

Constructs of power and equity, and their association with contraceptive use among African men and women

Many reproductive health programs have targeted women's unmet need for family planning, and previous research has highlighted the barriers and facilitators in the decision for women to seek family planning services and utilize a modern contraceptive method. Many previous studies have shown the important role of the man's decision-making in a couple's use of contraception. Some studies have explored the influences of men's attitudes and decision-making on contraceptive use. Some studies have shown that men's attitudes about gender equity can influence condom use but less is known about the link between men's attitudes, norms and perceptions about gender and a couple's decisions of family planning and use of contraceptives. In order to provide an understanding of the factors shaping fertility and family planning behavior within a family planning program design, CARE and Emory University conducted quantitative population-based research to explore the question: "how do perceptions of personal power and gender equity influence their reports of contraceptive use in three distinct resource-poor settings in Ethiopia and Kenya."

A closed ended survey was conducted among married women and men between the ages of 18 and 45 in a stratified random sample among rural populations in Ethiopia (West Hararghe and East Hararghe in the Oromia district) and Kenya (Siaya district) in a 6-week period in the first two months of 2009. Data were collected in the appropriate language in-country (Ethiopia Oromifa, Kenya Luo). Separate samples of men and women were collected in each district. Sample sizes of 600 women and 300 men were collected in each country. The survey questionnaire was adapted from the Demographic and Health Survey questionnaire for use in low contraceptive prevalence countries and included sections on background demographic characteristics, fertility and family planning behaviors, attitudes to family planning, and perceptions of community norms around fertility, family planning and gender roles. The survey questionnaire also included a 26 item scale aimed at measuring attitudes towards gender roles and expectations, and relationship factors including sex, sexuality and decision-making. The questions for the scale were adapted from the Gender Equitable Men (GEM) and Sexual Relationship Power Scale (SRPS). In this analysis we use data from both the men's and women's surveys.

Data were cleaned and entered into STATA for analysis. The focus of the analysis was on the reporting of current contraceptive use, and the extent to which this reporting was shaped by reported attitudes around gender, power and equity. The 26 items from the questionnaire were used to create two scales: one to measure perceived power in a relationship, and one to measure perceived equity in a relationship. Logistic regression models were fitted to binary outcomes coded one if the respondent reported currently using a modern method of contraception. The key covariates of interest in each model were the power and equity scales, categorized as low, medium and high power/ equity. The models controlled for socio-economic and background variables. Separate models were fitted for men and women in Kenya and Ethiopia.

Similar to recent DHS data reported by women, couple contraceptive utilization was reported by respondents as 38% in Ethiopia and 29% in Kenya. The most commonly used couple contraceptives reported were temporary methods such as pills and injection. Ideal family size was highest in Ethiopia, where 90% of men reported ideal family size as more than 3 children, and in Kenya where 81% of men wanted a family size of more than 3 children. In regression analysis, the scale measuring perceived power in a relationship proved to be significantly associated with the reporting of contraceptive use for men in both Ethiopia and Kenya, but not for women in either country. That is, men who reported less conservative views around power in a relationship were more likely to report current contraceptive use. For women, the scale measuring equity proved to be significantly associated with the reporting of contraceptive use in both countries, but was not significant for men in either country. Women who reported less conservative views around equity in a relationship were more likely to report current contraceptive. Contraceptive use was also shaped by expected factors such as current employment or higher levels of education among the couple.

The findings are important for program planners who are interested in honing the gender components of reproductive health programs that are aimed at addressing unmet need for family planning. The findings from this study allow for a more nuanced exploration of gender and power attitudes among men and women as they relate to family planning. The findings reveal specific constructs of gender and power among men and women from these two countries, and how each of these constructs independently influences the reporting of contraceptives. The results highlight that differing aspects of equity and power may be important for influencing contraceptive use among men and women.