

Does education make men in Sub-Saharan Africa more egalitarian and receptive to contraceptive use?

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Abstract.

The study will examine the influence men's education has on their reproductive behavior and the autonomy of their female partners, specifically regarding their use of contraception in sub-Saharan Africa. The goal is to incorporate the male perspective in the examination of the role women's autonomy play in their reproductive behavior. The study will investigate whether the lineage effects noted by other studies in the sub-region are themselves influenced by men's education, particularly their exposure to tertiary education.

Does education make men in Sub-Saharan Africa more egalitarian and receptive to family planning?

Background

Understanding how men's education influences their attitudes and reproductive decisions in the household requires an understanding of the opportunities and constraints for both men and women. Men's attitudes and behaviors are largely influenced by societal expectations about what it means to be a man. The assumption that contraception, pregnancy childbirth, childcare, home keeping and prevention of STDs are all domains for only women show men's lack of focus to safeguard reproductive health in the family. In most sub-Saharan African cultures, where patriarchy under girds the family structure, men and women are often found in a pattern of relationships and dependencies that frustrates them both. Men, who are more likely than women to be literate and to have better access to information, may theoretically be in a better position than women to inform themselves about what is best for the family (reproductive health), and we ask whether there is evidence that the level of education of men, autonomy of women, and their contraceptive use are linked in any way.

Theoretical framework

Men's involvement at all levels of decision making in the African household potentially has positive impacts, particularly when they are supportive of their wives desires and choices. Bongaarts and Bruce (1995) reveal that, men's decisions contribute to the shortfall in women's contraceptive behavior vis-à-vis their intentions. The fact that, in Kenya, a wife's preference for stopping childbearing does not translate into increased contraceptive use when the husband wants more children (Dodoo, 1998) only emphasizes the significance of men. Other evidence of male influence in decision making affecting fertility and contraceptive use come from an ongoing longitudinal experiment in Northern Ghana (Nazzar et al.1995; Binka et al 1995). The magnitude of men's involvement in reproductive decision making has been the emphasis of a recently growing literature on the subject (Dodoo 1993, Dodoo and Van Landewijk 1996, Ezeh 1993, Isiugo-Abanihe 1994). Yet, how men's education and other attributes specifically impacts decision making is not fully understood.

Adomako-Ampofo (2000) as well as Gauthier and Forsyth (1999) show that, men's education influences gender norms in decision-making more than women's and therefore the attitudes of men likely to change with more formal education are most likely to have influence on actual fertility behavior. Similarly, using both the 1988 and 1993/98 DHS data on Ghana, DeRose (2004) has shown that, husband's education has a significant effect on the wife's fertility intention, while her education did not. Dasgupta (2000) confirms that, the most important factor in determining non-traditional gender roles among a group of Asian Indians to the United States might be the number of years of schooling in the United States the individuals have. She explained that it is not just the length of stay in the United States but participation in the Western education system that generates egalitarian thinking among the Asian Indians in her study. And DeRose, Dodoo and Patil (2002), agree that educated men in Ghana have come to desire less children against the backdrop of economic hardships.

Despite the above observations, influence of men's education on their reproductive preferences or decisions in the African household has not been sufficiently addressed. Therefore, in this paper, empirical evidence will be sought to support the hypothesis that:

- A higher level of education mediates the fertility related influence of men and makes them more egalitarian and much more receptive to women's contraceptive behavior.

The Data and Research Methods

The study will analyze a pooled dataset comprising essentially twenty DHS datasets from Ghana, Kenya, Senegal, Tanzania, Uganda, and Zimbabwe from the last decade or so. Each of these countries is represented by three DHS' in the pooled dataset with Ghana and Kenya having four. The dependent variable will be the egalitarian couple's behavior. Questions ask will include:

Are women having more autonomy in their reproductive behavior?

How closely does their contraceptive use reflect their own preferences?

We will examine women who have the freedom of choice to want to stop child bearing

And who actually use contraception to stop childbearing. Again we will examine women who have the freedom to decide to stop childbearing but cannot practice the use of contraception as well as women who do not have any freedom of choice to stop bearing at all to see if empirical evidence will link men's education to peculiar trends in women's contraceptive behavior. Two independent variables, men's education and their lineage will be examined to see how they factor into patterns of women's contraceptive behavior. The traditional variables of age, number of children born into the family, place of residence etc will be controlled for most reliable results.

Expected findings

I expect to find that as men from the sub-Saharan Africa region gain more formal education they become more receptive to women's needs and more egalitarian in their familial decisions such that they move away from the stereotypes and traditions of what a "real man" is and how he is expected to behave. I expect to find in my study, as African men become exposed to more formal education, they permit more women's autonomy and become more receptive to women's contraceptive use.

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