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He said, she said: partner communication and contraceptive use in urban Kenya
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Short Abstract

Family planning programs have traditionally targeted women. The 1994 International Conference on Population and Development recognized the potential impact of targeting couples, suggesting that male participation may be a key strategy for reducing unmet need for family planning. Some evidence indicates that increasing access to information for males and improving spousal communication may increase contraceptive use. Using recent data from the Measurement, Learning & Evaluation (MLE) Project in Kenya, this presentation explores the extent to which urban-dwelling couples talk about and agree on fertility preferences in Nairobi, Mombasa, and Kisumu. Results indicate that 28 percent of couples have never discussed family planning, partner concordance on fertility preferences is low (62 percent), and nearly one in five males believes their partner should not be allowed to use family planning. This session will also identify and discuss successful interventions designed to increase male involvement, highlighting areas where further investigation is needed.

Background

The 1994 International Conference on Population and Development (ICPD) encouraged practitioners of reproductive health to think in new ways in order to achieve successful family planning programs and policies in developing countries. Whereas the domain of pregnancy prevention was previously seen as the responsibility of women, the ICPD's Program of Action (PoA) recognized the potential impact of involving men in the promotion of sexual and reproductive health, suggesting that active participation of both men and women may be a key strategy for reducing unmet need for family planning. Responding to the suggestion that successful programs would remain elusive without the active participation of male partners, the ICPD PoA called for increased "participation and sharing of responsibility of men in the actual practice of family planning" (United Nations, 1995b: 33)." Traditional patterns of male exclusion may not only contribute to unmet need for contraception but may also unduly place the burden of family planning on already overburdened women.

In evaluating the need for programs and policies to increase male involvement in family planning, it is helpful to gain an understanding of the degree to which men and women agree on fertility preferences. In a 2000 study of five Asian countries, including Pakistan, India, Malaysia, Thailand, and the Philippines, researchers found that husbands and wives often agreed on fertility goals. Additionally, this study concluded that a husband's demand for additional children was only a minor contributor to the wife's unmet need for family planning [1].

Additional findings, however, from multiple studies in multiple settings suggest spousal discordance regarding fertility preferences is common. In a multi-country review of couple studies conducted in 1996, the median levels of spousal concordance for approval of family planning and desire for additional children were 79 percent and 75 percent, respectively, and only 34 percent of couples agreed on ideal family size [2]. These results were similar to those from another study using data from the 1988 Ghana Demographic and Health Survey (DHS), which found that, among married couples in Ghana, only 44% of couples agreed on the ideal family size [3]. A subsequent study using DHS data from 18 countries found that discordant couple preferences are common with men often preferring more children and shorter birth intervals than their wives [4]. In line with these results, a 1999 study in Morocco found that 20 percent of couples were in disagreement on fertility preferences [5]. A more recent study of pregnancy ambivalence conducted in 2010 using DHS data from Indonesia found that couples' concordance on whether or not a pregnancy within the next month would be "no problem" was less than 65 percent [6]. These studies indicate that couples often disagree when it comes to the desire for additional children and ideal family size.

Some evidence also suggests that when couples disagree, contraceptive use declines. Using Kenya DHS data from 1993, one study reported that the percentage of couples using contraception nearly doubled (from 23.2 to 39.2) when both spouses wanted to stop having children compared to couples in which only the wife wanted to stop childbearing while the husband preferred to space [7]. A subsequent study also using Kenya DHS data and multiple logistic regression concluded that current contraceptive use is highly associated with whether a wife perceives that her husband approves of family planning [8]. Adding to the evidence from sub-Saharan Africa, a Nigerian study concluded that male reproductive intentions influenced spousal contraceptive behavior [9].

Evidence from Asia agrees. In the same DHS study from Indonesia (cited above), authors found that, compared to couples where both partners agreed to stop childbearing, couples with discordant desires for additional children experienced a 58 percent decreased odds of contraceptive use [6]. A study in rural Bangladesh using cross-sectional and longitudinal data found that in couples in which only the husband wanted additional children, the incidence of pregnancy increased over a 5-year period [10]. Another Bangladesh study found that husband's fertility preferences were a strong predictor of contraceptive use among less educated women, "however the net effect of husbands' preference for additional children diminishes as wives level of education increases" [11]. Using data from the treatment and comparison areas of Matlab, Bangladesh and controlling for potentially confounding variables, another study revealed "the likelihood of giving birth was 1.78 times higher for wives who wanted no more children, but whose husbands did want more, compared with couples where neither husband or wife wanted more", suggesting that husband-wife agreement does indeed matter [12].

However, the hypothesis that the preferences of the male spouse consistently dictate fertility behavior does not always pan out in the literature. A 1995 study from Nigeria found that "the odds of having an additional birth when the husband is the more pro-natalist (3.2) are not significantly different from those where the wife is the more pro-natalist (2.7)" [13]. And a longitudinal study of 2000 couples in Taiwan revealed that the wife's fertility preferences had greater influence than the husband's. As recently as 2005, a study in Kwa-Zulu Natal found no significant relationship between the husband's desire for additional children and contraceptive use. In fact, in this study of 238 married or cohabiting couples, it was the wife's fertility preferences that were found to be a "key determinant of use". "This conclusion challenges conventional wisdom that men are the dominant decision-makers in fertility and family planning decisions" [14].

While the impact of male preferences on family planning may be unclear within the literature, several studies suggest that spousal communication is a key determinant of contraceptive use. In a 2002 study using longitudinal data from Ghana, it was found that spousal communication about family planning strongly predicted contraceptive use, even after controlling for other factors [15]. A Nigerian study on male reproductive intentions found that inter-spousal communication was "significantly related to smaller actual family size" [9]. And a recent study from Nepal revealed that spousal communication significantly predicts use of modern contraceptives [16].

Research on interventions designed to increase male involvement indicate that attempts to involve men in decisions regarding family planning and ideal family size are often successful. In a multi-country (Bangladesh, Turkey, Ethiopia, China, Taiwan, and Bangladesh) review of experimental studies of reproductive health interventions targeting couples, four of the six studies found that a focus on couples led to significantly higher contraceptive use compared to programs focused solely on women [2]. In a 1992 study in Zimbabwe, men participating in an intervention "were significantly more likely than other men to make the decision to use family planning and to say that both spouses should decide how many children to have" [17]. Findings from a 2011 assessment of The Malawi Male Motivator Project suggest that improving communication skills is a necessary step for increasing men's ability to join in contraceptive decision making [18].

Methods

The data used in this analysis were collected in 2010 as part of a baseline survey for The Measurement, Learning, and Evaluation (MLE) Project. The MLE project is an impact evaluation of the Urban Reproductive Health Initiative (URHI), an initiative to increase access to high-quality family planning services for the urban poor in developing countries. The URHI is expected to increase contraceptive use among women in select urban areas of four countries: Senegal, Nigeria, Kenya, and India (Uttar Pradesh).

Baseline data for the MLE project were collected at both the individual level from a representative sample of women and men using a two-stage sampling approach. In the first stage, a random sample of primary sampling units (PSU) was selected and from selected PSUs, a random sample of 25 households was selected for female interviews. All eligible men (ages 15 to 54) in selected households were asked to participate in a detailed interview with a trained male interviewer via an informed consent protocol. Data were collected from approximately 2500 men in three cities (Nairobi, Mombasa, and Kisumu). Using pencil-and-paper, interviewer-led surveys, men were asked about their fertility desires, family planning use, and reproductive health.

Results

Approximately half of the 2500 male participants in the MLE baseline survey are under age thirty. The majority is married or living with a partner although more than one third of the men surveyed have never been married. And although half of the participants reside within the lower two wealth quintiles, the majority has completed at least a secondary education. Christian and Catholic religious preferences dominate while 10 percent of participants report adherence to Muslim beliefs. Nearly 70 percent of participants have two children or less (Table 1).

More than one in five survey participants report never discussing ideal family size with their partner while more than one in four never discussed family planning. Of those couples engaging in discussions of fertility preference, between 15 and 20 percent have not had these conversations within the last six months, according to male participants while nearly twice as many women report an absence of these discussions in the last six months. In contrast to male participants, women report being the one to initiate discussion of family planning nearly half the time. Only 60 percent of participants reported spousal concordance with respect to the number of children desired and approximately 10 percent reported wanting more children than their spouse. Of those identifying the number of children they would like to have, nearly 20 percent report that they would not be willing to use family planning to achieve this number while a similar number of men agree that their spouses should not be allowed to use contraception (Table 2).

Only a small minority of men in the sample preferred just one or no children. While approximately one fifth of men wanted only two children, the same number of men reported a desire for five or more children. Equal numbers (approximately 28 percent) reported wanting three or four children. Within this sample of men, younger men appear to prefer family sizes of three children or less while older men more often reported preferences for four children or five or more children. This result is in line with reported trends towards smaller family sizes. In contrast to responses from male participants, women within the survey sample were most likely to desire no more than two children with very few women wanting five or more children (Table 3).

Conclusion

The results of this analysis indicate that although many men approve of the use of family planning and small ideal family sizes, significant numbers of men still prefer larger families and spousal concordance among urban couples in Kenya is low. Interventions to improve discussion of family planning among the nearly 30 percent of couples not currently discussing contraception may be a key strategy for increasing contraceptive prevalence in this setting.

Tables

Table 1: Background Characteristics of Men 15-59 years old - Kenya Urban RH Initiative Kenya (2010)		
Background Characteristic	Percentage of Men	Number of Men
Age		
15-19	10.4	260
20-24	20.9	522
25-29	18.7	468
30-34	17.3	433
35-39	11.6	291
40-44	8.4	210
45-49	6.5	162
50-54	4.2	104
54-59	2.1	53
Marital status		
Never Married	34.9	868
Married / Living together	59.8	1488
Separated / Divorced	4.1	103
Widowed	1.2	29
Education		
No education	1.9	48
Primary incomplete	11.7	292
Primary complete	26.0	649
Secondary +	60.4	1511
Wealth Index		
Lowest	31.8	795
Second	22.6	564
Middle	17.8	446
Fourth	16.2	405
Highest	11.6	290
Religion		
Roman Catholic	22.1	554
Protestant/Other Christian	65.2	1632
Muslim	9.7	243
No religion / Other	2.8	70
Missing	0.2	4
Number of living children		
0	37.8	946
1	16.2	406
2	14.9	374
3	11.7	292
4	8.2	204
5	4.8	119
6+	6.5	162
Total	100.0	2503

Table 2. Percent Distribution of Family Planning and Fertility Discussion, and Decision-Making Among Men and Women in Kenya (2010)*		
Behavior	Percentage	
	Men	Women
Ever discussed FP with partner****	(n=1493)	(n=4966)
Yes	72.9	67.4
No	27.1	32.6
How often have you discussed FP in the last 6 months	(n=1089)	(n=3258)
Not discussed in last 6 months	15.7	29.2
Once or twice	28.7	37.2
More than twice	55.7	33.6
Who initiates discussion among those who discuss	(n=1089)	(n=3231)
Self	26.5	46.5
Partner	32.0	23.6
Either	41.5	29.9
Have you discussed the number of children you would like to have with your partner	(n=1493)	(n=4929)
Yes	77.4	75.0
No	22.6	25.1
How often have you discussed the subject in the last 6 months	(n=1148)	(n=3679)
Not discussed in last 6 months	19.3	32.5
Once or twice	28.4	35.9
More than twice	52.3	31.6
Do you agree that men should not allow their wives to use family planning?	(n=2488)	
Disagree	81.8	NA
Agree	18.2	NA
Would you say that you want the same number of children desired by your wife?	(n=1605)	(n=5299)
Same number of children	62.5	67.3
More children	10.7	13.3
Fewer children	9.2	4.3
Don't know	15.8	14.3
Would you be willing to use family planning/contraception in order to have only the number of children you want?	(n=2503)	
Yes	80.2	NA
No	18.8	NA
* number of respondents vary by question		
**** Among married/living together		

Table 3. Percent Distribution of Ideal Family Size Among Men and Women in Kenya (2010)												
Age in Years	Ideal Number of Children (in percentage) for men						Ideal Number of Children (in percentage) for women					
	0-1	2	3	4	5+	Total	0-1	2	3	4	5+	Total
15-19	4.6	21.5	32.7	26.5	14.6	100.0	7.7	40.2	28.9	17.6	5.6	100.0
20-24	2.9	21.8	32.8	29.1	13.4	100.0	5.6	38.2	32.8	18.2	5.2	100.0
25-29	2.6	26.7	33.1	24.4	13.3	100.0	6.9	37.8	29.7	19.5	6.2	100.0
30-34	2.3	22.2	27.7	30.3	17.6	100.0	7.3	34.0	26.1	23.7	8.9	100.0
35+	2.6	14.4	19.3	29.6	34.2	100.0	5.3	26.0	22.2	28.4	18.1	100.0
Total	2.8	20.3	27.5	28.3	21.0	100.0	6.4	35.1	28.2	21.5	8.9	100.0
Number of men	70	509	689	709	526	2503	555	3052	2457	1868	771	8703

References

1. Mason, K.O. and H.L. Smith, *Husbands' versus wives' fertility goals and use of contraception: the influence of gender context in five Asian countries*. *Demography*, 2000. 37(3): p. 299-311.
2. Becker, S., *Couples and reproductive health: a review of couple studies*. *Stud Fam Plann*, 1996. 27(6): p. 291-306.
3. Salway, S., *How Attitudes Toward Family Planning and Discussion Between Wives and Husbands Affect Contraceptive Use in Ghana*. *International Family Planning Perspectives*, 1994. 20(2): p. 44-47+74.
4. Bankole, A. and S. Singh, *Couples' Fertility and Contraceptive Decision-Making in Developing Countries: Hearing the Man's Voice*. *International Family Planning Perspectives* 1998. 24(1): p. 15-24.

5. Speizer, I.S., *Are husbands a barrier to women's family planning use? The case of Morocco*. Soc Biol, 1999. 46(1-2): p. 1-16.
6. Barden-O'Fallon, J.L. and I.S. Speizer, *Indonesian couples' pregnancy ambivalence and contraceptive use*. Int Perspect Sex Reprod Health, 2010. 36(1): p. 36-43.
7. Doodoo, F.N., *Men matter: additive and interactive gendered preferences and reproductive behavior in Kenya*. Demography, 1998. 35(2): p. 229-42.
8. Lasee, A. and S. Becker, *Husband-Wife Communication About Family Planning and Contraceptive Use in Kenya*. International Family Planning Perspectives, 1997. 23(1): p. 15-20+33.
9. Isiugo-Abanihe, U.C., *Reproductive motivation and family-size preferences among Nigerian men*. Stud Fam Plann, 1994. 25(3): p. 149-61.
10. Gipson, J.D. and M.J. Hindin, *'Marriage means having children and forming your family, so what is the need of discussion?' Communication and negotiation of childbearing preferences among Bangladeshi couples*. Cult Health Sex, 2007. 9(2): p. 185-98.
11. Hossain, M.B., J.F. Phillips, and A.B. Mozumder, *The effect of husbands' fertility preferences on couples' reproductive behaviour in rural Bangladesh*. J Biosoc Sci, 2007. 39(5): p. 745-57.
12. Razzaque, A., *Preference for children and subsequent fertility in Matlab: does wife-husband agreement matter?* J Biosoc Sci, 1999. 31(1): p. 17-28.
13. Bankole, A., *Desired Fertility and Fertility Behaviour among the Yoruba of Nigeria: A Study of Couple Preferences and Subsequent Fertility*. Population Studies, 1995. 49(2): p. 317-328.
14. Maharaj, P. and J. Cleland, *Women on top: the relative influence of wives and husbands on contraceptive use in KwaZulu-Natal*. Women Health, 2005. 41(2): p. 31-41.
15. Bawah, A.A., *Spousal communication and family planning behavior in Navrongo: a longitudinal assessment*. Stud Fam Plann, 2002. 33(2): p. 185-94.
16. Yue, K., C. O'Donnell, and P.L. Sparks, *The effect of spousal communication on contraceptive use in Central Terai, Nepal*. Patient Educ Couns, 2010. 81(3): p. 402-8.
17. Piotrow, P.T., et al., *Changing men's attitudes and behavior: the Zimbabwe Male Motivation Project*. Stud Fam Plann, 1992. 23(6 Pt 1): p. 365-75.
18. Shattuck, D., et al., *Encouraging contraceptive uptake by motivating men to communicate about family planning: the Malawi male motivator project*. Am J Public Health, 2011. 101(6): p. 1089-95.