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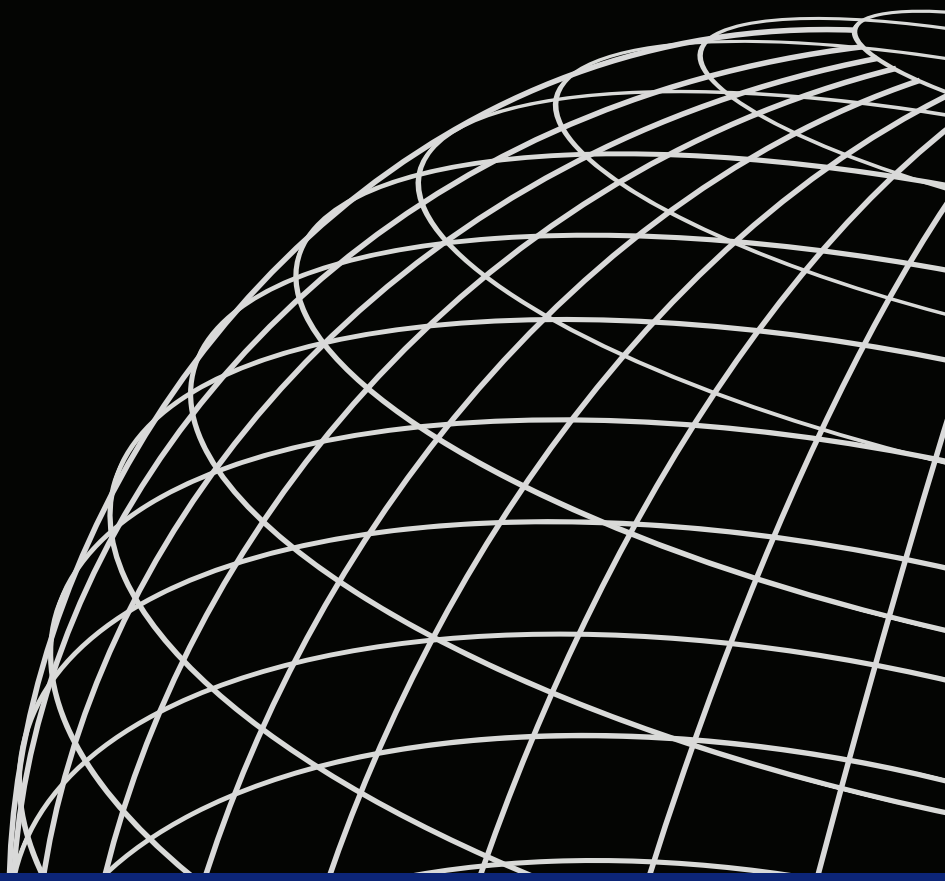

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The main objectives of the MEASURE DHS project are:
1) to provide decisionmakers in survey countries with information useful for informed policy choices,
2) to expand the international population and health database,
3) to advance survey methodology, and
4) to develop in participating countries the skills and resources necessary to conduct high-quality demographic and health surveys.

DHS Analytical Studies No. 11

Spousal Agreement on Family Planning in Sub-Saharan Africa

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Abstract

This study investigates spousal agreement on approval of family planning, spousal agreement on discussion of family planning, and wife's use of a modern contraceptive method. The analysis uses matched couples' data from Demographic and Health Surveys (DHS) conducted between 1999 and 2004 in Benin, Burkina Faso, Chad, and Mali in West and Central Africa, and Malawi, Namibia, Rwanda, Uganda, Zambia, and Zimbabwe in Eastern and Southern Africa. In addition, pooled data from the 10 countries are used to examine how polygyny, as an institution of marriage rather than an individual characteristic, influences spousal approval of family planning and discussion of family planning.

The percentage of couples in which both partners approve of family planning ranges from 29 percent in Chad to 92 percent in Zimbabwe. Joint discussion of family planning matters is lowest in West and Central Africa compared with Eastern and Southern Africa. Current use of modern contraceptive methods ranges from 2 percent in Chad to 54 percent in Zimbabwe. Multivariate analyses suggest the presence of a strong positive influence of wife's education on spousal approval of family planning and discussion of family planning in most countries. In a few countries, spouses are more likely to jointly approve of family planning when the husband is better educated than his wife. Wife's age is negatively associated with spousal approval of family planning and discussion of family planning in some of the countries. Furthermore, couples in which the partners did not have a birth in the five years preceding the survey are less likely to approve of family planning and to discuss family planning. The analyses also highlight the positive impact of approval of family planning and discussion of family planning by both partners on wife's use of modern contraceptive methods.

Looking at the aggregate effect of polygyny on approval of family planning and discussion of family planning issues, the results show that a higher percentage of partners in countries with a low level of polygyny (less than 20 percent) tend to approve of family planning and discuss family planning, as well as use modern contraceptive methods, compared with their counterparts in countries with a high level of polygyny (20 percent or more). Findings from the multivariate analyses of the pooled data indicate that wife's education and difference in spousal education have a significant influence on the likelihood of approval of family planning and discussion of family planning by both partners, in both polygyny groups. Approval of family planning by both spouses is a significant determinant of use of modern contraceptive methods only in the high polygyny group. However, in both groups, discussion of family planning increases the likelihood of the wife using a modern contraceptive method.

Preface

One of the most significant contributions of the MEASURE 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 Reports* series examines these data across countries in a comparative framework. The *DHS Analytical Studies* series focuses on analysis of specific topics. The principal objectives of both series are to provide information for policy formulation at the international level and to examine individual country results in an international context.

While *Comparative Reports* are primarily descriptive, *Analytical Studies* comprise in-depth, focused studies on a variety of substantive topics. The studies are based on a variable number of data sets, depending on the topic being examined. A range of methodologies is used in these studies including multivariate statistical techniques.

The topics covered are selected by MEASURE DHS staff in conjunction with the U.S. Agency for International Development.

It is anticipated that the *DHS Analytical Studies* will enhance the understanding of analysts and policymakers regarding significant issues in the fields of international population and health.

Ann Way
Project Director

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1

Introduction

In sub-Saharan Africa, several studies have documented lack of spousal communication on reproductive health and fertility preferences as one of the factors constraining the use of family planning. Research suggests that the husband's approval of and discussion about family planning are important predictors of a woman's contraceptive use and fertility desires (Bongaarts and Bruce, 1995; Mahmood and Ringheim, 1997). The literature also shows that spousal communication regarding family planning is one of the factors associated with the approval of family planning (DeRose et al., 2004; Islam et al., 2004) and couples who discuss family planning are more likely to use a contraceptive method (Terefe and Larson, 1993; Toure, 1996; Odhiambo, 1997; Odimegwu, 1999). Communication between spouses and communication with people outside of the family—who offer encouragement and support for family planning—are also identified as factors influencing adoption of family planning (Phillips et al., 1997). A study by Ezeh and others (1996) revealed a substantial gap between men's knowledge and approval of family planning and actual use of contraception.

Women in sub-Saharan Africa are not the sole decisionmakers on reproductive matters, especially regarding use of modern contraceptive methods (Blanc et al., 1996; Bankole, 1995). Yet, the fact that most contraceptive methods are designed for use by women makes women the focus of research on family planning.

The objective of this study is to investigate spousal agreement on approval and discussion of family planning and how approval and discussion of family planning influence a wife's use of modern contraceptive methods. The study used data on matched couples from ten recent Demographic and Health Surveys (DHS) in sub-Saharan Africa. The first part of the study investigates social, demographic, and economic differentials in spousal approval of family planning and joint discussion of family planning issues, and how approval and discussion of family planning influence the wife's use of modern contraceptive methods. The study also examines the impact of infecundity,[1] as well as how differences in education and age between husbands and wives influence spousal agreement on approval and discussion of family planning. Several previous studies have incorporated such proxy measures of the relative status of women in the study of reproductive and sexual health behaviors (Wolff et al., 2000; Beegle et al., 2001; Barbieri and Hertrich, 2005).

In the second part of this report, we extend the study to examine how polygyny, as an institution of marriage and cultural norms, affects couples' approval and discussion of family planning, and wife's use of modern contraceptive methods. The analysis looks at polygyny as an aggregate (or contextual) construct rather than an individual-level characteristic. The data were pooled and the countries were grouped, based on the prevalence of polygyny in each country, into two groups: low level of polygyny (less than 20 percent) and high level of polygyny (20 percent or more). The results suggest that spouses in each group

[1] Infecundity refers to the inability to conceive or to bear a child despite being exposed to the risk of pregnancy for a fixed length of time. The World Health Organization recommends that infecundity can be established after two years of exposure to the risk of pregnancy without conceiving (WHO, 1975; WHO, 2001).

exhibit differences in approval of family planning, discussion of family planning issues, and wife's use of modern contraceptive methods.

2

Background

A husband's opposition may prevent his wife from using contraception, even when she wants to delay or stop childbearing (Casterline, Perez, and Biddlecom, 1997). In fact, a husband's approval of family planning is a powerful factor in explaining contraceptive use (Tawiah, 1997; Lasee and Becker, 1997; Joesoef, Baughman, and Utomo, 1988). Women who do not know whether their husbands approve of family planning, or who believe that their husbands disapprove, are less likely to use contraception than those who believe that their husbands approve (Salway, 1994; Bongaarts and Bruce, 1995; Lasee and Becker, 1997; Kamal, 2000). Salway (1994) found that discussion of family planning between spouses has a significant independent effect on current use of modern contraceptive methods. Nearly one in ten married women with unmet need for family planning cited husband's disapproval as the principal reason for nonuse of contraception (Drennan, 1998). Tawiah (1997) found that wife's approval of family planning was the most important predictor of current use of contraception, followed by discussion of family planning with the husband.

Studies in sub-Saharan Africa indicate that interspousal communication is beneficial for issues that are intimate to both partners. Especially beneficial is agreement on fertility intentions, desired family size, family planning, and the achievement of reproductive goals (Gage, 1995; Meekers and Oladosu, 1996; Salway, 1994). The success of contraceptive use depends on the agreement and cooperation of the husband. For instance, Kimuna and Adamchak (2001), using the 1993 Kenya DHS, found that discussion of fertility and family planning between spouses and male approval of contraceptive use were important factors that influenced ever use of family planning. Furthermore, Dodoo (1998) attributed the gap between men's approval and use of family planning to their exclusion from the programs aimed at promoting family planning, even though men have a prominent role in making decisions on fertility and family planning issues. A study in Zimbabwe found that men expected their wives to initiate discussions about contraceptive use, but also indicated that they should be involved in contraceptive decisions (Barnett, 1998; Mutambirwa et al., 1998).

Several studies suggest that spousal communication is consistently associated with greater contraceptive use, although the direction of causation is not always clear. Bawah (2002) used longitudinal data from Ghana to investigate the question of causality—namely, whether spousal communication predicts contraceptive use or whether contraceptive use forecasts spousal communication. He found that spousal communication does, indeed, predict contraceptive behavior, even when other factors are controlled.

Research has shown a linear relationship between total fertility rate and modern method contraceptive prevalence in a population. For instance, Ross and Frankenberg (1993) found that an increase of 15 percentage points in contraceptive prevalence is expected to yield a decline of about one child in the total fertility rate.

In the context of sub-Saharan Africa, a distinction must be made between married women in polygynous and monogamous relationships, because these marital circumstances imply varying levels of fertility. Although polygynous marriage is common in sub-Saharan Africa, wide variations are observed in the

region. A comparative study in five sub-Saharan African countries indicated that there has been a modest decline in the proportion of women in polygynous unions in the last 25 years (Timaeus and Reynar, 1998). Studies that investigated the effect of polygyny on contraceptive use have argued that women in this type of marital union tend to avoid contraceptive use in order to have large families (Fapohunda and Todaro, 1988). Furthermore, women in a polygynous union are less likely than those in a monogamous union to have discussed family planning with their husband or to have used contraception (Nyblade and Menken, 1993; Hogan et al., 1999; Peterson, 1999).

Caldwell (1976) argued that high-fertility societies have been sustained by cultural norms, embodied in religious and lineage systems. Pollak and Watkins (1993) also emphasized the importance of culture in determining reproductive preferences. Fertility decisions occur within specific social contexts, and social norms therefore restrict individual decisions on fertility and behaviors related to family planning, such as spacing of births, stopping childbearing, and using contraception. Ezeh (1997) argued that polygyny is not an individual-level variable; therefore, comparing polygynous and monogamous women at an individual level cannot reveal the overall impact of polygyny on reproductive processes. Examining the overall effects of polygyny on reproductive preferences at the macro level is important in understanding the mechanisms by which such marital unions operate.

3

Data and Methods

This analysis uses matched couples' data from DHS surveys in 10 sub-Saharan African countries to investigate spousal agreement (or disagreement) on a range of family planning issues. The analysis uses data from Benin, Burkina Faso, Chad, and Mali in West and Central Africa, and from Malawi, Namibia, Rwanda, Uganda, Zambia, and Zimbabwe in Eastern and Southern Africa. The surveys were conducted between 1999 and 2004.

The data for women are based on women age 15-49, while the data for men are based on men aged 15-59 (with the exception of Malawi and Benin, where men are age 15-54 and 15-64, respectively). The men's questionnaire is similar in structure to the women's questionnaire but shorter. To the extent possible, questions and response categories in both questionnaires are worded identically to be comparable across countries.

In this analysis, infecundity is measured by childbearing experience of the woman, that is, a woman is defined as infecund if she has had no births and no pregnancies in the past five years but has had a birth or pregnancy at some time, and has been married for the past five years but did not use a contraceptive method during that period.

Wealth status of the household is measured using the wealth index. The wealth index is constructed from household asset data using principal components analysis (Rutstein and Johnson, 2004). Based on the first factor loading, the wealth index score divides the population into five quintiles. In this paper, "poor" refers to the bottom two quintiles, "middle" refers to the middle quintile, and "rich" refers to the top two quintiles.

3.1 Measuring Outcome Variables

Discussion of the Use of Family Planning

Both women and men were asked if they discussed family planning issues with their spouses. A variable reflecting spousal agreement on how often the respondent discussed family planning with her/his partner in the past year was created using matched information from each partner's response to the question, "How often did you talk to (NAME) about family planning in the past year?" Response options included 1) Never; 2) Once or twice; or 3) More often. The latter two responses were combined to create the "discussed at least once" category. The matched responses were divided into four categories: 1) Both spouses agree they discussed; 2) Both spouses agree they never discussed; 3) The husband reported that he discussed but the wife did not; and 4) The wife reported that she discussed but the husband did not. The first two categories represent spousal agreement and the last two represent spousal disagreement.

Approval of a Contraceptive Method

A variable reflecting spousal agreement on approval of using a contraceptive method was created using matched information from each spouse's response to the question "Would you say you approve or

disapprove of couples using a method to avoid pregnancy?" Response options included: 1) Disapprove; 2) Approve; and 3) Don't know. Based on the first two responses, the matched responses were divided into four categories: 1) Both spouses approve of a method; 2) Both spouses disapprove of a method; 3) The husband approves of a method but the wife does not; and 4) The wife approves of a method but the husband does not. The first two categories represent spousal agreement and the last two represent spousal disagreement.

Wife's Current Use of Modern Contraceptive Method

The surveys collected information on knowledge of eight modern methods of contraception (the pill, intrauterine device (IUD), injectables, implants, vaginal methods—foam, jelly, sponge, or diaphragm—the condom, female sterilization, and male sterilization) as well as three traditional methods (periodic abstinence, withdrawal, and prolonged breastfeeding) from women respondents age 15-49. An open-ended question and probing by the interviewer were used to collect information on knowledge and use of family planning. Non-sterilized, non-pregnant women were asked if they were currently using any method to delay or avoid getting pregnant.

3.2 Modeling Outcome Variables

Multinomial logistic regression is used to predict the determinants of discussion of family planning by both spouses and by neither spouse relative to spouses who disagree. The relative risk ratios (RRRs) are reported and show the effects of the independent variables on the probability of couples in which both spouses jointly discussed and neither of the spouses discussed, relative to couples in which spouses disagreed on discussing family planning issues. If an RRR is greater (or less) than one, it indicates that the independent variable is associated with a probability of outcome that is greater (or less) than the probability of the base category.

In modeling spousal agreement on approval of family planning and wife's use of modern contraceptive methods, a binary logistic regression is used to examine which social, demographic, and economic factors are associated with the likelihood of spousal agreement on approval of family planning and use of a modern contraceptive method by the wife.

For polygynous unions, the matched couples' data contain multiple wives matched with one husband. The men's questionnaire did not ask questions about each wife separately. Researchers have raised concerns regarding the statistical independence of the responses from a polygynous husband (Speizer and Yates, 1998; Bankole and Singh, 1998). To address this issue, one wife was selected at random for each polygynous husband. The proportion of couples in which both partners approved of family planning and discussed family planning issues, and in which the wife used a modern contraceptive method, was calculated using matched data with the randomly selected wife. The proportion of couples in which both spouses agree (or disagree), calculated using the original matched couples' data is similar to the proportion calculated using the randomly selected wife.[2] Therefore, this analysis uses the results from the original

[2] The difference in spousal agreement between the two data sets is less than 1 percent for joint approval of family planning except in Burkina Faso, where this difference rises to 11 percent. The difference in spousal agreement between the two data sets is less than 2 percent for joint discussion of family planning. Results showing the percent distribution of spousal agreement on approval of family planning and discussion of family planning, for the data in which a wife was selected at random, are presented in Appendix A.

matched couples' data in which the number of couples in a polygynous marriage is the same as the number of wives.

3.3 Effects of Polygyny

The proportion of men who report having more than one wife is used to estimate the prevalence of polygyny in each country. Countries were divided into two groups based on their prevalence of polygyny: low level of polygyny (less than 20 percent) and high level of polygyny (20 percent or more). Studies that investigated the role of polygyny at a macro level (Ezeh, 1997; Tertilt, 2005) have used similar methods of classification. Based on this classification, Benin, Burkina Faso, Chad, Mali, and Uganda have high levels of polygyny, and Malawi, Namibia, Rwanda, Zambia, and Zimbabwe have low levels of polygyny. An appropriate sampling weight was applied to take into account the population size of each country.[3]

[3] This refers to a weight applied to pooled data from several countries. The DHS weight is adjusted by the total population of each country at the time of the survey.

4

Spousal Agreement on Approval of Family Planning and Discussion of Family Planning

4.1 Overview of the Survey Data

Table 4.1 shows the DHS surveys included in this study by survey year, number of individual women and men interviewed, number of matched couples, percentage of matched couples relative to currently married women, and percentage of polygynous unions.

The percentage of matched couples relative to currently married women ranges from 18 percent in Malawi to 35 percent in Benin.

The proportion of men with more than one wife is used to estimate the prevalence of polygyny in each country. Table 4.1 shows a large regional variation in the prevalence of polygyny in sub-Saharan Africa. The proportion of men in a polygynous union is higher in West and Central Africa compared with countries in Eastern and Southern Africa. Overall, the percentage of polygynous unions ranges from 4 percent in Namibia to 48 percent in Burkina Faso.

Table 4.1 Characteristics of the sample and prevalence of polygyny, DHS surveys in sub-Saharan Africa 1999-2004

		Sample characteristics				
Country	Survey year	Number of currently married women	Number of currently married men	Number of matched couples	Percentage of matched couples relative to currently married women	Percentage of couples in polygynous marriage
West and Central Africa						
Benin	2001	4,587	2,709	1,609	35.1	42.1
Burkina Faso	2003	9,537	4,000	2,340	24.5	47.9
Chad	2004	4,415	2,650	924	20.9	34.1
Mali	2001	10,697	3,390	2,191	20.5	41.1
Eastern and Southern Africa						
Malawi	2000	9,361	3,092	1,677	17.9	10.4
Namibia	2000	2,827	2,954	805	28.5	3.9
Rwanda	2000	4,891	2,717	1,156	23.6	5.5
Uganda	2000/01	4,903	1,962	944	19.3	20.5
Zambia	2001/02	4,731	2,145	1,120	23.7	11.8
Zimbabwe	1999	3,553	2,609	907	25.5	9.5

4.2 Approval of Family Planning

Table 4.2 shows the percent distribution of couples by spousal agreement on approval of family planning. The proportion of couples where both partners approve of family planning ranges from 29 percent in Chad to 92 percent in Zimbabwe. In all countries except Chad, the majority of both partners approve of family planning. In seven of these countries, both partners approve of family planning in more than 70 percent of the couples. Approval is low in West and Central African countries, except in Burkina Faso.

Compared with other countries in the study, the proportion of couples in Chad in which both partners disapprove of family planning is high. In nearly one-third of couples, both spouses disapprove of family planning.

In Chad, Malawi, and Rwanda, there is a higher proportion of couples in which only the husband approves of family planning compared with couples in which only the wife approves of family planning.

Table 4.2 Percent distribution of couples by spousal agreement on approval of family planning, DHS surveys in sub-Saharan Africa 1999-2004

	Agreement		Disagreement			
Country	Both approve	Both disapprove	Only husband approves	Only wife approves	Total	Number of couples
West and Central Africa						
Benin	58.9	8.1	12.5	20.5	100.0	1,406
Burkina Faso	79.2	1.9	6.5	12.4	100.0	1,921
Chad	28.9	32.4	22.4	16.3	100.0	796
Mali	50.1	12.3	17.2	20.4	100.0	1,726
Eastern and Southern Africa						
Malawi	89.7	0.7	6.0	3.6	100.0	1,646
Namibia	71.4	5.2	7.2	16.2	100.0	581
Rwanda	78.4	2.3	13.2	6.0	100.0	1,040
Uganda	75.6	3.3	8.8	12.3	100.0	882
Zambia	82.1	1.6	7.8	8.5	100.0	1,039
Zimbabwe	92.3	1.5	2.8	3.4	100.0	880

4.3 Discussion of Family Planning Issues

In the majority of couples in Malawi (62 percent), Namibia (53 percent), Zambia (57 percent), and Zimbabwe (70 percent), both partners reported discussing family planning issues in the past year (Table 4.3). The proportion of couples in which both partners discussed family planning issues is much higher in Eastern and Southern Africa than in West and Central Africa. In Eastern and Southern Africa, Uganda has the lowest proportion of couples in which both spouses discussed family planning (40 percent), whereas in West and Central Africa, Benin has the highest proportion of such couples (24 percent). The proportion of couples in which neither of the partners discussed family planning in the past year is substantially higher in West and Central Africa compared with Eastern and Southern Africa.

In seven of the countries—Benin (43 percent), Burkina Faso (37 percent), Chad (37 percent), Mali (34 percent), Namibia (33 percent), Rwanda (38 percent), and Uganda (37 percent)—more than one-third of the couples disagreed about having discussed family planning. Among couples who disagree about discussing family planning issues, there is a greater percentage of couples in which the husband discussed but the wife did not, with the notable exception of Namibia.

Table 4.3 Percent distribution of couples by spousal agreement on discussion of family planning issues, DHS surveys in sub-Saharan Africa 1999-2004

Country	Agreement		Disagreement		Total	Number of couples
	Both discussed	Neither discussed	Only husband discussed	Only wife discussed		
West and Central Africa						
Benin	24.1	32.9	28.4	14.7	100.0	1,601
Burkina Faso	19.6	43.7	23.2	13.6	100.0	2,316
Chad	14.6	48.2	30.0	7.2	100.0	600
Mali	14.4	52.1	17.2	16.3	100.0	2,150
Eastern and Southern Africa						
Malawi	62.0	9.7	18.0	10.4	100.0	1,658
Namibia	53.0	14.1	14.9	18.1	100.0	797
Rwanda	45.0	16.9	24.0	14.1	100.0	1,085
Uganda	39.6	23.2	19.1	18.2	100.0	987
Zambia	57.1	13.7	14.9	14.4	100.0	1,119
Zimbabwe	69.8	5.8	15.8	8.6	100.0	899

5

Differentials in Spousal Agreement on Family Planning

5.1 Approval of Family Planning

Tables 5.1.1 and 5.1.2 present differentials in the percentages of couples in which both partners approve of family planning. In most countries, a majority of couples from both urban and rural areas indicated that both partners approve of family planning, with the exceptions of Chad and rural Mali. In rural Mali, both partners approve of family planning in only 47 percent of the couples; in Chad, both partners approve of family planning in only 29 percent of rural couples and 32 percent of urban couples.

Approval of family planning by both partners is consistently higher when the wife has formal education. A similar pattern emerges for couples in which the husband also has formal education. The difference in spousal educational attainment (the difference between educational attainment of a husband and his wife) reveals that a higher percentage of couples in West and Central Africa approve of family planning when a husband is more educated than his wife (Table 5.1.1).

In all countries except Chad, there is a higher percentage of spousal agreement on approval of family planning among couples in which the wife is age 15-34 compared with couples in which the wife is age 35-49. A similar result is seen among couples in which the husband is age 15-34 compared with couples in which the husband is age 45 and above, with the exception of Rwanda. Couples in which the husband is at least five years older than his wife are less likely to agree about approving family planning, with the exception of Rwanda and Malawi. Overall, younger couples are more likely to have spousal agreement on approval of family planning.

In Benin, Burkina Faso, Chad, Mali, Namibia, Uganda, and Zimbabwe, the proportion of couples in agreement on the approval of family planning is higher among monogamous couples than among polygynous couples. When comparing monogamous and polygynous couples, the difference in the percentage of couples in which both spouses approve of family planning is highest in Namibia at 28 percentage points (74 percent for monogamous couples and 45 percent for polygynous couples).

Table 5.1.2 shows that in all countries except Malawi, Rwanda, and Zambia, approval of family planning is higher among low-parity couples (with one to two children) than among higher parity couples (with five or more children). In all countries, fecund couples have greater agreement on approval of family planning than do infecund couples.

Household wealth status also influences spousal approval of family planning. In all countries, couples in wealthier households are more likely to have spousal agreement on approval of family planning than their counterparts in poor households.

Table 5.1.1 Percentage of couples in which both partners approve of family planning, by selected characteristics: West and Central Africa

Characteristic	West and Central Africa			
	Benin	Burkina Faso	Chad	Mali
Residence				
Urban	59.7	86.5	31.7	60.2
Rural	58.5	78.1	28.7	47.3
Wife's education				
No education	56.3	78.1	25.8	47.9
Primary	61.6	84.6	40.0	56.3
Secondary+	79.2	91.0	50.3	72.5
Husband's education				
No education	51.7	77.3	14.4	44.3
Primary	60.5	84.3	46.0	62.5
Secondary+	74.6	90.8	51.5	71.4
Spousal education difference				
Same education	52.4	77.0	13.8	44.4
Wife more educated	56.0	84.0	30.4	49.9
Husband more educated	66.1	86.4	49.5	66.9
Wife's age				
15-34	61.5	80.7	28.4	52.9
35-49	53.6	75.9	30.9	43.1
Husband's age				
15-34	65.4	83.4	32.6	55.5
35-44	59.3	81.7	32.2	53.6
45+	50.1	73.0	20.7	41.4
Spousal age difference (husband older by)				
< 5 years	62.0	82.9	33.8	53.6
5 years and	56.7	77.8	26.5	49.1
Wife's employment				
Not working	64.0	75.7	20.3	47.7
Working for cash	58.5	79.6	31.2	51.2
Husband's employment				
Not working	74.6	79.4	41.3	46.7
Working for cash	58.8	79.2	28.9	50.7
Type of marriage				
Monogamous	60.3	83.5	30.1	50.7
Polygynous	57.1	74.6	27.0	49.4
Number of living children				
0	59.1	69.9	24.2	45.0
1-2	62.1	82.9	32.5	53.8
3-4	57.9	77.3	28.9	49.9
5+	55.8	79.7	27.3	47.7
Childbearing in the past 5 years				
Fecund	61.8	81.1	30.5	52.7
Infecund	41.5	67.7	21.1	34.8
Household wealth status				
Poor	52.4	76.4	26.2	44.6
Middle	64.4	80.8	26.6	49.8
Rich	64.1	81.2	32.7	57.5
Number of couples	1,406	1,921	796	1,726

Table 5.1.2 Percentage of couples in which both partners approve of family planning, by selected characteristics: Eastern and Southern Africa

Characteristic	Eastern and Southern Africa					
	Malawi	Namibia	Rwanda	Uganda	Zambia	Zimbabwe
Residence						
Urban	90.9	80.4	81.1	86.0	87.4	94.8
Rural	89.6	62.5	78.0	74.5	79.4	91.0
Wife's education						
No education	88.6	56.6	77.7	66.6	68.0	88.8
Primary	90.0	62.4	77.9	77.3	82.1	89.1
Secondary+	93.9	82.6	84.5	88.4	89.6	96.3
Husband's education						
No education	89.8	36.2	74.4	56.5	60.9	84.4
Primary	88.9	67.0	79.5	74.8	79.4	88.4
Secondary+	93.3	86.5	83.1	83.8	88.2	95.7
Spousal education difference						
Same education	91.9	72.7	79.1	70.5	81.8	91.8
Wife more educated	87.6	64.0	74.9	79.7	78.4	90.6
Husband more educated	89.9	79.5	81.0	75.5	83.3	93.6
Wife's age						
15-34	91.5	78.4	79.2	78.0	82.4	93.9
35-49	85.4	63.1	77.3	67.5	81.8	89.2
Husband's age						
15-34	91.8	80.2	75.6	78.3	83.2	94.1
35-44	88.4	77.2	81.5	72.2	83.7	92.1
45+	86.4	49.8	79.4	71.5	77.0	89.1
Spousal age difference (husband older by)						
< 5 years	89.9	77.5	75.5	78.6	83.3	95.0
5 years and over	89.8	64.3	83.7	71.5	81.2	89.7
Wife's employment						
Not working	88.4	65.4	73.2	73.9	84.0	91.5
Working for cash	90.8	79.6	79.3	75.9	81.1	93.3
Husband's employment						
Not working	88.9	61.7	77.7	64.6	78.1	89.5
Working for cash	90.2	76.3	79.1	79.1	82.9	94.1
Type of marriage						
Monogamous	89.7	73.6	78.5	76.5	81.6	93.5
Polygynous	90.7	45.4	78.4	71.9	87.6	83.0
Number of living children						
0	83.7	77.7	76.7	66.2	69.0	83.3
1-2	90.0	78.9	75.1	80.6	82.1	95.6
3-4	89.3	77.7	81.5	74.6	84.3	95.1
5+	93.1	50.7	80.3	73.2	84.6	87.3
Childbearing in the past 5 years						
Fecund	90.8	72.8	79.7	76.4	83.7	93.0
Infecund	83.2	68.6	68.8	67.5	70.1	89.9
Household wealth status						
Poor	89.2	50.9	75.1	68.9	77.1	91.7
Middle	87.3	71.1	78.7	77.3	79.9	89.0
Rich	91.5	80.4	80.8	83.8	88.3	94.1
Number of couples	1,646	581	1,040	882	1,039	880

5.2 Discussion of Family Planning Issues

Tables 5.2.1 and 5.2.2 show the percentage of couples in which both partners discussed family planning issues at least once in the year before the interview.

Overall, spousal agreement is higher among couples living in urban areas than in rural areas. For example, in Burkina Faso, agreement between spouses on discussion of family planning issues is 30 percentage points higher among urban couples than among their counterparts in rural areas (46 percent and 16 percent, respectively). Furthermore, more than 50 percent of the couples living in urban areas of Eastern and Southern Africa indicate that both partners discussed family planning issues.

In all countries, the percentage of couples in which both partners discussed family planning issues increases with increasing level of wife's education. In most countries, both spouses discussed family planning issues in a majority of couples when the wife has at least secondary education. In Malawi and Zimbabwe, however, both partners discussed family planning issues in a majority of couples even when the wife has no education. In seven countries—Burkina Faso, Malawi, Namibia, Rwanda, Uganda, Zambia, and Zimbabwe—the proportion of couples in which both partners discussed family planning issues exceeds 50 percent when the husband has at least secondary education.

In all countries, the proportion of couples in which both partners discussed family planning issues is higher when the wife is 15-34 years old than when she is 35-49 years old. In most of the countries in this analysis, the proportion of couples in which both partners discussed family planning issues declines with increasing age of the husband.

The proportion of couples in which both partners discussed family planning issues is higher among monogamous couples compared to polygynous couples. For example, in Namibia the percentage of couples in which both partners discussed family planning is 30 percentage points higher among monogamous couples than among polygynous couples (54 percent and 25 percent, respectively).

In all countries in this study, couples in wealthier households are more likely to have both spouses discuss family planning issues than couples in poorer households. For example, in Burkina Faso the proportion of couples in which both partners discussed family planning is about 20 percentage points higher for those in wealthier households than for those in poorer households (32 percent and 12 percent, respectively).

Table 5.2.1 Percentage of couples in which both partners discussed family planning, by selected characteristics: West and Central Africa

Characteristic	West and Central Africa			
	Benin	Burkina Faso	Chad	Mali
Residence				
Urban	27.2	45.9	27.4	26.3
Rural	22.4	15.8	12.2	11.1
Wife's education				
No education	19.9	15.4	8.6	12.7
Primary	31.4	43.2	36.4	15.2
Secondary+	50.5	64.0	42.7	43.8
Husband's education				
No education	17.6	14.7	5.0	10.7
Primary	23.9	31.5	22.4	14.6
Secondary+	42.1	58.0	32.1	40.0
Spousal education difference				
Same education	18.9	13.7	3.9	10.8
Wife more educated	23.7	43.4	35.4	14.6
Husband more educated	29.7	36.1	25.2	26.1
Wife's age				
15-34	25.1	20.8	16.1	15.8
35-49	21.8	17.0	10.9	11.0
Husband's age				
15-34	26.1	22.7	16.7	18.2
35-44	26.6	21.8	16.7	14.2
45+	19.0	14.9	7.8	11.3
Spousal age difference (husband older by)				
< 5 years	27.5	20.8	19.2	18.8
5 years and over	21.5	19.2	11.5	13.2
Wife's employment				
Not working	21.4	28.8	13.8	12.2
Working for cash	24.4	18.7	14.5	15.6
Husband's employment				
Not working	30.2	20.2	10.8	12.2
Working for cash	24.0	19.4	14.7	14.8
Type of marriage				
Monogamous	27.1	23.5	14.6	16.5
Polygynous	19.8	15.3	-	11.5
Number of living children				
0	9.8	10.4	11.7	7.3
1-2	25.5	20.9	20.2	15.6
3-4	26.0	23.2	10.7	18.2
5+	24.4	17.9	12.8	11.9
Childbearing in the past 5 years				
Fecund	26.5	20.6	14.7	15.5
Infecund	9.9	13.3	13.9	7.8
Household wealth status				
Poor	16.1	11.7	7.6	10.1
Middle	27.9	16.7	19.6	9.9
Rich	32.6	31.8	19.5	22.7
Number of couples	1,601	2,316	600	2,150

- No one reported discussing family planning

Table 5.2.2 Percentage of couples in which both partners discussed family planning, by selected characteristics: Eastern and Southern Africa

Characteristic	Eastern and Southern Africa					
	Malawi	Namibia	Rwanda	Uganda	Zambia	Zimbabwe
Residence						
Urban	62.3	62.1	59.5	57.4	68.3	72.9
Rural	61.9	43.9	42.3	37.9	51.4	67.8
Wife's education						
No education	55.1	29.1	34.9	19.4	37.5	52.0
Primary	63.1	41.7	47.2	44.1	55.1	66.5
Secondary+	81.8	69.2	66.7	74.6	73.2	76.1
Husband's education						
No education	53.1	25.8	33.7	20.8	38.2	42.0
Primary	60.9	40.4	47.1	35.9	50.9	63.3
Secondary+	72.8	72.7	60.1	56.7	67.5	76.1
Spousal education difference						
Same education	62.5	51.2	41.3	33.9	56.7	71.8
Wife more educated	61.6	46.9	45.9	43.3	59.6	61.6
Husband more educated	61.9	59.7	46.6	39.9	56.4	71.8
Wife's age						
15-34	65.3	57.0	47.0	43.4	57.6	73.4
35-49	53.0	47.4	41.2	27.7	55.5	61.1
Husband's age						
15-34	67.9	58.0	43.2	42.4	55.2	74.2
35-44	59.0	55.5	49.2	39.4	64.8	70.6
45+	49.9	40.6	41.2	30.2	49.1	57.7
Spousal age difference (husband older by)						
< 5 years	63.6	56.6	41.2	40.2	57.3	69.4
5 years and over	59.8	47.6	51.8	38.8	56.8	70.3
Wife's employment						
Not working	61.5	42.5	50.5	40.4	60.6	69.8
Working for cash	62.3	65.9	44.3	39.4	54.5	69.8
Husband's employment						
Not working	59.8	37.3	41.2	27.3	55.5	65.3
Working for cash	62.9	59.9	47.2	43.7	57.3	72.2
Type of marriage						
Monogamous	62.7	54.4	45.0	41.0	57.7	70.9
Polygynous	55.9	24.5	–	34.8	52.0	59.2
Number of living children						
0	37.2	48.2	21.1	15.2	34.5	40.8
1-2	64.8	58.1	44.6	40.4	53.7	73.0
3-4	63.8	53.0	52.5	41.6	62.6	79.4
5+	67.1	45.2	45.8	43.5	63.7	67.2
Childbearing in the past 5 years						
Fecund	66.9	56.1	48.6	42.7	60.5	72.6
Infecund	30.4	36.5	14.9	15.6	31.8	52.9
Household wealth status						
Poor	60.9	34.2	38.7	29.4	46.5	66.4
Middle	64.3	48.9	38.4	36.6	58.2	69.2
Rich	62.4	62.3	52.9	56.6	67.2	72.3
Number of couples	1,658	797	1,085	987	1,119	899

- No one reported discussing family planning

5.3 Wife's Use of Modern Contraceptive Method

Tables 5.3.1 and 5.3.2 show how use of a modern contraceptive method by the wife differs according to basic characteristics of couples. Current use of any modern contraceptive method as reported by wives in the matched couples' data ranges from 2 percent in Chad to 54 percent in Zimbabwe. Overall, only four of the countries considered in this study have contraceptive prevalence over 25 percent—Malawi (26

percent), Namibia (43 percent), Zambia (25 percent), and Zimbabwe (50 percent). Use of modern contraceptives is very low in West and Central Africa, under 10 percent, and is particularly low in Chad, at only 2 percent.

The level of use of modern contraceptive methods by the wife is higher among couples living in urban areas. For example, in Burkina Faso the percentage of couples in which the wife is using a modern method is 26 percentage points higher among couples living in urban areas than among those living in rural areas (31 percent and 6 percent, respectively).

Current use of modern contraceptive methods varies between wives who have received formal education and those with no education. In Benin, Burkina Faso, Chad, Rwanda, Uganda, and Zambia, the percentage of couples in which the wife is using a modern method is more than three times higher when the wife has secondary or higher education than when the wife has no formal education. A similar pattern is also observed by husband's level of education.

The level of use of modern contraceptive methods by the wife is higher among couples in a monogamous union than among those in a polygynous union. For example, in Namibia and Zimbabwe there is a difference of about 22 percentage points between couples in a monogamous union and those in a polygynous union, in the use of modern contraceptive methods (47 percent and 25 percent, respectively, in Namibia; 56 percent and 34 percent, respectively, in Zimbabwe).

There is little difference in current use of modern contraceptive methods by wife's age, but household wealth status is positively related to the wife's use of modern methods. In most countries, couples in wealthier households are about three times more likely than those in poor households to have a wife using a modern contraceptive method.

In all countries in this study, the percentage of couples in which the wife uses a modern contraceptive method is consistently higher when both partners approve of family planning and both partners discussed family planning issues. In most countries, the wife's approval of family planning and discussion of family planning issues has a greater impact on her use of modern contraceptive methods than the husband's approval of family planning and discussion of family planning issues. The use of modern methods is higher when only the wife approves of family planning than when only the husband approves of family planning.

Table 5.3.1 Percentage of wives who used any modern contraceptive method, by selected characteristics: West and Central Africa

Characteristic	West and Central Africa			
	Benin	Burkina Faso	Chad	Mali
Total from couples' matched data	6.6	9.1	1.5	7.6
Total all married women[1]	7.2	8.8	1.6	5.7
Residence				
Urban	8.9	31.4	6.5	17.8
Rural	5.4	5.8	0.6	4.8
Wife's education				
No education	5.1	6.3	0.1	6.4
Primary	9.2	23.2	3.8	9.4
Secondary+	16.9	41.4	24.8	25.3
Husband's education				
No education	6.0	6.8	0.4	5.9
Primary	5.2	13.9	0.3	6.8
Secondary+	10.8	27.7	9.1	20.0
Spousal education difference				
Same education	5.8	6.0	0.2	6.2
Wife more educated	9.0	25.4	5.1	7.7
Husband more educated	7.0	15.6	2.7	12.3
Wife's age				
15-34	6.0	9.1	1.6	7.1
35-49	7.9	9.1	1.3	8.7
Husband's age				
15-34	7.7	8.8	1.2	4.6
35-44	4.5	10.2	2.6	8.4
45+	6.8	8.3	0.8	9.2
Spousal age difference (husband older by)				
< 5 years	5.6	10.0	0.9	7.9
5 years and over	7.3	8.7	1.8	7.5
Wife's employment				
Not working	7.1	15.4	1.9	4.2
Working for cash	6.6	8.4	1.4	9.5
Husband's employment				
Not working	16.2	6.3	9.7	5.0
Working for cash	6.4	9.8	1.3	8.0
Type of marriage				
Monogamous	7.8	11.6	1.4	9.1
Polygynous	4.9	6.3	1.7	5.4
Number of living children				
0	1.3	0.5	0.0	1.0
1-2	6.5	9.5	1.2	7.0
3-4	7.0	9.8	1.7	7.9
5+	7.9	11.1	1.9	10.2
Household wealth status				
Poor	3.9	3.6	0.0	4.1
Middle	7.6	9.0	0.9	6.7
Rich	12.0	16.0	6.7	19.8
Approve of a family planning method				
Both disapprove	0.0	3.8	0.4	1.1
Only husband approves	0.5	4.4	0.3	2.9
Only wife approves	6.4	13.5	2.4	6.8
Both approve	10.0	19.5	3.7	13.3
Discussed family planning in the past year				
Never discussed	1.7	1.7	0.0	2.7
Only husband discussed	2.1	5.6	1.0	4.7
Only wife discussed	9.4	13.1	1.8	10.4
Both discussed	16.7	26.1	6.5	24.7
Number of couples	1,609	2,340	924	2,191

[1] Demographic and Health Surveys (DHS). STATcompiler, MEASURE DHS, 2006, on the Internet at www.measuredhs.com

Table 5.3.2 Percentage of wives who used any modern contraceptive method, by selected characteristics: Eastern and Southern Africa

Characteristic	Eastern and Southern Africa					
	Malawi	Namibia	Rwanda	Uganda	Zambia	Zimbabwe
Total from couples' matched data	25.9	45.7	7.2	16.9	26.4	54.0
Total all married women[1]	26.1	42.6	5.7	18.2	25.3	50.4
Residence						
Urban	36.6	53.4	22.6	37.6	43.1	63.6
Rural	24.0	38.1	4.3	14.9	18.0	47.5
Wife's education						
No education	22.2	21.6	4.8	7.9	14.5	43.2
Primary	25.9	36.0	5.4	17.2	21.5	50.7
Secondary+	42.2	61.0	25.8	43.5	46.7	58.9
Husband's education						
No education	24.5	31.0	2.7	9.7	18.1	33.4
Primary	22.7	38.0	7.9	14.7	17.7	49.8
Secondary+	39.9	57.1	14.2	25.8	38.6	58.1
Spousal education difference						
Same education	23.3	44.5	8.8	20.4	28.3	54.5
Wife more educated	25.4	49.3	7.1	20.4	21.8	54.9
Husband more educated	26.9	43.4	6.3	15.2	26.8	53.4
Wife's age						
15-34	25.4	43.1	6.5	17.1	25.9	55.3
35-49	27.3	49.4	8.5	16.5	27.7	50.7
Husband's age						
15-34	24.1	43.5	6.1	15.9	25.1	55.3
35-44	31.1	52.1	7.5	16.8	30.1	56.9
45+	23.0	39.3	9.2	20.7	23.7	46.2
Spousal age difference (husband older by)						
< 5 years	26.0	50.2	6.7	17.1	28.3	53.2
5 years and over	25.9	39.3	8.2	16.7	24.5	54.9
Wife's employment						
Not working	23.2	39.4	10.6	15.4	27.6	50.4
Working for cash	27.7	53.7	6.7	17.3	25.4	56.9
Husband's employment						
Not working	22.5	26.4	5.1	8.7	26.4	45.4
Working for cash	27.3	54.0	8.4	19.7	26.4	58.4
Type of marriage						
Monogamous	27.2	46.8	7.4	17.7	27.9	55.9
Polygynous	14.7	25.4	4.8	14.1	13.4	34.1
Number of living children						
0	2.1	21.7	0.0	2.7	6.4	7.5
1-2	23.9	44.8	5.9	15.1	25.5	62.1
3-4	30.4	52.6	8.4	17.5	30.5	62.2
5+	36.3	45.0	10.0	22.2	30.2	52.2
Household wealth status						
Poor	23.3	21.2	2.3	11.4	13.3	43.4
Middle	25.0	46.7	6.0	15.2	27.0	54.6
Rich	33.7	65.4	18.7	42.5	50.9	67.1
Approve of a family planning method						
Both disapprove	0.0	5.9	5.1	7.9	15.8	0.0
Only husband approves	4.4	36.1	1.1	6.3	3.8	9.4
Only wife approves	4.7	36.2	3.5	10.7	17.6	25.8
Both approve	28.6	53.1	9.6	22.1	31.3	58.3
Discussed family planning in the past year						
Never discussed	6.9	18.3	2.3	4.0	5.2	14.3
Only husband discussed	11.5	40.4	2.8	12.2	10.9	37.1
Only wife discussed	22.6	38.3	4.1	14.9	23.3	51.9
Both discussed	33.6	56.9	12.6	27.7	36.2	61.5
Number of couples	1,677	805	1,156	994	1,120	907

[1] Demographic and Health Surveys (DHS). STATcompiler, MEASURE DHS, 2006, on the Internet at www.measuredhs.com

6

Multivariate Analysis

6.1 Spousal Agreement on Approval of Family Planning

Tables 6.1.1 and 6.1.2 present odds ratios from a binary logistic regression predicting spousal agreement on approval of family planning.

In Benin, Burkina Faso, Chad, Mali, Namibia, Zambia, and Zimbabwe, the likelihood of spousal agreement on approval of family planning is higher when the wife has formal education than when the wife has no education. For example, in Benin, Burkina Faso, and Zambia, couples in which the wife has at least secondary education are four times more likely to approve of family planning compared with couples in which the wife has no formal education.

Spousal education difference is related to approval of family planning in Benin, Chad, and Mali. The likelihood of approval of family planning by both partners is significantly higher when the husband is more educated than his wife. For example, in Chad, couples in which the husband is more educated than his wife are about four times more likely to approve of family planning compared with couples in which both partners have the same level of education.

In Burkina Faso, Malawi, Mali, and Uganda, couples in which the wife is 35-49 years old are significantly less likely to approve of family planning. Spousal age difference has a significant influence on spousal agreement on approval of family planning in three countries: Rwanda, Uganda, and Zimbabwe. In Uganda and Zimbabwe, couples in which the husband is older than his wife by at least five years are less likely to approve of family planning, but the opposite is true in Rwanda, where couples in which the husband is older than his wife by at least five years are more likely to have spousal agreement on approval of family planning compared with couples in which the husband is less than five years older than his wife.

In Burkina Faso and Chad, the odds of approving family planning are higher when the wife is employed for cash. However, in Uganda and Zambia, the odds of approving family planning are higher when the husband is employed for cash.

Type of marriage is significantly associated with spousal agreement on approval of family planning in Burkina Faso, Mali, Namibia, and Zambia. In Burkina Faso and Namibia, couples in a polygynous union are less likely to approve of family planning compared with those in a monogamous union. In Mali and Zambia, however, couples in a polygynous union are more likely to approve of family planning.

Tables 6.1.1 and 6.1.2 also show that number of living children has a significant effect on approval of family planning in Burkina Faso, Malawi, Rwanda, and Zambia. In these countries, higher-parity couples are more likely to approve of family planning. Childbearing experience in the last five years also has a statistically significant association with approval of family planning by both partners in Benin, Burkina Faso, Chad, Mali, and Zambia. In these countries, approval of family planning is less likely among infecund couples.

In Benin, Mali, and Uganda, wealthier couples have a higher likelihood of approving family planning. For example, in Uganda, couples from rich households are 2.5 times more likely to approve of family planning than those from poor households.

Table 6.1.1 Odds ratios from binary logistic regressions predicting spousal agreement on approval of family planning, according to selected characteristics: West and Central Africa

	West and Central Africa			
Characteristic	Benin	Burkina Faso	Chad	Mali
Residence (vs. rural)				
Urban	0.87	1.31	0.80	0.99
Wife's education (vs. no education)				
Primary	1.51*	1.94	1.32	1.30
Secondary+	3.97**	4.00*	2.45*	1.86*
Spousal education difference (vs. both have same education)				
Wife more educated	0.62	0.44	1.69	0.97
Husband more educated	1.45*	1.49	4.02**	1.69**
Wife's age (vs. 15-34 years old)				
35-49	0.86	0.57**	1.15	0.74*
Spousal age difference (vs. husband older by < 5 years)				
5 years and over	0.83	0.76	0.78	0.87
Wife's employment (vs. not working)				
Working for cash	0.88	1.69*	1.67*	1.25
Husband's employment (vs. not working)				
Working for cash	0.59	0.99	0.64	1.02
Type of marriage (vs. monogamous)				
Polygynous	1.06	0.70*	1.01	1.32*
No. of living children (vs. ≤ 2)				
3-4	0.92	1.09	0.87	0.93
5+	1.02	1.54*	0.97	1.06
Childbearing in the past 5 years (vs. Fecund)				
Infecund	0.52**	0.58**	0.48*	0.53*
Household wealth status (vs. poor)				
Middle	1.41*	1.16	0.95	1.18
Rich	0.92	1.04	1.22	1.70*
Number of couples	1,396	1,928	792	1,704
Loglikelihood	-910.0	-971.8	-418.9	-1,132.8

Significance level: *p<0.05; **p<0.01

Table 6.1.2 Odds ratios from binary logistic regressions predicting spousal agreement on approval of family planning, according to selected characteristics: Eastern and Southern Africa

Characteristic	Eastern and Southern Africa					
	Malawi	Namibia	Rwanda	Uganda	Zambia	Zimbabwe
Residence (vs. rural)						
Urban	0.72	1.15	0.81	1.13	1.21	0.67
Wife's education (vs. no education)						
Primary	1.22	1.16	1.20	1.24	2.24*	1.02
Secondary+	1.48	2.76**	1.91	1.92	3.91*	3.11*
Spousal education difference (vs. both have same education)						
Wife more educated	0.62	0.64	0.87	1.24	0.72	1.20
Husband more educated	0.82	1.36	1.27	1.24	1.17	1.71
Wife's age (vs. 15-34 years old)						
35-49	0.30**	0.65	0.79	0.62*	0.71	0.78
Spousal age difference (vs. husband older by < 5 years)						
5 years and over	0.94	0.74	1.65*	0.62**	0.83	0.49*
Wife's employment (vs. not working)						
Working for cash	1.31	1.24	1.20	1.52	0.84	1.45
Husband's employment (vs. not working)						
Working for cash	0.98	1.10	1.16	1.74*	1.69*	1.19
Type of marriage (vs. monogamous)						
Polygynous	1.07	0.39*	0.81	0.79	1.74*	0.58
No. of living children (vs. ≤ 2)						
3-4	1.39	1.16	1.68*	0.89	1.68*	2.10
5+	2.99**	0.79	1.94*	1.07	2.19**	0.85
Childbearing in the past 5 years (vs. Fecund)						
Infecund	1.01	0.69	0.75	1.01	0.41**	1.02
Household wealth status (vs. poor)						
Middle	0.98	1.30	1.16	1.51	1.33	0.89
Rich	1.64	1.21	1.11	2.46*	2.22	1.96
Number of couples	1,643	696	1,032	881	1,036	876
Loglikelihood	-538.8	-363.8	-521.2	-435.2	-458.1	-221.2

Significance level: *p<0.05; **p<0.01

6.2 Spousal Agreement on Discussion of Family Planning Issues

Tables 6.2.1 and 6.2.2 present relative risk ratios (RRR) from multinomial logistic regressions showing factors associated with spousal agreement on discussion of family planning issues. Results showing factors associated with spousal agreement that both partners never discussed family planning issues are included in Tables A.3.1 and A.3.2 in the appendix.

In all countries, both spouses are more likely to have discussed family planning when the wife has formal education than when she has no formal education. When the wife has at least secondary education, the RRRs that both partners discussed family planning issues range from 2.1 in Mali to 7.0 in Uganda. In Benin, Burkina Faso, and Zimbabwe, spousal education difference is significantly associated with discussion of family planning issues by both partners. In Burkina Faso, couples in which the husband is more educated than his wife have a higher likelihood of discussing family planning issues compared with couples in which both partners have the same level of education. In contrast, in Benin and Zimbabwe,

couples are less likely to have discussed family planning issues when the wife is more educated than her husband.

Wife's age is significantly associated with spousal discussion about family planning in Malawi, Namibia, Uganda, Zambia, and Zimbabwe. Couples in which the wife is age 35-49 are less likely to have discussed family planning issues compared with couples in which the wife is age 15-34.

In Uganda only, couples in which the husband is working are significantly more likely to have discussed family planning issues than couples in which the husband is not working.

Type of marriage has a less consistent association with spousal discussion of family planning. In Benin, Burkina Faso, and Namibia, couples in which the partners are in a polygynous union are less likely to have discussed family planning issues compared with those in a monogamous union.

In all countries except Chad and Namibia, higher-parity couples are more likely to have discussed family planning issues. For example, in Zimbabwe, couples with five or more children are 3.5 times more likely to have both partners discuss family planning than couples with two or fewer children. Childbearing experience in the past five years is a significant predictor of discussion of family planning issues by both partners in Benin, Malawi, Rwanda, and Zambia. In these countries, infecund couples are significantly less likely to have discussed family planning.

Household wealth status is significantly associated with the likelihood of spousal discussion of family planning issues in Benin, Burkina Faso, Rwanda, Uganda, and Zambia. In these countries, couples in wealthier households are more likely to have discussed family planning than couples in poorer households.

Table 6.2.1 Relative risk ratios from multinomial logistic regressions predicting spousal agreement on joint discussion of family planning, according to selected characteristics: West and Central Africa

Characteristic	West and Central Africa			
	Benin	Burkina Faso	Chad	Mali
Residence (vs. rural)				
Urban	0.76	1.35	1.50	1.23
Wife's education (vs. no education)				
Primary	2.05**	2.25**	2.19*	0.86
Secondary+	4.33**	4.34**	3.21*	2.14*
Spousal education difference (vs. both have same education)				
Wife more educated	0.36**	0.76	1.01	0.84
Husband more educated	1.02	1.50*	1.30	1.40
Wife's age (vs. 15-34 years old)				
35-49	0.80	0.87	0.59	1.08
Spousal age difference (vs. husband older by < 5 years)				
5 years and over	0.82	0.99	0.85	0.85
Wife's employment (vs. not working)				
Working for cash	1.29	1.23	1.15	1.32
Husband's employment (vs. not working)				
Working for cash	1.48	0.97	2.02	1.04
Type of marriage (vs. monogamous)				
Polygynous	0.68*	0.74*	–	0.89
Number of living children (vs. ≤ 2)				
3-4	1.34	1.57**	0.97	1.46*
5+	1.74**	1.73**	1.17	1.05
Childbearing in the past 5 years (vs. fecund)				
Infecund	0.38**	0.60	1.08	0.58
Household wealth status (vs. poor)				
Middle	1.64**	0.99	1.27	1.09
Rich	1.58	1.54*	1.39	1.65
Number of couples	1,589	2,308	593	2,119
Loglikelihood	-1,600.0	-2,197.3	-501.5	-1,907.6

– Too few cases to show RRR
Significance level: *p<0.05; **p<0.01

Table 6.2.2 Relative risk ratios from multinomial logistic regressions predicting spousal agreement on joint discussion of family planning, according to selected characteristics: Eastern and Southern Africa

Characteristic	Eastern and Southern Africa					
	Malawi	Namibia	Rwanda	Uganda	Zambia	Zimbabwe
Residence (vs. rural)						
Urban	0.99	0.97	0.89	0.72	1.08	0.69
Wife's education (vs. no education)						
Primary	1.74**	1.57	1.53*	2.68**	1.43	2.18*
Secondary+	4.06**	4.14**	2.56**	7.01**	2.72**	4.93**
Spousal education difference (vs. both have same education)						
Wife more educated	0.71	0.68	0.97	0.66	1.01	0.49*
Husband more educated	0.86	1.34	1.18	1.18	1.07	1.05
Wife's age (vs. 15-34 years old)						
35-49	0.53**	0.60*	0.80	0.57**	0.61*	0.42**
Spousal age difference (vs. husband older by < 5 years)						
5 years and over	0.79	0.97	1.31	0.95	0.95	1.30
Wife's employment (vs. not working)						
Working for cash	0.95	1.20	0.88	1.10	0.88	1.06
Husband's employment (vs. not working)						
Working for cash	1.08	1.15	1.22	1.84**	1.16	1.04
Type of marriage (vs. monogamous)						
Polygynous	0.81	0.28*	–	0.95	0.87	0.83
Number of living children (vs. ≤ 2)						
3-4	1.34	1.33	1.70**	1.61*	1.76**	3.40**
5+	2.92**	1.80	1.67	2.23**	3.20**	3.51**
Childbearing in the past 5 years (vs. Fecund)						
Infecund	0.28**	0.71	0.26**	0.60	0.40**	0.82
Household wealth status (vs. poor)						
Middle	1.10	1.06	1.15	1.34	1.45*	1.15
Rich	1.17	1.69	1.94*	2.25*	1.91*	1.06
Number of couples	1,575	695	1,069	969	1,098	871
Loglikelihood	-1,302.8	-603.9	-1,006.8	-907.8	-977.1	-611.9

– Too few cases to show RRR
Significance level: *p<0.05; **p<0.01

6.3 Wife's Use of Modern Contraceptive Method

Tables 6.3.1 and 6.3.2 present odds ratios (ORs) from binary logistic regressions predicting use of a modern contraceptive method by the wife. Chad was excluded from this analysis because of the low level of contraceptive use in the country.

Residence (urban-rural) is associated with level of contraceptive use. In four countries—Burkina Faso, Malawi, Rwanda, and Zambia—urban residence increases the likelihood of a wife's using a modern contraceptive method. Wives living in urban areas of Burkina Faso, for example, are four times more likely to use a modern method than their counterparts in rural areas.

Wife's education has a statistically significant influence on the likelihood of her using a modern contraceptive method in Burkina Faso, Malawi, Namibia, and Uganda. Overall, a higher level of education increases the likelihood of the wife using a modern method. The effect is more pronounced when the wife has at least secondary education.

Age and employment status of the wife have no significant association with modern contraceptive use by the wife in any of the countries in this study. However, spousal age difference has a significant effect on the use of modern contraceptive methods in Benin and Zambia. In Benin, wife's use of a modern method is about 71 percent higher when the husband is older by at least five years. The opposite is true in Zambia, where having an older husband reduces the likelihood of the wife's use of a modern method of contraception.

Type of marital union is significantly associated with wife's use of a modern contraceptive method in Malawi, Zambia, and Zimbabwe. Wives in polygynous unions have lower odds of using a modern contraceptive method compared with their counterparts in monogamous unions.

In eight of the nine countries included in this analysis, the odds of modern contraceptive use by the wife increase with an increase in the number of living children. For example, in Malawi and Rwanda, wives with five or more children are about three times more likely to use a modern contraceptive method than those with two or fewer children.

Household wealth is significantly associated with wife's use of modern contraceptive methods in Burkina Faso, Namibia, Rwanda, Zambia, and Zimbabwe. Overall, use of modern methods by the wife is more likely among couples in wealthier households compared with those in poorer households. For example, in Zimbabwe, wives living in rich households are about twice as likely to use a modern method of contraception as those in poorer households.

Approval of family planning by both spouses has a significant effect on wife's use of modern contraceptive methods in Malawi, Mali, Namibia, and Zimbabwe. When both spouses approve of family planning, the wife's likelihood of using a modern method increases nearly five times in Malawi, four times in Zimbabwe, and two times in Mali and Namibia. In Benin and Rwanda, approval of family planning only by the husband significantly decreases the likelihood of the wife using a modern contraceptive method.

Among couples in which both partners discussed family planning issues, the wife is more likely to use a method of contraception than the wife in couples that did not discuss family planning. In all countries except Namibia, spousal discussion of family planning significantly increases the likelihood of the wife using a modern method, with odds ratios range from 3.1 in Uganda to 8.0 in Burkina Faso. When only the wife discussed family planning, the likelihood of her using a modern contraceptive method increased in six of the nine countries.

Table 6.3.1 Odds ratios from binary logistic regressions predicting wife's use of any modern contraceptive method, according to selected characteristics: West and Central Africa

Characteristic	West and Central Africa		
	Benin	Burkina Faso	Mali
Residence (vs. rural)			
Urban	1.03	4.30**	1.44
Wife's education (vs. no education)			
Primary	1.27	1.56	1.53
Secondary+	1.83	3.29**	1.60
Spousal education difference (vs. both have same education)			
Wife more educated	0.92	0.81	0.47
Husband more educated	0.66	1.05	0.98
Wife's age (vs. 15-34 years old)			
35-49	1.37	0.72	1.02
Spousal age difference (vs. husband older by < 5 years)			
5 years and over	1.71*	1.04	0.86
Wife's employment (vs. not working)			
Working for cash	0.84	1.56	1.22
Husband's employment (vs. not working)			
Working for cash	0.39	1.21	1.05
Type of marriage (vs. monogamous)			
Polygynous	0.58	0.88	0.84
Number of living children (vs. ≤ 2)			
3-4	1.06	1.26	1.92**
5+	1.37	2.44**	2.47**
Household wealth status (vs. poor)			
Middle	1.54	2.07**	1.17
Rich	2.09	1.11	1.99
Approval of a family planning method (vs. both disapprove)			
Both approve	1.44	1.52	2.20**
Only husband approves	0.12*	0.56	0.69
Discussion of family planning issue (vs. never discussed)			
Both discussed jointly	6.92**	7.97**	6.71**
Husband only discussed	1.03	2.82*	1.18
Wife only discussed	4.19**	4.63**	2.79**
Number of couples	1,390	1,193	1,671
Loglikelihood	-293.6	-422.2	-385.7

Note: Chad is excluded from this analysis because of the low level of contraceptive use in the country.
Significance level: *p<0.05; **p<0.01

Table 6.3.2 Odds ratios (OR) from binary logistic regressions predicting wife's use of any modern contraceptive method, according to selected characteristics: Eastern and Southern Africa

	Eastern and Southern Africa					
Characteristic	Malawi	Namibia	Rwanda	Uganda	Zambia	Zimbabwe
Residence (vs. rural)						
Urban	1.57*	0.94	3.53**	1.59	1.66*	1.03
Wife's education (vs. no education)						
Primary	1.25	1.25	0.76	1.69	0.92	0.92
Secondary+	2.16**	2.41**	2.02	4.16**	1.78	1.00
Spousal education difference (vs. both have same education)						
Wife more educated	1.14	0.91	0.91	0.74	0.62	1.29
Husband more educated	1.19	0.88	0.72	0.80	1.03	1.08
Wife's age (vs. 15-34 years old)						
35-49	0.88	1.18	0.89	0.98	1.03	0.71
Spousal age difference (vs. husband older by < 5 years)						
5 years and over	1.07	0.76	1.20	1.07	0.69*	1.29
Wife's employment (vs. not working)						
Working for cash	1.27	1.02	1.21	1.06	0.93	1.26
Husband's employment (vs. not working)						
Working for cash	1.08	1.64*	1.25	1.51	1.12	1.18
Type of marriage (vs. monogamous)						
Polygynous	0.41**	0.66	–	0.85	0.53*	0.48**
Number of living children (vs. ≤ 2)						
3-4	2.05**	1.73**	1.64	1.58*	1.65*	1.67**
5+	3.30**	2.27**	3.35**	2.49**	1.62*	1.65
Household wealth status (vs. poor)						
Middle	1.20	1.71*	2.35*	0.97	1.74*	1.40
Rich	1.26	2.84**	1.81	1.69	2.68**	2.11*
Approval of a family planning method (vs. both disapprove)						
Both approve	4.66**	1.89*	0.79	1.73	1.57	3.80**
Only husband approves	1.61	1.13	0.16*	1.11	0.42	0.47
Discussion of family planning issue (vs. never discussed)						
Both discussed jointly	3.61**	1.59	3.77*	3.13**	4.92**	4.33**
Husband only discussed	1.10	1.68	1.34	2.01	1.32	2.51*
Wife only discussed	2.25*	1.68	2.04	2.08	3.62**	3.38**
Number of couples	1,624	688	969	874	1,035	868
Loglikelihood	-815.2	-419.7	-230.1	-386.0	-481.5	-542.9

– Too few cases to show OR
Significance level: *p<0.05; **p<0.01

7

Polygyny and Family Planning

Using pooled data from four countries with high levels of polygyny and six countries with low levels of polygyny, Table 7.1 shows that couples' approval of family planning, discussion of family planning issues, and wife's use of modern contraceptive methods are all significantly associated with level of polygyny.[4] A majority of couples in both polygyny groups approve of family planning, but the proportion of couples in which both partners approve is 25 percentage points higher in the low polygyny group (86 percent) than in the high polygyny group (61 percent). In 10 percent of couples in the high polygyny group both partners disapprove of family planning compared with less than 2 percent in the low polygyny group.

Similarly, the proportion of couples in which both partners discussed family planning issues is 33 percentage points higher in the low polygyny group (60 percent) than in the high polygyny group (27 percent). A higher proportion of couples in the high polygyny group indicated that neither partner discussed family planning issues compared with couples in the low polygyny group (36 percent and 11 percent, respectively).

The wife's use of modern contraceptive methods presents an interesting contrast between couples in the two groups. The proportion of couples in which the wife is currently using a modern contraceptive method is about 20 percentage points higher in the low polygyny group (31 percent) than it is in the high polygyny group (11 percent).

Table 7.1 Percent distribution of couples by spousal agreement on approval of family planning, discussion of family planning issues, and percentage of wives using any modern contraceptive method, according to level of polygyny and the difference between low and high polygyny groups (pooled data from 10 countries in sub-Saharan Africa)

	Level of polygyny		
Characteristic	Low	High	Difference
Approval of family planning			
Both approve	86.1	60.7	-25.4
Both disapprove	1.5	10.2	8.7
Only husband approves	6.8	14.6	7.8
Only wife approves	5.6	14.5	8.9
Total	100.0	100.0	na
Discussion about family planning issues			
Both discussed	59.5	27.1	-32.5
Neither discussed	11.1	35.9	24.8
Only husband discussed	17.5	21.6	4.0
Only wife discussed	11.9	15.5	3.6
Total	100.0	100.0	na
Wife's modern contraceptive use	30.9	10.6	-20.3

Note: The percent distributions are obtained using pooled data to which a weight has been applied to take into account the population size of each country.
na = Not applicable

[4] Chi-square test of association between level of polygyny and discussion of family planning issues = 2100 (p=0.00); approval of family planning = 420.1 (p=0.00); wife's use of modern contraceptive method = 763.4 (p=0.00).

7.1 Multivariate Analysis

Spousal Approval of Family Planning

Odds ratios (ORs) from binary logistic regressions predicting spousal approval of family planning by level of polygyny are shown in Table 7.2. In both groups, wife's education is significantly associated with spousal agreement to approve family planning. Similarly, spousal education difference is associated with approval of family planning by both partners. In the high polygyny group, both partners are more likely to approve of family planning when the husband is more educated than his wife (OR, 1.6). In contrast, in the low polygyny group, couples are less likely to approve of family planning when the wife is more educated than her husband (OR, 0.6).

In the low polygyny group, couples in which the wife is 35-49 years old are less likely to approve of family planning than those couples in which the wife is 15-34 years old. Furthermore, in the high polygyny group, couples in which the husband is older than his wife by five or more years are about 28 percent less likely to approve of family planning.

In the high polygyny group, the partners are more likely to approve of family planning when the wife is working for cash than when the wife is not working for cash (OR, 1.5).

The number of living children significantly and positively influences spousal approval of family planning in the low polygyny group. Couples with three or more children are more likely to approve of family planning than those with two or fewer children.

In the high polygyny group, childbearing experience in the five years before the interview is associated with approval of family planning by both partners. Infecund couples (i.e., couples in which the wife had no birth in the last five years) are significantly less likely to approve of family planning (OR, 0.7).

Table 7.2 also shows that, irrespective of the level of polygyny, wealth status is a significant predictor of approval of family planning by both partners. Couples in wealthier households are significantly more likely to approve of family planning than those in poorer households.

Table 7.2 Odds ratios from binary logistic regression predicting spousal agreement on approval of family planning, by level of polygyny (pooled data from 10 countries in sub-Saharan Africa)

Characteristic	Level of polygyny	
	Low	High
Residence (vs. rural)		
Urban	0.91	0.69**
Wife's education (vs. no education)		
Primary	1.46**	1.70**
Secondary+	3.29**	3.09**
Spousal education difference (vs. both have same education)		
Wife more educated	0.61**	1.07
Husband more educated	1.18	1.57**
Wife's age (vs. 15-34 years old)		
35-49	0.59**	0.85
Spousal age difference (vs. husband older by < 5 years)		
5 years and over	0.89	0.72**
Wife's employment (vs. not working)		
Working for cash	1.08	1.47**
Husband's employment (vs. not working)		
Working for cash	1.06	0.96
Type of marriage (vs. monogamous)		
Polygynous	1.10	1.03
Number of living children (vs. ≤ 2)		
3-4	1.50**	0.88
5+	1.79**	0.92
Childbearing in the past 5 years (vs. Fecund)		
Infecund	0.83	0.65**
Household wealth status (vs. poor)		
Middle	0.99	1.21
Rich	1.51*	1.88**
Number of couples	5,283	6,701
Loglikelihood	-2,047.1	-4,145.3

Significance level: *p<0.05; **p<0.01

Spousal Discussion of Family Planning Issues

Table 7.3 presents relative risk ratios (RRRs) from multinomial logistic regressions showing factors associated with the likelihood of both partners having discussed family planning issues. Results for factors associated with neither partner having discussed family planning issues are included in Appendix Table A.4.

Regardless of the level of polygyny, both spouses are more likely to discuss family planning when the wife has formal education than when the wife has no education, but this association is more pronounced in the high polygyny group than in the low polygyny group. When the wife has at least secondary education, the RRRs are 3.8 for the low polygyny group and 6.5 for the high polygyny group. Spousal education difference is associated with discussion of family planning issues by both partners in both polygyny groups. Couples in which the wife is more educated than the husband are less likely to have discussed family planning in both polygyny groups than couples in which both partners have the same level of education (RRRs, 0.7 for both the low and high polygyny groups).

Couples in which the wife is age 35-49 are less likely to have had both partners discuss family planning than those in which the wife is 15-34 years old (RRRs, 0.6 for both the low and high polygyny groups). When there is a high level of polygyny, couples in which the husband is working are significantly more likely to have had both partners discuss family planning issues (RRR, 1.4).

Table 7.3 also shows that with both levels of polygyny, higher-parity couples are more likely to have had both partners discuss family planning issues in the past year than lower-parity couples. However, this association is more pronounced in the low polygyny group. Wife's childbearing experience in the five years before the interview is significantly associated with discussion of family planning by both partners in the low polygyny regime, where fecund couples are twice as likely to have discussed family planning issues as infecund couples.

Wealth status significantly affects spousal agreement on discussion of family planning only in the high polygyny group, where couples in wealthier households are more likely to have discussed family planning issues than their counterparts in poorer households.

Table 7.3 Relative risk ratios from multinomial logistic regression predicting spousal agreement on joint discussion of family planning, by level of polygyny (pooled data from 10 countries in sub-Saharan Africa)

	Level of polygyny	
Characteristic	Low	High
Residence (vs. rural)		
Urban	0.97	0.81
Wife's education (vs. no education)		
Primary	1.77**	2.78**
Secondary+	3.80**	6.54**
Spousal education difference (vs. both have same education)		
Wife more educated	0.72*	0.67*
Husband more educated	1.05	1.17
Wife's age (vs. 15-34 years old)		
35-49	0.57**	0.59**
Spousal age difference (vs. husband older by < 5 years)		
5 years and over	1.06	0.83
Wife's employment (vs. not working)		
Working for cash	0.90	1.04
Husband's employment (vs. not working)		
Working for cash	1.10	1.39*
Type of marriage (vs. monogamous)		
Polygynous	0.91	0.91
Number of living children (vs. ≤ 2)		
3-4	1.86**	1.35*
5+	2.70**	1.85**
Childbearing in the past 5 years (vs. Fecund)		
Infecund	0.50**	0.87
Household wealth status (vs. poor)		
Middle	1.09	1.27*
Rich	1.17	1.74**
Number of couples	5,168	8,274
Loglikelihood	-4,424.3	-7,994.2

Significance level: *p<0.05; **p<0.01

Wife's Use of Modern Contraceptive Method

Table 7.4 shows the odds ratios from binary logistic regressions predicting wife's use of a modern contraceptive method by polygyny group. The results indicate that urban residence significantly increases the likelihood of the wife's using a modern method in the low polygyny group only, with urban couples 1.8 times more likely than rural couples to have wives using modern contraceptive methods.

Wife's level of education is significantly associated with the likelihood of using a modern method of contraception in both polygyny groups. Wives with at least secondary education are more likely to use a modern method than those with no education (ORs, 3.2 and 4 in low and high polygyny groups, respectively). However, differences in spousal education affect the likelihood of a wife using a modern method in the high polygyny group. Regardless of whether the wife is more educated than her husband or the husband is more educated than his wife, in both cases the wife is less likely to use a modern contraceptive method.

In the low polygyny group, wives in a polygynous union are significantly less likely to use a modern contraceptive method than their counterparts in a monogamous union. However, in the high polygyny group, the type of marital union does not affect the use of modern contraceptive methods by the wife.

Higher parity increases the likelihood of wife using a modern method of contraception regardless of the level of polygyny. Household wealth status has no significant effect on the use of modern methods by wives in the low polygyny group, but in the high polygyny group, wives in rich households are about two times more likely to use a modern method of contraception than those in poor households.

Approval of family planning by both spouses has a significant effect on wife's use of a modern method of contraception in the high polygyny group only, where a wife is 4.4 times more likely to use a modern contraceptive method when both spouses approve of family planning than when both disapprove. The positive effect of spousal approval of family planning on the wife's use of modern methods is also observed with low levels of polygyny (OR, 2.8), but this effect is not statistically significant. In both groups, when only the husband or only the wife approves of family planning, there is no effect on the likelihood of the wife using a modern contraceptive method.

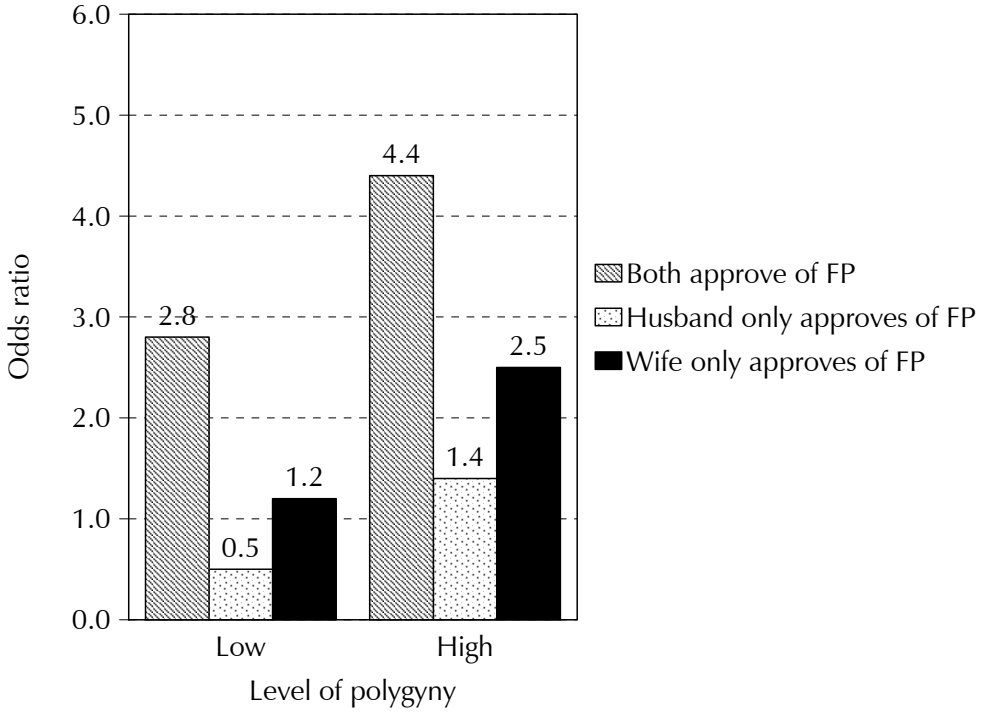
Spousal discussion of family planning issues is significantly and positively associated with use of modern contraceptive methods by the wife. In both polygyny groups, the wife is five times more likely to use a modern method when both partners have discussed family planning compared with couples in which both partners never discussed family planning. The wife is also more likely to use a modern method of contraception when only the wife discussed family planning compared with when only the husband discussed family planning (see Figure 7.1).

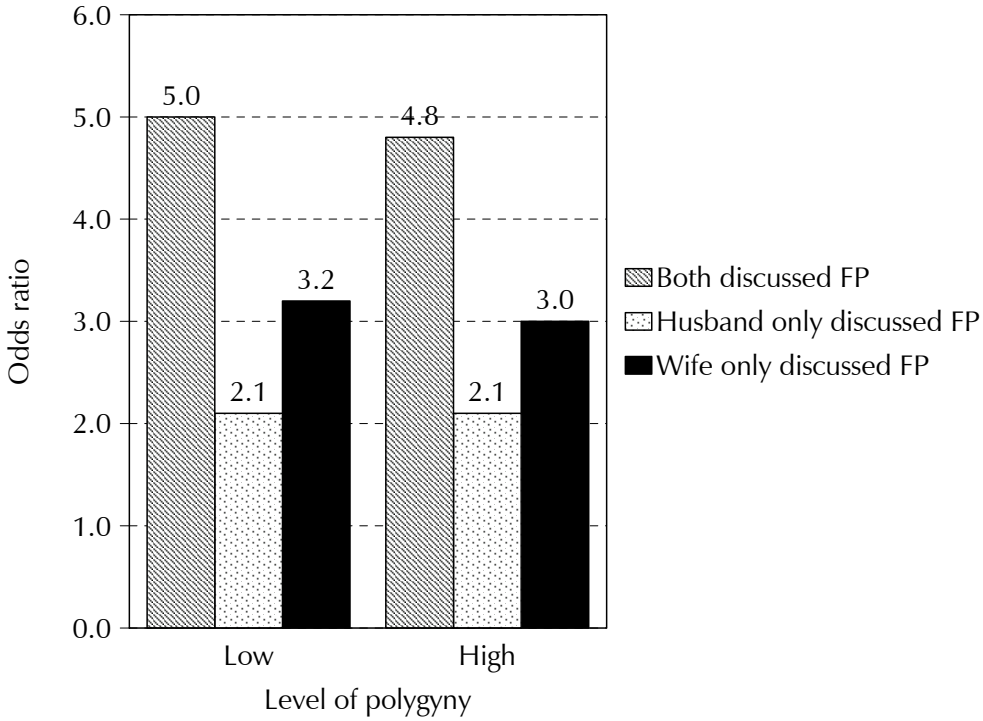
Table 7.4 Odds ratios from binary logistic regressions predicting wife's use of modern contraceptive method, by level of polygyny (pooled data of 10 countries in sub-Saharan Africa)

Characteristic	Level of polygyny	
	Low	High
Residence (vs. rural)		
Urban	1.80**	1.27
Wife's education (vs. no education)		
Primary	1.48**	2.20**
Secondary+	3.20**	4.04**
Spousal education difference (vs. both same education)		
Wife more educated	0.89	0.61*
Husband more educated	1.09	0.70*
Wife's age (vs. 15-34 years old)		
35-49	1.07	0.95
Spousal age difference (vs. husband older by < 5 years)		
5 years and over	1.02	0.99
Wife's employment (vs. not working)		
Working for cash	0.93	1.21
Husband's employment (vs. not working)		
Working for cash	1.03	1.39
Type of union (vs. monogamous)		
Polygynous	0.61**	0.88
No. of living children (vs. ≤ 2)		
3-4	1.58**	1.67**
5+	1.69**	2.52**
Wealth (vs. poor)		
Middle	1.12	1.02
Rich	1.14	2.02**
Approval of a family planning method (vs. both disapprove)		
Both approve	2.83	4.41**
Husband only approves	0.45	1.35
Wife only approves	1.18	2.49
Discussion of family planning issue (vs. never discussed)		
Both discussed jointly	5.02**	4.78**
Husband only discussed	2.07**	2.05*
Wife only discussed	3.24**	2.98**
Number of wives	5,185	5,650
Loglikelihood	-2,804.7	-1,796.0

Significance level: *p<0.05; **p<0.01

Figure 7.1 Odds ratios of wife's use of any modern contraceptive method, by level of polygyny and partner's approval of family planning (top) and discussion of family planning (bottom)





8

Summary and Conclusions

This study analyzed spousal agreement on approval of family planning and on discussion of family planning issues, and their impact on the wife's use of modern contraceptive methods. In a majority of couples, except in Chad, both spouses approve of family planning, but discussion of family planning matters is low, especially in West and Central Africa. Lack of spousal communication in West and Central Africa highlights the overall low prevalence of modern contraceptive use in that region.

The multivariate analyses identified some important determinants of spousal agreement on approval of family planning and on discussion of family planning issues, and their impact on the wife's use of modern contraceptive methods.

Little evidence is found from this study that location of residence influences spousal agreement on approval and discussion of family planning matters in sub-Saharan Africa. However, living in urban areas increased modern contraceptive use by the wife in four out of the ten countries considered in this study. The results also suggest a strong positive association in most countries between joint approval of family planning, discussion of family planning matters, and wife's education.

The age of the wife is negatively associated with spousal approval and discussion of family planning matters in some of the countries in this study—that is, couples in which the wife is older (35-49 years) are less likely to approve of and discuss family planning matters than couples where the wife is younger (15-34 years). The multivariate analyses show that in five of the ten countries, the couples in wealthier households are more likely to jointly approve of family planning and discuss family planning matters.

The number of living children has a strong positive influence on joint discussion of family planning matters. A higher number of living children increases the likelihood of joint discussion of family planning in all countries considered in the analysis, except Namibia. Similarly, number of living children is positively associated with joint approval of family planning in most cases.

Using DHS data, Bongaarts and Bruce (1995) found that an average of 9 percent of married women with unmet need for family planning cited their husband's disapproval as the main reason for not using a contraceptive method. This study also highlights the positive impact of joint approval of family planning by couples on the wife's use of modern contraceptive methods in six of the nine countries in the multivariate analyses. The findings also show that the independent effect of joint discussion of family planning by spouses on the wife's use of modern contraceptive methods is stronger than that of joint approval of family planning. Moreover, when only the wife discusses family planning, she is more likely to use a modern method in six of the nine countries (Chad was excluded from the analysis). This finding may indicate that a woman's discussion of family planning issues with friends, relatives, or other social network groups, rather than with her husband, is beneficial for using modern contraceptive methods.

Studies that investigated the effect of polygyny on contraceptive use argued that women in this type of marriage avoid use of contraceptives so that they can have large families. Research suggests that women in polygynous unions are more likely to compete with co-wives for their husband's affection and status in the

household by raising large numbers of children (Bankole and Singh, 1998). However, the results from our analyses indicate that the independent effect of type of marriage on joint approval of family planning, joint discussion of family planning, and wife's use of a modern contraceptive method, is modest. Results from the pooled data comparing levels of polygyny show that partners in the high polygyny group are less likely to approve of and discuss family planning, and contraceptive use by wives in this group is very low.

The wife's education and household wealth status are associated with approval of family planning by both partners in both polygyny groups. However, spousal education difference (in particular, when the wife is more educated than her husband), wife's age, and number of living children are significantly associated with approval of family planning by both partners in the low polygyny group only. In contrast, spousal education difference (when the husband is more educated than his wife), spousal age difference, wife's employment status, and childbearing in the last five years are significantly related to approval of family planning by both partners in the high polygyny group only.

Wife's education, spousal education difference, wife's age, and number of living children are significantly associated with the likelihood of discussion of family planning issues by both partners regardless of the level of polygyny. The husband's employment and the wealth status of the household are positively associated with discussion of family planning issues by both partners only in the high polygyny group, but being infecund is negatively associated with discussion of family planning by both partners only in the low polygyny group.

Wife's education, number of living children, and discussion of family planning issues by both partners or by one of the partners are positively associated with use of a modern contraceptive method by the wife, regardless of the level of polygyny. In the low polygyny group, urban residence increases the likelihood of a wife using a modern method of contraception, whereas being in a polygynous union decreases the likelihood of using a modern method. On the other hand, in the high polygyny group, differences in spousal education decreases the likelihood of a wife using a modern contraceptive method, whereas approval of family planning by both partners increases the likelihood of use of a modern method.

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Policy Implications

This analysis indicates that as the number of living children increases, the likelihood of approval of family planning and discussion of family planning issues by both partners increases. In sub-Saharan Africa, communication between husband and wife about family planning issues when they have a "large family" is an indication of latent demand for fertility control. A couple's communication about family planning and their reproductive goals allow partners to plan whether and when to have children and how many to have. In addition, it leads to the adoption of contraceptive methods, and the continued use of the methods chosen. Men's involvement in family planning decisions is crucial if couples are to achieve their joint fertility desires. Governments and donors should promote the expansion of community outreach programs that focus on family planning education, particularly those emphasizing the programmatic impact of spousal communication.

Given the generally high level of approval of family planning and the low level of spousal communication, family planning programs need to implement better ways of reaching couples and community leaders, to encourage discussion between spouses on family planning and reproductive goals.

Many factors constrain the use of family planning in sub-Saharan Africa. For example, couples may not know about contraception or the types of contraceptive methods available; cultural values may support high fertility and thus discouraging use of contraception; a woman's low status relative to her husband/partner may limit her ability to use family planning services; women may lack access to choices regarding contraceptive methods; and women may have misinformation about the effectiveness of contraceptive methods and their side effects. Family planning programs should provide information to address such constraints, to encourage spousal communication about contraception, and to help couples recognize their contraceptive needs and fertility desires.

In communities where polygyny is widely practiced, men's roles present a challenge to family planning and reproductive health programs. In such societies, the man is often involved in decisionmaking with different, often conflicting, implications for each of his wives or partners. Programs that aim to encourage communication between spouses must consider the challenges that a polygynous relationship presents. Furthermore, to better understand contraceptive use dynamics in a polygynous union, the DHS individual questionnaire for men should ask the husband about his reproductive preferences and family planning attitudes for each of his wives.

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Appendix

Table A.1 Percent distribution of couples by spousal agreement on approval of family planning, using a randomly selected wife, DHS surveys in sub-Saharan Africa 1999-2004

Country	Both approve	Both disapprove	Husband only approves	Wife only approves
West and Central Africa				
Benin	59.8	7.9	12.2	20.1
Burkina Faso	68.4	4.6	20.4	6.6
Chad	29.3	32.3	21.6	16.9
Mali	49.6	12.0	17.8	20.6
Eastern and Southern Africa				
Malawi	89.9	0.6	5.9	3.6
Namibia	72.0	4.7	7.9	15.4
Rwanda	78.5	2.3	13.2	6.0
Uganda	76.1	3.4	8.6	11.9
Zambia	82.1	1.6	7.7	8.7
Zimbabwe	72.0	4.7	7.9	15.4

Table A.2 Percent distribution of couples by spousal agreement on discussion of family planning issues by both partners, using a randomly selected wife, DHS surveys in sub-Saharan Africa 1999-2004

Country	Both discussed	Never discussed	Husband only discussed	Wife only discussed
West and Central Africa				
Benin	25.3	32.5	26.7	15.5
Burkina Faso	21.6	42.9	21.4	14.1
Chad	14.6	48.2	30.0	7.2
Mali	14.9	51.8	17.1	16.2
Eastern and Southern Africa				
Malawi	62.1	9.8	17.8	10.4
Namibia	53.1	14.1	15.0	17.8
Rwanda	45.0	16.9	24.0	14.1
Uganda	39.8	23.4	18.7	18.2
Zambia	57.2	13.7	14.8	14.4
Zimbabwe	70.4	5.3	15.7	8.6

Table A.3.1 Relative risk ratios from multinomial logistic regressions predicting spousal agreement that both partners never discussed family planning, according to selected characteristics: West and Central Africa

Characteristic	West and Central Africa			
	Benin	Burkina Faso	Chad	Mali
Residence (vs. rural)				
Urban	1.18	0.78	1.49	0.78
Wife's education (vs. no education)				
Primary	0.85	0.29**	0.39**	0.63
Secondary+	0.63	0.30	0.40*	0.48*
Spousal education difference (vs. both have same education)				
Wife more educated	0.67	1.42	1.02	1.18
Husband more educated	0.67**	0.46**	0.22**	0.62**
Wife's age (vs. 15-34 years old)				
35-49	1.14	1.51**	0.80	1.71**
Spousal age difference (vs. husband older by < 5 years)				
5 years and over	1.09	1.05	1.30	1.53**
Wife's employment (vs. not working)				
Working for cash	0.95	0.69	0.61*	0.78*
Husband's employment (vs. not working)				
Working for cash	2.35	1.36*	0.69	1.01
Type of marriage (vs. monogamous)				
Polygynous	0.83	1.01		0.85
No. of living children (vs. ≤ 2)				
3-4	1.01	0.74*	1.22	0.88
5+	0.85	0.70*	2.06*	0.79
Childbearing in the past 5 years (vs. Fecund)				
Infecund	1.58*	1.31	1.31	1.05
Household wealth status (vs. poor)				
Middle	0.70*	0.59**	0.81	0.80*
Rich	0.49**	0.48**	0.34*	0.64
Number of couples	1,589	2,308	593	2,119
Loglikelihood	-1,600.0	-2,197.3	-501.5	-1,907.6

Significance level: *p<0.05; **p<0.01

Table A.3.2 Relative risk ratios from multinomial logistic regressions predicting spousal agreement that both partners never discussed family planning, according to selected characteristics: Eastern and Southern Africa

	Eastern and Southern Africa					
Characteristic	Malawi	Namibia	Rwanda	Uganda	Zambia	Zimbabwe
Residence (vs. rural)						
Urban	1.33	0.87	1.01	1.49	0.88	0.47
Wife's education (vs. no education)						
Primary	0.94	0.62	0.50**	0.56**	0.55*	0.79
Secondary+	0.60	0.26**	0.32*	0.12**	0.26**	0.95
Spousal education difference (vs. both have same education)						
Wife more educated	0.52*	1.24	1.59	0.61	1.09	0.73
Husband more educated	0.55*	0.76	0.83	0.58*	0.85	0.60
Wife's age (vs. 15-34 years old)						
35-49	1.72	1.20	1.54	1.57	1.46	0.89
Spousal age difference (vs. husband older by < 5 years)						
5 years and over	1.07	1.25	0.80	1.11	1.16	1.66
Wife's employment (vs. not working)						
Working for cash	0.92	0.67	0.90	1.00	1.21	1.28
Husband's employment (vs. not working)						
Working for cash	1.94**	0.80	1.17	1.09	1.22	0.40*
Type of marriage (vs. monogamous)						
Polygynous	0.87	0.69		0.96	0.93	2.28
No. of living children (vs. ≤ 2)						
3-4	0.41**	0.76	0.69	0.53**	0.57*	1.33
5+	0.33**	0.70	0.43**	0.42**	0.67	0.89
Childbearing in the past 5 years (vs. Fecund)						
Infecund	0.75	1.27	2.60**	1.32	1.43	1.81
Household wealth status (vs. poor)						
Middle	1.05	0.70	0.77	0.77	0.99	1.76
Rich	1.20	1.20	1.18	0.33**	0.23*	1.93
Number of couples	1,575	695	1,069	969	1,098	871
Loglikelihood	-1,302.8	-603.9	-1,006.8	-907.8	-977.1	-611.9

Significance level: *p<0.05; **p<0.01

Table A.4 Relative risk ratios from multinomial logistic regressions predicting spousal agreement that both partners never discussed family planning, by level of polygyny

Characteristic	Level of polygyny	
	Low	High
Residence (vs. rural)		
Urban	0.93	1.05
Wife's education (vs. no education)		
Primary	0.79	0.63**
Secondary+	0.42**	0.32**
Spousal education difference (vs. both have same education)		
Wife more educated	0.95	0.62*
Husband more educated	0.75	0.46**
Wife's age (vs. 15-34 years old)		
35-49	1.19	1.38**
Spousal age difference (vs. husband older by < 5 years)		
5 years and over	1.23	1.24*
Wife's employment (vs. not working)		
Working for cash	1.03	0.76*
Husband's employment (vs. not working)		
Working for cash	1.16	1.13
Type of marriage (vs. monogamous)		
Polygynous	1.24	0.91
No. of living children (vs. ≤ 2)		
3-4	0.70*	0.74**
5+	0.68*	0.75*
Childbearing in the past 5 years (vs. Fecund)		
Infecund	1.34	1.30*
Household wealth status (vs. poor)		
Middle	1.07	0.69**
Rich	0.78	0.53**
Number of couples	5,168	8,274
Loglikelihood	-4,424.3	-7,994.2

Significance level: *p<0.05; **p<0.01

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