

Husband - Wife Communication and Family Planning Decision - Making in Nepal

ABSTRACT

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CONTEXT

Recent survey has shown that knowledge of at least one modern method of family planning in Nepal is almost universal among both women and men. The use of family planning is widely approved in the country. Despite widespread approval of family planning, only 51 percent currently married women has ever used a modern method of family planning and 44 percent is currently using a modern method (NDHS 2006). Recent studies have consistently found that knowledge about various contraceptive methods is quite high in most developing countries against a low level of use.

It is further interesting to learn that 25 per cent of currently married women have an unmet need for family planning with 9 percent having an unmet need for spacing and 15 percent for limiting. These are such women who either say they do not want any more children or they want to delay their next child, but are not using any contraception. This apparent "KAP-Gap" has provided an important basis for identifying factors affecting demand and potential target groups for family planning services. Considerable interest has, therefore, emerged in understanding the factors that influence couple's decision to use contraception so that appropriate policy measures and strategies could be adopted to increase contraceptive use among couples.

The role of husband – wife communication in the adoption of contraceptive methods has been well documented (Beckman, 1978; Mukherjee, 1975; Lasee and Becker, 1997; Sharan and Valente, 2002). The successful practice of contraception to a large extent depends upon the spousal communication regarding fertility desires and contraceptive choices. Although discussion between husband and wife about contraceptive use is not a precondition for the adoption of contraception, its absence may be an impediment to use (NDHS, 2006). The frequency of couple's discussion is positively related to contraceptive use in general and method choice and effectiveness in particular (Bean et al., 1983; Kasarda et al., 1986; Sakyi, 1992; Ullah & Chakraborty, 1993; Nyblade and Menken, 1993). Studies have also

documented that in case of differences between husband and wife about desired family size and attitudes towards family planning, the husband's preference often dominates (Cain, 1984; Axin, 1992). Inter-spousal communication has thus been considered a sensitive indicator of contraceptive use due to three important reasons (Srikantan, 1993). They are: (i) child bearing, instead of being a cultural imperative, has come within the scope of conscious choice for the communicating couples, (ii) women's role are no more confined to child bearing and rearing among such couples, (iii) the wife's preferences are taken into account in making the couple's reproductive decisions.

It is in this background, using new wave of nationally representative Nepal Demographic Health Survey (NDHS) 2006 data, the paper attempts to further widen our understanding on the role of husband – wife communication and wife's perception of her husband's approval of family planning on contraceptive practices in Nepal.

DATA AND METHODS

New wave of NDHS 2006 data have been use to test the hypothesis. It is a nationally representative survey of 10793 women age 15-49 and 4397 men age 15-59. The Survey was designed to provide estimates of major demographic and health indicators at the national and sub-regional level by gathering data on fertility, family planning, and maternal and child health. The corrected version of 2006 survey data was released recently. All ever married women aged 15-49 who had started living together with their husbands and who slept in a sample household the night before the interviewer's visit were eligible respondents for the individual questionnaire. A total of 8,257 ever-married women were interviewed from 8,707 households. This paper restricts the analysis to *7464 currently married and non-pregnant women*.

Multivariate logistic regression analysis is used to examine the effect of spousal communication together with some other variables on family planning practice in Nepal. Since the dependent variable is dichotomous in nature, i.e., whether a respondent practices contraception, a logistic regression procedure was employed to estimate the likelihood of contraceptive use. This technique has been considered as an appropriate statistical technique for analyzing the models of dichotomous dependent variables (Hosmer & Lameshow, 1989; Morgan and Teachman, 1988; Kmenta, 1986).

As control variables respondents' age, parity, educational attainment of wife and husband, experience of child loss, ethnicity, residence , desire for additional children and exposure to mass media have been considered.

It is hypothesized that contraceptive practice is positively associated to husband–wife communication and wives' perception of husbands' approval of contraceptive use.

DISCUSSION OF FAMILY PLANNING BETWEEN SPOUSES

In the NDHS 2006 currently married women interviewed were asked about the number of times they discussed family planning with their husbands in the year preceding the survey. Table 1 shows the distribution of currently married women who know about contraception by number of times they discussed with their husband in the year preceding the survey. The survey results as shown in the table revealed that more than half (57%) of women never discussed family planning with their husband in the last year. About one-third (31%) discussed family planning once or twice with their husband, while 12 percent discussed with their husband more often in the last year. Comparison with the NDHS 2001 survey results indicates that there has been improvement in the extent of interspousal communication over the last five years.

Table 1: Percentage distribution of currently married women who know a contraceptive by frequency of discussion with husband in the past year, according to age, Nepal 2006

Age	Never	Once or twice	More often	Number of women
15-19	53.4	36.6	10.0	784
20-24	45.0	38.3	16.6	1606
25-29	44.2	39.3	16.4	1664
30-34	51.7	34.5	13.6	1265
35-39	64.3	25.3	10.4	1135
40-44	74.4	19.3	7.3	1016
45-49	84.3	12.6	3.1	788
Total	56.6	31.2	12.2	8257

Source: NDHS 2006, Table 5.20

Studies based on further analysis of NDHS 2006 data revealed that educated women are more likely than uneducated women to have discussed family planning. It was also found that women age 30 and above are less likely to have discussed family planning with their husbands than their younger counterparts. Women with one to three children were two times more likely to have discussed contraceptive use than their counterparts with no children (Karki and Agrawal, 2008)

RESULTS

Socio-demographic Characteristics

Table 2 compares the contraceptive use patterns by selected demographic and socio-economic characteristics among currently married women in 2006. The results indicate significant variations in contraceptive practices among women with different socio-economic and demographic characteristics. As evident from

the results shown in the table the current use of contraception was higher among women having spousal communication and women who perceive that husband approves family planning than their counterparts respectively with no education and husband disapproves family planning.

Table 2: Percentage of currently married women currently using contraception by selected demographic and socio-economic characteristics, Nepal, 2006

Characteristics	2006	
	No. of Cases	Percentage Currently Using Contraceptives
All	7646	31.5
Women's Age		
15-24	2007	30.7
25-34	2733	58.7
35-49	2906	59.8
Living Children		
No Children	648	11.9
1-2	3085	48.4
3-4	2732	65.6
5 and more	1180	50.8
Wife's Education		
No Education	4780	52.7
Primary	1288	49.5
Secondary	1384	49.9
Higher Studies	194	58.8
Husband's Education		
No Education	1970	50.5
Primary	2125	50.4
Secondary	2911	50.9
Higher Studies	639	64.5
Desire for Additional Child		
No	5749	62.0
Yes	1895	20.8

Discussed about Family Planning		
No	4395	46.0
Yes	3250	59.6
Husband's Approval of Family Planning		
Disapproves	1342	14.2
Approves	6304	59.8
Experience of Child Loss		
No	5702	51.7
Yes	1942	52.0
Place of Residence		
Urban	1148	64.0
Rural	6496	49.6
Religion		
Hindu	6581	53.8
Buddhist	613	46.7
Muslim	279	21.9
Christian	66	55.0
Kirat	107	32.7
Media Exposure		
No exposure	644	49.1
Less than once a week	3592	46.9
At least once a week	2688	56.5
Almost every day	721	60.7

Results from Multivariate Analysis

The estimated regression coefficients are presented in the form of exponentiated coefficient for the log –odds. For the ease of interpretation the coefficients are transformed into an odds ratio relating the presented to the omitted category by calculating $\exp(b)$ for each coefficient in the original equation. Coefficient greater than 1 implies that an increase in a variable is more likely to increase the event to occur i.e., *positive effects*. Coefficients less than 1 indicate the decrease in probability as that variable is increased i.e., *negative effects* and coefficient 1 implies no effect at all.

Results of the multivariate analysis are displayed in Table 3. The initial logistic regression Model 1 includes 9 variables to predict contraceptive use. Current contraceptive practice is estimated to be 1.61 times as likely among women of educated husband with higher secondary and above education as compared to the reference category of no schooling. The coefficient of wives education is not significant. Media exposure, number of surviving children, child loss and desire for additional children has emerged significant. Women who are regularly exposed to

mass media are 1.86 times more likely to practice contraception as against those who are not exposed at all.

In Model 2 two more variables have been added: discuss about family planning with husband and wife perceives that husband approves birth control. Results of the multivariate analysis demonstrate that husband–wife communication, particularly, the wife’s perception of her husbands’ approval of family planning is highly associated with current contraceptive use. Couples who discuss about family planning are more likely to practice contraception than couples that never discusses (odds ratio of 1.61). Likewise, women who perceive that their husband approves family planning use are more likely to accept family planning methods than women who perceive that their husband disapprove (odds ratio of 8.4). The finding has supported our hypothesis and has endorsed the findings of the previous studies on the effect of spousal communication and wives perception of husband approval on contraceptive use (Mahmood & Ringheim, 1993; Ullah & Chakraborty, 1993; Sakyi, 1992).

Table 2: Logistic regression estimates of the selected predictors variables on current contraceptive use among currently married, non-pregnant women of reproductive age, Nepal, 2006

Variables	Model 1			Model 2		
	Coefficient	Odds ratio	CI	Coefficient	Odds ratio	CI
1. Women’s Age						
15-24(Ref.)	-	1.0		-	1.0	
25-34	0.34*	1.40	(1.2-1.6)	0.46*	1.50	(1.3-1.9)
35-49	0.34*	1.41	(1.1-1.7)	0.77*	2.15	(1.8-2.6)
2. Place of Residence						
Urban (Ref)	-	1.0		-	1.0	
Rural	-0.39*	0.68	(0.6-0.8)	-0.56*	0.57	(0.5-0.7)
3. Wife's Education						
No schooling (Ref)	-	1.0		-	1.0	
Primary	-0.05	0.95	(0.8-1.1)	-0.06	0.94	(0.8-1.1)
Secondary	-0.19	0.83	(0.7-1.0)	-0.25	0.78	(0.6-0.9)
Higher Secondary & above	-0.21	0.81	(0.5-1.2)	-0.29	0.75	(0.5-1.1)
4. Husband's Education						
No schooling (Ref)	-	1.0		-	1.0	
Primary	0.05	1.05	(0.9-1.2)	-0.03	0.97	(0.8-1.1)
Secondary	0.06	1.06	(0.9-1.2)	-0.06	0.94	(0.8-1.1)
Higher Secondary & above	0.48*	1.61	(1.2-2.1)	0.33*	1.39	(1.1-1.8)
5. Religion						
Hindu(ref)	-	1.0		-	1.0	

Buddhist	-0.35*	0.70		-0.26	0.77	
Muslim	-1.27*	0.28	(0.6-0.8)	-0.90*	0.41	(0.6-0.9)
Christian	-1.01*	0.37	(0.2-0.4)	-0.81*	0.45	(0.3-0.6)
Kirat	0.00	1.00	(0.2-0.6)	0.00	1.00	(0.3-0.7)
			(0.6-1.7)			(0.6-1.8)
6. Desire for additional children						
No (Ref)	-	1.0		-	1.0	
Yes	-1.38*	0.25	(0.2-0.3)	-1.37*	0.25	(0.2-0.3)
7. Child Loss						
No (Ref)	-	1.0		-	1.0	
Yes	-0.29*	0.75	(0.7-0.9)	-0.23*	0.79	(0.7-0.9)
8. No of Surviving Children						
0(Ref)	-	1.0		-	1.0	
1-2	1.13*	3.08	(2.3-4.0)	0.83*	2.29	(1.7-3.1)
3-4	1.52*	4.55	(3.4-6.1)	1.14*	3.14	(2.3-4.3)
5 and more	1.00*	2.72	(2.0-3.7)	0.58*	1.79	(1.3-2.5)
9 Media Exposure						
No exposure (Ref.)	-	1.0		-	1.0	
Less than once a week	-0.07	0.93	(0.8-1.1)	-0.08	0.93	(0.8-1.1)
	0.39*	1.47	(1.2-1.8)	0.28*	1.32	(1.1-1.6)
At least once a week	0.62*	1.86	(1.4-2.5)	0.49*	1.63	(1.2-2.2)
Almost everyday						
10. Discussed about FP with husband						
Never discuss (Ref)				-	1.0	
Discuss				0.48*	1.61	(1.4-1.8)
11. Husband approves of birth control						
Disapproves (Ref)				-	1.0	
Approves				2.13*	8.43	(7.1-10.1)
- 2 Log Likelihood						
Chi-square	8186.9					
Df	1539.0				2400.2	
	21				23	

* p < 05

CONCLUSIONS DISCUSSIONS

The results of our analysis revealed that husband wife communication and wife perceptions of her husband approval of family planning are the strongest predictors of current use. This finding has significant policy implications. It is very essential to understand some of the necessary conditions that could facilitate the spousal communication resulting to the adoption of contraceptive methods. The results of the husband approval of contraception variable indicate that in Nepalese society husband's has a strong say in the use of contraception. Many Nepalese women are reluctant to use contraception without the knowledge and approval of their spouse. In the social setting of Nepal husband play a decisive role in wives reproductive choices and behavior. Any IEC program of family planning should also focus to male as the results have revealed the significant impact of husband's approval on contraceptive adoption. In the context of relatively low contraceptive use and high unmet need in Nepal any program effort should be focused on encouraging and motivating couples to discuss contraceptive matters.

One of the important limitations of the present study is that it did not use the couple data to disentangle the impact of spousal communication on contraceptive use. The use of couple data could provide further insights in the issue under investigation. Studies have also pointed out that communication between husband and wife has been defined in different ways in different setting. A harmony in the definition is therefore required for better comparison of the study findings across countries.

References

Bawah, Ayaga A (2002): Spousal Communication and Family Planning Behaviour in Navrongo, *Studies in Family Planning*, 33(2):185-194

Bean, F., Clark, M., Swicegood, G. and Williams, D (1983): Husband –Wife Communication, Wife's Employment and Decision for Male or Female Sterilization, *Journal of Marriage and the Family*, May: 395-403

Karki, Yagya. B, & Agrawal, Gajanand (2008): *Effects of Communication Campaigns on the Health Behaviour of Women of Reproductive Age in Nepal, Further Analysis of the 2006 Nepal Demographic and Health Survey*, Family Health Division, Ministry of Health and New ERA, Calverton, MD: Macro International.

Kasarda, J.D., J.O.G. Billy & Kersten West (1986): *Status Enhancement and Fertility: Reproductive Response to Social Mobility and Educational Opportunity*, Academic Press, Orlando, Florida.

Lasee, Ashraf and Becker Stan (1997): Husband –Wife Communication about Family Planning and Contraceptive Use in Kenya, *International Family Planning Perspectives*, 23(1):15-20 & 33

Mahmood, Naushin. and Ringheim, Karin (1993): *Five Factor Affecting Family Planning Use in Pakistan: An Analysis of Husbands and Wives*, Paper presented at the IUSSP World Conference, Montreal

Ministry of Health and Population (2007): *Nepal Demographic and Health Survey 2006*, Family Health Division, Ministry of Health and Population, New ERA, Calverton, MD: Macro International.

Nyblade, Laura and Menken, Jane (1993): Husband – Wife Communication: Mediating the Relationships of Household Structure and Polygyny to Contraceptive Knowledge Attitude and Use: A Social Network Analysis of the 1989 Kenya Demographic and Health Survey, *International Population Conference Montreal 1993, Vol. 1*. IUSSP, Belgium

Odimegwu, Clifford Obby (1999): Family Planning Attitudes and Use in Nigeria: A Factor Analysis, *International Family Planning Perspectives* 25(2): 86-91.

Sakyi, Yaw Oheneba (1992): Determinants of Current Contraceptive Use among Ghanaian women at the Highest Risk of Pregnancy, *Journal of Biosocial Sciences* 24:463-475

Sharan, Mona and Valente, Thomas W (2002): Spousal Communication and Family Planning Adoption: Effects of a Radio Drama Serial in Nepal, *International Family Planning Perspectives* 28(1): 16-25.

Srikantan, K. S (1993): Social, Cultural and Medical Determinants of Contraceptive Use, *International Population Conference Montreal 1993, Vol. 1*. IUSSP, Belgium

Shrestha, Devendra P (2000): Determinants of Current Contraceptive Use Among Nepalese Women: An Analysis of NFH Survey 1991, *Nepal Population and Development Journal*, July: 1-9