasons, are not using it. (Lori Ashford, 2003; John B. Casterline and Steven W. Sinding, 2000).

A number of factors within the environment in which women live are known to contribute to unmet need, majorly the male dominated African society which places the role of decision making entirely in the hands of men/husbands (Feyisetan, 2000; Ezeh, 1993; Dodoo, 1993; Bankole, 1995). Other explanations given for not using contraceptives are: quality of services on offer which may not be inspiring to the users to generate the necessary confidence, or women having little say in matters of family planning, lack of information, fears about contraceptive side effects, and opposition from husbands and relatives. Husbands' objection to use of family planning is usually because they are more Pronatalist than their partners and studies have agreed

with the fact that majority of the men and women usually do not have similar desired family size or ideal number of children, usually men desire to have more children than the women and because society accords more respect to the men, where there is disagreement usually the decision of the husband overrides, hence women are rendered voiceless (Lloyd 1993; Mott and Mott, 1985; Isiugo-Abaihe, 1994).

This is especially true in cases where the wife/woman is economically unable to support themselves and hence depends on the husband entirely for all the support. Meanwhile, analysis of DHS data has proved that women who usually report unmet need are more likely than their counterparts to have husbands who are opposed to use of family planning, husbands who desire to have more children than themselves and communicate less often or don't communicate at all about FP (Bhushan, 1997).

Lessons from the Asian tigers show that family planning could prevent unintended pregnancies which lead to abortions, furthermore evidence from these countries show that providing information and services on family planning to the people can reduce the costs of achieving development targets like education, child mortality, maternal mortality and environmental sustainability. West off, 2006 notably established that whereas 18 million married women in Sub-Saharan Africa use modern contraceptives, another 25 million lack modern means of managing their fertility, they therefore have unmet need for family planning. Twenty nine of the thirty one Sub-Saharan African countries where a recent Demographic and Health Survey has been conducted report levels of unmet need for modern-method use exceeding 20 percent and 19 countries report levels between 30 and 49 percent. In contrast with other regions of the world, there has been little or no reduction in unmet need for modern family planning during the past decade in Sub-Saharan Africa. Unmet need for modern-method use is equal to current use (that is the met need) in many Sub-Saharan African countries and in some cases like Uganda; it is substantially higher (UBOS and Macro international, 2007).

Uganda's population growth rate is reportedly the third highest in the world standing at 3.2% per annum and experts suggest that the rate will persist for some time; contraceptive use is low and unmet need for family planning is high. The total demand for family planning services is 64% and yet only 37% is satisfied. It is therefore not surprising that 41% of married women in Uganda lack proper means of managing their fertility meanwhile they desire to space their

children or to stop childbearing altogether. In affirming to the population growth rate, the 2009 African Peer Review Mechanism report (APRM) puts it forward that the population is expected to double by 2030 while the 2050 population estimate in the same report came at 103 million people, this is already putting a strain on the country's resources and if not checked there will be an explosion of population size.

Knowledge of contraception in Uganda is high and it is highest among currently married women. Almost all currently married women have heard of at least one method of family planning and knowledge of modern methods is higher than that of traditional methods, 96% and 70% respectively (UBOS and Macro International, 1995). However, this high knowledge has not translated into behavior change in terms of contraceptive use and this is one of the major challenges to reduction of unmet need. Contraceptive Prevalence Rate increased from 5% in 1989, to 16% in 1995 and 24% in 2006, despite this trend of CPR, unmet need for FP has not reduced but has instead increased by almost half from 29% in 1995 to 41% in 2006. Many studies have been undertaken to try to explain the stagnancy in fertility rate of Uganda, factors that determine contraceptive use and causes of unmet need but no specific studies have focused on the role that communication between couples and their attitude towards family planning can play in influencing unmet need for family planning and that is what this paper seeks to examine.

DATA AND METHODS

The data used in this study is derived from the UDHS 2006, which sampled 8,531 women of reproductive age, 15-49years. However for the purposes of this study only married women or those living together in monogamous unions were included in the study. According to UDHS, the standard definition of a woman with unmet need includes those who have unmet need for spacing and limiting specifically;

- Married women, who are not using contraception, are pregnant or ammenhoreic and the current pregnancy or last birth was mistimed or unwanted but now wants to wait before having another child, have unmet need for spacing.
- Married fecund women, not using contraception are pregnant or ammenhoreic, have had unwanted birth and do not want the current pregnancy or any more children have unmet need for limiting.

However, currently pregnant or ammenhoreic women were excluded from this study, the rationale was based on the fact that these women are considered as not being currently exposed to the risk of getting pregnant hence do not need contraception or that the pregnant women will most likely not mention the fact that their pregnancy was mistimed or not wanted at all. Also including this group of women will lead to an overestimation of unmet need and yet these women don't need family planning (West off and Pebley, 1981; Bongaarts, 1991; Northman, 1982; Westoff, 2000).

Analysis was done using descriptive statistics where the basic characteristics of the respondents was analyzed in detail, bivariate analysis was used to establish relationships between unmet need status and the socio demographic characteristics of women, including couple discussion and attitude. Conclusions were established at the multivariate level using binary logistic regression due to the dichotomous nature of the outcome.

RESULTS OF THE STUDY

The findings reveal that three quarters of the women were aged between 20-39years with more than half of them having attained only up to primary level education (59.9%) while 59.1% of their partners had also attained primary level education. Poor and middle income level of income among women made up 77% of the sample and 50% of them wanted to have between three and five children. On the other hand, 38% of the women had never discussed family planning with their partners while more than half did not want to have any more children and two in every six women had partners who wanted to have more children than themselves.

Table 1.1 Unmet need for family planning by characteristics of women

Variable		Unmet need for FP (%)	
		Yes	No
Age group	Below 19	75.2	24.9
	20-29	63.1	36.9
	30-39	64.8	35.2
	40+	62.4	37.6
χ^2 =10.4 p=0.015			
Respondent's Education	No education	79.3	20.7
	Primary	66.1	33.9
	Secondary	41.1	58.9
	Tertiary	27.6	72.4

χ^2 =258.1 p=0.000			
Partner's Education	No education	80.5	19.5
	Primary	64.5	30.5
	Secondary	53.9	46.0
	Tertiary	37.6	62.4
χ^2 =173.4 p=0.000			
Wealth index	Poor	79.9	20.0
	Middle	64.6	35.4
	Rich	38.9	64.1
χ^2 =334.9 p=0.000			
Religion	Catholic	67.6	32.4
	Protestants	63.6	36.4
	Muslim	56.1	43.9
	Others	61.3	38.7
χ^2 =20.9 p=0.000			
Residence	Rural	68.6	62.7
	Urban	37.3	31.4
χ^2 =174.6 p=0.000			
Ideal no. of children	0-2	49.5	50.5
	3-5	62	38
	6++	68.6	31
χ^2 =33.8 p=0.000			
No. of times discussed FP	Never	77.3	22.7
	Once or twice	60.0	39.9
	More often	51.9	48.0
χ^2 =167.5 p=0.000			
Husband's desire for children			
	Both want same	60.3	39.7
	Husband wants more	68.8	31.2
	Husband wants fewer	61.3	38.7
χ^2 =38.3 p=0.000			
Fertility preference	Have another	62.5	37.5
	Undecided	79.5	20.5
	No more	64.2	35.8
χ^2 =17.6 p=0.000			

Women aged below 19 years had the highest level of unmet need (75%) and those above 40years had least unmet need and met need was highest in this group of women, this shows that unmet need reduces with increase in the age of women. Also unmet need reduces with increase in education level of the women or even their partners, while met need increases with increase in the level of education; the highest proportion of women who reported unmet need for FP were women who had no education (79%) and whose partners also had no education (80.5%). Only 38.9% of the wealthy women reported unmet need, the pattern shows that as the wealth levels of women improve, unmet need for FP reduces.

Catholic women reported the highest level of unmet need for family planning (67.6%) and a higher proportion of rural (68.6%) than urban women (37.3%) had unmet need for FP while most urban dwellers had met need (62.7%). Unmet need status varies with residence; urban residents have a greater chance to meet their family planning needs compared to their rural counterparts. Unmet need for family planning increased with the increase in ideal number of children women wanted to have; while number increased to six and above, unmet need also increased to 68.6% from 49.5%, therefore FP needs of women increases with reduction in their fertility rate while unmet need increases with fertility increase.

Never the less, 77.3% of women who had never discussed family planning with their husbands had unmet need for family planning while only 22.7% had met need. Unmet need reduced with increase in the number of times discussion occurred, hence the least percentage of women with unmet need was reported among those that discussed FP more (51.9%) and met need was highest among the same (48%). About four in every six women who reported that their husbands desired to have more children than themselves, had unmet need for FP while only about three in six women who reported consensus, had unmet need. Those who were undecided or did not know whether they wanted another child or not, had reportedly higher unmet need for FP (79.5%) whereas it was lowest among the women who reported desire to have another child (62.5%). Also important to note is the fact that, slightly more than five in every eight women who did not want any more children had unmet need for FP.

CORRELATES OF UNMET NEED

Table 1.2 Likelihood estimates of unmet for family planning

Variable	Coefficient	Odds ratio	p-value
Age			
<19**	0.000	1.000	
20-29	-.5976	.5501	0.005
30-39	-.7757	.4604	0.001
40+	-1.052	.3494	0.000
Education level			
No education**	0.000	1.000	
Primary	-.3579	.6992	0.003
Secondary	-.7959	.4512	0.000
Higher	-.9614	. 3823	0.000

Partners' education level			
No education**	0.000	1.000	
Primary	-.1246	. 8829	0.507
Secondary	-.3096	.7338	0.129
Higher	-.5502	.5768	0.024
Residence			
Urban**	0.000	1.000	
Rural	.5311	1.7009	0.000
Religion			
Catholic**	0.000	1.000	
Protestant	.0294	1.0298	0.761
Muslim	-.2341	.7912	0.077
Other	. 0674	1.0698	0.643
Wealth index			
Poor	0.000	1.000	
Middle	-.4713	.6242	0.000
Rich	-.9763	.3767	0.000
Ideal number of children			
0-2**	0.000	1.000	
3-5	.3532	1.4237	0.058
6++	. 4391	1.5513	0.023
Couple discussion			
Never**	0.000	1.000	
Once or twice	-.9061	.4041	0.000
More often	-1.235	.2909	0.000
Husbands desire for children			
Both want the same**	0.000	1.000	
Husband wants more	.01768	1.0178	0.887
Husband wants fewer	-.0247	.9755	0.926
	.0384	1.0391	0.761
Fertility preference			
Wants more**	0.000	1.000	
Undecided	.6973	2.0083	0.003
No more	.4648	1.5916	0.000

Unmet need for FP reduced with increase in age; particularly, women who were in their prime productive years had higher unmet need 20-29 (OR = 0.55), 30-39 (OR = 0.46) while it reduced significantly among those aged above 40 (OR = 0.34) .The results support prior studies that have identified age as a significant predictor of unmet need for family planning (Patil, Durgawale1 and SR Patil, 2010). Also the likelihood of reporting unmet need for family planning reduced with increase in education level attained; only 31% reduction among primary, 55% for secondary and 62% for higher education. Nevertheless, significant agreement with other studies is established in terms of income levels of women (Partha, 1996). It's not therefore surprising that in the results, rich and middle income women had less likelihood of reporting unmet need for FP (OR=0.37 and OR=0.62 respectively) compared to their poor counterparts. Higher desired number of children for women accounted for increase in the likelihood of reporting unmet need

just as it is affirmed by other studies. Noticeably, rural women had a 70% increased rate of having unmet need for FP compared to the urban. (Janowitz, 1980).

In Uganda it is not surprising that results supported suggestions of significant association with unmet need for FP for women reporting discussion of family planning with spouses. Where this had taken place women had reduced odds of having unmet need compared to where it had never occurred. In the analysis particularly, women reporting one to two times (OR=0.4, p=0.000) and at least three times (OR=0.29, p=0.000) had a 60% and 71% reduced odds of reporting unmet need for FP respectively compared to their peers reporting no discussion at all. Worth noting, is the fact that frequent discussions on contraception, yielded higher reduced odds of unmet need for Family Planning. Women who were undecided about the number of children they wanted to have had increased odds for unmet need (OR=2.00) compared to their counterparts who wanted to have more children while those who did not want to have any more children had 41% less likelihood of reporting unmet need for FP

Anglicans, Muslims and other religious affiliations were equally likely to report unmet need for FP. Also in contrast with the other researchers (Isiugo-Abaihe 1994; Lloyd 1993; Mason and Taj 1987; Mott and Mott 1985), this study did not find a significant association between husband's pronatalism (husband's desire for more children) and unmet need for FP.

DISCUSSION AND CONCLUSIONS

Women who attained higher level education had more knowledge because they are more exposed to family planning through media and other modes of exposure and also because they spend most of their time in school, they start childbearing late. (Wolf and Blanc, 2000). Although in Ghana, the level of unmet need was found to be similar among the educated and non educated women (Robey B., Ross J. and Bhushan I., 1996). Such a case is exceptional; because it is widely acceptable that education is the best way to overcome barriers to use of family planning especially communication about sexual matters. It is true that educated women who are also more likely to be employed have more liberty to express their opinions and also make informed decisions over their own sexual matters because of their economic prowess, also their husbands/partners are more inclined towards smaller nuclear families because they understand the cost implications of having many children.

A couple based approach towards resolving the question of unmet need is the way to go because as in agreement with other scholars, this study confirms that frequent discussions on fertility will stimulate contraceptive use among women. Men also have a great role to play in reproductive health and with this approach, they will be able to understand the risks that women face when they have too many or too closely spaced births and will become more responsible. But because of lack of communication, there is a gap between the couple. Consequently, husbands tend to be pronatalist and disapprove of contraception (Biddlecom and Fapohunda, 1998; Terefe and Larson, 1993; Omwago and Khasakhala, 1998; Fisek and Sombuloglu, 1978; Becker, 1996) yet studies reveal that sometimes men are willing to participate in making decisions that could favor their spouses but are hindered due to poor or no communication with their partners (World Population report, 1997). Yet unmet need increases as more women want to control their fertility and falls as many of them adopt use of family planning (West off and Bankole, 1995). However, the level of discussion in Uganda is still very low and this accounts for the high percentage of women (41%) reporting unmet need.

Fertility intentions of women do not usually translate into actual fertility behavior; this is because fertility could be influenced by changing socio economic and demographic dynamics (Lee, 1980; Blake, 1974; Hauser, 1967). This study however agrees with scholars who strongly believe that intentions of fertility can correctly be used to predict actual fertility behavior of women (Westoff, 1990; Khan and Sirageldin, 1977). Fertility preference which means the intentions of women to have children, how many and when she wants them determines the demand for family planning services and consequently, suggestions by scholars confirm that spousal discussion on fertility expectations could bridge the gap that causes the difference between men and women which is an old norm laid down by society and cultures that position men as superior hence causing a gap that also affects reproductive behavior of women. (Dwivedi and Ram 2005; Koenig, et al., 1984; Mitra, et al., 1985; Mason and Taj, 1987; Coombs and Chang, 1981). With the changing gender roles however there is an increasing change in the roles played by men and women especially in terms of fertility decisions (Feyisetan, et al.1998; Bankole, 1995; Mott and Mott, 1985; Ezeh, 1993; Zulu, 1998). Hence, improving the education of women which will consequently strengthen their economic base by positioning them in authority is necessary if

there is to be a sustainable change in decision making and negotiation ability of the women in the home.

Couple discussion is abroad issue which should not only mean number of times a couple discussed contraception, hence it would go a long way in influencing fertility behaviors if it is expanded to include discussions in areas other than Family Planning, such as child schooling and upbringing, use of resources in the home, decision making in the home and other reproductive health issues like safe motherhood and sexually transmitted infections, among others. These can be useful indicators for spousal communication because when there is communication in all areas then it is obvious that there is no barrier to FP discussion, this means that it would be a normal discussion.

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