Spousal Communication and Attitudes Towards and Practice of Contraception in Nepal: *A Gender Comparison*

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Introduction

Does spousal communication about family planning shape individuals' attitudes towards and decisions to practice modern contraceptive methods? To what extent are these relationships influenced by gender? In developing countries, increased contraceptive prevalence is a priority for reducing high fertility and also to safe guard from sexually transmitted diseases such as HIV/AIDS. In 1983, the government of Nepal set a twenty-year national population strategy to address the problem of high fertility with a target of reducing the total fertility rate (TFR) from six in 1985 to 2.5 by 2000 (National Commission on Population, 1983). Guided by this, one of the main strategies set was to accord high priority to fulfilling current unmet need for family planning services. Since then reducing fertility has been a major focus of the government of Nepal (Joshi, 1999). Evidence shows that over the period of two decades, the effect of the government initiatives on lowering the fertility rate is in a positive direction in terms of awareness and contraceptive prevalence (DHS, 2002; Sharan and Valente, 2002). Yet contraception use continues to be low. For instance, the 2001 statistics shows that the modern contraceptive prevalence rate among currently married women is relatively lower (35.4 percent) than in most developing countries. Similarly, the fertility rate remains high at 4.5 (Population Reference Bureau, 2003). Why the gap between target and achievement is extraordinarily high remains a long-standing issue of investigation.

In searching for the factors determining contraceptive practices, the link between spousal communication about family planning and modern contraceptive use is well recognized (Shrestha and Niraula, 2003; Sharan and Valente, 2002; Lasee and Becker, 1997; and Meekers and Oladosu, 1996; Salway, 1994). However, these studies have overlooked gender roles in explaining the contraceptive use and also in explaining the relationship between spousal communication and attitudes towards and use of contraceptive methods. An engagement in spousal communication about family planning could be important in the process of arriving at mutual consensus between husband and wife with regard to the practice of contraception and the maintenance of a desired level of fertility. This may be more crucial particularly in the developing countries like Nepal where contraception is perceived as risky due to their side effects especially among women (Stash, 1999). One of the issues with regard to studies on family planning tends to be women focused (Greene and Biddlecom, 2000), which may not be adequate in understanding the relationships between contraceptive attitudes and contractive behaviors and factors that determine them.

In this paper, using data from the Chitwan Valley of Nepal, we examined the contribution of spousal communication about family planning to individuals' attitudes towards and practice of modern contraception among currently married but not-sterilized individuals with at least one living child comparing men and women. We also examined the extent to which attitudes towards contraception shape contraceptive behavior by gender.

Theoretical Framework

We draw our theoretical framework from fertility theories. Various theories and models have associated contraceptive use with fertility goals (Easterlin, 1975; Bongaarts 1978; Bongaarts and Potter, 1983). Moreover, contraceptive use is considered as an important proximate determinant that helps reduce fertility to a greater extent in developing countries (Bongaarts, 1978). The question of how many children to have is largely dependent on the consensus between a husband and a wife. Therefore, the link between spousal communication about family planning and the modern contraceptive use is equally important and

well documented (Shrestha and Niraula, 2003; Sharan and Valente, 2002; Lasee and Becker, 1997; and Meekers and Oladosu, 1996; Salway, 1994). In developing countries where the livelihood of family is mainly dependent on agriculture and cash earning opportunities are limited, the communication about the use of contraception for family planning is important for two reasons. First, the adoption of modern contraceptive may require some expense. Second, as the family's livelihood is supported by selling their physical labor any negative consequences for health due to contraceptive use could curtail the ability to contribute income.

An engagement in spousal communication about family planning could be crucial in the process of arriving at mutual consensus between a husband and a wife not only with regard to the practice of contraception and the maintenance of a desired level of fertility, but also in terms of sharing the mutual responsibilities in the event of any negative consequences, if any, of using contraception. The latter can be more important particularly in developing countries like Nepal where contraception is perceived as risky due to their side effects (Stash, 1999). Hence, we argue that spousal communication contributes to the development of positive attitudes towards and use of contraceptive methods. Similarly, we also argue that positive attitudes toward contraceptive use are a precondition for contraceptive use.

The ultimate outcome of spousal communication can affect attitudes towards as well as the practice of contraception either positively or negatively at the individual level. This can arise because of heterogeneity in preferences and the asymmetry in relative bargaining power between couples, which affect decisions about family planning and fertility (Beegle et al., 2001; Population Reference Bureau Staff, 2004). Asymmetry in power is prominent in developing countries where, in general, males' opinions count more than females'. In this context, studies focusing mainly on women- which is very common in practice (Greene and Biddlecom, 2000), may not be adequate in understanding the relationships between contraceptive attitudes/behaviors and factors that determine them. It is argued that men's role particularly in questions related to spousal communication and degree of influence on contraceptive use can not be overlooked (Becker, 1996; Greene and Biddlecom, 2000). We think that in developing countries, where males' position matters more compared to their female counterparts, males are more likely to develop positive attitudes towards contraception and more likely to adopt contraception.

Data and Methods

First, we briefly introduce the study site. Then, we describe the data source, the specification of models and the analytical strategy.

Study site: Situated between India and China, Nepal is predominantly an agriculturally based country. Family planning programs in Nepal are among the oldest in the developing world (Stash, 1999). Public sector is the main source of family planning methods which account for 79% of the total supply. The Chitwan Valley, the study site for this study, is situated in south central flat region of Nepal. The family planning services are provided by both public and non-governmental sectors especially through the Family Planning Association of Nepal (FPAN). Moreover, the private sector is active in disseminating family planning methods. The knowledge about family planning methods in the Valley is almost universal and the availability of methods is not a major problem. However, the contraceptive prevalence is low. For instance, our preliminary analysis show that for those currently married, aged between 15 and 40, un-sterilized, and with at least one child, the percentage of males and females using temporary contraceptive methods in 1996 is over 20 and 13% respectively.

Data: We utilized the individual level data from the Chitwan Valley Family Study conducted in 1996. The survey was conducted with a total 5,271 individuals in 1,805 households (Barber et al 1997). For our study, we considered those individuals aged between 15 and 40 years, currently married, not sterilized, and with at least one living child. The one child restriction is imposed because in Nepal, contraception before having one child is rare (Gajurel, 2001). With this specification, we used information from a total of 1,420 males and females, of which, 777 are females and 643 are males. The asymmetry in the number of males and females in the sample is due to the absence of individuals at the time of survey. Another reason is polygamy among a few males.

Specification of variables:

Dependent variables: *Current contraceptive use:* This includes the current use of temporary contraception methods by an individual by himself/herself or by his/her spouse. These methods include Pills, IUD, Norplant, Foam, Condom, and Depo-Provera and Condom. Individuals practicing at least one of the methods in 1996 are coded as '1' and '0' if otherwise.

Attitude towards contraception: This variable was measured by asking, *"It is wrong to use contraceptives or other means to avoid or delay pregnancy. Would you say you strongly agree, agree, disagree, or strongly disagree?"* We re-coded strongly agree and/or agree responses as '0' implying a negative attitude toward contraceptive use and disagree and/or strongly disagree responses were re-coded as '1' implying a positive attitude towards contraception.

Independent variables: *Spousal communication:* This variable was measured by asking, *"How often do you discuss contraceptive methods with your (most recent) (husband/wife)? Often, Sometimes, or Never?* We created two dummy variables: 'Often' and 'Sometimes' considering response 'Never' as the reference category. For example, if the response is 'Often' it is coded '1' and '0' if otherwise. Similarly, if the response is 'Sometimes' it is coded '1' and '0' if otherwise.

Gender: In order to examine the effect of gender in both attitude and behavior models, female is coded as '1' and male is coded as '0'.

Control variables: In order to estimate the net effects of the independent variables, we controlled for the individual characteristics such as age, education, occupation, the desire for additional children, and perception about the cost of having children; household characteristics such as land holding, land tenure, and ethnicity; and the community characteristics such as the access to the nearest health post, distance to the nearest market, the availability of the number of temporary methods, and exposure to the family planning on radio.

Analytical framework: As both attitude towards and use of contractive methods are dichotomously recorded, we used the logistic regression model for the estimation of the relationships. The analytic strategy for contraceptive use and attitude model are as follows. We ran three sets of logistic regression models - (a) pooled model including all observations (n=1,420) irrespective of gender; (b) model only for females (n=777); and (c) model only for males (n=643). Within each of these three models, we further ran three different models.

Preliminary Results

The analysis among currently married respondents, not sterilized and with at least one living child showed that 16% of them were currently using any temporary modern contraceptive methods. More men (20%) used modern contraceptives than women (13%). In terms of attitudes, about 51% of the respondents reported use of contraceptives for delaying or limiting fertility was not wrong. Analysis within the same sex group showed that positive attitudes towards contraception are proportionally higher among men (57%) than women (46%). Over 58% of respondents reported that they discussed about contraceptive use between partners, while 42% of respondents never discussed it. Among those who discussed it, 20% discussed it 'often' and 80%'sometimes'.

A bi-variate analysis using the chi-square test showed a significant association between contraceptive attitude/use and gender. A greater proportion of women had a negative attitude towards contraception and also lower proportion of women used any method of contraception compared to men.

Preliminary results from the logistic regression show that spousal communication is not a strong predictor of contraception attitudes. The effect of gender was also not important. When attitude models are disaggregated by gender, the results were interesting. The contribution of spousal communication in shaping positive attitudes turned out to be much stronger among men than women. Among men, those who discussed it 'often' were 91% more likely to have a positive attitude towards contraception than

those who did not. While among women, those who discussed 'often' were 45% less likely to have a positive attitude about contraception that those who did not. Results show that the likelihood of having a positive attitude toward contraception decreases as the frequency of discussion decreases. Compared to women who never discussed this topic with their husband, those who discussed sometimes were 30% less likely to have positive attitudes towards contraception.

In the case of contraceptive behavior, the effect of contraceptive attitude is significant only when control variables are excluded in the model. For instance, the coefficient in Model-II (model including spousal communication and attitude towards contraception) shows that those with positive attitudes towards contraception are 37% more likely to use modern temporary contraception compared to those with a negative attitude. However, the extent of the effect of attitude is not strong when all other independent variables are introduced in the model.

Spousal communication consistently appeared to be a significant predictor of current use of modern contraceptives. For instance, those who 'often' engaged in spousal communication about family planning were 3.57 times more likely to use contraception than those who did not engage in spousal discussion. Similarly, those who were engaged in spousal discussion 'sometime' were 2.7 times more likely to use modern contraceptives than those who did not discuss it. The results indicate that the frequency of spousal discussion is important in achieving greater contraception prevalence. As in attitude models, the effect of gender on contraceptive practice was not important after taking into account other variables. This indicates that mutual agreement and confidence among spouses seems to be crucial in shaping contraceptive behaviors of individuals. Based on the preliminary results, it is indicative that policy makers may emphasize on the strategies that encourage discussion between husband and wife about family planning. Now, the next important question is what factors determine spousal communication between spouses. We want to address this issue in subsequent research.

Note: all the tables of results are prepared but not included due to page limit.

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