Spousal Violence and Unwanted Fertility in Malawi

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Abstract

Identifying predictors of high fertility in Malawi has been of great concern to researchers. One area that does not seem to have received much attention is the relationship between spousal violence and unwanted fertility. Therefore, the objective of this paper is to establish the relationship between spousal violence (aggregate of physical, emotional and sexual) and unwanted fertility among women in Malawi. A subset of 4,137 women who were selected for domestic violence module and who gave birth within the last five years were extracted from the 2010 Malawi Demographic and Health Survey. Bivariate and four models binary logistic regression analyses were used to examine the relationship between the dependent (unwanted fertility) and independent variables. The overall prevalence rate of spousal violence and unwanted fertility among the study population are 31% and 46% respectively. Spousal violence was found to be a significant predictor of unwanted fertility among the respondents in Malawi. The results of bivariate and multivariate logistic regression models indicate that unwanted fertility is higher among women who experienced spousal violence than among those who did not (OR=0.765). Other factors that were found to be significantly related to unwanted fertility are age at first birth, number of children ever born, spousal agreement on ideal number of children household wealth index and region of residence. The study recommends that gender equality should be promoted and violence against women should be discouraged in order to accelerate fertility transition in Malawi.

Keywords: Spousal violence, unwanted fertility, pregnancy, Malawi.

Résumé

Identification des facteurs prédictifs d'une fécondité élevée au Malawi a été très préoccupante pour les chercheurs. Un domaine qui ne semble pas avoir reçu beaucoup d'attention est la relation entre la violence conjugale et désirées. Par conséquent, l'objectif de cette étude est d'établir la relation entre la violence conjugale (agrégation de physique, affective et sexuelle) et les indésirables de la fertilité chez les femmes au Malawi. Un sous-ensemble de 4 137 femmes qui ont été sélectionnés pour module de violence conjugale et qui a donné naissance au sein des cinq dernières années ont été extraites de la 2010 Malawi enquête démographique et sanitaire. Bivariés et les analyses de régression logistique binaire de deux modèles ont été utilisés pour examiner la relation entre la charge (désirées) et les variables indépendantes. Le taux de prévalence de la violence conjugale et désirées parmi la population étudiée sont respectivement 31 % et 46 %. La violence conjugale s'est avérée pour être un facteur prédictif de fécondité non désirée entre les intimées au Malawi. Les résultats des modèles de régression logistique bivariées et multivariées indiquent que la fécondité non désirée est plus élevée chez les femmes victimes de violence conjugale que parmi ceux qui n'ont pas (ou = 0,765). D'autres facteurs qui se sont avérées être significativement associés à désirées sont à la première naissance, nombre d'enfants déjà nés, contrat matrimonial le nombre idéal d'indice de richesse des ménages d'enfants et de la région de résidence. L'étude recommande que l'égalité entre les sexes devrait être encouragée et violence contre les femmes devrait être découragée afin d'accélérer la transition de la fécondité au Malawi.

Introduction

Gender-based violence (GBV) is defined as violence directed at an individual based on his or her biological sex, gender identity, or perceived adherence to socially defined norms of masculinity and femininity (USAID, 2012). GBV is a common practice that has been with humankind in most societies of the world from time immemorial. It may be psychological or mental which is also variously known as domestic violence (Odimegwu, Okemgbo & Ayila, 2010). Gender-based violence has been a neglected public health issue until recently that much concern are been given in public health discourse (Kishor & Johnson, 2004). Apart from the economic, social, psychological and human right implications of this type of violence, GBV is associated with adverse reproductive health, general poor health outcome and many other negative consequences on the wellbeing of the victims who are mostly women and girls (Kishor & Johnson, 2004; Bibi, Ashfaq, Shaikh & Qureshi, 2014; Solanke, 2014; Wekwete, Sanhokwe, Murenjekwa, Takavarasha & Madzingira, 2014). Gender-based violence which has no social or cultural barrier as it cut across all human strata (Heise, Pitanguy and Germain, 1995; WHO, 2005) has been on without much attention, but has now become a global issue (Bamiwuye and Odimegwu, 2014). Though with different estimates and patterns many studies have reported that up to 70% of all women worldwide had experienced one form of violence or the other at one time of their lives (Heise, Ellsberg & Guttemoeller, 1999; Oyediran & Isiugo-Abanihe, 2005; Garcia-Moreno, Jansen, Ellsberg, Heise & Watts, 2006) and appreciable number of this violence are perpetrated by their spouses or intimate partners (Hindin, Kishor & Ansara, 2008; NSO/ICF Macro, 2011).

Severally, within the last two decades that the issue of violence against women came to the international discourse, reports of this type of violence most especially by their intimate partners have been worrisome in all regions of the world from less developing nations to the developed countries. Using ownership of property as a yardstick, Kes (2008) conducted a survey in Kerela, India and reported as high as 49% of women without property ever experienced violence. According to Galindo & Serrano, (1994) (see Agnihotri, Agnihotri, Jeebun & Purwar, 2006) in Spain women were often the victims of violence and of domestic violence where 86 violent deaths and 200,000 cases of abuse by partners were recorded in 1993. Studies have also revealed high rate of domestic violence against women in United Kingdom (McGibbon, Cooper & Kelly, 1989; Stanko, Crisp, Hale & Lucraft, 1997; Mirrlees-Black, 1999). Reports across the globe (Himanshu & Panda, 2007; De Wet, 2009; Antai, 2011; Okemiri & Adekola, 2012) have suggested negative influence of gender-based violence on women's reproductive health.

GBV against women in general and pregnant women in particular is a neglected area of research worldwide, particularly in Malawi (Chasweka, Chimwaza, Maluwa & Odland, 2012) and this is not being fair considering the high prevalence of gender-based domestic violence (GBDV) in the country. It was mentioned in the 2010 Malawi Demographic and Health Survey (MDHS) final report that close to 30% of all women, pregnant women inclusive suffer GBDV. Whenever any study mentions GBDV, the negative reproductive outcome is mentioned, while those many pregnancies and childbirths as a consequence of coercion (physical, sexual and/or emotional violence) from the spouses go unmentioned. Search for significant predictors of high fertility in Malawi has been on for decades without satisfactory, appreciable or

appropriate solution in sight, despite the success story of high contraceptive prevalence rate in the country amidst other nations in African continent (Chasweka, Chimwaza, Maluwa & Odland, 2012).

Statement of the problem
Fertility in Malawi remains high although there is some evidence of a decline. Available statistics based on census data and other surveys indicate that total fertility rate (TFR) in Malawi has declined from 7.6 children per woman in 1977 to 5.6 children per woman in 2010 (Malawi Government, 1984, 1994a, 1994b, 2002, 2006, 2011). The factors responsible for this decline are not fully understood, and again there is yet no explanation for the mismatch between the observed fertility levels and Contraceptive Prevalence Rate (CPR) in Malawi . The CPR for modern methods of contraception has increased in Malawi from less than 1% in 1984 to 7%, 12%, 21% and 22% in 1992, 1996, 2000 and 2004, respectively (Malawi Government, 1987, 1994b, 1997, 2002, 2006). The remarkable increase in contraceptive use and sluggish decline in fertility has resulted into an increase in studies focusing on fertility and contraceptive use in Malawi (see for example, Chintsanya 2013; Chintsanya, Madise & Bailey, 2013). Recently, some researchers have demonstrated that gender-based violence is another important determinant of fertility in Africa (Odimegwu, Bamiwuye & Adedini, 2015).

Objectives
Mainly, the present study examines the relationship between experience of spousal violence and unwanted childbirth in Malawi and specifically examines the socio-economic and demographic variables relating to the incidence of unwanted childbirth in the country.

Methodology

Data

The study used secondary data extracted from the most recent and credible
2010 Malawi Demographic Health Survey (MDHS) conducted by the National
Statistical Office with financial and technical assistance from ICF Macro
(Malawi Government 2011). The survey was the fourth Demographic and
Health Survey (DHS) ever conducted in Malawi and involved a multi-stage
probability sampling to select 23,020 women of reproductive age. Detailed
report of the methodologies involved in data collection can be obtained from
the appropriate survey report (Malawi Government, 2011). However, the
current study is based on the analysis of a weighted sub-sample. The sub-
sample were selected on two levels approach. 1. Those respondents that were
interviewed for domestic violence module were first kept and 2. Those
respondents who ever had a birth were equally kept for the analysis. The
specific constructed weight used for domestic violence module in Measure
Demographic Health Survey data was applied and this now gave us a total size
of 4,137 (18% of the total respondents) women who gave birth within the last 5
years and those that were included in domestic violence module.

Methods of Analysis

Three approaches were used in the analysis. Firstly, descriptive univariate
analyses were performed to inspect the frequency distributions of the variables.
Secondly, bivariate analysis was employed to examine the relationships
between the independent variables (listed below) and unwanted fertility
(unwanted/mistimed childbirth). Chi-square tests of independence were
conducted for categorical variables. Significant differences were determined
using chi-square at $p<0.05$. Lastly, binary logistic regression was used to
examine the impact of socio-economic and demographic factors on unwanted

fertility in Malawi. The use of the logistic regression is based on the fact the dependent variable was dichotomous. Binary logistic regression was performed to explore the association between unwanted fertility and spousal violence and finally to assess the net effect of independent variables on unwanted fertility.

Description of variables

Dependent/Outcome variable
The dependent/outcome variable for the study considered women who had experienced unwanted fertility (V367, either the respondent reported childbirth as unwanted or mistimed). The dependent variable "unwanted fertility" was conceptualized in the study; for those who had ever given birth within the last five years it was asked if the last birth was wanted, wanted later or wanted no more. If wanted 0 was allocated and 1 if wanted later or wanted no more. The aggregate of the two categories (wanted later and wanted no more) gave us the total number of women who had ever experienced unwanted fertility.

Independent variable
The main independent variable describes women who have experienced spousal violence. Spousal violence was conceptualized in the study in such a way that it captured the three dimensions of violence: physical, sexual and emotional. This variable was constructed by combining a series of questions that were asked to determine whether or not the respondents experienced physical, sexual and or emotional violence by the spouse. The variable "physical violence" was determined from the response to questions asking whether the respondent had experienced at least one of the six subtypes of physical violence: whether or not spouse ever pushed, shook or threw something; spouse ever slapped; spouse ever punched; spouse ever attempted to strangle or burn; spouse ever attacked with knife, gun or other weapon. The emotional violence variable comprised three variables: spouse ever threatened

with harm; spouse ever humiliated and spouse ever insulted or made to feel bad. Emotional violence variable was obtained by summing the three items. The sexual violence comprised of three variables: ever sexual violence, ever physically forced sex and ever forced to perform sexual acts. Each item was given a score of 1 if she experienced abuse and 0 if she did not experience abuse. The sums of all items for each individual were obtained. If the total score was "0" the individual was categorized not to have experienced spousal violence otherwise any score different from "0" meant that the individual had experienced spousal violence.

Control or co-founding variables
Control variables used in this study were age, educational attainment, wealth index, place of residence, region of residence, marital status, religion, family type, age at first birth, partner's educational level, children ever born and agreement in number of children wanted by both spouses were selected as the intervening variables. While many of these variables have been found to have a significant relationship with fertility in a number of studies (Odimegwu et. al., 2015), some were selected due to the discretion of the authors.

All the independent variables were obtained from the various sections on the women questionnaire. The categorizations of the selected variables were recorded as follows Age (15-24, 25-29, 30-34, 35-39, 40-44 and 45-49); Educational attainment (No education, Primary, Secondary and Higher); Place of residence (Urban and Rural), Region (Northern, Central and Southern), Family type (Monogamy and Polygamy); Wealth (Poor, Middle and Rich), Marital status (Never married, Married, Widowed and Divorced/Not living together), Religion (Christian, Muslim and Traditional/Others), Age at first birth (19 or less and 20 or more), Children ever born (4 or less and 5 or more).

Others are Partners' educational attainment (No education, Primary, Secondary and Higher); Spousal agreement on number of children wanted (Both want same, Husband wants more, Husband want fewer and Never discuss it).

Results

Socio-economics and demographic characteristics of respondents
Respondents were relatively young with a mean age of 28 years of which the majority was in the youngest reproductive age group (15-29 years) and lowest frequency in the age group 45-49 years. Educational status of women was limited with no less than 85% having no formal or primary educational level and about 15% having secondary or higher education. Table 1 further indicates that the majority of the three sub-groups of wealth index among the study population (43%) were poor and less than four in every ten respondents were in the rich category of the wealth index. While 85% of the respondents were rural dwellers, slightly less than five in every ten sampled women were from Central and Southern regions of Malawi and the remaining 11% were from the Northern part of the country. In terms of religion, eight in every ten were Christian, 15% and 1% were Muslim and Traditional faith believers respectively. Evidence from the data as presented in Table 1 reveals a high rate of early childbirth in Malawi with (71% having their first child birth before 20 years of age). Partner's educational attainment showed that seventy-one per cent of the respondents' partners had less than secondary education while just two per cent had higher education. Majority (70%) of the sampled respondents reported having 4 or less children as at the time of the survey though most of them (respondents) were still in their prime years of reproduction. One-wife and one-husband (monogamous) type of family reigns than multiple wives to a single man system in Malawi. Spousal agreement on number of wanted children was another variable examined in the study and as presented in Table

1 it was shown that while fifty-six per cent of the respondent wanted the same number of children as did their partners, twenty per cent reported never discussed such theme with partners and fifteen per cent claimed that husband wanted more children than they wanted. Table 1 also presents the prevalence of spousal violence and unwanted fertility as thirty-one per cent and forty-six per cent respectively.

Bivariate analyses (Association between selected socio-economic and demographic background characteristics and unwanted fertility among women who were interviewed for domestic violence in Malawi)

Bivariate analyses were conducted to study the relationship between unwanted fertility and selected socio-economic and demographic background variables of respondents. Table 2 shows the number and percentage distributions of women who had experienced unwanted childbirth/fertility by some selected background characteristics. A significant association exists between a number of independent variables and occurrence of unwanted fertility among which are age, region, number of children ever born, spousal agreement on number of ideal children, marital status, type of family and experience of spousal violence. Older women, who had more than five children, never married or divorced, from polygamous family setting were significantly likely to experience unwanted fertility than their other counterparts. Furthermore, mothers who ever experienced spousal violence and who reside in central or southern regions were also likely to experience unwanted or mistimed fertility more than their other counterparts ($p<0.001$).

Odds of ever-experience unwanted fertility by spousal violence experience and selected background characteristics of respondents. (Multivariate analysis)

In order to determine the relationship between unwanted fertility and spousal violence a four model binary logistic regression was conducted. The results of

this exercise are given in Table 3. In the first model, the unadjusted odds of unwanted fertility was significantly higher among women who had ever experienced spousal violence than those other women who never experienced spousal violence. It was discovered that women who never experienced spousal violence were 23% less likely to experience unwanted fertility than those who ever experienced spousal violence. In model 2, the inclusion of some selected demographic background characteristics of respondents, which serve as the control variables did not have a pronounced impact on the interactions of experience of spousal violence and the likelihood of unwanted fertility among the respondents. The odds ratio of unwanted fertility remained almost the same when no control variable was introduced in model 1. Of all the demographic variables tested in this second model, only region, number of children ever born and spousal agreement on ideal number of children had significant effects on the relationship between spousal violence and the occurrence of unwanted fertility.

The third model shows the interaction between spousal violence and unwanted fertility while controlling for the socio-economic background characteristics. The odds of unwanted fertility was significantly still higher among women who experienced spousal violence than those women who never experienced spousal violence. It was revealed that women who never experienced spousal violence were 21% less likely to experience unwanted fertility than those who ever experienced spousal violence. Surprisingly, none of the controlling socio-economic variables had a significant co-founding effect on the relationship. Model 4 controlled for the net effect of both the demographic and socio-economic variables all together. While the incidence of unwanted fertility was still significantly higher among women who had experienced spousal violence,

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only region, age at first birth, number of children ever born, spousal agreement on ideal number of children and household wealth index indicated significant effect in the relationship.

Discussion

Violence in every corner of the family unit and within the four walls of the place of abode is a common, but hidden phenomenon everywhere world over. While many go unreported, many that were reported went away without appropriate or commensurate punishment for the offenders. Women and girl child, the so called "weaker vessels" were most often than not always at the receiving end of many of the domestic violence. Despite the fact that most communities and societies frown at violence against women, the reality is that violations against women's human rights are often sanctioned under the garb of cultural practices and norms, or through misinterpretation of religious tenets (UNICEF, 2000). Unfortunately, appreciable number of the domestic violence are perpetrated by women's husbands or close partners (spousal violence) (Hindin, Kishor & Ansara, 2008; Malawi Government, 2011; Bibi, Ashfaq, Shaikh & Qureshi, 2014), this makes proper prosecution difficult most times. Maybe if appropriate punishment has been meted out against the abusers to serve as deterrent to others, the high rate of GBDV could have been reduced. Considering the socio-economic, demographic, health and psychological negative implications of GBDV (spousal violence) one would know that much is still desired to be done in bringing the menace to its knee. Malawi, despite her success story on the uptake of contraceptive among all other Africa countries has been on the search for the significant predictors of the high fertility rate for the country. One area that has not been explored is the unwanted pregnancies and childbirth that were likely to be as a result of

coerciveness (physical and emotional) and forceful sexual act from the spouses.

Using 4,137 sampled women who gave birth within the last five years to the survey and who were selected for domestic violence module in 2010 Malawi Demographic and Health Survey, our study found a prevalence rate of 30.7% ever experienced spousal violence in Malawi and this is in consonant with other nationally reported figure of between 15% and 71% (Garcia-Moreno, Jansen, Ellsberg, Heise & Watts, 2005; Hindin, Kishor & Ansara, 2008; Bibi, Ashfaq, Shaikh & Qureshi, 2014; Bamiwuye & Odimegwu, 2014; Wekwete, Sanhokwe, Murenjekwa, Takavarasha & Madzingira, 2014) in some other countries. On the basis of unwanted fertility, our study found a 46% prevalence rate among these sub-sampled women in Malawi. This is almost at par with the national rate of unwanted pregnancies and mistimed of the last birth and pregnancies put together in the country (Malawi Government, 2011).

Findings from the multivariate analysis across all the four models revealed a significantly higher prevalence of unwanted fertility among women who had experienced spousal violence than those who never experienced spousal violence. Women, who reside in northern region, who had 4 or less children and who had first birth at 20 years or more were significantly less likely to have unwanted fertility than the occurrence among their other counterparts. Those ones who were poor and in the middle class of wealth index and whose partners want fewer children were significantly more likely to have unwanted fertility than their other counterparts respectively.

Difference in ideal number of children between spouses might be one of the factors responsible for this spousal's misunderstanding and violence. When

women or partners considered they have enough or need more children, but either of the spouses could agree with the decision or consideration, then this disagreement could erupt violence. And again, this result might not be so surprising because the multivariate analysis further showed a higher likelihood of spousal violence and occurrence of unwanted childbirths among women who were also of low or no formal educational attainment, women who were from poor or middle class and women from Southern part of Malawi. The chances are high that these set of women were less empowered and have no say either in the reproductive health matters or even in the general decision of the house. The extent of unintended and unwanted fertility due to spousal violence shows the low status of women's reproductive rights, and the low degree of women's autonomy in Malawi. This is in tandem with UNICEF submission (UNICEF, 2000). This finding again could in a way collaborating the final report of 2010 Malawi Demography and Health Survey which stated that women from Southern part of Malawi were found to be of the lowest educational level and have the highest proportion of persons in the lowest wealth quintile for the country. It is paramount to identify these predictors of unwanted fertility, to enable policymakers and program planners channel efforts specifically to the women who are most likely to experience this problem.

In conclusion, unwanted fertility rate among ever married women in Malawi is very high and it was seen that this high rate of unwanted fertility is closely and significantly related to spousal violence in the country. Our study has an important implication for policy, programme and strategy aiming at reducing fertility in this part of the world. Thus, there is need for women empowerment such that violence from their spouses could be reduced among them.

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Table 1. **Percentage Distribution of Selected Background Characteristics of Women who gave birth within the Last 5 years and who were interviewed for domestic violence module in Malawi, 2010**

Variables/Categories	Frequency	Percentage
Age (years)		
15-19	269	6.5
20-24	1105	26.7
25-29	1266	30.6
30-34	711	17.2
35-39	489	11.8
40-44	203	4.9
45-49	93	2.3
Mean age of respondents	**28.2**	
Place of residence		
Urban	629	15.2
Rural	3508	84.8
Region of Residence		
Northern	440	10.6
Central	1802	43.6
Southern	1894	45.8
Age at first birth (years)		
19 or less	2921	70.6
20 or more	1215	29.4
No. of Children ever born		
4 or less	2884	69.7
5 or more	1253	30.3
Spousal agreement of CEB ++		
Both want same	1895	55.6
Husband wants more	515	15.1
Husband wants fewer	327	9.6
Never talk about it	669	19.6
Educational level		
No Education	694	16.8
Primary	2803	67.8
Secondary	609	14.7
Higher	30	0.7
Wealth Index		
Poor	1773	42.9
Middle	884	21.4
Rich	1480	35.8
Partner's education level++		
No Education	416	10.3
Primary	2463	61.0
Secondary	1078	26.7
Higher	80	2.0
Marital Status		
Never married	61	1.5
Married/living together	3611	87.3
Widowed	75	1.8
Divorced/Not living together	389	9.4

Religion		
Christianity	3469	84.0
Muslim	617	14.9
Traditional/Others	46	1.1
Type of family++		
Monogamy	3106	88.4
Polygamy	491	13.6
Experience of Spousal Violence++		
Never experienced	2805	69.3
Ever experienced	1245	30.7
Experience of unwanted fertility++		
No	2247	54.4
Yes	1887	45.6

++Absolute Number less than the total 4,137 due to missing system but valid percent was reported throughout in the analysis

Table 2 Percent Distribution of women who ever had unwanted childbirth by selected background characteristics

Variables/Characteristics		Ever had Unwanted Childbirth			
		%	N	Total	Chi-Square (*p-value*)
Age (years)	15-19	35.7	96	269	82.403 (*0.000*)
	20-24	40.3	445	1103	
	25-29	44.1	558	1266	
	30-34	45.9	326	711	
	35-39	56.1	274	488	
	40-44	63.9	129	202	
	45-49	61.3	57	93	
Place of residence	Urban	46.3	291	629	0.110 (*0.740*)
	Rural	45.5	1596	3504	
Region of Residence	Northern	33.0	145	440	33.142 (*0.000*)
	Central	46.3	834	1802	
	Southern	48.0	908	1891	
Age at first birth (years)	19 or less	46.0	1343	2920	0.483 (*0.254*)
	20 or more	44.8	544	1214	
No. of Children ever born	4 or less	40.2	1160	2882	112.196 (*0.000*)
	5 or more	58.1	727	1251	
Spousal agreement of CEB	Both want same	39.9	757	1895	26.492 (*0.000*)
	Husband wants more	48.1	247	514	
	Husband wants fewer	53.2	174	327	
	Never talk about it	43.5	291	669	
Educational level	No Education	49.4	343	694	5.090 (*0.165*)
	Primary	44.9	1258	2801	
	Secondary	45.0	274	609	
	Higher	40.0	12	30	
Wealth Index	Poor	45.6	808	1772	0.932 (*0.628*)
	Middle	46.9	414	882	
	Rich	44.9	664	1479	
Partner's education level	No Education	48.3	201	416	4.249 (*0.236*)
	Primary	45.6	1122	2461	
	Secondary	42.8	462	1079	
	Higher	45.0	36	80	
Marital Status	Never married	70.5	43	61	32.674 (*0.000*)
	Married/living together	44.1	1593	3610	
	Widowed	56.0	42	75	
	Divorced/Not living together	54.0	210	389	
Religion	Christianity	45.5	1576	3466	1.445

	Muslim	45.7	282	617	(*0.485*)
	Traditional/Others	54.3	25	46	
Type of family	Monogamy	43.5	1352	3105	3.516 (*0.034*)
	Polygamy	48.1	236	491	
Experience of Spousal Violence	Never experienced	43.1	1209	2802	15.397 (*0.000*)
	Ever experienced	49.8	620	1245	

Table 3 Odds of ever-experience unwanted fertility by spousal violence experience and selected background characteristics of respondents.

Variables	Model 1	Model 2	Model 3	Model 4
Main independent variable				
Experience of Spousal Violence				
Never experienced	0.765***	0.766***	0.790***	0.785***
Ever experienced[RC]	1.000	1.000	1.000	1.000
Demographic Variables				
Age (years)				
15-19		0.596		0.556
20-24		0.968		0.896
25-29		1.025		0.936
30-34		0.797		0.737
35-39		1.040		1.031
40-44		1.728		1.691
45-49[RC]		1.000		1.000
Place of residence				
Urban		1.130		1.246
Rural[RC]		1.000		1.000
Region of Residence				
Northern		0.480***		0.437***
Central		0.969		0.916
Southern[RC]		1.000		1.000
Age at first birth (years)				
19 or less		1.143		1.197*
20 or more[RC]		1.000		1.000
No. of Children ever born				
4 or less		0.494***		0.473***
5 or more[RC]		1.000		1.000
Spousal agreement of CEB				
Both want same		0.984		0.951
Husband wants more		1.148		1.141
Husband wants fewer		1.562***		1.593***
Never talk about it[RC]		1.000		1.000
Socioeconomic variables				
Educational level				
No Education			1.395	1.203
Primary			1.144	1.325
Secondary			1.133	1.599
Higher[RC]			1.000	1.000
Wealth Index				
Poor			1.008	1.307**
Middle			1.047	1.356**
Rich[RC]			1.000	1.000
Partner's education level				
No Education			0.969	0.616
Primary			0.943	0.700
Secondary			0.835	0.288
Higher[RC]			1.000	1.000

Religion				
Christianity			0.727	0.785
Muslim			0.642	0.642
Traditional/Others[RC]			1.000	1.000
Type of family				
Monogamy			0.872	0.885
Polygamy[RC]			1.000	1.000
-2 Log Likelihood	5558.607	4429.140	4341.054	4350.598
Chi-Square	15.436	195.316	25.131	219.394
Sig.	0.000	0.000	0.014	0.000

RC means Reference Category   ***significant at *P*<0.01; **significant at *P*<0.05 and *significant at *P<0.001*