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DHS COMPARATIVE STUDIES

18

Men's Fertility, Contraceptive Use, and Reproductive Preferences



DEMOGRAPHIC
AND HEALTH
SURVEYS

The Demographic and Health Surveys (DHS) is a 13-year project to assist government and private agencies in developing countries to conduct national sample surveys on population and maternal and child health. Funded primarily by the United States Agency for International Development (USAID), DHS is administered by Macro International Inc. in Calverton, Maryland.

The main objectives of the DHS program are (1) to promote widespread dissemination and utilization of DHS data among policymakers, (2) to expand the international population and health database, (3) to advance survey methodology, and (4) to develop in participating countries the skills and resources necessary to conduct high-quality demographic and health surveys.

For information about the Demographic and Health Surveys program, write to DHS, Macro International Inc., 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, U.S.A. (Telephone 301-572-0200; Telefax 301-572-0999).

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**Demographic and Health Surveys
Comparative Studies No. 18**

**Men's Fertility, Contraceptive
Use, and Reproductive
Preferences**

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Preface

One of the most significant contributions of the DHS program is the creation of an internationally comparable body of data on the demographic and health characteristics of populations in developing countries. The *DHS Comparative Studies* series and the *DHS Analytical Reports* series examine these data across countries in a comparative framework, focusing on specific topics.

The objectives of DHS comparative research are: to describe similarities and differences between countries and regions, to highlight subgroups with specific needs, to provide information for policy formulation at the international level, and to examine individual country results in an international context. While *Comparative Studies* are primarily descriptive, *Analytical Reports* utilizes a more analytical approach.

The comparative analysis of DHS data is carried out primarily by staff at the DHS headquarters in Calverton, Maryland. The topics covered are selected by staff in conjunction with the DHS Scientific Advisory Committee and USAID.

The *Comparative Studies* are based on a variable number of data sets reflecting the number of countries for which data were available at the time the report was prepared. Each report provides detailed tables and graphs for countries in four regions: sub-Saharan Africa, the Near East and North Africa, Asia, and Latin America and the Caribbean. Survey-related issues such as questionnaire comparability, survey procedures, data quality, and methodological approaches are addressed in each report, as necessary. Where appropriate, data from previous DHS surveys are used to evaluate trends over time.

Comparative Studies published under the current phase of the DHS program (DHS-III) are, in some cases, updates and expansions of reports published earlier in the series. Other reports, however, will cover new topics that reflect the expanded substantive scope of the DHS program.

It is anticipated that the availability of comparable information for a large number of developing countries will have long-term usefulness for analysts and policymakers in the fields of international population and health.

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Project Director

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Executive Summary

The role of men in the family-building process has been a concern in areas of the world where men are believed to hold views antagonistic to family planning. To address this concern, the Demographic and Health Surveys (DHS) program has for more than 10 years been collecting data on men in developing countries. A total of 25 surveys of men have been completed, which constitutes the largest collection of national-level survey data on men. Seventeen of these surveys were completed by mid-1995 and are analyzed in this comparative study. Of the 17 surveys covered in this report, a great majority were conducted in sub-Saharan Africa (7 in West Africa and 6 in East Africa). Two surveys were conducted in North Africa (Egypt and Morocco) and 2 in Asia (Bangladesh and Pakistan).

The DHS surveys of men have evolved over time from surveys of husbands to surveys of all men. In addition, the content of the men's questionnaire has been expanded and has become more standardized across surveys. In this report, comparability across surveys is achieved by limiting the analysis to currently married men and by restricting the set of indicators examined to those common across most surveys. These indicators include fertility levels, fertility preferences, knowledge and use of contraception, and intention for future use.

Regional Differentials

The data show distinct regional patterns in the level of men's achieved fertility, reproductive preferences and use of contraception. The West African countries are characterized by high fertility, high ideal family size and low contraceptive use. In East Africa, fertility is lower, family size preferences are smaller, and use of contraception is higher compared to West African countries. Ghana and Tanzania are outliers in their respective regions; Ghana is characterized by lower fertility and greater use of contraception than the regional norm, while the opposite is true in Tanzania. Fertility levels and preferences are lowest and contraceptive use is highest in the surveys in North Africa and Asia. Pakistan is, to some extent, an exception with a relatively low level of contraceptive use.

Fertility Levels. Currently married men in West Africa, on average, have about 5 children compared to about 4.5 children in East Africa and less than 4 children in North Africa and Asia.

Reproductive Preferences. Substantial regional differences exist in the ideal family size reported by men; the ideal being around 9 children in the West African surveys, 5 children in the East African surveys, and about 3.5 children for the surveys in North Africa and Asia. Similarly, in the West African surveys, the proportion of men wanting more children ranges from 60 percent (Ghana) to 90 percent (Niger), with most countries clustering between 75 and 80 percent. In East Africa, the range is between 47 and 63 percent, except in Tanzania where 80 percent of the men want more children. Less than 45 percent of the men in the North African and Asian surveys desire additional children.

Knowledge of Methods. In general, a relatively high percentage of men have knowledge of at least one contraceptive method (more than 65 percent in all countries). Knowledge is higher outside of West Africa, typically ranging from 90 to 95 percent in East Africa, North Africa and Asia.

Approval of Family Planning and Current Use. Levels of male approval of family planning vary greatly in West Africa and are quite low (under 50 percent) in three countries (Cameroon, Mali and Senegal). Approval levels of about 90 percent or more are common for surveys elsewhere except for Tanzania (78 percent) and Pakistan (72 percent).

The pattern is similar for current use. In West Africa, current use ranges from less than 2 percent (Mali) to 15 percent (Cameroon). Ghana is an outlier with 34 percent of the men currently using a method. In East Africa, North Africa, and Asia, between one-quarter and one-third of men report current use. Tanzania and Pakistan are exceptions with 22 and 15 percent of men, respectively, reporting current use.

Gender Differentials

Within countries, results for currently married men are compared to those for currently married women. Differences between men and women in the indicators examined are most pronounced in the West African surveys.

Reproductive Preferences. In the West African surveys, the mean ideal family size reported by men substantially exceeds women's ideal family size by two to four children. Ghana is the only exception with about half a child difference between the reports of men (5.3) and women (4.7). In the surveys outside of West Africa, the ideal family size re-

ported by men and women are remarkably similar. The only exception is Tanzania where there is a one child difference in the mean number reported by men (7.4) and women (6.4).

A similar pattern is found in the proportions of men and women desiring more children. The data are available for 13 countries. In 10 countries, men are more likely than women to report a desire for additional children, although the proportion of men wanting more children generally exceeds that of women by only a few percentage points. However, differences of around 10 percentage points exist for two West African countries (Cameroon and Niger) and two East African countries (Kenya and Tanzania).

Knowledge of Methods. Compared to currently married women, men generally report higher levels of knowledge of contraceptive methods. The proportion of men reporting knowledge exceeds that of women by 10 percentage points in three West African surveys and one East African survey.

Approval of Family Planning and Current Use. In almost all surveys, the proportion of women reporting approval of family planning exceeds that of men. However, the differences are not substantial, except in West Africa where, in four surveys, approval levels of women exceed those of men by 10 (Niger) to 58 (Mali) percentage points.

Notwithstanding the lower approval rates among men, men report greater use of contraception than women in

all but two surveys. The difference in the proportions reporting use of contraception exceeds 10 percentage points in Ghana, Bangladesh and all the surveys in East Africa. Elsewhere, gender differences in contraceptive use are negligible.

Intentions for Future Use. In 12 of the 17 surveys, a greater proportion of women than men intend to use a method in the future, but the differences are small (mostly within 5 percentage points). The preferred methods for nonusers who intend to use contraception in the future are similar for men and women, except that men are more likely than women to prefer condoms. Also, men and women give similar reasons for nonuse.

Overall, the reproductive preferences and attitudes of men and women toward family planning are similar in most countries in East Africa, North Africa, and Asia, but are substantially different in the countries of West Africa. West Africa is a region characterized by high fertility desires among men, low levels of contraceptive use, and large gaps in the preferences of men and women. While Ghana can be distinguished from the other countries in the West African region, Tanzania and Pakistan often share some of the West African characteristics. In these areas especially, men's reproductive preferences and desires may constitute a major challenge to program success and should not be ignored by policy makers and program managers.

1 Introduction

Survey activities over the past two decades have documented basic demographic indicators in many developing countries, thus permitting cross-country comparisons. Data from the Demographic and Health Surveys (DHS) program alone has led to over 15 published comparative reports involving more than three dozen countries. These reports cover a wide range of topics ranging from household characteristics to women's reproductive preferences to children's health. Despite the awareness of reproductive patterns created by these surveys, little is known about the reproductive preferences of men and how they affect reproductive patterns in different societies. As evidence increasingly points to the importance of men in reproductive decisions, however, researchers, policy makers, and program managers are turning their attention to male reproductive preferences and behavior. Surveys of male populations may provide useful information on how men perceive or define their role in family planning issues, fertility, AIDS and sexually transmitted diseases. This understanding may increase the efficiency of programs by elucidating ways in which existing programs could be modified to include men (or couples).

This report documents male attitudes, preferences, and behaviors relating to contraception and fertility in 15 countries of Africa and Asia. Data are drawn from 17 DHS surveys conducted over a seven-year period. While both women and men were interviewed for these surveys, this report focuses on the information provided by male respondents who were currently married at the time of the survey. To put these findings in perspective, observed levels among men are contrasted with levels among currently married women in the same country. The first section of the report describes the design and implementation of male surveys in the DHS program, focusing particularly on the selection procedures for the male sample and the differences between a survey of men and a survey of husbands. The second section discusses the background characteristics of the men surveyed and how different selection criteria for male respondents affects the sociodemographic makeup of each sample. Knowledge and use of contraception, intentions to use contraception in the future, and the preferred method for future use are the subjects of the third section. The fourth and fifth sections examine fertility desires and preferences among men. The focus here is on ideal family size, desire for additional children, approval of family planning, and discussion of family planning with wives. Differences in these indicators are exam-

ined among currently married men controlling for differences in their background characteristics. The report concludes with a summary of the major findings.

1.1 SAMPLING

DHS surveys usually are based on a representative sample of households at the national level. The sample is drawn after mapping and household listing operations in the survey areas. All women age 15-49 years who are usual residents of a household or who slept there the night before the survey are eligible for the individual survey. These procedures are modified slightly for men. Generally, a subsample of selected households is drawn, and men residing in these households are interviewed if they meet certain eligibility criteria. The DHS program has undertaken two types of surveys involving men: *male surveys*, which include all eligible men in the selected households, and *husband surveys*, which include only husbands of eligible women in the selected households. In male surveys, the selection criteria for respondents depend solely on age and membership in the household. All male members of the selected households who are the appropriate age are interviewed regardless of the outcome of the women's individual interviews. In contrast, the selection criteria for husband surveys draw on supplementary questions in the household questionnaire that determine each woman's marital status. If a woman is in union and her partner lives in the same household as she does, then the partner is retained for an individual male interview. There is no age limit imposed on husbands, however, they are not interviewed if they are married to an ineligible woman (i.e., a woman under age 15 or over age 49). Husbands of eligible women usually are interviewed no matter what the result of their wives' interviews.

Table 1.1 lists the 17 DHS surveys of male populations that are analyzed in this report. For each survey, the table shows the year in which the fieldwork was conducted (1987 to 1993), the phase in the DHS program to which it belongs (I, II, or III), the type of survey (male or husband), the proportion of selected households retained for male interviews, and the eligibility criteria. The first men's surveys were conducted in 1987 in Burundi and Mali as part of the DHS-I program. Ghana and Kenya followed in 1988 and 1989, respectively. Ten others were undertaken during the second phase of the program (1988-1993), and three male surveys

Table 1.1 Characteristics of male and husband surveys

Characteristics of male and husband surveys, Demographic and Health Surveys, 1987-1993

Country	Year of fieldwork	DHS phase	Type of survey	Proportion of households	Criteria for eligibility	Response rate	Number of men	Number of men in union	Number of couples
West Africa									
Burkina Faso	1993	II	Male	1/3	18 years and over	82.7	1845	1346	1489
Cameroon	1991	II	Husband	1/2	Eligible wife	81.6	814	814	977
Ghana (1988)	1988	I	Husband	1/2	Wife interviewed	94.6	943	943	1010
Ghana (1993)	1993	III	Male	1/3 ^a	15-59 years	96.2	1302	749	510
Mali	1987	I	Male	2/3	20-54 years	97.5	970	764	653
Niger	1991	II	Husband	1/2	Eligible wife	85.2	1570	1570	1862
Senegal	1992/93	II	Male	1/3	20 years and over	84.8	1436	941	802
East Africa									
Burundi	1987	I	Husband	1/4	Eligible wife	92.3	542	542	542
Kenya (1989)	1989	I	Husband	1/2	Eligible wife	80.8	1170	1170	1189
Kenya (1993)	1993	III	Male	1/2	20-54 years	84.6	2336	1664	1265
Malawi	1992	II	Male	1/3	20-54 years	89.4	1151	866	740
Rwanda	1992	II	Husband	1/5	Eligible wife	83.6	598	598	588
Tanzania	1992	II	Male	1/4	15-60 years	88.3	2114	1184	955
North Africa									
Egypt	1993	II	Husband	1/3	Eligible wife	81.5	2311	2311	2406
Morocco	1992	II	Male	1/3	20 years and over	63.0	1336	939	747
Asia									
Bangladesh	1993	III	Husband	1/2	Eligible wife	84.8	3284	3284	3327
Pakistan	1990/91	II	Husband	1/3	Eligible wife	78.0	1354	1354	1354

^a One in every three clusters was selected for the male survey

from the DHS-III program (1992-1997) are so far complete. Several others are underway (in the Central African Republic, the Ivory Coast, and Zimbabwe), but the data are not yet available for incorporation in this report. All but two of the men's surveys have been conducted in Africa; there are seven from West Africa, six from East Africa, two from North Africa, and two from Asia. In both Ghana and Kenya, there have been two successive men's surveys, the first as part of DHS-I and the second as part of DHS-III.¹ Of the 17 surveys undertaken, 8 were male surveys and 9 were husband surveys.

The number of men or husbands interviewed in each country depends on the number of households included in the main survey, the proportion of those households retained

for male interviews, and the eligibility criteria for male respondents. One-fifth to two-thirds of the households selected for the main survey were retained for the male or husband survey in each country. In most countries, however, men were interviewed in one-third to one-half of the households that participated in the main survey.

Eligibility criteria for the men depend on the type of survey conducted. For all but one of the husband surveys, the only criteria were being in union with an eligible woman and living in the same household with her. The exception was the 1988 Ghana survey which posed an additional requirement: husbands were interviewed only if their wives had been successfully interviewed. Male surveys use age rather than marital status as the primary criterion for eligibility. As a result, husband surveys include only currently married men, while male surveys also include single, widowed, and divorced men. To make the different data sets comparable, this analysis is restricted to currently married

¹ Data from both surveys are presented here, but the discussion largely focuses on the more recent data set from each country.

men only. Thus, only a subsample of respondents in the male surveys are included, while all respondents in the husband surveys are retained.

The age limits for male surveys vary from one country to another. In Burkina Faso, for instance, all men aged 18 years and over who lived in the selected households were eligible for an interview, while in Malawi only men aged 20-54 years were eligible. Overall, the male and husband surveys fall into three categories depending on their age requirements:

- Surveys with no lower or upper age limits, which include Bangladesh, Burundi, Cameroon, Egypt, the 1988 Ghana survey, the 1989 Kenya survey, Niger, Pakistan, and Rwanda. These are all husband surveys, and the only age limits for men are those imposed by the age eligibility criteria for women.
- Surveys with both lower and upper age limits, which include the 1993 Ghana survey, the 1993 Kenya survey, Malawi, Mali, and Tanzania.
- Surveys with only a lower age limit, which include Burkina Faso, Morocco, and Senegal.

In countries with no age limits or only a lower limit, the male population surveyed generally will be older than that in countries with both lower and upper age limits. No adjustments are made for differences in the age limits in different surveys, and this may affect the comparison of aggregate measures.

As Table 1.1 shows, the response rate for male and husband surveys varies greatly, ranging from 63 percent in Morocco to 98 percent in Mali, and so does the total number of currently married men interviewed. This latter figure ranges from less than 600 in Burundi and Rwanda to more than 3,000 in Bangladesh. The last column in Table 1.1 presents the number of couples formed by linking the individual interviews of men to the individual interviews of their wives. For husband surveys, the number of couples often exceeds the number of currently married men because polygynous men form a couple with each of their successfully interviewed wives. Thus, a polygynous man's information is repeated for each of his wives who was interviewed. For male surveys, however, the number of couples frequently is less than the number of currently married men because eligible men are interviewed even if their wives reside elsewhere, are unavailable for individual interviews, or have incomplete interviews.

1.2 QUESTIONNAIRES

The male questionnaires used in DHS surveys are similar to those used for female interviews, but shorter. Usually, men's questionnaires do not include birth histories, questions on child health, or anthropometric measures. Table 1.2 summarizes the content of the male questionnaire for each survey.

The male questionnaires determine fertility with a set of questions on the number of sons and daughters rather than through birth histories. In more recent surveys (Bangladesh, Egypt, the 1993 Ghana survey, and Tanzania), the fertility section asks detailed questions on the number of children ever born and the number surviving by sex and residence. While some earlier surveys specifically asked men for the number of their surviving sons and daughters, others simply asked, "How many own sons (daughters) do you have?" without clarifying whether the respondent was reporting the number of surviving children or children ever born. This analysis treats responses to such questions as referring to the number of surviving children, but this ambiguity may make male fertility levels less comparable across countries.

The male questionnaire includes an entire section on the knowledge and use of family planning, although it is frequently less detailed than the equivalent section in the female questionnaire. Most of the men's surveys use the same list of contraceptive methods as the female questionnaire. Only the surveys in Egypt, Ghana (1988), Kenya (1989 and 1993), Malawi, and Tanzania asked men if they knew a source for family planning methods. In this report, knowledge of a contraceptive method refers both to spontaneously reported knowledge and to knowledge that resulted from probes by the interviewer. Questions on ever use and current use of a contraceptive method refer to use by either member of a couple. Thus, a man is recorded as currently using the pill if he reported that his wife is currently using the pill.

The section on fertility preferences in the male questionnaire is similar to that used in the woman's questionnaire. In Burkina Faso, Kenya (1993), Malawi, Senegal, and Tanzania, the male questionnaire also included a module on knowledge and behavior related to AIDS; it includes questions on condom use and on sexually transmitted diseases other than AIDS.² In Egypt, the male questionnaire also included questions on condom use, while in Malawi, a module on maternal mortality was added.

² This section is now part of the individual core questionnaires for men and women in DHS-III.

Table 1.2 Modules included in male and husband surveys

Modules included in male and husband surveys, Demographic and Health Surveys, 1987-1993

Country	Background characteristics	Fertility	Family planning	Fertility preferences	AIDS	Maternal mortality
West Africa						
Burkina Faso	X	LC	X	X	X +Condom	
Cameroon	X	LC	X	X		
Ghana (1988)	X	LC	X +Sources	X		
Ghana (1993)	X	LC	X	X		
Mali	X	CEB	X	X		
Niger	X	LC	X	X		
Senegal	X	LC	X	X	X +STD	
East Africa						
Burundi ^a	X	LC	X	X		
Kenya (1989)	X	LC	X +Sources	X		
Kenya (1993)	X	LC	X +Sources	X	X +Condom	
Malawi ^b	X	LC	X +Sources	X	X +Condom	X
Rwanda	X	LC	X	X		
Tanzania	X	LC	X +Sources	X	X +Condom	
North Africa						
Egypt	X	LC	X +Sources	X	Condom	
Morocco	X	LC	X	X		
Asia						
Bangladesh	X	LC	X	X		
Pakistan	X	LC	X	X		

LC = Living children

CEB = Children ever born

^a No education level background characteristics

^b No urban/rural background characteristics

1.3 FIELDWORK PROCEDURES

In countries with no male interviews, DHS survey teams usually consist solely of female interviewers. In countries with male or husband surveys, a male interviewer is added to the field team to interview the men. Since the male questionnaire usually is shorter than the female question-

naire and only a fraction of the selected households are retained for male interviews, one male interviewer per team is generally sufficient to interview all eligible men. Other field procedures applicable to individual interviews with women, such as maintaining confidentiality for respondents' answers and ensuring the privacy of individual interviews, also apply to individual interviews with men.

2 Background Characteristics

Table 2.1 shows the distribution of currently married male respondents by selected background characteristics. The male samples in West Africa are generally older than those in other regions. In the West African surveys, the mean age of currently married men ranges from 38 years in the 1993 Ghana survey to 48 years in Senegal. In contrast, the mean age for the East African surveys falls between 36 and 39 years with the exception of the 1989 Kenyan survey, which has a mean age of 42 years. In North Africa and Asia, the mean age ranges from 38 years in Pakistan to 43 years in Morocco. Surveys which placed an upper age limit on male respondents generally have lower mean ages than those without this restriction. While most surveys did not set a lower age limit for respondents, only 1 percent or fewer of the respondents are under age 20 suggesting a smaller proportion of men marry before age 20 in these countries. Therefore, this analysis combines the youngest respondents with the age group 20-29. While the varying age limits imposed by the surveys affect the number and proportion of men in each age group, they do not influence the distribution of reproductive preferences and behaviors within age groups. Therefore, although the age distributions of men are not comparable across surveys, the preferences and behaviors of men in the same age group can be compared across countries.

The proportion of men residing in urban areas varies widely both within and across regions (Table 2.1). In West Africa, it ranges from 15 percent in Burkina Faso and Niger to 37 percent in Cameroon; in East Africa, from 3 percent in Burundi to 25 percent in Tanzania; in North Africa, from 45 percent in Morocco to 46 percent in Egypt; and in Asia, from 12 percent in Bangladesh to 32 percent in Pakistan. While differences by residence are meaningful in intra-country analyses, they are less useful in explaining differences between countries because each country defines urban areas differently. Urban-rural disparities in dependent variables, such as fertility preferences, may be affected by these country-specific definitions of urban areas. Despite the different criteria used to define urban areas in each country, rural-urban differences within countries do provide useful insights.

As Figure 2.1 shows, the respondents' level of education also varies within and across regions. In most countries of West Africa, about 80 percent or more of the men have no formal education, but this proportion is far lower in

Ghana (29 percent in the 1993 survey) and Cameroon (43 percent). Educational levels are generally higher in East Africa, where the proportion of men with no schooling ranges from 10 percent in Kenya to 30 percent in Rwanda. Although 58 percent of the men in Burundi have no formal education, this figure is not directly comparable to the others because the information was reported by their wives. Of the countries surveyed in North Africa and Asia, educational levels are highest in Egypt, where 29 percent of the men report no education; in Bangladesh, Pakistan, and Morocco, 42 percent, 50 percent, and 63 percent of the men, respectively, never attended school. In most countries, relatively few of the men who attended primary school continued on to secondary school or beyond. In Rwanda, for example, 92 percent of men with a formal education attended only primary school; only 8 percent went on to secondary school or beyond. Egypt and Pakistan are the only exceptions where a majority of those with some formal schooling continue beyond the primary level. Cameroon, Ghana, and Kenya show the highest levels of secondary education in sub-Saharan Africa.

Table 2.1 and Figure 2.2 show great regional variation in levels of polygyny. Between one-quarter and one-third of the men in West Africa are polygynously married, with the exception of the 1993 Ghana survey in which only 15 percent of male respondents reported a polygynous union. Levels of polygyny are much lower in East Africa than in West Africa. Only about 10 percent of the men are polygynously married in the East African countries, with the exception of Tanzania, where 16 percent of the men are in a polygynous union. Polygyny is even less common in North Africa and Asia; only 1 to 4 percent of the men in these countries are in polygynous unions. Thus, the lowest level of polygyny observed in sub-Saharan Africa is more than double the highest level recorded in North Africa and Asia.

Fertility is high among male respondents: in every country but Bangladesh, the largest segment of currently married men report having five or more children (Table 2.1). The proportion of men with no children ranges from as little as 2 percent in the 1989 Kenya survey to 26 percent in Burundi, while the proportion of men with five or more children ranges from 26 percent in Bangladesh to 59 percent in the 1989 Kenya survey. About half the men in West Africa have five or more children, with the exception of the Ghana (1993) and Niger where approximately one-third

Table 2.1 Background characteristics of male respondents

Percentage of currently married men by age, residence, education, type of union and number of children, Demographic and Health Surveys, 1987-1993

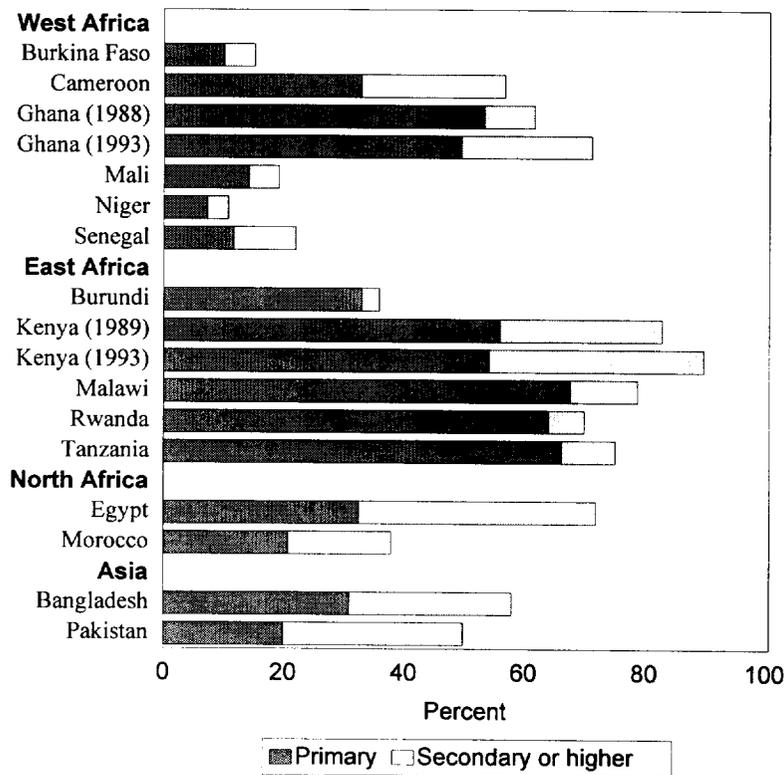
Country	Age group						Mean age	Residence		Education			Type of union		Number of children				Mean children	Total	Number
	<20	20-29	30-39	40-49	50-59	60+		Urban	Rural	None	Primary	Secondary or higher	Monogamy	Polygyny	0	1-2	3-4	5+			
West Africa																					
Burkina Faso	0.0	17.7	24.5	17.8	17.7	22.2	45.6	15.0	85.0	84.9	10.0	5.1	65.0	34.9	8.3	24.4	21.8	45.4	5.3	100.0	1346
Cameroon	1.0	16.2	30.2	25.6	17.9	9.1	41.5	37.1	62.9	43.3	32.8	23.9	74.2	25.8	6.4	24.1	22.6	46.8	5.1	100.0	814
Ghana (1988)	0.6	16.6	32.4	27.9	14.7	7.6	40.7	24.0	76.0	38.4	53.2	8.4	74.4	25.6	4.9	23.3	26.2	45.6	5.0	100.0	943
Ghana (1993)	0.5	20.4	37.8	22.4	18.8	NA	38.2	33.2	66.8	28.8	49.4	21.8	85.0	14.8	8.1	30.0	29.4	32.4	3.8	100.0	749
Mali	NA	15.1	34.7	35.5	14.7	NA	39.4	24.1	75.9	80.8	14.1	5.0	68.8	31.2	6.1	24.0	19.9	50.0	5.2	100.0	764
Niger	0.6	19.9	29.1	25.0	17.6	7.8	40.4	14.8	85.2	89.3	7.2	3.5	76.5	23.5	10.6	27.5	25.1	36.9	4.1	100.0	1570
Senegal	NA	8.6	25.0	25.0	17.6	23.8	47.9	35.0	65.0	78.1	11.6	10.3	62.4	37.5	6.4	20.8	19.4	53.1	5.6	100.0	941
East Africa																					
Burundi ^a	NA	29.7	36.6	18.9	7.3	7.5	37.4	3.0	97.0	58.3	29.9	2.6	89.6	10.4	26.3	21.8	24.5	27.4	3.1	100.0	542
Kenya (1989)	0.1	12.8	32.7	28.6	18.0	7.8	42.1	13.4	86.6	17.2	55.9	27.0	79.3	20.5	1.7	15.6	23.9	58.5	6.1	100.0	1170
Kenya (1993) ^b	NA	21.5	39.5	29.8	9.2	NA	37.0	23.6	76.4	10.2	54.1	35.7	88.3	11.6	5.7	23.9	24.0	46.3	4.7	100.0	1664
Malawi ^c	NA	30.5	31.9	26.7	10.9	NA	36.0	U	U	21.2	67.6	11.2	90.9	9.0	8.7	31.9	26.6	32.8	3.7	100.0	866
Rwanda	0.7	22.4	39.2	23.3	8.4	5.9	38.1	4.3	95.7	30.0	64.0	5.9	89.1	10.9	5.3	26.6	25.2	42.8	4.6	100.0	598
Tanzania	0.7	22.7	32.2	23.8	19.0	1.5	38.6	25.4	74.6	24.9	66.1	9.0	83.8	16.1	8.1	27.8	25.2	39.0	4.3	100.0	1184
North Africa																					
Egypt	0.3	14.9	35.1	30.7	14.9	4.2	40.2	45.8	54.2	28.2	32.4	39.5	97.8	2.2	8.1	28.1	30.6	33.2	3.6	100.0	2311
Morocco	NA	10.2	34.2	27.0	19.2	9.4	42.7	44.5	55.5	62.6	20.7	17.1	95.0	3.6	9.5	21.7	23.9	45.0	4.5	100.0	939
Asia																					
Bangladesh	0.6	19.1	36.9	22.4	15.8	5.3	39.3	11.5	88.5	42.2	30.9	27.0	98.8	1.2	9.2	34.0	30.8	26.0	3.2	100.0	3284
Pakistan	0.6	23.3	34.6	24.3	14.3	3.0	38.0	31.9	68.1	50.2	19.9	29.9	95.7	3.9	11.7	21.1	30.6	36.4	3.8	100.0	1354

NA = Not applicable

U = Unknown (not available)

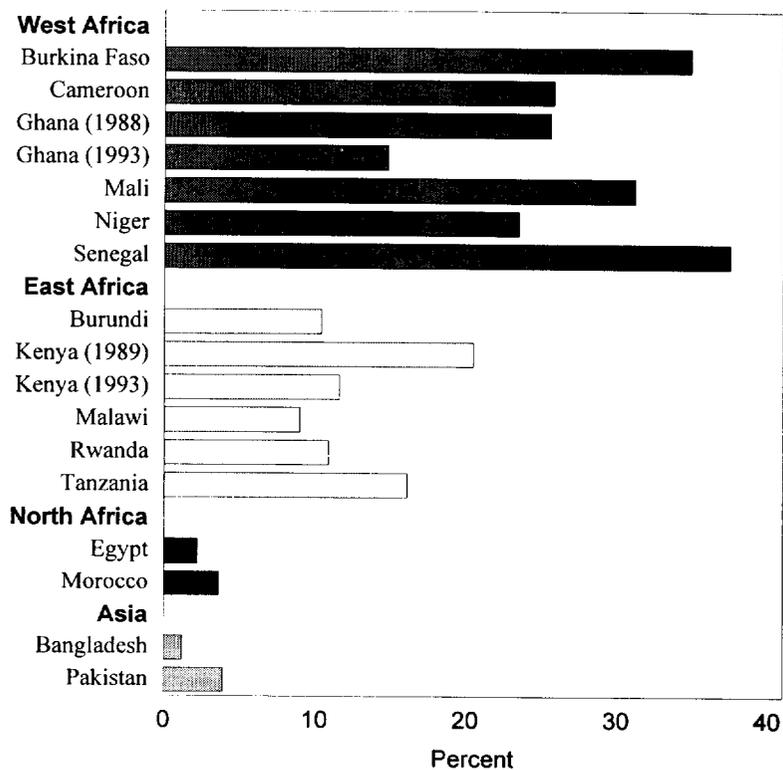
^a Information on husbands' education was collected in the female questionnaire^b The age group 50-59 includes only men aged 50-54^c Information on rural/urban differences not available

Figure 2.1 Level of education among currently married men, Demographic and Health Surveys, 1987-1993



Note: In Burundi, estimates of male education are based on the wife's report of her husband's education

Figure 2.2 Polygyny among currently married men, Demographic and Health Surveys, 1987-1993



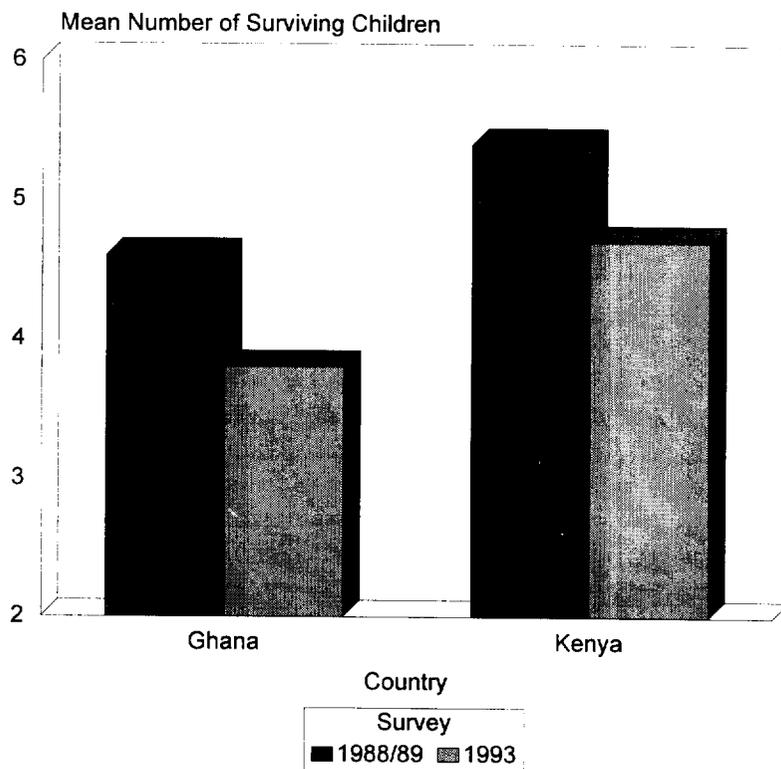
report having five children or more. The mean number of children varies by region. In West Africa, it ranges from 3.8 in the 1993 Ghana survey to 5.6 in Senegal; in East Africa, from 3.1 in Burundi to 6.1 in the 1989 Kenya survey; in North Africa, from 3.6 in Egypt to 4.5 in Morocco; and in Asia, from 3.2 in Bangladesh to 3.8 in Pakistan. The prevalence of polygyny affects the mean number of children: in every country with a mean of five or more children, at least 25 percent of the men are polygynously married. As noted earlier, comparisons between countries may be suspect because some surveys do not specify whether the number of children refers to surviving children or children ever born.

Differences in the surveys' age limits affect the mean age of the respondents, the proportion who are polygynous, and the mean number of surviving children. All these measures increase with age, so that their values generally will be higher in countries without upper age limits on respondents. This is particularly true for Burkina Faso and Senegal where more than one-fifth of the respondents are age 60 years and older. When the sample in Senegal is restricted to men age 20 to 54, the size of the sample is reduced from 941 to 623 currently married men, the mean age falls from 48 years to 39 years, polygyny levels decrease from 38 to 28 percent, and the mean number of surviving children decreases from 5.6 to 4.3. For most countries, however, the impact of age

limits is far smaller, because less than 10 percent of respondents are age 60 and over. In Ghana and Kenya, for example, where age limits were imposed on respondents in the second but not in the first male survey, restricting the sample in the earlier survey to match the age limits of the later survey has little impact on aggregate estimates. In Ghana, for example, placing age limits on the 1988 sample reduces mean age by two years (from 41 to 39 years), mean surviving children by less than half a child (from 5.0 to 4.6 children) and the proportion polygynous by 2 percentage points (from 26 to 24 percent).

Figure 2.3 shows the trends in the mean number of children for currently married men in Ghana and Kenya between the two DHS surveys. To ensure that the data for the two surveys in each country is comparable, the mean number of children was calculated for the same age groups in subsequent surveys (age 15-59 in Ghana and age 20-54 in Kenya). Both Ghana and Kenya show a substantial decline in the mean number of children from 1988 to 1993. In Ghana, the mean number of children declined from 4.6 to 3.8, while in Kenya it fell from 5.4 to 4.7 children. Whether this change is taking place among men elsewhere will only become evident as further rounds of men's surveys are conducted in other countries.

Figure 2.3 Trends in mean number of surviving children among currently married men, Ghana and Kenya, Demographic and Health Surveys, 1988-1993



3 Knowledge and Use of Contraception

Most of the men's surveys gathered detailed information about contraceptive knowledge, ever and current use, and intentions to use contraception in the future. The contraceptive table in the male questionnaire is modeled after the one in the female questionnaire. The table lists nine or ten methods as well as a residual "other" category. These methods are generally divided into two types: modern and traditional methods. Modern methods include the pill, IUD, injectables, spermicide, condom, female and male sterilization, and Norplant.³ Traditional methods include periodic abstinence or rhythm, withdrawal, and folk methods (plants, charms, etc.). Some countries include other methods such as prolonged abstinence, prolonged breastfeeding, Billings (or mucus/natural family planning). These methods, however, are excluded in the analysis of contraceptive knowledge and use.

3.1 KNOWLEDGE OF CONTRACEPTION

The surveys gathered information on both spontaneous and probed knowledge of contraceptive methods. Interviewers first asked respondents which methods they had ever heard of. Then they probed for further knowledge by describing each of the methods not mentioned spontaneously by the respondent and asking if he had ever heard of that method. This analysis, however, does not distinguish between spontaneous and probed knowledge. A respondent is classified as knowing a method whether he reported it on his own or after probing. Knowledge of a method simply means that a respondent has heard of it; it does not imply that the respondent approves of the method, knows how to use it, or knows where to obtain it.

Contraceptive knowledge is high among currently married men (Table 3.1). In East Africa, North Africa, and Asia, more than 90 percent of men know at least one contraceptive method, with the exception of Pakistan and Tanzania where only 79 and 86 percent of the men, respectively, know of a method. Knowledge is somewhat lower in West Africa; in that region, the proportion of men who know at least one method exceeds 90 percent only in Ghana. In the

³ Taking into account its newness, Norplant has only recently been added to the contraceptive table in the core questionnaire.

other West African countries surveyed, knowledge of a contraceptive method ranges from 66 percent in Mali to 85 percent in Niger. In all but two countries, Burundi and Mali, a greater percentage of men know of a modern method than a traditional method.

The pill is the most widely known method, followed by the condom and female sterilization. In 10 of the 17 surveys, more men know of the pill than any other method; in 5 surveys, the condom is the best known method. Female sterilization is far more widely known than male sterilization, with a 30-percentage-point or larger gap in the proportion of men reporting knowledge of female and male sterilization in 13 of the 17 surveys. In Morocco, for example, 78 percent of the men know of female sterilization, but less than 10 percent know of male sterilization. In most countries, vaginal methods are also less well known than other methods.

Periodic abstinence is the most widely known of the traditional methods. Knowledge of traditional methods, especially periodic abstinence, is generally higher in East Africa than in other regions. Between 63 and 89 percent of men in this region report knowledge of periodic abstinence, except in Tanzania where only 45 percent of the men know of the method. Less than 60 percent of men elsewhere know of periodic abstinence, with the exception of Bangladesh and Ghana where 69 and 64 percent of men, respectively, know of periodic abstinence.

Sociodemographic Differentials in Contraceptive Knowledge

Table 3.2 shows that men's knowledge of modern contraceptive methods varies little by age in most countries. In the few countries where substantial differences in knowledge exist by age, older men generally are less knowledgeable than younger men.

Knowledge of modern methods is much higher among urban men than among rural men, and these urban-rural differences are most pronounced in West Africa. In the West African countries surveyed (except for the 1993 Ghana survey), the proportion of urban residents who know a modern method exceeds the proportion of rural residents by at least

Table 3.1 Knowledge of contraceptive methods

Percentage of currently married men by knowledge of specific methods, Demographic and Health Surveys, 1987-1993

Country	Any method	Any modern method	Pill	IUD	Injectable	Vaginal method	Condom	Sterilization		Nor-plant	Any traditional method	Periodic abstinence	Withdrawal	Other traditional	Number
								Female	Male						
West Africa															
Burkina Faso	84.4	80.0	54.1	37.1	53.6	21.9	73.3	49.0	18.9	0.3	67.2 ^a	50.5	26.5	43.4	1346
Cameroon	73.9	65.2	44.0	26.4	34.2	16.5	50.3	47.4	10.4	0.0	63.2 ^a	47.3	38.8	48.5	814
Ghana (1988)	79.0	76.4	63.0	38.5	39.8	40.7	59.5	58.1	17.6	0.0	55.5	44.9	40.7	4.5	943
Ghana (1993)	94.0	92.9	79.6	44.3	74.2	62.1	86.8	70.4	32.4	5.5	77.7	64.0	65.4	7.3	749
Mali	66.4	53.5	36.9	28.5	32.8	17.5	28.7	31.6	17.8	NA	56.2	25.2	16.0	52.9	764
Niger	85.4	74.0	56.7	36.9	56.7	19.4	50.7	56.0	24.2	NA	70.5	30.6	27.4	67.4	1570
Senegal	79.7	73.9	61.5	39.2	37.8	13.2	53.8	52.0	14.9	4.9	54.3	31.1	29.6	31.2	941
East Africa															
Burundi	91.6	75.2	47.8	20.2	60.5	8.3	35.1	23.5	9.7	NA	85.3	74.2	37.6	68.2	542
Kenya (1989)	94.7	93.1	87.5	67.4	79.8	29.2	81.5	83.0	34.8	NA	82.8	76.8	47.4	18.1	1170
Kenya (1993)	98.8	97.3	93.9	70.8	87.6	33.4	92.8	87.5	56.2	13.9	89.9	85.3	42.7	44.4	1664
Malawi	97.3	94.6	72.1	43.6	59.0	45.6	89.7	66.2	27.7	NA	80.7	62.7	55.7	37.6	866
Rwanda	98.2	97.4	90.7	62.0	91.9	29.9	93.5	80.0	58.1	34.0	93.6	89.3	80.3	1.2	598
Tanzania	85.8	84.2	76.0	34.9	38.8	37.1	71.2	60.4	27.7	NA	60.1	44.8	46.3	31.6	1184
North Africa															
Egypt	96.7	96.7	96.3	95.0	66.1	30.2	68.7	64.1	25.2	35.1	75.2	37.9	47.2	59.4	2311
Morocco	97.7	97.4	97.3	72.7	47.0	14.3	79.9	77.6	8.5	NA	69.4	57.4	50.4	5.1	939
Asia															
Bangladesh	99.7	99.6	99.1	70.6	90.0	0.0	94.6	97.6	89.3	NA	75.6	68.6	41.9	10.4	3284
Pakistan	79.3	77.7	54.9	28.6	50.0	12.6	58.8	65.7	31.7	NA	49.4	38.9	39.9	1.6	1354

NA = Not applicable

^a Excludes prolonged abstinence

15 percentage points. In most other countries, this difference is less than 5 percentage points; Burundi, Pakistan, and Tanzania are the exceptions.

No matter what the overall level of contraceptive knowledge in a country, knowledge of modern methods increases with education. Only in Bangladesh, where knowledge of modern methods is virtually universal, are there no variations by education. The largest gap is between uneducated men and those with some education. The difference between men with only a primary education and those with secondary education or more is generally small except in Mali and Pakistan. Knowledge of modern methods is virtually universal among men who have attended secondary school; in every country but Burundi, at least 95 percent of these better educated men know of one or more modern contraceptive methods. Even in Burundi, 92 percent of men with secondary education or more know of a modern method. Regional variations in the knowledge of modern methods essentially mirror regional differences in educational levels.

Differences in knowledge by type of union are small, but consistent: in nearly every country surveyed, a larger proportion of monogamously married men know of a modern contraceptive method than polygynously married men. Only in Cameroon, Kenya, Senegal, and Tanzania, however, does the difference reach 5 percentage points. As for family size, knowledge generally does not vary by number of surviving children. In a few countries, however, men with no children and those with five or more children report less knowledge of modern contraceptive methods than men with one to four children.

Table 3.3 shows similar patterns in men's knowledge of traditional contraceptive methods. Knowledge of traditional methods is higher among urban than rural men, increases with education, and is higher for monogamous than polygynous men. It does not, however, vary by age or number of living children in most countries.

Table 3.2 Knowledge of modern contraceptive methods by background characteristics

Percentage of currently married men who know any modern method by age, residence, education, type of union and number of children, Demographic and Health Surveys, 1987-1993

Country	Age group					Residence		Education			Type of union		Number of children				Total	Number
	<30	30-39	40-49	50-59	60+	Urban	Rural	None	Primary	Second-ary or higher	Monog-amy	Polygyny	0	1-2	3-4	5+		
	West Africa																	
Burkina Faso	92.7	90.6	85.0	80.2	53.9	94.2	77.4	76.9	96.6	99.2	80.4	79.2	76.0	85.0	81.5	77.5	80.0	1346
Cameroon	70.1	75.4	61.3	64.2	35.0	80.3	56.3	34.1	82.6	97.5	67.5	58.5	58.5	65.5	66.3	65.3	65.2	814
Ghana (1988)	86.5	82.7	77.2	63.3	48.6	88.1	72.7	53.3	90.0	94.6	77.9	71.8	80.4	77.7	80.2	73.0	76.4	943
Ghana (1993)	94.3	94.0	95.8	85.8	NA	96.4	91.2	81.5	96.8	99.4	93.2	91.0	91.8	93.8	93.6	91.8	92.9	749
Mali	64.6	61.7	46.5	39.7	NA	66.0	49.5	48.4	66.8	98.9	53.1	54.4	57.9	60.4	54.1	49.4	53.5	764
Niger	78.7	77.3	73.8	69.3	61.5	86.5	71.9	72.1	86.5	98.1	74.4	72.8	79.7	73.9	70.7	74.8	74.0	1570
Senegal	81.5	88.5	83.4	63.9	53.1	83.9	68.5	67.3	96.3	97.9	77.7	67.4	76.7	80.6	74.9	70.6	73.9	941
East Africa																		
Burundi	74.0	82.5	75.8	61.3	56.7	93.8	74.6	70.5	80.8	92.1	75.3	74.2	76.7	76.4	71.6	76.1	75.2	542
Kenya (1989)	92.5	97.3	95.4	89.5	75.4	95.5	92.7	82.7	93.4	98.9	95.1	85.0	91.8	90.8	96.7	92.2	93.1	1170
Kenya (1993)	98.4	97.8	96.9	94.1	NA	99.6	96.6	82.2	98.9	99.3	97.9	92.8	98.7	98.7	97.1	96.6	97.3	1664
Malawi	97.5	96.0	92.0	89.2	NA	U	U	90.1	95.2	100.0	94.6	94.9	93.2	94.2	93.4	96.5	94.6	866
Rwanda	96.8	99.4	96.9	97.8	87.8	98.6	97.3	96.4	97.6	100.0	97.5	96.6	100.0	98.4	97.1	96.6	97.4	598
Tanzania	86.1	89.4	82.8	76.9	56.8	96.3	80.1	64.5	89.6	99.4	85.2	78.7	82.6	86.3	86.4	81.6	84.2	1184
North Africa																		
Egypt	94.5	98.4	97.2	95.4	91.8	98.4	95.3	93.0	96.8	99.3	96.8	93.9	96.2	96.8	97.0	96.5	96.7	2311
Morocco	100.0	98.8	98.0	94.4	94.5	97.9	97.1	96.2	99.0	100.0	97.4	100.0	100.0	98.4	98.2	96.0	97.4	939
Asia																		
Bangladesh	100.0	99.8	99.6	99.1	99.4	99.7	99.6	99.4	99.8	99.9	99.7	96.6	100.0	99.7	99.6	99.5	99.6	3284
Pakistan	79.8	81.2	79.2	65.0	69.1	87.2	73.3	68.6	75.1	94.9	77.7	79.3	71.2	79.9	80.2	76.7	77.7	1354

NA = Not applicable

U = Unknown (not available)

Table 3.3 Knowledge of traditional contraceptive methods by background characteristics

Percentage of currently married men who know any traditional method by age, residence, education, type of union and number of children, Demographic and Health Surveys, 1987-1993

Country	Age group					Residence		Education			Type of union		Number of children				Total	Number
	<30	30-39	40-49	50-59	60+	Urban	Rural	None	Primary	Secondary or higher	Monogamy	Polygyny	0	1-2	3-4	5+		
West Africa																		
Burkina Faso	92.4	88.6	88.3	85.1	84.3	92.0	86.9	85.9	96.4	98.5	86.6	89.5	81.8	89.8	88.5	87.4	67.2	1346
Cameroon	68.4	71.2	61.1	57.1	45.2	72.5	57.7	38.0	73.9	94.1	64.9	58.4	47.5	64.4	62.9	64.9	63.2	814
Ghana (1988)	65.2	61.1	55.1	43.9	31.9	68.1	51.5	31.2	68.7	82.3	57.0	51.0	63.0	55.9	59.9	51.9	55.5	943
Ghana (1993)	79.5	77.0	80.4	73.8	NA	85.9	73.9	51.4	85.4	95.1	79.7	65.8	78.7	81.8	75.0	76.1	77.7	749
Mali	56.4	62.9	51.8	50.6	NA	66.8	52.8	51.2	70.7	94.5	57.1	54.1	69.3	59.6	53.1	54.1	56.2	764
Niger	71.3	71.4	70.0	71.3	65.6	74.5	69.9	69.3	79.8	83.9	71.0	69.0	66.9	70.5	69.1	72.6	70.5	1570
Senegal	58.0	60.0	60.9	45.8	46.4	65.0	48.5	46.8	68.8	94.8	54.7	53.5	56.7	55.6	51.9	54.2	54.3	941
East Africa																		
Burundi	84.1	88.5	85.7	74.5	83.7	90.8	85.1	83.1	87.6	88.5	85.4	84.0	84.8	84.8	83.0	88.1	85.3	542
Kenya (1989)	82.1	86.5	85.4	77.3	72.5	89.3	81.8	70.3	83.2	90.0	85.5	72.2	77.4	83.1	85.9	81.6	82.8	1170
Kenya (1993)	92.5	89.7	88.6	88.8	NA	92.9	89.0	81.9	87.3	96.2	90.8	83.2	90.3	91.0	93.5	87.4	89.9	1664
Malawi	78.6	86.2	75.8	82.1	NA	U	U	77.5	79.7	92.5	80.2	85.1	75.3	80.6	77.5	84.8	80.7	866
Rwanda	91.4	95.8	96.6	92.0	78.6	95.8	93.5	88.9	95.3	100.0	93.9	91.6	89.8	93.8	94.9	93.2	93.6	598
Tanzania	53.1	68.4	56.0	60.1	54.8	68.4	57.2	43.3	62.5	88.7	60.7	56.8	44.9	61.4	60.3	62.2	60.1	1184
North Africa																		
Egypt	66.7	81.5	76.4	71.7	56.6	83.9	67.8	59.3	73.3	88.1	75.4	68.0	71.7	79.8	76.9	70.5	75.2	2311
Morocco	67.5	75.2	73.9	62.1	53.1	81.9	59.4	60.0	79.8	91.0	69.5	66.4	74.8	71.7	72.9	65.4	69.4	939
Asia																		
Bangladesh	71.8	76.2	79.2	75.1	72.2	78.7	75.2	68.0	76.2	86.9	75.7	70.0	68.2	74.6	79.5	75.0	75.6	3284
Pakistan	49.4	55.5	42.6	47.4	42.1	61.7	43.6	36.0	48.7	72.2	49.7	43.2	40.4	51.3	52.4	48.5	49.4	1354

NA = Not applicable

U = Unknown (not available)

3.2 EVER USE OF CONTRACEPTION

All respondents who knew of a contraceptive method were asked if they had ever used that method. The question usually was worded to include use by either the man or his wife. Table 3.4 shows large variations in the proportion of currently married men who have ever used a method. Ghana is the only country in West Africa where at least half the men report ever using a contraceptive method. Elsewhere in this region, proportions range from 10 percent of men in Mali to 40 percent in Cameroon for having ever used a method. The East African surveys found much higher rates of contraceptive use. The proportion of currently married men who have ever used a method ranges from 43 percent in Burundi to 72 percent in Kenya. About two-thirds of men in Egypt and Morocco have ever used a method compared with three-quarters in Bangladesh and one-quarter in Pakistan.

In most countries, the pill and condom are the two most widely used modern methods (Table 3.4). Substantial variations exist, however, in the proportion of currently married men who have ever used these methods both within and across regions. In West Africa, the proportion of men whose partners have ever used the pill is generally under 5 percent except in Senegal (7 percent) and in Ghana (19 percent). There are only three countries outside West Africa (Burundi, Malawi, and Pakistan) where less than 10 percent of the men report ever using the pill. Pill use is highest in Bangladesh and Morocco, where over half the men report ever using the pill. Among traditional methods, periodic abstinence is the most widely used—2 percent of men in Niger to 50 percent in Kenya report ever using the method. Outside West Africa, more than 10 percent of men have ever used periodic abstinence in every country but Egypt. Rates are generally lower in West Africa, where only in Burkina Faso, Cameroon, and Ghana did more than 10 percent of the men report ever using this method.

Table 3.4 Ever use of contraception

Percentage of currently married men by ever use of specific contraceptive methods, Demographic and Health Surveys, 1987-1993

Country	Any method	Any modern method	Pill	IUD	Injectable	Vaginal method	Condom	Female sterilization	Other modern ^a	Any traditional method	Periodic abstinence	Withdrawal	Other traditional	Number
West Africa														
Burkina Faso	33.5	15.6	4.9	1.5	0.8	1.5	12.4	0.6	0.1	26.6	21.0	4.9	4.6	1346
Cameroon	39.6	17.1	4.0	1.0	1.2	1.6	11.0	2.6	0.0	33.5	28.0	17.4	0.3	814
Ghana (1988)	41.0	26.4	13.1	1.6	0.5	13.0	11.9	1.3	0.0	30.0	23.9	14.1	1.6	943
Ghana (1993)	59.1	46.3	18.8	3.1	3.2	19.2	35.1	0.9	0.0	40.9	27.5	23.2	2.7	749
Mali	10.3	3.6	1.5	0.4	0.3	0.3	2.2	0.2	0.1	8.5	4.9	1.2	3.6	764
Niger	13.3	5.8	3.7	0.2	0.7	0.2	2.5	0.2	0.0	9.0	2.2	0.9	7.0	1570
Senegal	21.8	15.0	6.9	2.9	0.7	1.7	9.9	0.7	0.0	12.8	7.7	3.3	5.4	941
East Africa														
Burundi	42.6	2.3	0.2	0.6	1.1	0.0	0.7	0.0	0.0	42.0	37.9	12.9	1.1	542
Kenya (1989)	65.0	34.9	16.9	8.8	6.3	2.4	16.7	7.1	0.8	54.7	48.4	15.3	8.2	1170
Kenya (1993)	71.8	48.3	24.2	7.3	10.3	2.5	27.0	5.7	0.3	54.8	49.5	10.0	11.9	1664
Malawi	57.1	30.4	9.2	1.6	4.6	0.7	22.1	1.6	0.2	42.5	30.0	22.3	10.7	866
Rwanda	51.7	25.7	13.1	0.6	15.3	0.4	5.0	0.6	0.9	39.3	33.9	16.7	0.2	598
Tanzania	45.0	23.5	10.7	1.3	1.0	0.4	14.4	3.2	0.0	35.4	22.9	19.3	11.2	1184
North Africa														
Egypt	67.3	65.2	44.6	41.8	2.5	2.7	8.6	0.8	0.2	12.5	5.8	4.0	6.0	2311
Morocco	62.5	59.0	53.8	7.5	1.0	1.2	12.4	4.3	0.0	18.1	13.2	7.5	1.4	939
Asia														
Bangladesh	77.8	68.5	54.3	7.4	12.6	0.0	27.5	9.1	2.1	40.1	34.5	12.8	3.2	3284
Pakistan	24.7	18.2	4.6	2.9	2.9	0.4	12.1	4.0	0.1	15.7	11.7	8.3	0.3	1354

^a Other modern methods include male sterilization and Norplant

Overall, more men in West and East Africa report ever using a traditional method than ever using a modern method, except in Ghana and Senegal. In contrast, men in North Africa and Asia are far more likely to report ever using a modern method than a traditional method, especially in Egypt and Morocco.

3.3 CURRENT USE OF CONTRACEPTION

All men who reported ever using a contraceptive method were asked if they or their wives were currently using a method to delay or avoid pregnancy. When a respondent reported currently using two or more methods (for instance, the condom and pill), interviewers were instructed to record only the more effective method. The proportion currently using a contraceptive method, often referred to as the contraceptive prevalence rate (CPR), is an important demographic parameter that is strongly related to fertility levels. More than half of all currently married men in Bangladesh,

Egypt, and Kenya, and more than a third in Ghana, Morocco, and Rwanda, currently use a contraceptive method (Table 3.5). Men in Mali and Niger report the lowest levels of current contraceptive use, at 2 and 7 percent, respectively. Regional variations in current use of contraception parallel those in ever use, with the lowest levels, below 20 percent, reported in West Africa (except Ghana) and in Pakistan.

In most countries, the pill and condom are the most widely used methods, often accounting for more than 90 percent of all current modern method use. In Cameroon and Pakistan, however, female sterilization is the most widely used modern method, while in Bangladesh and Morocco female sterilization is second after the pill. In Egypt, the IUD is by far the most commonly reported method, followed by the pill. In Rwanda, injectables account for more than 60 percent of all current modern method use. Periodic abstinence is the most widely used of the traditional methods in every country but Niger.

Table 3.5 Current use of contraception

Percent distribution of currently married men by current use of specific contraceptive methods, Demographic and Health Surveys, 1987-1993

Country	Any method	Any modern method	Pill	IUD	Condom	Female sterilization	Other modern ^a	Any traditional method	Periodic abstinence	Withdrawal	Other traditional	Not using	Number
West Africa													
Burkina Faso	12.1	7.0	1.8	0.9	3.7	0.2	0.3	5.1	4.5	0.1	0.5	87.9	1346
Cameroon	15.1	5.8	1.1	0.3	1.6	2.5	0.4	9.3	6.6	2.6	0.1	84.1	814
Ghana (1988)	19.6	9.3	4.2	0.6	1.8	1.2	1.5	10.3	8.3	1.7	0.3	80.4	943
Ghana (1993)	33.5	19.9	4.7	1.1	10.4	0.7	3.0	13.6	9.1	4.0	0.5	66.5	749
Mali	1.8	0.4	0.1	0.1	0.2	0.1	0.1	1.4	1.0	0.1	0.3	97.9	764
Niger	6.7	2.6	1.5	0.1	0.5	0.0	0.5	4.1	0.8	0.2	3.1	93.3	1570
Senegal	10.3	6.5	2.9	1.4	1.5	0.6	0.1	3.8	1.9	0.4	1.5	89.6	941
East Africa													
Burundi	U	U	U	U	U	U	U	U	U	U	U	U	U
Kenya (1989) ^b	49.3	24.7	7.8	5.3	3.2	6.3	4.7	28.9	25.6	2.5	2.8	50.7	1170
Kenya (1993)	54.4	31.9	10.6	3.0	6.8	5.4	6.0	22.6	18.9	0.5	3.2	45.6	1664
Malawi	25.1	12.5	3.0	0.5	6.3	1.1	1.5	12.6	7.9	2.2	2.5	74.9	866
Rwanda	34.5	12.7	3.2	0.2	0.2	0.8	8.4 ^c	21.8	17.9	3.7	0.2	65.5	598
Tanzania	21.8	10.4	4.2	0.2	4.1	1.9	0.0	11.4	7.7	2.5	1.2	78.2	1184
North Africa													
Egypt	50.3	47.6	13.8	30.0	2.3	0.6	0.8	2.7	0.9	0.9	0.9	49.7	2311
Morocco	39.2	34.5	27.8	2.4	0.6	3.4	0.3	4.7	3.0	1.3	0.4	60.5	939
Asia													
Bangladesh	55.2	43.9	22.8	1.9	4.0	8.5	6.6	11.3	7.9	2.1	1.3	44.8	3284
Pakistan	15.1	10.1	0.8	1.4	3.6	3.7	0.6	5.0	3.2	1.7	0.2	84.7	1354

U = Unknown (not available)

^a Other modern methods include injectables, vaginal methods, male sterilization and Norplant.

^b Can use more than one method at the same time

^c 7.8 percent use injections making this the most frequently used modern method in Rwanda.

In most countries, as Table 3.5 shows, men are more likely to currently be using a modern rather than a traditional method. In Burkina Faso and Kenya, 58 percent of men who are currently using contraception rely on a modern method; this proportion reaches a high of 95 percent in Egypt. In Malawi and Tanzania, however, current users are equally divided between modern and traditional methods, while in Cameroon, Mali, Niger, and Rwanda, traditional methods are more widely used than modern methods.

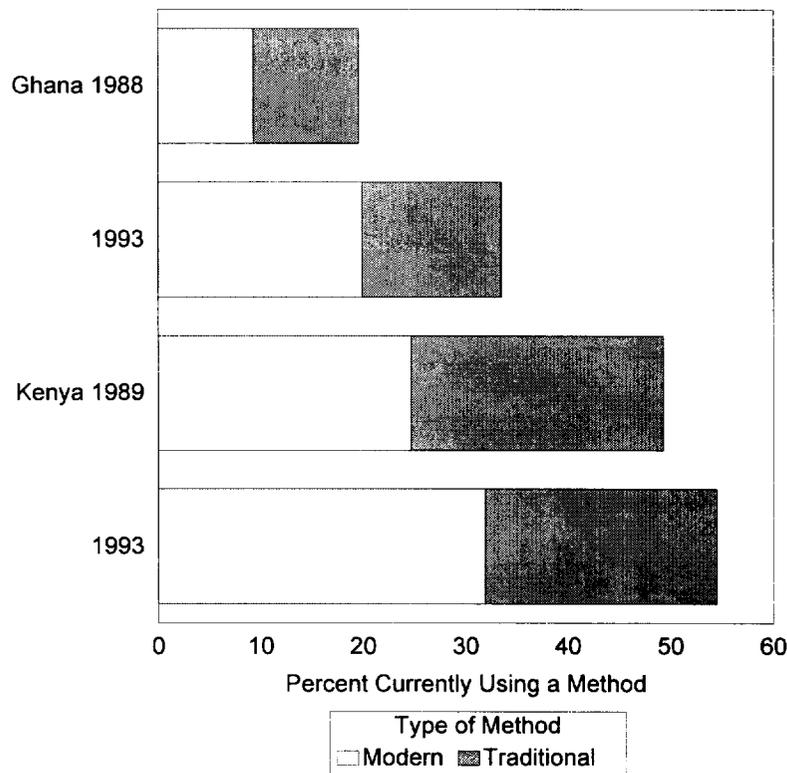
Two successive men's surveys in Ghana and Kenya make it possible to examine changes in contraceptive use over time. Figure 3.1 and Table 3.5 show that contraceptive use among currently married men rose over a five- or six-year period in both countries. In Ghana, every method except female sterilization shows an increase in use, but the greatest increases took place in the use of modern methods, especially the condom. Fewer than 2 percent of men reported currently using the condom in 1988, compared with more than 10 percent in 1993. In contrast, while the use of mod-

ern contraceptives increased in Kenya between the surveys, the use of traditional methods declined. Overall, there was only a slight rise in contraceptive use, largely due to increased use of the pill, condom, and injectables. The use of female sterilization declined as did use of the IUD.

Sociodemographic Differentials in Contraceptive Use

By identifying the characteristics of male contraceptive users, these DHS surveys may help family planning program managers develop effective ways to reach male populations. Overall, the characteristics of male users correspond to the image of typical female users—middle-aged, educated, urban dwellers with four children or fewer. Table 3.6 shows that contraceptive use by married men declines with age, especially after age 49. In most countries, contraceptive use peaks between ages 30 and 49. In a few countries, such as Kenya, contraceptive prevalence does not vary much by age.

Figure 3.1 Trends in contraceptive use among currently married men, Ghana and Kenya, Demographic and Health Surveys, 1988-1993



Note: Use of traditional methods in Kenya (1989) excludes men who use both modern and traditional methods.

Table 3.6 Current use of contraception by background characteristics

Percentage of current use of any contraceptive method among currently married men by age, residence, education, type of union and number of children, Demographic and Health Surveys, 1987-1993

Country	Age group					Residence		Education			Type of union		Number of children				Total	Number
								None	Primary	Secondary or higher	Monog-amy	Polygyny	0	1-2	3-4	5+		
	<30	30-39	40-49	50-59	60+	Urban	Rural											
West Africa																		
Burkina Faso	14.6	20.6	17.6	5.6	1.7	36.9	7.8	7.5	24.1	65.4	14.3	8.1	8.8	15.4	15.9	9.2	12.1	1346
Cameroon	17.1	18.7	17.0	14.6	5.7	24.4	10.9	1.3	18.5	38.8	17.4	11.7	5.7	14.2	14.4	18.9	15.1	814
Ghana (1988)	24.8	21.9	19.8	13.7	11.1	28.8	16.7	7.5	25.3	39.2	20.1	18.3	6.5	17.7	23.1	20.0	19.6	943
Ghana (1993)	38.2	31.1	40.5	24.8	NA	46.6	27.0	10.2	35.1	60.7	33.9	30.6	34.4	31.6	36.4	32.5	33.5	749
Mali	2.2	3.0	1.7	0.8	NA	8.0	0.2	0.4	6.6	16.6	2.7	0.7	1.8	2.3	3.1	1.7	1.8	764
Niger	7.0	8.9	6.6	4.9	3.2	18.7	4.6	5.1	11.7	38.2	5.7	9.9	3.0	5.6	6.7	8.6	6.7	1570
Senegal	11.1	12.3	17.0	6.6	3.6	19.8	5.2	4.6	20.2	42.3	10.4	10.2	5.0	9.7	13.7	10.0	10.3	941
East Africa																		
Burundi	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
Kenya (1989)	44.4	52.9	56.9	44.1	27.2	55.7	48.4	38.5	46.0	63.1	51.9	38.9	0.0	48.4	51.9	50.0	49.3	1170
Kenya (1993)	50.5	56.9	57.3	43.5	0.0	60.5	52.5	32.0	50.9	66.2	56.1	41.9	24.6	52.2	64.0	54.2	54.4	1664
Malawi	20.5	29.9	28.2	15.9	NA	U	U	15.1	25.0	44.3	23.8	38.1	8.3	20.4	29.2	30.7	25.1	866
Rwanda	27.3	35.7	41.0	39.9	21.4	32.4	34.6	29.8	34.9	54.1	33.5	43.0	0.0	35.4	31.8	40.0	34.5	598
Tanzania	18.3	28.1	22.8	14.6	16.9	26.4	20.2	7.5	23.1	51.7	21.8	21.7	1.1	19.8	27.7	23.7	21.8	1184
North Africa																		
Egypt	25.5	54.1	60.5	49.5	38.7	60.5	41.7	38.8	49.9	58.9	50.7	35.3	0.7	47.7	61.3	54.5	50.3	2311
Morocco	28.2	50.6	47.8	29.9	7.3	51.4	30.0	31.0	47.6	60.4	39.7	37.8	2.3	48.1	48.9	38.2	39.2	939
Asia																		
Bangladesh	43.7	57.5	68.9	50.2	38.5	62.9	54.1	49.2	54.4	65.3	55.1	59.9	22.1	55.8	64.7	54.7	55.2	3284
Pakistan	10.2	16.6	18.9	17.5	0.0	27.0	9.8	8.2	13.7	28.2	15.7	6.2	2.0	12.3	16.0	20.7	15.1	1354

NA = Not applicable

U = Unknown (not available)

In all countries except Rwanda, urban men are more likely to use contraception than rural men. In Mali, for instance, nearly all current contraceptive users reside in urban areas, while in Burkina Faso, 37 percent of urban residents currently use a method compared with 8 percent of rural residents. Rwanda is the only country where the proportion of users in rural areas exceeds that in urban areas. In Bangladesh, Kenya, and Tanzania, however, the level of contraceptive use among urban residents does not far outweigh use among rural residents.⁴

Current contraceptive use increases with education in all countries, but educational differentials are more pronounced in West Africa than in the other regions (Table 3.6). Ten percent or less of uneducated men in the West African countries surveyed are current users. In contrast, current use among those with secondary or higher education ranges from 17 percent in Mali to 65 percent in Burkina Faso. Elsewhere, the proportion of uneducated men currently using contraception ranges from 8 percent in Tanzania to 49 percent in Bangladesh, with levels in most countries exceeding 30 percent. Outside of West Africa, more than half of men with secondary or higher education currently use contraceptives everywhere but Pakistan (28 percent) and Malawi (44 percent).

In most countries, there is a greater difference in contraceptive use between men with primary education and those with secondary or higher education than there is between men with no formal education and those with primary education. Cameroon, Egypt, Ghana, Kenya, and Morocco are exceptions to this pattern, and in these countries, education appears to have a linear relationship with contraceptive use. In some countries, such as Bangladesh, Pakistan, and Rwanda, current use does not differ much between men with no education and those with only primary education. Thus, in most countries, having a secondary or higher education may be a more important predictor of contraceptive use for men than having ever attended school.

In most of the countries surveyed, monogamously married men are more likely to be current users than polygynously married men. In Morocco, Senegal, and Tanzania, there is little difference by type of union, and in Niger, Malawi, and Rwanda, polygynous men more often report using contraception than do monogamous men.

Men with no living children and those with five or more children are much less likely to be current users than those with one to four children. In a few countries such as Cameroon and Ghana, the proportion of men using contraception did not vary much by the number of surviving children, especially among men with at least one surviving child.

As Table 3.7 demonstrates, the background characteristics of men currently using modern contraceptive methods follow the same patterns as those for men using any type of contraception. This is not surprising since the use of modern methods predominates in most countries. Overall, middle-aged, educated, monogamous men with one to four children residing in urban areas are more likely to currently use a modern method than other men.

In the four countries where the use of traditional methods outweighs the use of modern methods—Cameroon, Mali, Niger, and Rwanda—the characteristics of modern users differ from the pattern observed elsewhere. (Mali is excluded from this discussion, since only three men in the sample reported currently using a modern method.) In Cameroon and Rwanda, the proportion of men using a modern method increases with age, peaking in the age group 50-59. In most other countries, this proportion declines with age, especially after age 39. Rwanda is also the only country where urban residents and men with a secondary or higher education report less use of modern methods than rural residents and men with primary or no education. Niger and Rwanda are the only countries where polygynous men are almost twice as likely to be using modern methods as monogamous men. In most countries, monogamous men generally report more use of modern methods than polygynous men, although the proportions are similar in Malawi, Morocco, Senegal, and Tanzania. As for the number of surviving children, in Cameroon, Niger, and Rwanda, men with at least five children are most likely to use modern methods. The only other country displaying this pattern is Pakistan. In most other countries, men with three or four children report more use of modern methods than those at other parities.

In addition to these sociodemographic characteristics, other factors may affect the use of contraception among men. These include the age of a man's wife, her pregnancy and breastfeeding status, both the man's and woman's fecundity status, and the couple's living arrangements (whether they are living together, are temporarily separated, etc.). These factors are outside the scope of the present paper but will be examined in a comparative analysis of couples.

⁴ Current use was not asked in Burundi, and data on urban-rural residence are not available for Malawi.

Table 3.7 Current use of modern contraceptive methods by background characteristics

Percentage of current use of any modern contraceptive method among currently married men by age, residence, education, type of union and number of children, Demographic and Health Surveys, 1987-1993

Country	Age group					Residence		Education			Type of union		Number of children				Total	Number
	<30	30-39	40-49	50-59	60+	Urban	Rural	None	Primary	Secondary or higher	Monog-amy	Polygyny	0	1-2	3-4	5+		
	West Africa																	
Burkina Faso	9.0	11.8	9.9	4.0	0.2	25.7	3.7	3.8	15.3	43.9	8.5	4.2	5.4	8.6	10.1	4.9	7.0	1346
Cameroon	3.7	4.7	6.3	10.1	4.0	9.1	3.8	0.3	8.0	12.5	6.4	3.9	0.0	4.3	2.6	8.8	5.8	814
Ghana (1988)	12.7	12.1	8.4	5.0	2.8	14.2	7.8	1.1	13.9	17.7	10.1	7.1	4.3	9.1	10.9	9.1	9.3	943
Ghana (1993)	26.8	19.1	20.2	13.5	NA	29.7	15.0	3.2	21.9	37.4	20.7	14.4	23.0	18.7	20.9	19.3	19.9	749
Mali	0.0	0.8	0.5	0.0	NA	1.8	0.0	0.0	1.6	4.4	0.6	0.2	0.0	0.7	0.8	0.2	0.4	764
Niger	2.8	4.2	2.4	1.6	0.0	14.0	0.7	1.3	7.1	28.7	2.3	3.9	0.6	2.6	2.9	3.1	2.6	1570
Senegal	4.9	8.5	11.1	4.8	1.3	14.0	2.5	1.9	14.7	32.0	6.3	6.8	1.7	5.1	9.8	6.4	6.5	941
East Africa																		
Burundi	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
Kenya (1989)	13.7	25.7	23.0	18.6	4.7	34.0	18.3	10.9	15.8	36.3	22.3	12.9	0.0	20.1	25.7	19.1	24.7	1170
Kenya (1993)	28.6	33.2	34.2	26.1	NA	42.4	28.6	11.4	27.1	44.9	33.5	19.3	11.8	32.5	40.8	29.2	31.9	1664
Malawi	11.9	15.1	12.9	5.3	NA	U	U	5.1	12.3	27.5	12.5	12.2	4.4	12.0	14.4	13.5	12.5	866
Rwanda	8.3	12.8	16.9	15.9	6.1	11.3	12.7	11.1	13.6	9.2	11.8	20.1	0.0	11.0	10.8	16.5	12.7	598
Tanzania	6.8	14.0	12.5	5.8	12.3	18.1	7.8	1.6	10.9	30.6	10.2	11.1	1.1	6.5	15.3	11.9	10.4	1184
North Africa																		
Egypt	24.4	51.3	57.9	44.8	36.4	57.0	39.7	37.3	47.8	54.8	47.9	35.3	0.7	45.3	57.8	51.6	47.6	2311
Morocco	24.9	44.6	40.9	25.9	7.3	45.1	26.0	28.2	41.6	48.7	34.6	32.4	1.1	43.6	42.8	32.7	34.5	939
Asia																		
Bangladesh	35.1	47.6	54.5	36.1	28.5	51.1	42.9	39.8	41.8	52.6	43.7	56.5	14.9	45.8	51.3	42.7	43.9	3284
Pakistan	5.8	11.2	13.0	11.7	0.0	18.9	5.9	5.4	6.9	20.0	10.2	5.7	0.0	5.3	11.1	15.2	10.1	1354

NA = Not applicable

U = Unknown (not available)

3.4 COMPARING MEN'S AND WOMEN'S CONTRACEPTIVE KNOWLEDGE AND USE

Since data regarding the knowledge and use of family planning were collected in the same manner for men and women, they can be compared by gender within countries. Table 3.8 presents contraceptive knowledge and use among currently married men and women by type of method. Overall, men report greater knowledge of contraceptive methods than women, especially in West and East Africa (Figure 3.2). In Burkina Faso and Mali, for example, the proportion of men knowing at least one contraceptive method is 17

and 23 percentage points, respectively, higher than the proportion of women with that level of knowledge. In only two countries of sub-Saharan Africa, Kenya and Rwanda, is the difference between men's and women's knowledge of any contraceptive method less than 2 percentage points. In contrast, levels of contraceptive knowledge are similar for men and women in North Africa and Asia. Knowledge of any method exceeds 96 percent for both men and women in every country in these two regions, with the exception of Pakistan, where only 79 and 78 percent of men and women, respectively, report knowledge of any method.

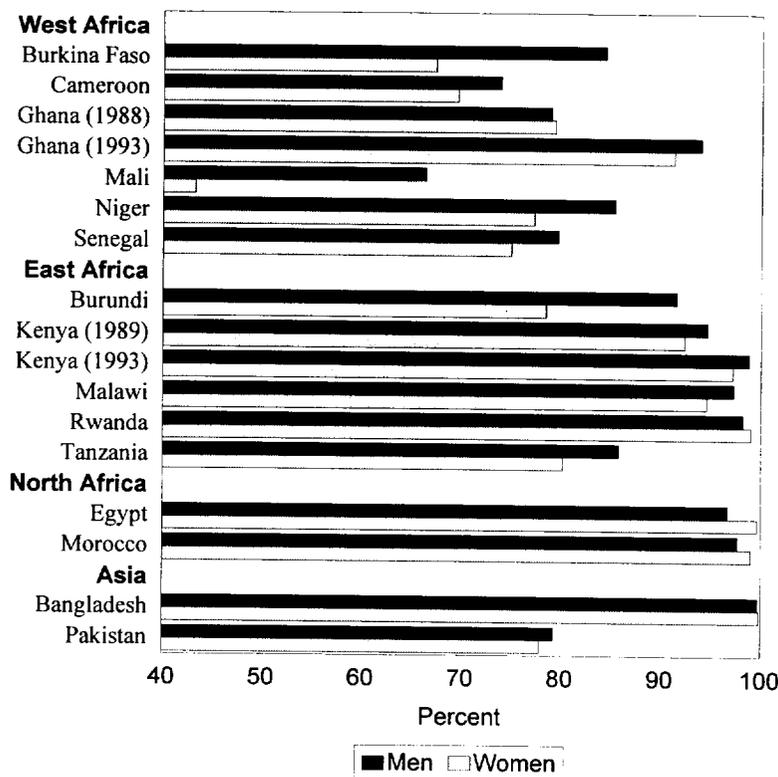
Table 3.8 Knowledge and use of contraception by type of method

Percentage of knowledge and use of contraception among currently married men and women by type of method, Demographic and Health Surveys, 1987-1993

Country	Knowledge of contraception						Use of contraception						Number of men	Number of women
	Modern		Traditional		Any		Modern		Traditional		Any			
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women		
West Africa														
Burkina Faso	80.0	63.3	67.2	42.8	84.4	67.4	7.0	4.2	5.1	3.7	12.1	7.9	1346	5326
Cameroon	65.2	62.9	63.2	58.1	73.9	69.6	5.8	4.3	9.3	8.9	15.1	13.2	814	2868
Ghana (1988)	76.4	76.5	55.5	51.9	79.0	79.4	9.3	5.2	10.3	7.7	19.6	12.9	943	3156
Ghana (1993)	92.9	90.7	77.7	68.6	94.0	91.3	19.9	10.1	13.6	10.1	33.5	20.3	749	3204
Mali	53.5	28.6	56.2	37.1	66.4	43.2	0.4	1.3	1.4	1.9	1.8	3.2	764	2948
Niger	74.0	58.0	70.5	67.4	85.4	77.3	2.6	2.3	4.1	2.2	6.7	4.4	1570	5561
Senegal	73.9	70.3	54.3	49.6	79.7	75.0	6.5	4.8	3.8	2.7	10.3	6.7	941	4505
East Africa														
Burundi	75.2	63.8	85.3	63.1	91.6	78.5	U	1.2	U	5.5	U	6.7	542	2669
Kenya (1989)	93.1	91.3	82.8	55.8	94.7	92.4	20.5	17.9	28.9	9.0	49.3	26.9	1170	4764
Kenya (1993)	97.3	96.9	89.9	75.9	98.8	97.2	31.9	27.3	22.6	5.5	54.4	32.7	1664	4629
Malawi	94.6	91.8	80.7	76.5	97.3	94.6	12.5	7.4	12.6	5.6	25.1	13.0	866	3492
Rwanda	97.4	98.8	93.6	84.4	98.2	99.0	12.7	12.9	21.8	8.3	34.5	21.2	598	3785
Tanzania	84.2	77.6	60.1	48.9	85.8	80.2	10.4	6.6	11.4	3.9	21.8	10.4	1184	6038
North Africa														
Egypt	96.7	99.5	75.2	77.6	96.7	99.6	47.6	44.8	2.7	2.3	50.3	47.1	2311	9133
Morocco	97.4	98.9	69.4	73.1	97.7	99.0	34.5	35.5	4.7	6.0	39.2	41.5	939	5118
Asia														
Bangladesh	99.6	99.8	75.6	76.1	99.7	99.8	43.9	36.2	11.3	8.4	55.2	44.6	3284	8980
Pakistan	77.7	77.2	49.4	25.7	79.3	77.9	10.1	9.0	5.0	2.8	15.1	11.8	1354	6364

U = Unknown (not available)

Figure 3.2 Knowledge of any contraceptive method among currently married men and women, Demographic and Health Surveys, 1987-1993



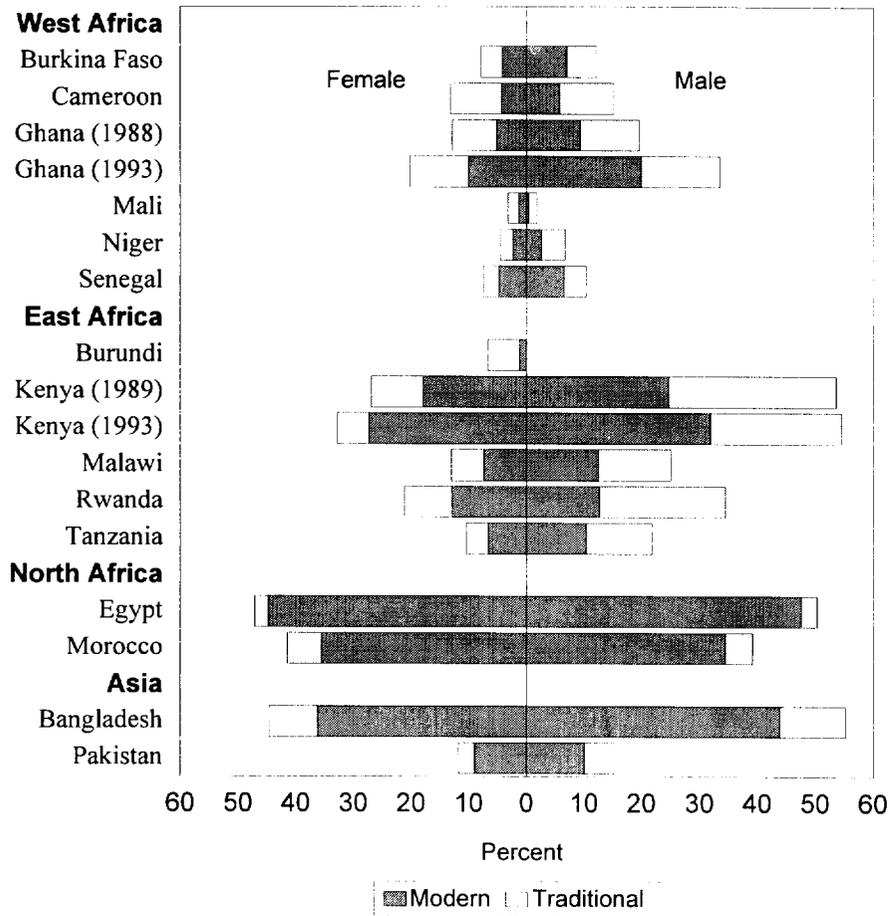
Knowledge of traditional methods varies more widely by gender than does knowledge of modern methods (Table 3.8). More men than women know of a traditional method in every country except Bangladesh, Egypt, and Morocco, where gender differences are quite small. In contrast, knowledge of modern methods is quite similar for men and women in most countries outside West Africa; Burundi and Tanzania are the exceptions. In West Africa, however, there are wide disparities in the knowledge of modern methods in some countries; there is a 25-percentage point difference, for example, in the proportions of men and women in Mali who know of a modern method.

Current contraceptive use among both men and women is lowest in West Africa and highest in North Africa and Asia, except for Pakistan which has levels similar to those observed in West Africa. Men generally reported higher levels of contraceptive use than women, especially in East Africa (Figure 3.3 and Table 3.8). In some countries, such as Tanzania, twice as many men as women report currently using a method. Only in Mali and Morocco do more women than men report currently using a method, and the differences are slight. There are gender differences in the use of both modern and traditional methods, but traditional meth-

ods exhibit the greatest disparities. Men are more likely than women to report using a modern method in all but three countries (Mali, Morocco, and Rwanda) and to report using a traditional method in all but two countries (Mali and Morocco). In East Africa, where traditional methods show the greatest gender differences, men are about three times as likely as women to report using a traditional method.

Since the questions on contraceptive use refer to use by either the man or his partner, these large disparities in the responses of men and women are generally unexpected. It is not clear whether the gender disparities found in the DHS surveys result from men overreporting the use of contraception or from women underreporting its use. One frequently proposed explanation for the gender gap is differences in condom use: it is assumed that married men report greater use of condoms than married women because the men use condoms during extramarital relations to protect against sexually transmitted diseases (STDs). Ezeh (1995) questions this assumption, however, because women are as likely to underreport other male methods (male sterilization and withdrawal) as they are to underreport the use of condoms. Polygyny is a second explanation frequently put forward for the higher reporting of contraceptive use among men. The

Figure 3.3 Current contraceptive use among currently married men and women, Demographic and Health Surveys, 1987-1993



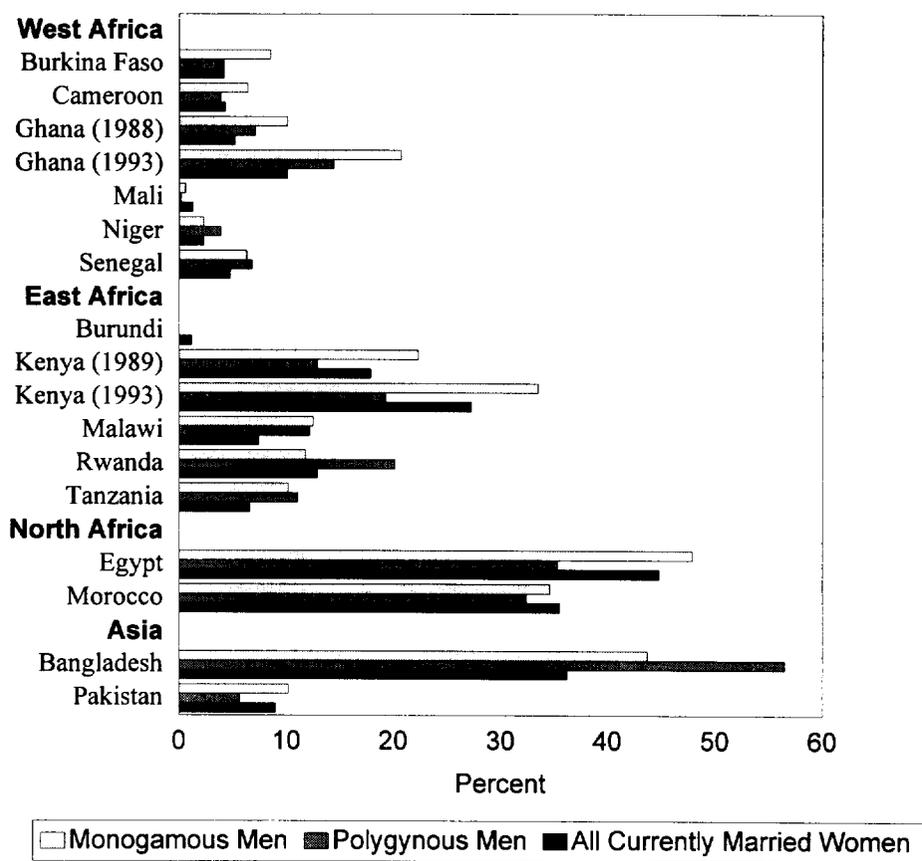
Note: There is no information on current contraceptive use among currently married men in the Burundi survey.

argument is that a polygynous man is classified as a user even if only one of his wives is currently using a method. The fact that, in most countries, current use is higher among monogamous men than polygynous men invalidates this assumption. Further research is needed to establish the direction and extent of under- or overreporting of current contraceptive use by men and women.

By comparing the levels of current contraceptive use reported by monogamous men, polygynous men, and women, Figure 3.4 confirms that polygyny cannot explain higher contraceptive prevalence among men. With the exception of Rwanda, polygynous men in every country report lower lev-

els of modern contraceptive use than do monogamous men. In more than half of the surveys with complete information on current use and type of union, polygynous men also report lower levels of contraceptive use than women. Even in countries with high levels of polygyny, such as Burkina Faso, there is no difference in the current use of modern methods reported by polygynous men and by currently married women. When women are compared to monogamous men, the women generally report much lower levels of modern method use; the exceptions are Mali, Morocco, Niger, and Rwanda where prevalence is similar among women and monogamous men.

Figure 3.4 Current use of modern contraceptive methods among currently married men and women, Demographic and Health Surveys, 1987-1993



Note: There is no information on this topic among currently married men in the Burundi survey.

3.5 INTENTION TO USE CONTRACEPTION IN THE FUTURE

Data on the intentions of nonusers to use contraception in the future furnishes essential information on possible changes in family planning behavior in the years to come. This permits planners to evaluate future demand for contraceptives and to put in place a distribution system to facilitate access to services and supplies. It must be remembered, however, that intention to use may not be translated into actual use.

Table 3.9 presents the percentage of currently married men who are not currently using contraception but intend to do so in the future and their background characteristics. In most countries of East Africa, more than half of male

nonusers say they intend to use contraception in the future; this proportion reaches 65 percent in Malawi. The exception is Tanzania, where only 30 percent of nonusers intend to use contraception in the future—a level closer to that observed in West Africa, where the majority of nonusers have no intention of ever using family planning. Aside from Ghana, where half the nonusers intend to use contraception one day, from 6 percent (in Mali) to 28 percent (in Niger) of nonusers in West Africa say they intend to use contraception in the future. In North Africa, a little more than one-third of the male nonusers intend to use a method, compared with 18 percent in Pakistan and 62 percent in Bangladesh.

Contraceptive intentions vary greatly by sociodemographic characteristics, but the differences are less pronounced than those observed for actual contraceptive use,

Table 3.9 Intention to use contraception in the future by background characteristics

Percentage of intention to use contraception in the future among nonusers by age, residence, education, type of union and number of children, Demographic and Health Surveys, 1987-1993

Country	Currently married men																	Currently married women
	Age group					Residence		Education			Type of union		Number of children				Total	
	<30	30-39	40-49	50-59	60+	Urban	Rural	None	Primary	Secondary or higher	Monogamy	Polygyny	0	1-2	3-4	5+		
																	Total	
West Africa																		
Burkina Faso	49.0	42.1	34.6	12.8	4.2	36.7	24.6	23.9	43.0	49.8	25.8	26.5	33.6	40.1	19.0	20.1	26.1	30.4
Cameroon	30.1	25.9	16.7	13.9	1.8	23.6	17.6	9.0	26.6	39.0	21.5	14.3	7.1	19.5	20.7	21.2	19.6	23.2
Ghana (1988)	41.9	44.8	37.9	19.2	14.1	43.5	33.7	24.8	44.3	45.8	35.5	36.5	20.9	34.3	41.1	35.5	35.8	37.3
Ghana (1993)	59.8	57.9	48.0	28.3	NA	57.1	47.4	33.0	62.5	54.7	50.8	45.5	47.5	58.4	50.0	42.7	50.0	50.9
Mali	10.2	8.7	3.6	0.8	NA	12.6	4.0	4.7	7.1	27.8	6.7	4.3	1.9	5.6	11.8	4.3	5.9	12.9
Niger	43.6	33.6	26.2	13.9	9.1	29.0	28.2	26.9	39.5	48.8	29.6	23.7	25.7	34.9	24.8	26.4	28.3	20.4
Senegal	19.7	20.1	13.9	6.5	NA	18.7	8.3	7.9	23.3	39.3	14.4	6.6	14.3	18.2	12.3	8.5	11.6	28.3
East Africa																		
Burundi	59.4	65.8	34.7	29.6	22.3	61.5	51.8	50.1	57.5	71.7	54.8	29.1	54.0	60.0	52.5	43.5	52.1	31.7
Kenya (1989)	65.6	68.1	46.4	26.4	7.3	49.1	47.2	26.7	48.5	65.8	52.6	31.7	46.6	57.7	61.6	39.2	47.4	53.2
Kenya (1993)	69.9	62.0	38.6	17.8	NA	54.3	51.8	30.6	51.3	67.0	53.3	47.0	67.6	63.1	51.3	43.8	52.3	58.2
Malawi	80.7	71.7	58.4	23.2	NA	U	U	62.5	66.7	61.3	65.5	62.6	73.5	70.7	65.9	55.9	65.3	57.8
Rwanda	69.3	68.3	49.3	33.7	31.2	58.3	59.3	50.4	64.8	42.2	59.5	56.9	44.3	72.1	64.3	50.1	59.3	62.1
Tanzania	37.4	40.7	26.9	9.7	0.0	42.6	25.5	14.3	34.6	51.9	31.6	19.2	27.4	39.2	26.8	24.6	29.6	27.3
North Africa																		
Egypt	56.2	51.0	30.0	11.2	1.4	38.4	38.5	25.6	37.4	53.3	39.2	15.2	41.9	47.5	37.4	28.8	38.5	45.4
Morocco	49.9	59.5	42.4	10.0	1.2	33.4	35.7	27.9	37.5	74.4	35.5	24.1	33.7	41.2	48.7	26.7	34.9	45.3
Asia																		
Bangladesh	85.5	79.9	61.4	16.4	10.9	68.8	61.6	60.8	61.5	66.9	62.4	50.9	83.0	77.8	59.0	32.9	62.3	66.4
Pakistan	18.0	25.5	14.1	8.8	3.6	28.5	13.8	11.5	20.1	29.7	18.2	10.0	8.6	14.8	20.4	21.3	17.9	15.7

NA = Not applicable

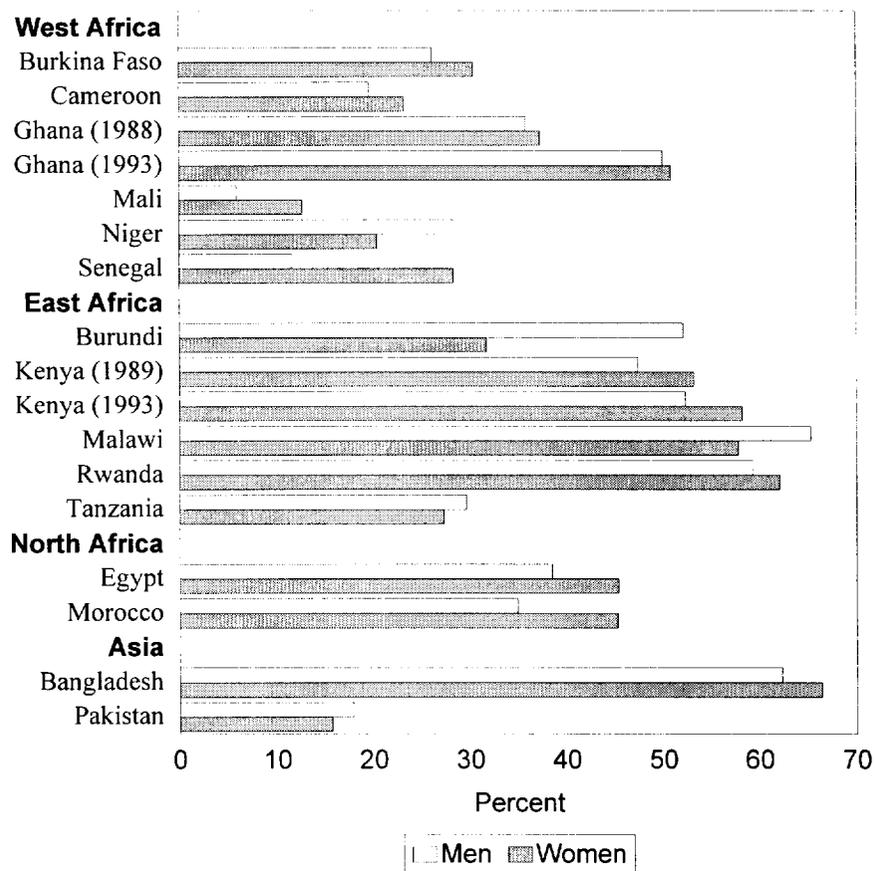
U = Unknown (not available)

particularly in West Africa. Younger men are more likely than older men in every country to intend to use a contraceptive method. Urban dwellers are consistently more likely to intend to use a method than are rural inhabitants, although these differences only exceed 10 percentage points in Burkina Faso, Pakistan, and Tanzania. Contraceptive intentions also rise with education, most notably in West Africa where nonusers with at least primary education are two to three times as likely as uneducated nonusers to intend to use a method. Type of union makes little difference, although, overall, monogamous nonusers are more likely than polygynous ones to intend to use a contraceptive method. Men with many children, especially five or more, are less

likely than men with fewer children to say that they intend to use a method in the future.

Figure 3.5 and the last columns in Table 3.9 compare men's and women's intentions to use contraception in the future. Overall, there is a high correlation between the percentages of male and female nonusers in each country who intend to use contraception. In 12 of the 17 surveys, a higher percentage of women than men say that they intend to use contraception in the future, but the differences are generally small. Only in Burundi, Morocco, and Senegal do they exceed 10 percentage points.

Figure 3.5 Intention to use contraception among nonusers, Demographic and Health Surveys, 1987-1993



3.6 PREFERRED METHOD FOR FUTURE USE

Table 3.10 examines which contraceptive methods nonusers say they would prefer to use in the future. With a few exceptions, the most popular method among female nonusers in West Africa is the pill, while among female nonusers in East Africa it is injectables. In Bangladesh and Morocco, most of these women prefer the pill. In Pakistan female sterilization is the method most frequently mentioned by female nonusers, followed by injectables. Kenya and Morocco are the only other countries where female sterilization is mentioned by more than 10 percent of women who do not currently use contraception but intend to do so. The IUD is the leading choice in Egypt, where it is preferred by 43 percent of female and 32 percent of male nonusers, but the method is not significant elsewhere.

When only female methods are considered, the preferences of male nonusers generally follow the same sequence as do those of female nonusers, that is, the pill, injectables, IUD, and female sterilization in that order. Men, however, mention the condom more frequently than women in all 17 surveys. Never do more than 10 percent of female nonusers express a preference for the condom, and in over half the surveys less than 1 percent of women select the condom. In contrast, over 10 percent of male nonusers choose the condom in eight of the surveys; for men in Malawi, it is the overwhelming favorite, mentioned by 40 percent of male nonusers.

There is substantial support for traditional methods in many countries. Male nonusers generally are more likely than female nonusers to express a preference for periodic abstinence, which is important to both sexes only in Burundi, Cameroon, and Rwanda. Other traditional methods are preferred by 10 to 38 percent of male and female nonusers in Burundi, Egypt, and all the countries of West Africa but Ghana.

3.7 REASONS FOR NOT INTENDING TO USE CONTRACEPTION

DHS-II and DHS-III surveys asked nonusers who did not intend to use contraception in the future to give the main reason for their decision; Table 3.11 displays the results. The data must be interpreted with caution, however, since it is possible that some respondents may never have even thought about using contraception. In Morocco, Pakistan, Tanzania, and the countries of West Africa, both male and female nonusers say they do not intend to use contraception because they want children. In Bangladesh, Egypt, Kenya, Malawi, and Rwanda, the leading reason is sterility, that is, difficulty in conceiving or the inability to conceive.⁵ At least 12 percent of women in every country cite sterility, and the proportion of men who mention sterility falls below 10 percent only in Burkina Faso, Cameroon, Pakistan, and Tanzania. While not a single man in Tanzania reports sterility as his main reason for not intending to use contraception, almost one-quarter of the women cite sterility-related factors.

Men are more likely than women to give religious reasons for not intending to use contraceptives. Religion is especially important in Rwanda and among the Muslim populations of Bangladesh, Egypt, Pakistan, and Senegal. In contrast, women mention health concerns more often than men, and health issues are most frequently cited in Egypt, Kenya, Malawi, Morocco, and Rwanda. Opposition to family planning is mentioned by less than 10 percent of nonusers in each country, with the exception of men in Kenya. The reason least often cited is the cost or availability of contraceptives.

⁵ This response includes two different types of sterility: primary sterility due to menopause or hysterectomy, and partial or secondary sterility.

Table 3.10 Preferred method of contraception for future use

Percent distribution of preferred contraceptive method among currently married men (M) and women (W) nonusers who intend to use a method in the future, Demographic and Health Surveys, 1987-1993

Country	Pill		IUD		Injectable		Condom		Female sterilization		Other modern ^a		Periodic abstinence		Other traditional methods		Don't know/unsure		Total ^b		Number	
	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W
West Africa																						
Burkina Faso	20.8	38.1	3.2	5.1	7.8	15.6	13.1	1.2	0.9	1.3	1.6	1.9	5.1	2.7	37.5	10.4	9.4	23.1	100.0	100.0	208	1216
Cameroon	14.9	21.1	0.4	5.0	9.6	14.2	9.3	3.9	15.8	8.3	1.5	1.4	13.5	11.9	16.7	10.5	18.2	23.5	100.0	100.0	128	559
Ghana (1988)	12.9	22.6	1.8	2.2	14.8	19.3	5.2	0.7	10.7	10.0	8.2	1.6	10.3	8.3	7.4	8.2	28.8	27.1	100.0	100.0	271	1026
Ghana (1993)	15.7	20.2	2.8	3.3	24.1	31.8	16.1	4.2	3.2	3.6	4.0	5.5	6.0	7.3	1.2	1.2	24.5	25.3	100.0	100.0	249	1300
Mali	28.5	51.6	7.7	2.1	15.7	9.4	1.9	0.2	1.9	1.9	0.0	1.5	17.6	3.9	21.8	23.7	4.8	5.7	100.0	100.0	44	362
Niger	55.7	53.1	0.9	2.5	21.0	23.0	3.6	0.0	0.8	0.2	0.4	0.0	1.6	0.2	15.5	19.4	0.1	1.3	100.0	100.0	414	1082
Senegal	25.8	30.1	9.3	6.5	6.2	6.8	14.4	0.7	0.0	1.4	3.1	3.3	7.2	1.3	10.3	15.9	21.6	33.2	100.0	100.0	97	1180
East Africa																						
Burundi	12.8	22.2	4.0	3.0	26.6	38.2	11.1	0.7	1.2	2.2	1.6	0.2	16.7	18.8	26.1	12.0	0.0	2.7	100.0	100.0	282	788
Kenya (1989)	20.2	24.4	3.1	7.1	23.1	37.0	6.1	0.9	20.2	12.7	0.8	0.5	11.6	4.3	6.4	1.8	7.1	11.2	100.0	100.0	281	1852
Kenya (1993)	14.8	21.3	2.9	3.3	19.0	40.6	13.9	1.4	12.9	12.5	1.4	1.8	10.6	2.9	5.8	2.8	18.0	13.3	100.0	100.0	397	1812
Malawi	28.0	51.4	1.1	1.2	5.8	16.3	40.2	6.6	6.2	4.8	1.4	1.6	10.0	5.6	5.2	6.1	1.8	6.2	100.0	100.0	423	1757
Rwanda	17.0	22.2	0.5	1.3	29.7	41.4	6.3	0.9	8.6	5.1	8.3	3.9	23.7	17.6	3.1	5.1	2.8	2.4	100.0	100.0	232	1854
Tanzania	40.2	53.4	1.8	4.7	9.4	12.2	12.8	1.4	9.9	8.5	0.5	1.5	18.5	3.8	2.8	6.7	3.0	7.7	100.0	100.0	274	1475
North Africa																						
Egypt	16.7	20.4	31.8	42.7	5.2	4.4	1.2	0.5	1.5	1.0	2.0	0.7	0.6	0.3	24.3	14.7	16.7	15.2	100.0	100.0	442	2199
Morocco	61.3	67.7	6.5	11.5	4.9	3.5	3.2	0.7	14.6	10.9	0.0	0.4	6.0	2.8	0.9	1.4	1.4	0.7	100.0	100.0	199	1355
Asia																						
Bangladesh	33.9	47.0	2.1	2.0	21.7	20.4	4.3	2.5	8.2	3.1	0.2	0.0	2.6	1.8	2.8	2.2	23.8	20.8	100.0	100.0	917	3307
Pakistan	7.8	13.0	0.9	6.8	13.6	15.7	18.9	9.5	19.5	17.1	0.0	0.2	8.9	2.1	8.9	9.5	21.5	24.4	100.0	100.0	205	878

^a Other modern methods include: vaginal methods, male sterilization and Norplant.

^b Missing responses included

Table 3.11 Reasons for not using contraception in the future

Percent distribution of currently married men (M) and women (W) nonusers not intending to use a method by reason, Demographic and Health Surveys, 1987-1993

Country	Want children		Lack of knowledge		Health concerns ^a		Opposition to family planning ^b		Cost/availability		Religion ^c		Sterility ^d		Not sexually active		Other		Don't know		Total	
	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W	M	W
West Africa																						
Burkina Faso	32.7	40.5	5.3	17.4	0.7	2.4	8.9	3.9	1.0	2.1	2.4	4.0	7.1	16.8	0.2	3.7	40.0	2.3	1.1	7.0	100.0	100.0
Cameroon	71.7	64.1	3.5	3.6	2.5	2.5	3.9	2.7	1.0	2.7	9.2	6.8	4.8	13.7	0.5	0.7	1.1	0.9	2.2	2.3	100.0	100.0
Ghana (1988)	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
Ghana (1993)	35.0	32.8	14.2	13.0	4.5	9.1	7.6	6.2	0.5	0.8	11.2	5.5	12.2	23.7	6.6	3.2	4.0	2.1	3.0	3.7	100.0	100.0
Mali	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
Niger	56.1	50.8	8.0	14.9	0.6	1.5	1.7	3.5	0.9	2.7	10.9	5.1	14.2	12.8	2.0	0.8	4.4	7.0	0.4	0.9	100.0	100.0
Senegal	28.4	40.7	10.3	9.4	0.5	3.4	6.0	5.7	1.4	0.5	34.7	18.3	10.5	13.3	1.1	2.0	5.4	2.1	1.6	1.1	100.0	100.0
East Africa																						
Burundi	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
Kenya (1989)	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
Kenya (1993)	25.7	22.1	10.0	5.3	5.5	15.7	14.2	8.0	1.3	0.2	6.8	7.8	31.4	34.0	0.6	1.5	2.9	4.0	1.5	1.3	100.0	100.0
Malawi	24.6	30.3	11.1	9.4	5.7	9.8	2.1	4.2	1.6	0.2	2.8	4.8	46.7	35.5	2.6	1.2	0.8	1.5	2.0	3.0	100.0	100.0
Rwanda	23.8	35.7	8.4	3.2	3.3	11.3	4.6	3.1	0.8	0.3	20.0	7.4	27.3	29.5	1.5	3.1	7.3	4.8	1.5	1.3	100.0	100.0
Tanzania	64.9	36.4	10.5	9.0	1.7	4.8	5.9	10.9	0.3	2.2	4.1	5.7	0.0	23.3	4.1	2.2	5.8	1.9	2.8	3.5	100.0	100.0
North Africa																						
Egypt	27.1	26.9	0.3	0.3	6.5	11.0	3.4	4.0	0.6	0.2	23.0	10.4	31.0	36.4	3.2	7.1	3.4	2.2	1.7	1.4	100.0	100.0
Morocco	35.9	46.2	6.0	3.0	3.7	16.7	7.3	8.1	1.2	0.4	7.2	2.9	30.4	16.0	5.8	6.4	1.5	0.3	0.3	0.1	100.0	100.0
Asia																						
Bangladesh	6.0	24.7	3.0	2.2	4.7	7.5	2.8	5.0	0.4	1.0	22.8	4.4	46.7	17.6	10.8	10.6	2.1	26.4	0.0	0.4	100.0	100.0
Pakistan	46.8	42.7	10.6	10.5	2.9	4.3	2.1	8.2	1.5	1.4	23.2	16.3	6.2	11.8	3.2	11.0	2.8	2.1	0.7	1.6	100.0	100.0

U = Unknown (not available)

^a Includes side effects

^b Includes opposition by other people such as spouse, family members, etc.

^c Includes fatalistic beliefs

^d Includes difficulty to get pregnant and menopausal

4 Fertility Preferences

Ideal family size (IFS) marks the boundaries of socially acceptable reproductive behavior (Westoff, 1991). Changes over time in ideal family size may indicate shifts in attitude that are believed to precede changes in behavior. Ideal family size is of limited utility in predicting actual behavior. Depending on the respondent's reference point, IFS may represent reproductive behavior under the best or worst possible conditions of childbearing. Individual rationalizations may affect reported numbers of IFS and some have considered this measure to be the most biased indicator of fertility desires (Bongaarts, 1990; Pritchett, 1994).

Table 4.1 shows great regional variations in mean IFS reported by currently married men, with the highest numbers reported in West Africa. In three of the five countries in this region for which information is available, the mean ideal family size desired by men exceeds 10 children. In East Africa, male fertility desires are much lower than in West Africa, but they are higher than levels reported in North Africa and Asia.

Since IFS is influenced by current fertility, the responses for desired number of children are biased toward the respondent's actual number of surviving children. Male fertility may be influenced by polygyny levels in a country. Given that countries in West Africa have higher levels of polygyny than those in the other subregions, the effect of these and other individual characteristics of men which could affect their reported fertility desires are controlled for. Differences in the fertility desires of men by their background characteristics are shown in Table 4.1.

Mean ideal family size increases with age in every country, but the trend is most pronounced in West Africa. In Cameroon, for instance, ideal family size rises from 8.8 in the 20-29 year age group to 16.6 for men aged 60 years and over. In contrast, ideal family size in the same age groups increases only from 2.3 to 2.9 in Bangladesh. The positive relationship between IFS and age can be interpreted in two ways. On the one hand, it may point to changing reproductive norms. Younger men, who tend to be more educated, may be the forerunners of the new reproductive norm, while the preferences of older men may reflect traditional reproductive norms that may soon disappear. On the other hand, older men may be adjusting their fertility desires upward over the life course to accommodate their own growing number of children. This would suggest that there is no real

change in underlying reproductive norms among men. For most countries, a combination of both forces is likely to be operating.

Polygynously married men report higher fertility desires than monogamously married men in every country, but the difference in their mean IFS ranges from more than 6 children in Cameroon to less than 0.5 in Bangladesh, Morocco, and Pakistan. Polygynous men in West Africa desire, on average, at least 3 children more than monogamous men. The only exception is Ghana, where the difference in the fertility desires of polygynous and monogamous men dropped from 3.7 children in the 1988 survey to 1.6 in 1993. In East Africa, polygynous men want from 1.6 children (in Rwanda) to 2.4 children (in Burundi and Tanzania) more than do monogamous men. The difference in fertility desires between polygynous and monogamous men narrows to less than 2 children in North Africa and to just 0.4 children in Asia. The high level of polygyny in West Africa, however, does not explain the high fertility desires of men in the area. Monogamous men in West Africa also report higher fertility desires than monogamous men in other regions. If anything, the high levels of polygyny in West Africa may be a response to prevailing reproductive norms.

The ideal family size reported by men increases consistently with the number of surviving children. This trend is more pronounced in West Africa than in other regions. In Senegal, for instance, mean IFS increases from 6.4 for men with no children to 12.3 for those with five or more children. In contrast, IFS only increases from 4.0 to 4.7 in Rwanda and from 2.2 to 2.8 in Bangladesh over the same range of parities. At every parity level, men in West Africa report higher fertility desires than do men in other regions. Among men who have three or four children, for example, ideal family size ranges from 5.2 to 12.1 in the countries surveyed in West Africa; from 3.9 to 7.2 in East Africa; and from 2.5 to 4.2 in the countries surveyed in North Africa and Asia.

Rural-urban differences in men's ideal family size are widest in West Africa. Rural men in West Africa generally desire two to four children more than urban men, except in Niger, which has the highest IFS (rural and urban) of all the countries surveyed. In East Africa, rural men generally desire one child more than urban men; the exception is Tanzania, where rural men desire about two children more, on

Table 4.1 Ideal family size for men by background characteristics

Mean ideal family size preference among currently married men by age, residence, education, type of union and number of children, and among currently married women, Demographic and Health Surveys, 1987-1993

Country	Currently married men																	Currently married women
	Age group					Residence		Education			Type of union		Number of children				Total	
	<30	30-39	40-49	50-59	60+	Urban	Rural	None	Primary	Secondary or higher	Monogamy	Polygyny	0	1-2	3-4	5+		
West Africa																		
Burkina Faso	6.1	6.7	8.0	8.6	11.0	4.9	8.4	8.6	5.6	3.7	6.9	9.9	6.0	6.3	7.6	9.4	7.8	5.9
Cameroon	8.8	9.5	11.9	13.5	16.6	9.4	12.3	15.3	9.3	6.8	9.8	16.1	8.1	9.3	10.6	13.2	11.2	7.3
Ghana (1988)	6.0	6.7	8.2	9.5	11.1	6.0	8.1	10.4	6.3	5.2	6.8	10.5	6.5	6.2	6.6	9.2	7.6	5.5
Ghana (1993)	4.3	5.1	5.5	6.5	NA	4.1	5.8	7.5	4.7	3.9	5.0	6.7	4.2	4.4	5.2	6.5	5.3	4.7
Mali	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
Niger	10.7	11.6	13.8	14.2	15.2	11.9	12.8	13.0	11.0	6.9	11.9	15.5	9.3	10.6	12.1	15.9	12.6	8.5
Senegal	8.0	8.9	10.7	11.9	12.1	7.8	11.8	11.7	8.2	5.5	9.0	13.1	6.4	8.0	9.8	12.3	10.4	6.3
East Africa																		
Burundi	4.7	5.4	6.3	5.7	7.0	4.3	5.5	5.7	5.4	4.1	5.3	7.3	5.2	4.6	5.3	6.7	5.5	5.5
Kenya (1989)	3.9	4.5	4.5	5.3	7.7	4.0	4.9	7.1	4.5	4.1	4.3	6.7	3.9	3.8	4.3	5.3	4.8	4.8
Kenya (1993)	3.8	4.0	4.1	5.0	NA	3.5	4.3	6.0	4.2	3.5	3.9	5.5	3.5	3.6	3.9	4.4	4.1	3.9
Malawi	4.6	5.3	6.3	6.4	NA	U	U	5.7	5.5	4.7	5.3	7.4	4.3	4.7	5.1	6.9	5.4	5.3
Rwanda	4.2	4.1	4.2	4.6	6.2	3.7	4.3	4.5	4.2	4.0	4.1	5.7	4.0	4.0	4.1	4.7	4.3	4.4
Tanzania	6.5	6.4	8.9	8.5	7.1	6.0	7.9	9.6	7.1	4.7	7.1	9.5	5.6	6.4	7.2	8.8	7.4	6.4
North Africa																		
Egypt	2.9	3.1	3.6	3.7	5.0	3.1	3.6	3.9	3.3	3.0	3.3	5.1	2.9	2.7	3.2	4.4	3.3	2.8
Morocco	3.2	3.6	4.3	4.8	5.0	3.6	4.4	4.5	3.8	3.1	4.1	4.5	2.9	3.2	3.9	4.9	4.1	3.9
Asia																		
Bangladesh	2.3	2.4	2.6	2.6	2.9	2.3	2.5	2.6	2.5	2.3	2.5	2.9	2.2	2.3	2.5	2.8	2.5	2.5
Pakistan	4.2	4.0	4.5	4.3	4.3	4.0	4.3	4.4	4.7	3.8	4.2	4.6	4.3	4.0	4.0	4.5	4.2	4.1

NA = Not applicable

U = Unknown (not available)

average, than urban men. The effect of education also is strongest in West Africa. Surveys in West African countries found that men with no formal education desire at least twice as many children as those with secondary or higher education. In East Africa, North Africa, and Asia, the differences in IFS by educational level are far smaller, except in Kenya and Tanzania.

Table 4.2 examines ideal family size among currently married women. Overall, women in West Africa report fertility desires that are slightly higher than those of women in East Africa. Women's fertility preferences are lowest in North Africa and Asia. In almost every country, ideal family size increases with the woman's age and the number of her surviving children. Women who live in urban areas, are educated, and are in a monogamous union desire smaller families than their rural, uneducated, and polygynously married peers. Women's fertility desires, like men's, vary more widely in West Africa than in other regions across all the background characteristics examined.

Figure 4.1 and the last columns of Table 4.1 compare mean IFS for currently married men and women. Ideal family size in West Africa is higher for both men and women than in any other region, and the differences between men and women are also much more pronounced there. Men in the West African countries reportedly, on average, desire two (Burkina Faso) to four (Niger and Senegal) children more than women. The second Ghana survey, which found a difference of just 0.6 children, is the exception. In East Africa, there is no difference in the fertility desires of men and women, except in Tanzania where men want, on average, one child more than women. The difference between men's and women's fertility desires is extremely small in North Africa and almost nonexistent in Asia.

Background characteristics do not account for the disparities between men's and women's fertility desires. When men and women with similar background characteristics are compared, men still want more children than women and the differences are greatest in West Africa. Thus, monogamous-

Table 4.2. Ideal family size for women by background characteristics

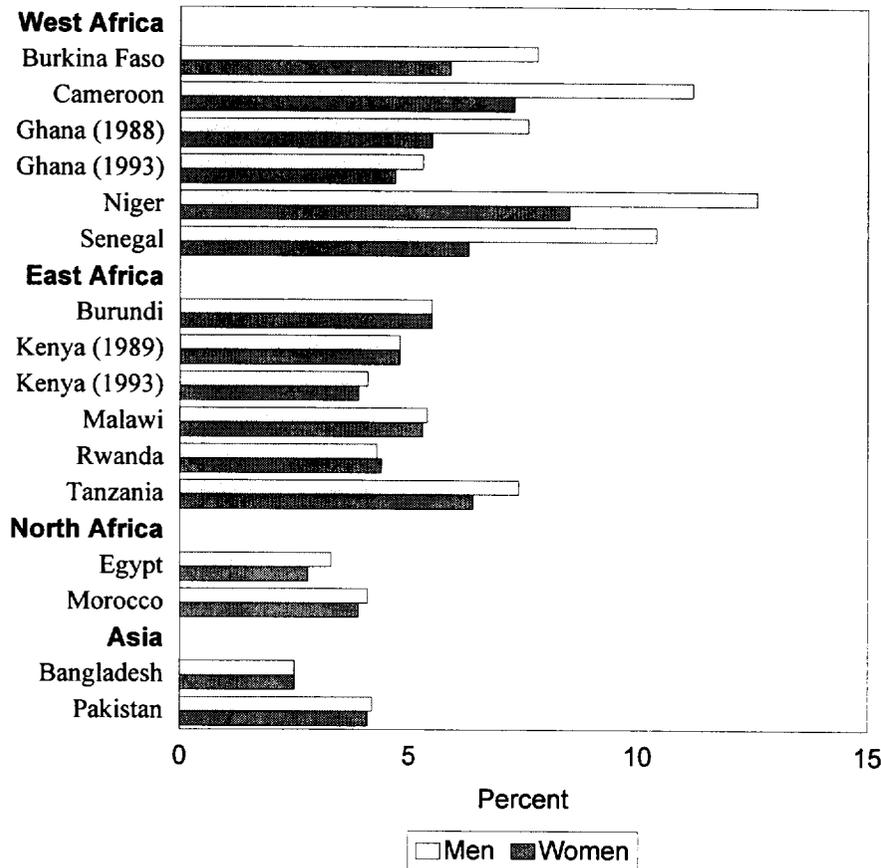
Mean ideal family size preference among currently married women by age, residence, education, type of union and number of children, Demographic and Health Surveys, 1987-1993

Country	Age group				Residence		Education			Type of union		Number of children				Total
	<20	20-29	30-39	40-49	Urban	Rural	None	Primary	Secondary or higher	Monog-amy	Polygyny	0	1-2	3-4	5+	
West Africa																
Burkina Faso	5.8	5.6	6.0	6.7	4.5	6.3	6.2	4.8	3.6	5.6	6.2	5.5	5.6	5.9	6.5	5.9
Cameroon	6.9	6.8	7.7	8.5	6.3	8.0	8.9	6.5	5.0	6.9	8.0	6.6	6.8	7.5	8.1	7.3
Ghana (1988)	5.2	5.2	5.6	6.3	4.9	5.8	6.5	4.9	4.1	5.4	5.8	5.3	5.1	5.6	6.0	5.5
Ghana (1993)	4.2	4.4	4.9	5.3	4.0	5.1	5.6	4.2	3.7	4.6	5.1	4.4	4.2	4.8	5.4	4.7
Mali	6.7	6.6	7.2	7.5	5.6	7.3	7.2	5.9	4.0	7.0	6.9	6.2	6.8	6.8	7.6	6.9
Niger	7.6	8.2	9.0	9.3	7.1	8.7	8.7	7.2	5.0	8.5	8.6	7.3	7.9	8.8	9.6	8.5
Senegal	6.2	6.2	6.3	6.5	5.2	6.9	6.6	5.2	4.4	6.1	6.5	5.9	6.0	6.4	6.6	6.3
East Africa																
Burundi	4.7	5.2	5.8	5.8	4.4	5.6	5.6	5.1	4.4	5.5	5.7	5.3	5.0	5.6	6.1	5.5
Kenya (1989)	4.3	4.4	5.0	5.5	4.0	5.0	5.6	4.7	3.9	4.7	5.3	4.4	4.1	4.6	5.4	4.8
Kenya (1993)	4.0	3.7	4.1	4.2	3.1	4.1	5.0	3.8	3.2	3.8	4.4	4.0	3.5	3.8	4.3	3.9
Malawi	4.5	4.7	5.6	6.4	U	U	5.5	5.1	4.3	5.2	5.6	4.6	4.7	5.4	6.3	5.3
Rwanda	4.2	4.2	4.5	4.6	3.8	4.4	4.6	4.3	3.7	4.4	4.5	4.0	4.1	4.5	4.6	4.4
Tanzania	5.9	5.8	6.8	7.5	5.7	6.6	7.4	5.9	4.5	6.3	6.9	5.8	5.8	6.4	7.4	6.4
North Africa																
Egypt	2.6	2.7	2.9	3.1	2.6	3.1	3.1	2.9	2.5	2.8	NA	2.4	2.5	2.9	3.4	2.8
Morocco	3.2	3.4	3.9	4.5	3.3	4.3	4.2	3.2	2.8	3.9	3.7	3.2	3.1	3.7	4.8	3.9
Asia																
Bangladesh	2.3	2.4	2.6	2.8	2.3	2.5	2.6	2.5	2.2	2.5	NA	2.2	2.3	2.6	2.9	2.5
Pakistan	4.0	3.9	4.1	4.5	3.7	4.4	4.3	4.0	3.5	4.1	4.3	4.0	3.8	4.0	4.5	4.1

NA = Not applicable

U = Unknown (not available)

Figure 4.1 Mean ideal family size among currently married men and women, Demographic and Health Surveys, 1987-1993



ly married men consistently report a higher mean IFS than monogamously married women. In Niger, for instance, monogamously married men want 4 children more than monogamously married women (11.9 versus 7.2 children). This gap narrows to less than half a child in most countries outside West Africa.

Polygyny is often used to explain men's high fertility desires. This analysis suggests that the reverse may be true, that men are using polygyny to achieve their reproductive goals. In Niger, for example, the total fertility rate (TFR) is 7.3, but monogamous men desire 11.9 children, on average, while polygynous men desire an average of 15.5 children. Thus, it would take 1.6 women per monogamous man and 2.2 women per polygynous man to satisfy their average fertility desires. In Cameroon, with a TFR of 5.8, monogamous men would require 1.7 women and polygynous men 2.8 women to satisfy their expressed fertility desires of 9.8 and 16.1 children, respectively.

Most comparative studies treat sub-Saharan Africa as a homogeneous unit. The results presented here challenge

the validity of this assumption. Respondents in West Africa differ from those in East Africa both in their mean ideal family size and in the extent to which men and women share the same fertility desires. The large differences in IFS between men and women in West Africa may have implications for the timing and pace of fertility decline there, particularly if men and women have unequal control over reproductive decisions. Recent trends in Ghana support this argument. The total fertility rate (TFR) in Ghana declined by 14 percent between the two DHS surveys while contraceptive use doubled (GDHS, 1994). During that period, male fertility desires fell by more than 30 percent while women's fertility desires fell by less than 15 percent. In fact, the absolute decline in male fertility desires was three times the decline in female fertility desires. Male methods, especially the condom, accounted almost entirely for the increase in contraceptive use. While these statistics do not conclusively prove a link between declines in male fertility desires and fertility declines, they do suggest that a threshold in fertility decline may be difficult to attain in societies characterized by high fertility desires among men, even if women express very low fertility desires.

5 Reproductive Intentions

5.1 DESIRE FOR ANOTHER CHILD

The proportion of men and women who definitely want another child may be a meaningful predictor of the course of fertility in a country. Table 5.1 shows large regional variations in the proportion of men desiring another child, with the highest numbers recorded in West Africa. In that region, from 60 percent of men in the 1993 Ghana survey to 93 percent in Niger say they want another child. The proportion of men desiring another child is far lower in East Africa (except for Tanzania) and lower still in North Africa and Asia. Only one-third of men in Egypt and Bangladesh and less than one-half in Morocco and Pakistan want another child.

In most of the countries surveyed, men are more likely than women to want another child (Figure 5.1 and Table 5.1). In four surveys (Cameroon, the 1993 Kenya survey, Niger, and Tanzania), the proportion of men desiring another child exceeds the proportion of women by at least 9 percentage points. In Rwanda, men and women are equally likely to desire another child, while in Bangladesh, Burkina Faso, and Morocco, women are slightly more likely than men to want another child. Data are available for two points in time for Ghana and Kenya. In Ghana, there were similar declines in the proportion of men and women desiring another child between 1988 and 1993. In Kenya, however, the proportion of men who want another child increased while the proportion of women declined; thus, the gap be-

Table 5.1 Fertility preferences

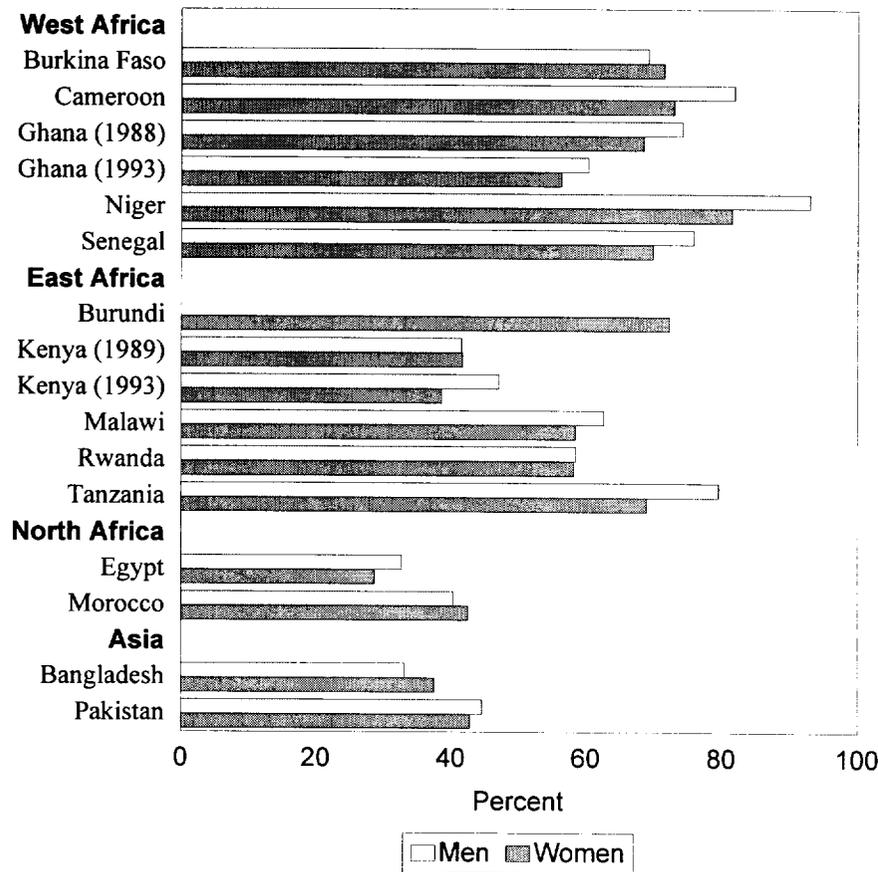
Percentage of fertility preferences for currently married men and women by type of union, Demographic and Health Surveys, 1987-1993

Country	Want more children				Want no more children/ sterilized/infecund				Don't know			
	Men		Women All	All	Men		Women All	All	Men		Women All	All
	Monog- amous	Polyg- ynous			Monog- amous	Polyg- ynous			Monog- amous	Polyg- ynous		
West Africa												
Burkina Faso	70.1	67.4	69.2	71.5	26.8	26.2	26.6	22.5	3.1	6.4	4.3	5.8
Cameroon	81.7	82.4	81.9	73.0	14.2	13.4	14.0	22.5	3.9	4.0	3.9	4.5
Ghana (1988)	73.4	76.8	74.2	68.5	20.1	16.6	19.2	26.3	6.4	6.2	6.4	5.1
Ghana (1993)	60.9	57.7	60.3	56.3	32.3	32.4	32.3	37.7	5.7	9.0	6.1	5.4
Mali	U	U	U	74.5	U	U	U	16.5	U	U	U	9.0
Niger	94.8	87.1	93.0	81.5	3.4	6.9	4.2	12.5	1.8	6.0	2.8	6.0
Senegal	79.0	70.5	75.9	69.9	13.8	17.6	15.2	23.4	7.0	11.6	8.7	6.6
East Africa												
Burundi	U	U	U	72.3	U	U	U	25.6	U	U	U	1.9
Kenya (1989)	41.1	43.2	41.5	41.7	49.9	43.3	48.6	52.0	9.0	13.5	9.9	6.0
Kenya (1993)	46.7	50.6	47.1	38.6	46.0	41.2	45.4	54.8	7.2	8.0	7.3	6.3
Malawi	63.2	56.9	62.6	58.4	33.2	36.3	33.4	32.1	3.6	6.6	3.9	9.4
Rwanda	59.8	47.5	58.5	58.2	39.4	50.8	40.6	39.0	0.8	1.7	0.9	1.8
Tanzania	80.4	75.5	79.6	69.0	17.4	19.5	17.8	27.9	0.8	4.5	1.4	2.8
North Africa												
Egypt	33.0	21.9	32.7	28.7	60.9	71.5	61.2	69.1	6.0	6.6	6.0	2.2
Morocco	40.5	39.6	40.4	42.5	54.5	60.4	54.9	54.4	2.7	0.0	2.5	3.1
Asia												
Bangladesh	33.2	21.0	33.1	37.5	63.9	70.3	64.0	60.1	2.8	8.7	2.9	2.4
Pakistan ^a	44.6	44.5	44.6	42.8	36.1	33.4	36.0	43.1	19.0	20.9	19.1	13.9

U = Unknown (not available)

^a "Want more" responses include wanting another child and belief that Allah decides when. Undecided responses include belief that Allah makes the decision.

Figure 5.1 Desire for additional children among currently married men and women, Demographic and Health Surveys, 1987-1993



Note: There is no information on this topic among currently married men in the Burundi survey.

tween men's and women's reproductive intentions widened. Restricting the male samples in the earlier Ghana and Kenya surveys to match the age ranges used in the later surveys changes the outcomes somewhat: it accelerates the decline among men in Ghana and reduces the rate of increase among men in Kenya.

Intention to Stop Childbearing

The proportion of men who definitely want to stop childbearing ranges from less than 5 percent in Niger to more than 60 percent in Bangladesh and Egypt (Table 5.1). Although the proportion of men who desire no more children is inversely related to the proportion who do want another child, one is not necessarily a complement of the other. In some countries, many men (almost 20 percent in Pakistan) are undecided about having another child. Men in West Africa are least likely to say they want no more

children, with the 1993 Ghana survey remaining an exception to the West African model. Levels in East Africa (with the exception of Tanzania) are much higher than in West Africa but lower than in North Africa and Asia. In North Africa, Egyptian men are more likely not to want more children than Moroccan men, while in Asia, Bangladeshi men are almost twice as likely as Pakistani men to want no more children.

There are similar, but smaller, regional variations in women's desire to stop childbearing. In West Africa, the proportion of currently married women who want no more children ranges from 13 percent in Niger to 38 percent in the 1993 Ghana survey. In East Africa, the proportion ranges from 26 percent in Burundi to 55 percent in the 1993 Kenya survey. About 70 percent of Egyptian women do not want any more children compared to 60 percent in Bangladesh, 54 percent in Morocco, and 43 percent in Pakistan.

In most countries, women are more likely than men to say they want no more children. In only five countries more men than women report a greater desire to stop childbearing, and in each case the difference is very small, often less than two percentage points. In contrast, at least five percentage points separates the women from the men in all but one of the 10 countries in which women report a greater desire to stop childbearing than men. Even when polygynous men are excluded from the comparison, women generally report a greater desire to stop childbearing than monogamous men. These findings suggest that, on average, men have higher fertility desires than women. Although the disparity in male and female preferences is not related to a country's overall fertility levels, the gap narrows as increasing numbers of men and women desire to stop childbearing.

Fertility Intentions by Current Parity

Men's and women's fertility intentions frequently are related to the number of surviving children. As Table 5.2 demonstrates, men's desire for another child is negatively related to their number of surviving children. Conversely, the desire to stop childbearing increases with the number of surviving children. West African men with no children are the only exception to these trends: in four of the six countries, childless men are less likely to want more children than men who already have one or two children.

The percentage of men who want more children at a given parity level varies widely from one region to another. Among men who already have three or more children, West African fathers are the most likely to report still wanting more children. In the West African countries, from 64 to 96 percent of men who have three or four children want another child, and more than half of the men with five or more children still want another child, with the exception, as always, of the 1993 Ghana survey. In East Africa, one-half to two-thirds of men with three or four children want another child, and one-quarter to one-half of men with at least five children want another (with the exception of Tanzania, where levels are far higher). In North Africa and Asia, the proportion of men with three or four children who desire another child ranges from less than 20 percent in Bangladesh and Egypt to 25 percent in Morocco and 40 percent in Pakistan. Of men with at least five children, only 4 percent in Bangladesh desire another child and from 10 to 16 percent in the other three countries surveyed.

Women's reproductive preferences follow a pattern similar to that of men. In general, the proportion of women

who want another child declines as the number of their surviving children increases. In a few countries in West Africa, however, childless women report similar desires as women with one or two children. Women in West Africa, like the men, are more likely than their peers elsewhere to desire another child at each parity level. Levels in Tanzania and Burundi, however, are similar to those of the West African countries. In West Africa and in Burundi and Tanzania, from 74 to 84 percent of women with three or four children want another, as do 34 to 60 percent of women with at least five surviving children; the 1993 Ghana survey, where levels are far lower, is the one exception. In the remaining countries of East Africa, from 34 to 57 percent of women with three or four children want another, as do 10 to 26 percent of women with at least five children. Levels are lowest in North Africa and Asia. In Egypt, for example, only 11 percent of women with three or four children and 3 percent of those with five or more children want another.

In 15 of the 17 surveys, women are less likely than men to desire another child at any given parity level (Table 5.2). The only exceptions are childless respondents in the 1993 Ghana survey and respondents with one or two children in Bangladesh. In most countries, the magnitude of the difference between the sexes increases as respondents move from parity 3-4 to parity 5+. In Niger, for example, there is a 12 percentage-point gap between the proportions of men and women desiring another child at parity 3-4 (96 percent versus 84 percent). This widens to 26 percentage points at parity 5+ (86 percent versus 60 percent). Likewise, the difference in the proportions of men and women who want no more children increases from 8 to 19 percentage points as parity increases from 3-4 to 5+.

5.2 APPROVAL OF FAMILY PLANNING

Favorable attitudes toward family planning often are seen as a bridge between contraceptive knowledge and use. Couples who oppose the idea of family planning are less likely to use contraception than those who express a favorable attitude toward it. As described above, men generally report higher levels of contraceptive knowledge and current use than do women; in addition, knowledge and use generally are highest in North Africa/Asia and lowest in West Africa. This section examines whether the same regional and gender patterns hold for attitudes toward the use of contraception. Both men and women were asked: "In general, do you approve or disapprove of couples using a method to avoid getting pregnant?" Table 5.3 presents the results.

Table 5.2 Fertility preferences by number of surviving children

Percentage of fertility preferences for currently married men and women by number of surviving children, Demographic and Health Surveys, 1987-1993

Country	Want more children										Want no more children									
	Number of children: men					Number of children: women					Number of children: men					Number of children: women				
	0	1-2	3-4	5+	All	0	1-2	3-4	5+	All	0	1-2	3-4	5+	All	0	1-2	3-4	5+	All
West Africa																				
Burkina Faso	93.1	87.3	76.1	51.9	69.2	89.2	92.7	74.1	38.0	71.5	5.0	11.4	21.3	41.0	26.6	7.6	5.2	19.3	51.0	22.5
Cameroon	95.1	96.6	92.5	67.3	81.9	90.2	89.1	78.1	45.1	73.0	2.6	1.3	4.5	26.7	14.0	7.5	8.3	17.1	47.8	22.5
Ghana (1988)	89.1	97.3	87.4	53.3	74.2	77.4	91.8	73.5	33.8	68.5	2.2	0.9	10.1	35.6	19.2	18.3	5.8	20.4	58.6	26.3
Ghana (1993)	80.3	85.8	63.6	28.8	60.3	82.8	82.7	51.2	19.1	56.3	3.3	8.0	30.5	63.8	32.3	11.1	13.3	41.3	73.8	37.7
Mali	U	U	U	U	U	93.8	89.4	72.3	46.1	74.5	U	U	U	U	U	3.6	5.8	18.0	36.4	16.5
Niger	98.4	97.5	95.6	86.2	93.0	95.6	91.5	83.5	59.5	81.5	1.6	1.2	2.1	8.8	4.2	3.6	5.8	10.1	28.3	12.5
Senegal	90.0	91.3	87.4	63.8	75.9	89.3	90.2	77.8	42.8	69.9	6.7	7.1	7.1	22.4	15.2	7.6	6.0	15.0	47.7	23.4
East Africa																				
Burundi	U	U	U	U	U	94.5	93.8	75.9	40.6	72.3	U	U	U	U	U	4.5	5.5	21.6	56.1	25.6
Kenya (1989)	91.8	82.3	55.2	23.4	41.5	83.4	79.3	50.5	12.8	41.7	3.2	14.8	32.8	65.5	48.6	10.2	16.4	42.5	80.3	52.0
Kenya (1993)	90.8	79.9	49.4	23.6	47.1	85.8	73.9	34.4	10.1	38.6	1.6	15.3	43.4	67.3	45.4	11.0	20.9	56.6	83.6	54.8
Malawi	92.3	80.7	62.5	37.5	62.6	83.1	78.6	56.9	25.6	58.4	2.9	15.9	33.1	58.8	33.4	10.2	14.5	32.0	62.1	32.1
Rwanda	96.6	90.6	66.8	28.7	58.5	95.6	89.2	61.2	24.2	58.2	3.4	9.4	33.2	69.2	40.6	2.6	8.8	36.1	72.2	39.0
Tanzania	99.0	94.2	87.5	60.1	79.6	88.2	89.9	75.5	36.2	69.0	0.0	5.1	11.5	34.6	17.8	10.4	8.8	21.4	58.4	27.9
North Africa																				
Egypt	95.5	58.9	17.2	9.5	32.7	92.6	58.1	11.2	3.1	28.7	3.6	34.2	75.2	85.2	61.2	6.5	39.1	86.4	95.3	69.1
Morocco	93.5	78.5	35.8	13.2	40.4	93.8	76.7	34.1	9.6	42.5	4.2	20.1	59.6	79.8	54.9	5.3	19.9	62.0	87.3	54.4
Asia																				
Bangladesh	96.3	56.2	13.0	4.2	33.1	94.6	60.6	12.1	2.3	37.5	2.3	40.6	83.1	93.6	64.0	4.4	36.6	85.1	95.8	60.1
Pakistan	89.6	75.7	39.9	15.9	44.6	88.8	74.8	37.5	10.6	42.8	3.3	10.0	36.0	61.8	36.0	5.7	12.8	46.0	73.6	43.1

U = Unknown (not available)

Table 5.3 Approval of family planning by background characteristics

Percentage of approval of contraceptive use among currently married men by age, residence, education, type of union and number of children, and among currently married women, Demographic and Health Surveys, 1987-1993

Country	Currently married men																	Currently married women
	Age group					Residence		Education			Type of union		Number of children				Total	
	<30	30-39	40-49	50-59	60+	Urban	Rural	None	Primary	Secondary or higher	Monog-amy	Polygyny	0	1-2	3-4	5+		
West Africa																		
Burkina Faso	76.7	72.8	71.9	55.3	44.9	72.5	63.0	61.4	74.8	90.3	68.9	56.5	64.4	73.4	65.1	59.3	64.5	69.0
Cameroon	55.6	61.5	40.5	39.7	18.6	64.6	36.6	20.3	49.6	74.7	52.6	35.9	33.5	51.3	47.9	49.0	48.4	60.3
Ghana (1988)	78.7	79.1	79.7	69.1	72.5	83.5	75.2	67.0	80.7	86.8	77.9	76.0	52.6	78.9	79.5	78.2	77.4	74.2
Ghana (1993)	93.9	90.7	86.1	88.8	NA	90.8	89.6	80.0	91.6	97.5	90.6	86.3	94.6	89.7	87.5	91.4	90.0	89.5
Mali	27.6	29.9	14.9	15.0	NA	45.1	14.0	14.9	31.8	83.3	26.1	15.0	30.9	23.8	34.5	16.2	22.8	70.6
Niger	67.6	61.6	62.5	54.6	49.8	67.2	59.7	59.0	70.1	84.5	62.4	56.1	58.8	59.4	59.1	63.8	60.9	70.5
Senegal	61.2	55.9	47.1	35.1	19.2	56.8	35.6	34.6	59.2	78.7	48.2	35.0	44.7	52.4	47.9	38.3	43.5	66.4
East Africa																		
Burundi	96.0	91.0	90.6	74.3	83.6	95.2	90.6	91.0	90.3	98.1	91.5	84.6	92.1	89.7	91.8	89.5	90.7	94.4
Kenya (1989)	97.0	92.8	91.6	91.0	72.9	93.2	91.0	77.9	93.1	95.1	93.5	82.0	82.9	93.0	93.4	90.5	91.3	87.7
Kenya (1993)	95.3	89.9	86.8	80.4	NA	90.5	89.1	69.9	88.5	96.3	90.0	85.3	88.9	93.6	90.7	86.5	89.5	89.2
Malawi	97.9	97.1	95.9	94.9	NA	U	U	96.7	96.6	98.0	97.1	93.9	99.3	96.7	95.9	96.9	96.8	92.4
Rwanda	93.3	95.6	93.1	77.8	89.9	91.4	92.8	92.6	92.9	90.8	93.4	86.8	92.1	92.8	93.8	92.1	92.7	93.5
Tanzania	78.3	80.4	73.9	76.9	77.8	85.8	74.5	65.3	79.3	92.3	77.6	78.8	58.8	83.3	75.9	78.8	77.8	84.6
North Africa																		
Egypt	84.2	86.6	87.5	88.1	82.7	89.7	83.9	81.8	87.1	89.3	86.5	88.3	81.4	87.7	88.5	85.1	86.6	91.2
Morocco	97.1	95.3	89.5	87.5	90.6	93.9	90.7	89.4	95.3	97.9	92.3	90.5	92.8	95.5	95.1	88.5	92.1	U
Asia																		
Bangladesh	94.4	93.5	91.1	88.1	81.8	96.4	91.3	90.0	91.1	95.6	91.9	90.8	94.1	93.3	91.3	89.6	91.9	94.4
Pakistan	82.5	71.7	64.4	63.9	71.5	77.7	69.0	65.8	69.0	81.5	72.0	71.2	78.3	73.0	68.2	72.9	72.0	61.5

NA = Not applicable

U = Unknown (not available)

A smaller percentage of men in West Africa approve of using contraception than in any other region. In Cameroon, Mali, and Senegal, for example, over half the men oppose the idea of family planning compared with just 3 percent of men in Malawi. Ghana is the only country in West Africa where at least three-quarters of the men approve of family planning. In East Africa, over 90 percent of the men approve of family planning in every country but Tanzania, where only about 78 percent of the men approve. Approval levels are also high in North Africa and Asia, except for Pakistan, where only 72 percent of the men approve of family planning.

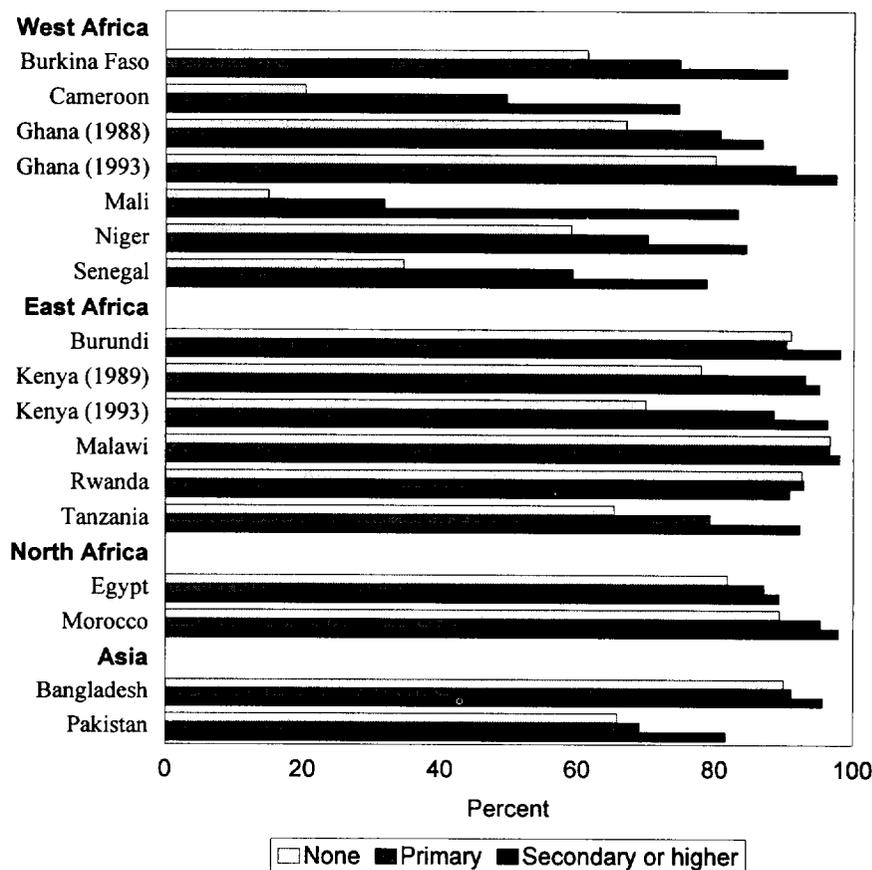
Within each country, women are more likely to favor family planning than men. In West Africa, women's approval levels exceed the men's by 4 percentage points (Burkina Faso) to 23 percentage points (Senegal), except in Ghana where men are slightly more likely than women to approve of contraceptive use. While the disparities between men and women are smaller in East Africa, women are more likely to favor family planning than men except in the 1989 Kenya survey and in Malawi. Women also hold more favorable attitudes than men in Bangladesh and Egypt, but in Pakistan

men's approval levels exceed those of women by fully 10 percentage points. Women's lower fertility desires may partly explain why, in most countries, they hold more favorable attitudes toward using contraception than men despite their lesser knowledge of contraceptive methods.

Younger men are more likely to approve of contraceptive use than older men in every country but Egypt, although in some countries the differences are slight (Table 5.3). Approval levels are also higher among urban than rural men, with the exception of three surveys (Ghana 1993, Kenya 1993, and Rwanda) where the differences are small. The difference between urban and rural approval levels is most pronounced in West Africa, where it peaks at 31 percentage points in Mali. In the other regions, the difference remains less than 10 percentage points except in Tanzania.

Of all the background characteristics examined, education shows the greatest influence on men's attitudes toward family planning. In nearly all countries, contraceptive approval increases with male education, with the greatest differentials observed in West Africa (Figure 5.2). Approval levels of the least and best educated men in West Africa dif-

Figure 5.2 Approval of family planning among currently married men by education, Demographic and Health Surveys, 1987-1993



fer by at least 25 percentage points in every country but Ghana. The gap is greatest in Cameroon and Mali, where it reaches 54 and 68 percentage points, respectively. In contrast, the difference in approval levels between uneducated men and those with a secondary or higher education in East Africa ranges from less than 2 percentage points in Malawi to 27 percentage points in Tanzania. Educational differentials in North Africa and Asia are less than 10 percentage points, except in Pakistan where there is a gap of 16 percentage points in the approval rate of uneducated men and those with secondary and above levels of education.

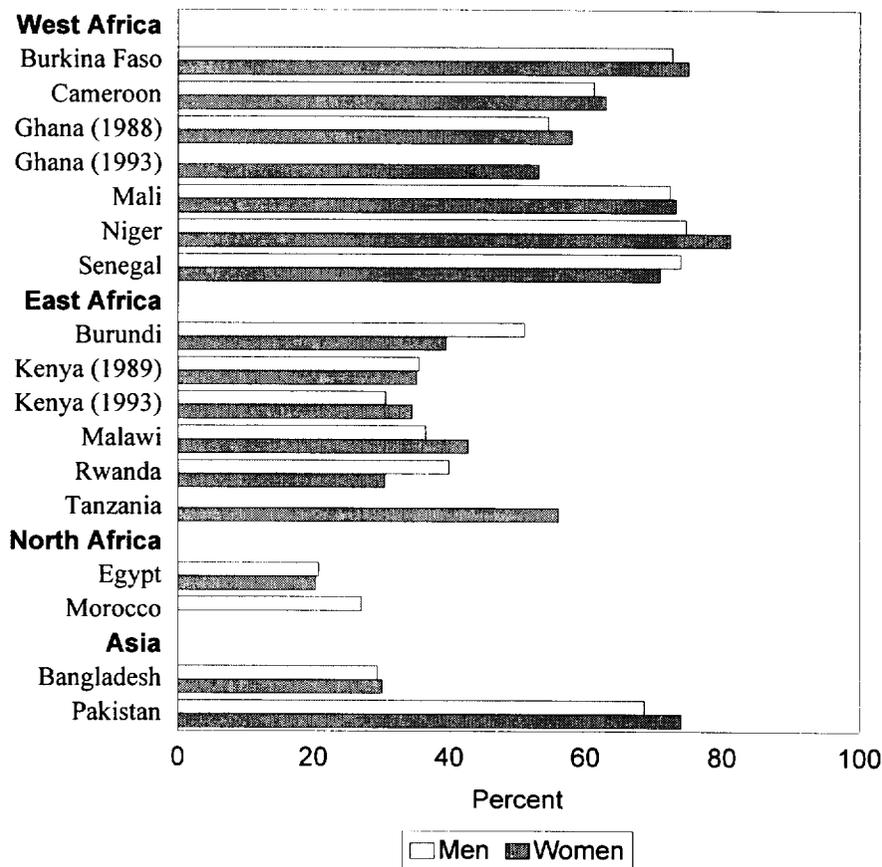
Monogamous men are more likely to approve of family planning than polygynous men everywhere but in Tanzania and Egypt, although the difference is small in some countries. Approval levels among both monogamous and polygynous men are lower in West Africa than in other regions (with the exception of Ghana), but the differentials are generally wider. While less than three-quarters of monogamous

men in all West African countries but Ghana approve of using contraceptives, more than 90 percent of monogamous men in East Africa, Bangladesh, and Morocco approve (excluding, of course, Tanzania where only 78 percent approve). Approval levels among monogamous men are somewhat lower in Egypt (87 percent) and Pakistan (72 percent). Approval levels do not vary consistently with the number of surviving children.

5.3 DISCUSSION OF FAMILY PLANNING

Discussion of family planning by married couples may be seen as a measure of the acceptability of family planning in a population and of the strength of the conjugal unit. Therefore, it is generally associated with greater contraceptive use and small family size values (Mitchell, 1972; Beckman, 1983). As Figure 5.3 and Table 5.4 show, currently married men and women in West Africa are less

Figure 5.3 Proportion of men and women who did not discuss family planning with their partner in the past year, Demographic and Health Surveys, 1987-1993



Note: There is no information on this topic for men in the Tanzania and Ghana (1993) surveys and for women in the Morocco survey.

Table 5.4 Frequency of discussion of family planning with spouse

Percent distribution of currently married men and women by reported frequency of discussion of family planning with spouse, Demographic and Health Surveys 1987-1993

Country	Never discussed		Once or twice		More often	
	Men	Women	Men	Women	Men	Women
West Africa						
Burkina Faso	72.7	75.1	10.9	10.4	16.2	14.3
Cameroon	61.2	62.9	12.5	12.0	25.7	25.0
Ghana (1988)	54.4	57.9	18.9	19.5	26.6	22.4
Ghana (1993)	U	53.1	U	20.1	U	25.9
Mali	72.3	73.2	13.8	17.2	14.0	9.3
Niger	74.7	81.2	13.4	10.9	11.7	7.8
Senegal	73.9	70.9	11.2	14.1	14.5	14.9
East Africa						
Burundi	51.0	39.5	16.8	28.9	30.4	28.9
Kenya (1989)	35.5	35.0	13.6	31.6	50.9	33.0
Kenya (1993)	30.6	34.5	20.3	30.7	48.4	34.5
Malawi	36.5	42.7	24.7	32.4	38.7	24.1
Rwanda	39.9	30.5	8.6	16.9	51.3	51.6
Tanzania	U	56.0	U	25.6	U	18.1
North Africa						
Egypt	20.7	20.3	59.1	58.6	20.2	21.0
Morocco	27.0	U	24.0	U	48.5	U
Asia						
Bangladesh	29.4	30.1	32.8	38.9	37.8	31.0
Pakistan	68.6	74.0	18.2	21.0	12.8	5.0

U = Unknown (not available)

likely than those in other regions to have discussed family planning with their spouses in the past year. About three-quarters of West African respondents have not had a single discussion on family planning with their spouses in the past year; the exceptions are Ghana and Cameroon, where the proportions are about one-half and two-thirds, respectively. In most countries of East Africa, less than 40 percent of men and women report never discussing family planning over the past year; men in Burundi and men and women in Tanzania and Malawi are the exceptions. In Bangladesh, Egypt, and Morocco, all but 20 to 30 percent of men and women have discussed family planning with their spouses. The situation is far different in Pakistan, however, where over two-thirds of the men and three-quarters of the women report no such discussions.

Men and women report remarkably similar levels of discussion. The reported difference is less than 5 percentage points in most countries; only in Burundi does it exceed 10 percentage points, with men more likely than women to report no discussions on family planning.

Of those men and women who have discussed family planning with their spouses, most have discussed the subject frequently, that is, more than twice within the past year (Table 5.4). Only in Egypt, Niger, and Pakistan are respondents more likely to report just one or two discussions rather than three or more. Men and women in West Africa are least likely to have discussed family planning frequently (less than one-fifth of the respondents) except in Cameroon and Ghana, where about one-quarter reported frequent discussions. In East Africa, between 30 percent and 51 percent of men have frequently discussed family planning with their spouses in the past year. Frequent discussions are least likely in Pakistan, where only 13 percent of men and 5 percent of women report having them. In most countries, men and women are equally likely to report frequent discussions of family planning. In East Africa, however, men report frequent discussions more often than women.

6 Summary and Conclusions

This report shows large regional variations in the reproductive preferences and behavior of currently married men. With few exceptions, countries in the same region have similar levels for most of the variables examined. Thus, West African men consistently express higher fertility desires and are less likely to approve of or use contraception than men in other regions. The 1993 survey in Ghana is the one exception to this West African model. Tanzania and Pakistan are also exceptions to regional patterns. Located in East Africa and Asia, respectively, the reproductive preferences and behavior of Tanzania are closer to West African levels while Pakistan behavior is closer to East African levels when compared to prevailing levels in their own regions.

Within countries, urban residence and education are associated with lower fertility desires and higher contraceptive use among currently married men. Differences by age, type of union, and number of children are generally small. Men are more likely than currently married women in the same country to report knowledge and use of contraception, but women are more likely to intend to use contraception and to approve of family planning. Differences between men and women are more pronounced in West Africa than in other regions. In West Africa, for example, men, on average, want

four children more than women. Elsewhere, men and women expressed similar family size preferences. In every region, women are more likely than men to express a definite desire to stop childbearing. Gender differences in the desire for another child widen as parity increases.

The surveys analyzed in this report cover three phases of the DHS project and span more than six years. While the differences in demographic indicators across countries are meaningful, care should be exercised in attributing them to underlying differences among men in various societies. As the results of successive surveys in Ghana and Kenya demonstrate, these demographic indicators can and do change over time, presumably due in large part to changing reproductive patterns. A second round of male surveys is needed in each of the other countries to determine whether the changes observed in Ghana and Kenya are taking place elsewhere. New surveys of men in these countries would also show the extent to which differences found between countries are due to the timing of the surveys. The differences between Bangladesh and Pakistan, for example, or between Ghana and the rest of West Africa (especially Cameroon, Mali, and Niger) may be explained wholly or in part by differences in the dates of the surveys.

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Appendix

Summary of DHS-I, DHS-II, and DHS-III Surveys, 1985-1995

Region and Country	Date of Fieldwork	Implementing Organization	Respondents	Sample Size	Male/Husband Survey	Supplemental Studies, Modules, and Additional Questions
SUB-SAHARAN AFRICA						
DHS-I						
Botswana	Aug-Dec 1988	Central Statistics Office	AW 15-49	4,368		AIDS, PC, adolescent fertility
Burundi	Apr-Jul 1987	Département de la Population, Ministère de l'Intérieur	AW 15-49	3,970	542 Husbands	CA, SAI, adult mortality
Ghana	Feb-May 1988	Ghana Statistical Service	AW 15-49	4,488	943 Husbands	CA, SM, WE
Kenya	Dec-May 1988/89	National Council for Population and Development	AW 15-49	7,150	1,133 Husbands	
Liberia	Feb-Jul 1986	Bureau of Statistics, Ministry of Planning and Economic Affairs	AW 15-49	5,239		TBH, employment status
Mali	Mar-Aug 1987	Institut du Sahel, USED/CERPOD	AW 15-49	3,200	970 Men 20-55	CA, VC, childhood physical handicaps
Ondo State, Nigeria	Sep-Jan 1986/87	Ministry of Health, Ondo State	AW 15-49	4,213		CA, TBH
Senegal	Apr-Jul 1986	Direction de la Statistique, Ministère de l'Economie et des Finances	AW 15-49	4,415		CA, CD
Sudan	Nov-May 1989/90	Department of Statistics, Ministry of Economic and National Planning	EMW 15-49	5,860		FC, M, MM
Togo	Jun-Nov 1988	Unité de Recherche Démographique, Université du Bénin	AW 15-49	3,360		CA, SAI, marriage history
Uganda	Sep-Feb 1988/89	Ministry of Health	AW 15-49	4,730		CA, SAI
Zimbabwe	Sep-Jan 1988/89	Central Statistical Office	AW 15-49	4,201		AIDS, CA, PC, SAI, WE
DHS-II						
Burkina Faso	Dec-Mar 1992/93	Institut National de la Statistique et de la Démographie	AW 15-49	6,354	1,845 Men 18+	AIDS, CA, MA, SAI
Cameroon	Apr-Sep 1991	Direction Nationale du Deuxième Recensement Général de la Population et de l'Habitat	AW 15-49	3,871	814 Husbands	CA, CD, SAI
Madagascar	May-Nov 1992	Centre National de Recherches sur l'Environnement	AW 15-49	6,260		CA, MM, SAI
Malawi	Sep-Nov 1992	National Statistical Office	AW 15-49	4,850	1,151 Men 20-54	AIDS, CA, MA, MM, SAI
Namibia	Jul-Nov 1992	Ministry of Health and Social Services, Central Statistical Office	AW 15-49	5,421		CA, CD, MA, MM
Niger	Mar-Jun 1992	Direction de la Statistique et des Comptes Nationaux	AW 15-49	6,503	1,570 Husbands	CA, MA, MM, SAI
Nigeria	Apr-Oct 1990	Federal Office of Statistics	AW 15-49	8,781		CA, SAI
Rwanda	Jun-Oct 1992	Office National de la Population	AW 15-49	6,551	598 Husbands	CA

Senegal	Nov-Aug 1992/93	Direction de la Prévision et de la Statistique	AW 15-49	6,310	1,436 Men 20+	AIDS, CA, MA, MM, SAI
Tanzania	Oct-Mar 1991/92	Bureau of Statistics, Planning Commission	AW 15-49	9,238	2,114 Men 15-60	AIDS, CA, MA, SAI
Zambia	Jan-May 1992	University of Zambia	AW 15-49	7,060		AIDS, CA, MA
DHS-III						
Central African Republic	Sep-Mar 1994/95	Direction des Statistiques Démographiques et Sociales	AW 15-49	5,884	1,729 Men 15-59	AIDS, CA, CD, MA, MM, SAI
Côte d'Ivoire	Jun-Nov 1994	Institut National de la Statistique	AW 15-49	8,099	2,552 Men 15-59	CA, MA, SAI
Ghana	Sep-Dec 1993	Ghana Statistical Service	AW 15-49	4,562	1,302 Men 15-59	CA, MA
Kenya	Feb-Aug 1993	National Council for Population and Development	AW 15-49	7,540	2,336 Men 20-54	AIDS, CA, MA, SAI
Tanzania (KAP) ^a	Jul-Sep 1994	Bureau of Statistics, Planning Commission	AW 15-49	4,225	2,097 Men 15-59	AIDS, PC
Tanzania (In-depth)	June, Aug-Oct 1995	Bureau of Statistics, Planning Commission	AW 15-50 Sisters 15-50	3,766		Adult and childhood mortality estimation
Uganda	Mar-Aug 1995	Statistics Department, Ministry of Finance and Economic Planning	AW 15-49	7,070	1,996 Men 15-54	AIDS, CA, MA, MM, SAI
Uganda (In-depth)	Oct-Jan 1995/96	Institute of Statistics and Applied Economics, Makerere University	AW 20-44	2,000	2,000 Partners	Negotiating reproductive outcomes
Zimbabwe	Jul-Nov 1994	Central Statistical Office	AW 15-49	6,128	2,141 Men 15-54	AIDS, CA, MA, MM, PC, SAI
NEAR EAST/NORTH AFRICA						
DHS-I						
Egypt	Oct-Jan 1988/89	National Population Council	EMW 15-49	8,911		CA, CD, MM, PC, SAI, WE, WS
Morocco	May-Jul 1987	Ministère de la Santé Publique	EMW 15-49	5,982		CA, CD, S
Tunisia	Jun-Oct 1988	Office National de la Famille et de la Population	EMW 15-49	4,184		CA, S, SAI
DHS-II						
Egypt	Nov-Dec 1992	National Population Council	EMW 15-49	9,864	2,466 Husbands	CA, MA, PC, SM
Jordan	Oct-Dec 1990	Department of Statistics, Ministry of Health	EMW 15-49	6,461		CA, SAI
Morocco	Jan-Apr 1992	Ministère de la Santé Publique	AW 15-49	9,256	1,336 Men 20-70	CA, MA, MM, SAI
Yemen	Nov-Jan 1991/92	Central Statistical Organization	EMW 15-49	5,687		CA, CD, MM, SAI
DHS-III						
Egypt	Nov-Dec 1995	National Population Council	EMW 15-49	14,813		CA, FC, MA, WS
Morocco (Panel)	Apr-May 1995	Ministère de la Santé Publique	AW 15-49	4,800		SAI
ASIA						
DHS-I						
Indonesia	Sep-Dec 1987	Central Bureau of Statistics, National Family Planning Coordinating Board	EMW 15-49	11,884		PC, SM

Nepal (In-depth)	Feb-Apr 1987	New Era	CMW 15-49	1,623		KAP-gap survey
Sri Lanka	Jan-Mar 1987	Department of Census and Statistics, Ministry of Plan Implementation	EMW 15-49	5,865		CA, NFP
Thailand	Mar-Jun 1987	Institute of Population Studies Chulalongkorn University	EMW 15-49	6,775		CA, S, SAI
DHS-II						
Indonesia	May-Jul 1991	Central Bureau of Statistics, NFPCB/MOH	EMW 15-49	22,909		PC, SM
Pakistan	Dec-May 1990/91	National Institute of Population Studies	EMW 15-49	6,611	1,354 Husbands	CA
DHS-III						
Bangladesh	Nov-Mar 1993/94	Mitra & Associates/NIPORT	EMW 10-49	9,640	3,284 Husbands	PC, SAI, SM
Indonesia	Jul-Nov 1994	Central Bureau of Statistics/ NFPCB/MOH	EMW 15-49	28,168		MM, PC, SAI, SM
Kazakstan	May-Aug 1995	Institute of Nutrition, National Academy of Sciences	AW 15-49	3,771		CA, MA
Philippines	Apr-Jun 1993	National Statistics Office	AW 15-49	15,029		MM, SAI
Turkey	Aug-Oct 1993	General Directorate of MCH/FP Ministry of Health	EMW <50	6,519		CA, MA
LATIN AMERICA & CARIBBEAN						
DHS-I						
Bolivia	Feb-Jul 1989	Instituto Nacional de Estadística	AW 15-49	7,923		CA, CD, MM, PC, S, WE
Bolivia (In-depth)	Feb-Jul 1989	Instituto Nacional de Estadística	AW 15-49	7,923		Health
Brazil	May-Aug 1986	Sociedade Civil Bem-Estar Familiar no Brasil	AW 15-44	5,892		CA, S, SM, abortion, young adult use of contraception
Colombia	Oct-Dec 1986	Corporación Centro Regional de Población, Ministerio de Salud	AW 15-49	5,329		CA, PC, S, SAI, SM
Dominican Republic	Sep-Dec 1986	Consejo Nacional de Población y Familia	AW 15-49	7,649		CA, NFP, S, SAI, family planning communication
Dominican Republic (Experimental)	Sep-Dec 1986	Consejo Nacional de Población y Familia	AW 15-49	3,885		S, SAI
Ecuador	Jan-Mar 1987	Centro de Estudios de Población y Paternidad Responsable	AW 15-49	4,713		CD, SAI, employment
El Salvador	May-Jun 1985	Asociación Demográfica Salvadoreña	AW 15-49	5,207		CA, S, TBH
Guatemala	Oct-Dec 1987	Instituto de Nutrición de Centro América y Panamá	AW 15-44	5,160		CA, S, SAI
Mexico	Feb-May 1987	Dirección General de Planificación Familiar, Secretaría de Salud	AW 15-49	9,310		NFP, S, employment
Peru	Sep-Dec 1986	Instituto Nacional de Estadística	AW 15-49	4,999		NFP, employment, cost of family planning
Peru (Experimental)	Sep-Dec 1986	Instituto Nacional de Estadística	AW 15-49	2,534		
Trinidad and Tobago	May-Aug 1987	Family Planning Association of Trinidad and Tobago	AW 15-49	3,806		CA, NFP, breastfeeding

DHS-II						
Brazil (NE)	Sep-Dec 1991	Sociedade Civil Bem-Estar Familiar no Brasil	AW 15-49	6,222	1,266 Husbands	AIDS, PC
Colombia	May-Aug 1990	PROFAMILIA	AW 15-49	8,644		AIDS
Dominican Republic	Jul-Nov 1991	Instituto de Estudios de Población y Desarrollo (PROFAMILIA), Oficina Nacional de Planificación	AW 15-49	7,320		CA, MA, S, SAI
Paraguay	May-Aug 1990	Centro Paraguayo de Estudios de Población	AW 15-49	5,827		CA, SAI
Peru	Oct-Mar 1991/92	Instituto Nacional de Estadística e Informática	AW 15-49	15,882		CA, MA, MM, SAI
DHS-III						
Bolivia	Nov-May 1993/94	Instituto Nacional de Estadística	AW 15-49	8,603 ^b		AIDS, CA, CD, MA, MM, S, SAI
Colombia	Apr-Jun 1995	PROFAMILIA	AW 15-49	14,000		AIDS, CA, MA, PC
Guatemala	Jun-Dec 1995	Instituto Nacional de Estadística	AW 15-49	12,403		AIDS, CA, MA, MM, S
Haiti	Jul-Jan 1994/95	Institut Haitien de l'Enfance	AW 15-49	5,356	1,610 Men 15-59	AIDS, CA, CD, MA, SAI

^a No health or birth history section in questionnaire.

^b Household questionnaire was administered in 26,144 households.

AIDS	acquired immune deficiency syndrome	FC	female circumcision	S	sterilization
AW	all women	M	migration	SAI	service availability information
CA	child anthropometry	MA	maternal anthropometry	SM	social marketing
CD	causes of death (verbal reports of symptoms)	MM	maternal mortality	TBH	truncated birth history
CMW	currently married women	NFP	natural family planning	VC	value of children
EMW	ever-married women	PC	pill compliance	WE	women's employment
				WS	women's status

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