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Husband - Wife Communication and Family Planning Decision Making in Nepal[#]

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ABSTRACT

Using Nepal Demographic and Health Survey 2006 data this paper examines the role of husband – wife communication on family planning decision-making in Nepal. The general hypothesis tested is that the likelihood of accepting contraception is positively related to husband–wife communication and husband's approval of contraceptive use. Analysis of data of 7646 currently married and non-pregnant women revealed that an overwhelming majority of women (82%) perceive that their husband approve the use of any contraceptive methods. Yet about three-fifths of the women never discuss about family planning with their husbands. Multiple logistic regression analyses show that husband –wife communication, particularly, the wife's perception of her husbands' approval of family planning is highly associated with current contraceptive use. In the context of moderately low contraceptive use and high unmet need program effort should be focused on encouraging and motivating couples to discuss contraceptive matters.

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 have ever used a modern method of family planning and 44 percent are 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 even though level of use remains low.

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Against the backdrop of almost universal knowledge of contraceptive methods and its moderate use, it is further interesting to note 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. Women with unmet need are those 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 targeting potential 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 and 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 determinant 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 methods for limiting their family size desires and timing of bearing children in Nepal.

Data and Method

New wave of NDHS 2006 data have been use to test the hypothesis. It is a nationally representative survey of 10793 women aged 15-49 years and 4397 men aged 15-59 years. 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. 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 identified in the survey.

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 and 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.

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.

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 inter-spousal 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, by 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.

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 their husbands approve family planning than their counterparts with no education and whose husbands disapprove family planning.

The data in Table 2 further reveals that educated women are more likely then 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 counter parts with no children. Likewise, urban women tend to have more spousal communication than their counterparts in rural areas. These results are consistent to the findings of the further analyses of the NDHS data by Karki and Agrawal, 2008.

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 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.

Two models of multivariate analyses have been presented. The first model uses socio-demographic variables other than spousal communication to predict current contraceptive use. The second model introduces spousal communication and perception as a determinant of the contraceptive use.

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.

Table 2: Percentage of Currently Married Women Currently Using Contraception by Selected Demographic and Socio-economic Characteristics, Nepal, 2006

Characteristics	NDHS 2006	
	No. of Cases	% 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

Source: NDHS, 2006.

Table 3: 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	(0.6-0.8)	-0.26	0.77	(0.6-0.9)
Muslim	-1.27*	0.28	(0.2-0.4)	-0.90*	0.41	(0.3-0.6)
Christian	-1.01*	0.37	(0.2-0.6)	-0.81*	0.45	(0.3-0.7)
Kirat	0.00	1.00	(0.6-1.7)	0.00	1.00	(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)
At least once a week	0.39*	1.47	(1.2-1.8)	0.28*	1.32	(1.1-1.6)
Almost everyday	0.62*	1.86	(1.4-2.5)	0.49*	1.63	(1.2-2.2)
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**						c
Disapproves (Ref)				-	1.0	
Approves				2.13*	8.43	(7.1-10.1)
12. **Log Liklihood**			8186.9			
Chi-square			1539.0		2400.2	
Df			21		23	

* p< 05

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 discuss (odds ratio of 1.61). Likewise, women who perceive that their husbands approve family planning use are more likely to accept family planning methods than those women who perceive that their husbands 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 and Ringheim, 1993; Ullah and Chakraborty, 1993; Sakyi, 1992).

Conclusions and 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 of contraceptive methods. 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 a patriarchal 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. Like in any other patriarchic societies, husband plays a decisive role in wives reproductive choices and behavior in Nepal. Inter-spousal communication is also indication of close intimacy of the husband-wife relationship which is expected to be higher in urban nuclear and educated families who because of the changing times, tend to desire fewer number of children and encourage using family planning methods.

The result is also indicative of the fact that despite universal knowledge couples do not use family planning methods indicating the need of programme effort to focus more on behavior change communication (BCC). Information and education is not a sufficient condition for behavior change in the desired direction. In this context, Nepal's family planning programme effort should focus more on BCC of both husband and wife. In the context of moderately low contraceptive use and high unmet need in Nepal any program effort should be focused on encouraging and motivating couples to discuss contraceptive matters, choices of the methods and improving access to utilization of quality FP services.

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.

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