Couples Unmet Need for Family Planning: An Analytical Study of Couples in Kenya

Francis Exavious Ssebiryo[12] & Immaculate Ndetei Mwanza[3]

Abstract

Background: Usually studies on unmet need for family planning (FP) have been women-based paying no attention to men's contribution yet couple consensus has profound reproductive decisions. This study sought to examine unmet need for FP using couple based approach to unearth opportunities for practical and policy approaches to accelerate the uptake of contraceptives among couples in Kenya. The study adopted behavioral theories to elucidate the determinants of couple unmet need for FP among couples in Kenya. **Method**: using Kenya Demographic Health survey-2009, we extracted Couple data and applied regression procedures (logit models) for analysis.

Results indicate that unmet need for FP is 1.5 times higher among men to that of women (25%), and couple unmet need for FP is 13% and inversely related to reproductive lifespan. in addition, socioeconomic status of women; women empowerment, education, and decision-making significantly predicts couple unmet need. Employed women are 1.5 times less likely to have couple unmet need relative to unemployed ones, and husband dominance in decision-making is associated with 2 times high couple unmet need while men's positive attitude on FP has 2.5 times lower odds of couple unmet. Exposure to information significantly predicts couple unmet need, couples lacking exposure to information are twice as likely to have couple unmet need.

Conclusion: Programs and policies addressing unmet needs for FP should target couples as a unit, to enable them make mutual and informed decisions on their reproductive health to foster positive maternal and the child health.

Key words: *Couples unmet-need, Family planning, Contraception, Reproductive decisions, Kenya*

Background

Kenya has witnessed high fertility levels averaging at five children per woman in the past two decades and contraceptive prevalence estimated at 46 percent (KDHS, 2009). Unmet need for family planning is associated with poor maternal and child health indicators. Certainly, USAID (2006) indicates that if women who did not want to have any children used effective contraceptive methods, developing countries could avoid up 100, 000 maternal deaths.

Notwithstanding the tremendous reproductive health and family planning programming in Kenya, the levels of unmet need for family planning has remained virtually constant at 25 percent in the past three decades among married women (KDHS, 2009). Note that in the recent past, implementation of reproductive health programs have focused on women ignoring the role of men and yet, mutual communication between a man and woman achieve best decision on fertility preferences (Becker, 1996; Ngom, 1997; Ojaka, 2008). Furthermore, most scholars have examined unmet need as a woman's concept, and technology has

[1]Center of Nutrition Education and Technology (CeNET) Uganda Plot 87 Bukoto Street, Kampala, Uganda. [3]National Registration Bureau, Kenya Ministry of Internal Affairs

concentrated more on methods for women as opposed for men (Becker, 1996). Indeed, shifting reproductive health (RH) interventions from targeting women to a couples' perspective can reduce the level of unmet need for family planning considerably (Bankole & Ezek, 1999; Becker, 1996).

To achieve best results, programs should not treat individuals in isolation because the desire for and timing of additional children and contraceptive practice are influenced by both partners' biological and extra-individual factors, such as information, knowledge, income, accessibility, among others (Cleland et al., 2006), yet men and women have different fertility preferences (Bankole, 1995; Becker, 1996). Increased uptake of contraceptive use in resource-limited countries is a window of opportunity for it leads to improvement in maternal and child health, informed fertility levels hence, producing optimum population growth.

Study Results

Table 1. Unmet Need Variables

		Frequency	Percent
Men Exposure	Exposed to unmet need	827	57.8
	Non exposed	604	42.2
	Total	1431	100.0
Men Fertility Preference	After 2+ years (spacers)	469	32.8
	No more (limiters)	585	40.9
	Other preferences	377	26.3
	Total	1431	100.0
Men Unmet Need	Need to Space	306	53.9
	Need to limit	262	46.1
	Total	568	100.0
Women Unmet Need	Need to space	203	57.0
	Need to limit	153	43.0
	Total	356	100.0
Couple Unmet Need	Need to space	75	39.9
	Need to limit	64	34.0
	Either to space/limit	49	26.1
	Total	188	100.0

Result in Table 1 shows that 58% of men were not using any contraceptive method (exposed) and three quarters (75%) expressed a desire to space or limit childbearing. Specifically, 40 percent (568/1431) of men wanted to space or limit child bearing but they were not using any method of contraception hence, having unmet need for family planning. Over half (54%) of these men had unmet need to space childbearing while 46 percent had unmet need to limit childbearing.

On the other hand, women unmet need for FP was 25% (356/1431 -KDHS, 2010), with the majority (57%) having unmet need to space just like their male counterparts. A merger of female and male unmet need for FP yielded 13 percent of couples with unmet need. However, some couples with unmet need had divergent preferences i.e. one partner wanting to limit when the other want to space. Therefore, most (40%) couples wanted to space childbearing, 34 percent wanted to limit child bearing while 26 percent of couples each partner wanted either ways.

Demographic and Socio-economic Factors

Background characteristics of the couples showed that unmet need is highest among young ages, lower in the middle ages and then picks up towards the end of the reproductive ages 45-49 for both men and women. In addition, the rural-urban divide clearly depicts that couples in the rural areas have higher levels of unmet need for FP than those in urban areas although

majority are using contraceptives, however, the relationship is not significant (p=0.154). On the other hand, couple unmet need for FP is significantly higher among couples with low education, the Muslims and the Catholics (p=0.000). In addition, the trend of couple unmet need decreased with increase in wealth status with couple unmet need being highest (56%) among the poor.

Table 2.Women Empowerment

Variables			Couples (%)		Total
			Met need	Unmet need	
Women	FP Discussion with health worker	Didn't discuss	71.1	28.9	557*
		Discussed	79	21	124
	Decision on own healthcare	Woman alone	78.9	21.1	166
		Both partners	72.5	27.5	349
		Husband alone	65.7	34.3	166
	Women employment	Employed	63	37	227*
		Unemployed	77.4	22.6	452
	Decision on husband's earnings	Woman alone	78.7	21.3	47*
		Joint decision	76.4	23.6	370
		Husband alone	65.2	34.8	256
Men	Decision on spending money	Husband alone	68	32	203*
		Both partners	77.7	22.3	336
		Wife alone	52.9	47.1	17
	Decision on number of number of children	Husband	62	38	121*
		Both equally	74.9	25.1	542
		Wife alone	58.3	41.7	19
Exposure to Mass Media	Women Heard FP on radio last months	Never heard	56.4	43.6	156*
		Heard	77.2	22.8	526
	Men Heard FP on radio last months	Never heard	62.9	37.1	159*
		Heard	75.3	24.7	523
Couples' Attitudes	Contraception is woman's business	Disagree	73.6	26.4	579
		Agree	67.3	32.7	103
	Contraception makes a woman promiscuous	Disagree	75.1	24.9	437*
		Agree	69.6	30.4	207
		Don't know	57.9	42.1	38
	Childbearing is a woman's concern	Disagree	73.8	26.2	637*
		Agree	52.3	47.7	44
		Don't Know	100	0.0	1
	Responsibility for using contraception	Mainly woman	84.4	15.6	32
		Mainly man	94.5	5.5	55
		Joint decision	94.2	5.8	414

* Significant at $p < 0.05$

Results in Table 2 show the importance of a woman's discussion of FP with a health worker on couple unmet need. Majority (79%) of couples who had discussed FP with a health worker did not have unmet need, the same applies to couples who had joint decisions on how to spend money from both women's and men's perspective. Where the husband/partner had final say on wife's health and money he earns couple unmet need was high. On the other hand, deciding together on the number of children to have has strong implication on couple unmet need, couples who had joint decision on the number of children to have had lowest (25%) couple unmet need. In addition, working women are less likely (23% against 37%) to have couple unmet need for family planning than those who are not employed.

Exposure to mass media indicates that most of the couples who had unmet need, have not been exposed to FP messages from the radio the last months preceding the survey. There are more couples with met need where there is access to family planning information from radio. Furthermore, where men have a negative attitude on use of contraceptives the level of couple unmet need for FP is highest. Likewise, where couples take the responsibility for using contraceptive as joint venture, unmet need levels are lowest (6%), and where it is a husband's responsibility alone, unmet need for FP is high (16%).

Table 3. Model Effect of Demographic and Socio-economic Factors on Couple Unmet Need

				95% C.I	
Variable	B	P-value	O.R	Lower	Upper
Women's Age (20-24)		0.489			
15-19	0.2480	0.585	1.282	0.525	3.128
25-29	-0.186	0.467	0.831	0.504	1.370
30-34	-0.314	0.246	0.730	0.429	1.242
35-39	-0.206	0.487	0.814	0.455	1.455
40-44	-0.429	0.204	0.651	0.336	1.261
45-49	0.2720	0.426	1.312	0.672	2.561
Men Age (20-24)		0.944			
15-19	-20.44	1.000	0.000	0.000	.
25-29	-0.051	0.899	0.950	0.433	2.085
30-34	-0.403	0.297	0.668	0.314	1.425
35-39	-0.274	0.490	0.760	0.349	1.656
40-44	-0.142	0.723	0.868	0.395	1.905
45-49	-0.136	0.734	0.873	0.399	1.910
50-54	-0.149	0.727	0.862	0.373	1.991
Urban	-0.219	0.265	0.803	0.546	1.181
Women's Education (No Education)		0.000			
Primary	-0.925	0.001	0.397	0.224	0.702
Secondary	-0.848	0.000	0.170	0.090	0.322
Men Education (No education)		0.000			
Primary	-1.751	0.000	0.174	0.076	0.394
Secondary	-0.242	0.182	0.136	0.059	0.313
Women's Religion (Protestants)		0.000			
Catholic	0.617	0.003	1.854	1.230	2.794
Muslim	0.985	0.000	2.677	1.636	4.392
Men's Religion (Protestants)		0.001			
Catholic	0.341	0.097	1.406	0.940	2.103
Muslim	1.053	0.000	2.868	1.785	4.606
Wealth (Poorest)		0.000			
Poorer	-1.425	0.000	0.241	0.137	0.423
Middle	-1.622	0.000	0.198	0.111	0.352
Richer	-1.393	0.000	0.248	0.145	0.427
Richest	-1.544	0.000	0.214	0.128	0.356

Table 3 show results of the binary logistic model and it reflect that partner's age was not significantly associated to couple unmet need though women in age groups 15-19 and 45-49 had higher odds ratio (OR=1.3) relative to those aged 20-24 hence were more likely to have couple unmet need. On the other hand, couples in urban areas were less (20%) likely to have couple unmet need relative to their rural counterparts. In addition, persons with primary education and above were significantly less (20%) likely to experience couple unmet need relative to those with no-education. With religion, the Catholics and Muslims were 2 times and 3 times respectively more likely to experience couple unmet need relative to the Anglicans. Furthermore, the likelihood of experiencing couple unmet need was significantly high (1.2times) among the poor in relation to the rich.

Table 4. Effect of Independent Variables on Couple Unmet Need

Variable		B	O.R	95% C.I	
Women Empowerment				Lower	Upper
Final say on own health	Joint decision	0.351	1.420	0.914	2.207
	Husband alone	0.662	1.939	1.187	3.170
Woman working	Working	-0.701	0.496	0.35	0.703
Men Discussed FP with health work	Discussed	0.427	1.532	0.958	2.451
Decision-maker on spend money					
	Husband and Wife	-0.494	0.610	0.413	0.902
	Wife alone	0.635	1.887	0.696	5.114
Decision-maker on number of children	Husband and wife	-0.605	0.546	0.361	0.827
	Wife alone	-0.284	0.753	0.267	2.118
Exposure to Mass Media					
Heard FP on Radio	Heard	-0.961	0.382	0.263	0.557
Heard FP on Radio	Heard	-0.589	0.555	0.380	0.810
Couples Attitudes					
Women who use contraceptive	Agree	0.275	1.317	0.912	1.900
become promiscuous	Depends	0.783	2.188	1.109	4.317
Child bearing is woman concern	Agree	0.944	2.570	1.386	4.764
	Depends	-20.17	0.000	0.000	.
Contraceptive is woman's business	Agree	0.360	1.433	0.916	2.242
Responsibility for using	Mainly partner	-1.166	0.312	0.069	1.403
contraceptives	Joint decision	-1.099	0.333	0.118	0.942
	Other	-19.516	0.000	0.000	.

Results in Table 4 show that women decision-making on own health has a significant effect on couple unmet need. However, the likelihood of having couple unmet need is higher when the husband made decisions alone relative to when a wife make decisions alone (the reference category). Furthermore, where the wife is working couple unmet need is 1.5 times less likely than when she is not working. Making decisions on what to do with the money husband earns also has a significant effect to couple unmet need. Where the husband has an upper hand on his earnings the likelihood of couple unmet is two times higher than when the wife has a final say. On the other hand, discussing FP with a health-worker has no significant effect on couple unmet need. While, making decisions on the number of children has a significant effect on couple unmet need. The odds of couple unmet need is 0.5 when decisions on the number of children are made jointly almost 2 times lower than when decisions are made by husband alone (reference).

Exposure to mass media indicates that both wife and Husband's exposure to FP on radio significant affect couple unmet need depicting the important role that mass media plays and more so the radio. That is, the likelihood of couple unmet need for those who had not heard FP from radio is 2 times higher than those who had heard FP messages. This could be because radio is affordable and available to almost every couple in Kenya.

Attitude on contraceptive use indicate that where men have negative attitude couple unmet need is likely to be high. The odds of couple unmet need for men who have negative attitudes on their partner's contraceptive use are greater than one (1.433). However, where responsibility for using contraceptives is a joint undertaking or mainly a partner's venture the likelihood for couple unmet need is more or less the same in relation to a wife's responsibility (reference). Likewise, where the responsibility for using contraceptive is mainly the husbands, unmet need is likely to be higher. Therefore, husband's attitude on their wife's marital and family life greatly affects reproductive life.

Conclusions and Discussion

The results of this study indicate that men experience unmet need for FP (40%) as much as women do, in addition, even if partners have divergent fertility preference, the couple still experience unmet need for family planning, for over a quarter (26%) of couples. This is a highlight for program addressing unmet need for FP, as this divergent fertility preference among couples appears a big bottleneck to uptake of family planning services. From a couple perspectives, unmet need for family planning is much lower (13%) than for women (25%) and men (40%), indicating a strong absence of joint appreciation of FP services as a couple but mostly as a personal interest. Couples living in the rural areas have high couple unmet need, this might be because of disadvantages that befall people in rural areas relative to their urban colleagues. Couples have different fertility preferences depending on their ages, young couples desire to space because they have not yet attained the number they want as opposed to older couples who prefer to limit. This is in tandem with observation by Al Jawed & Al Backer (2010) who found unmet need to vary across the reproductive age groups.

Results highlight the importance of women education to men's education in steering reproductive matters. Education easily empower women economically, access to knowledge about FP and influence household lifestyles. This rhythm with the fact that, unmet need inversely

relates to education attainment (Dinc et al., 2007). Furthermore, the fact that rich couples have a higher likelihood of unmet need relative to the poor is no surprise for the high purchasing power and resource endowments in rich residence localities. Indeed, couples in rural areas have higher intensities for unmet need relative to those in urban areas. Certainly, Beetle & McCabe (2006) and Dinc et el. (2007) indicate that place of residence and wealth status as key determinants of couple unmet need.

Employment normally goes hand in hand with education attainment, thereby enabling women to have potential and ability to associate themselves with modern life styles and to do away with fatalistic tendencies, which are detrimental to reproductive health. Women have high self-esteem when they are in control of their income and are able to make final decisions as regards marital and family affairs. Yet, educational achievements of women have ripple effects within the family and across generations (UNFPA, 1997). Discussing FP with health-work shows, no significant effect on couple unmet need could be because in Kenya knowledge about FP is nearly universal 95% (KDHS, 2009). Nevertheless, joint discussion on reproductive issues greatly affect couple unmet need. Poor communication is detrimental on reproductive health needs and unmet need for that matter (Wolf et al., 2000). Normally with mutual communication, couples can easily decide on the number of children they want.

Mass media plays an important role in influencing the way people reason, interpret issues, and make decisions. Couple unmet need for FP was 3 times higher for couples not exposed to radio. Furthermore, Al Jawadi & Al Backery (2006) found that exposure to family planning programs has a significant effect on the level of unmet need. Moreover, radio appeared a significant source of exposure perhaps due to its affordability by almost all households and its compatibility while broadcasting FP messages.

People's attitudes normally act as barriers or facilitates performance of certain behaviour. Men with negative attitudes on reproductive matters or dominate household decision-making amplifies the likelihood of couple unmet need. Moreover, men's role is important and more often dominant in adoption of contraceptives and other reproductive health issues (Ngom, 1997). Although, Korra & Antenane (2002) indicate that men have positive attitudes towards FP but women perceive them to disapprove or disagree on FP out of impulse. This echoes the need for spousal communication and shunning cultural norms that enshrine the husband over the wife. Joint responsibility and communication on FP matters motivates the uptake of FP services, and thereby reduced couple unmet need.

Recommendations

- Family planning Programs should aim at motivating couples and more specifically men to embrace change and dialogue to implement their fertility preferences and desires together with their spouses through education and mass media programs on family planning. In addition, empower both men and women so that they can make informed choices with regard to their sexual and reproductive lives, making them to have safe, effective, affordable and acceptable reproductive health care.
- Intensify awareness campaigns to address operational barriers to create sustained demand for family planning and in particular make use of mass media to counteract negative attitudes that may prohibit FP uptake and pass accurate information about FP available

and how they work. Increase outreach to the rural areas by tailoring FP programs to address the specific needs of different groups, particularly the poor, making family planning services more accessible, to those with no education and those affiliated to different religious groups.

- Neglecting men in FP programming will continue inhibit progress in improving maternal and child health, by the fact that men unmet need for FP is twice that of women in Kenya keeping men out of the interventions is potential bottleneck to progress in RH indicators.

References

Al Jawadi and AL Backery (2006), *Determining the level and predictors of family planning unmet need in Mosul city.*

Bankole, A. (1995), "Desired Fertility and Fertility behaviour among the Yoruba of Nigeria: A Study of Couples' Preferences and Subsequent Fertility." *Population Studies*, 49(2): 317 – 328.

Bankole, A. and Alex C. Ezeh (1999), "Unmet Need for Couples: Conceptual Framework and Evaluation with DHS data." African Population and Health Research Centre; Working Paper No. 12, Population Council

Becker, S., (1996), "Couples and Reproductive Health: a Review of Couple Studies." Studies in *Family Planning*, 27(6): 291 – 306.

Beekle and Mccabe, (2006) Awareness and determinants of family practice in Jimma, Addis Ababa, Ethiopia

Cleland, J, et al., (2006), "Family Planning: the unfinished agenda." Lancet 2006, October, 47-68.

Dinc et el., (2007), Fertility preferences, contraceptive behaviour and unmet need in Turkey. Istanbul, Turkey

Kenya National Bureau of Statistics (KNBS) and ICF Macro (2010), *Kenya Demographic, and Health Survey 2008-09*. Calverton, Maryland: KNBS and ICF Macro

Korra, Antenane. 2002. *Attitudes toward Family Planning, and Reasons for Nonuse among Women with Unmet Need for Family Planning in Ethiopia.* Calverton, Maryland USA: ORC Macro.

Ngom, P., (1997), Men's Unmet Need for Family Planning: Implications for African Fertility Transitions. *Studies in family planning, 28(3):192-202*

Ojoka, D., (2008), *DHS Working Papers, Trends and Determinants of Unmet Need for Family Planning in Kenya*. Demographic and Health Research. No. 56

UNFPA (1997), Guidelines on Women's Empowerment. United Nations Population Information Network (POPIN), UN Population Division, Department of Economic and Social Affairs, New York, USA. http://www.un.org/popin/unfpa/taskforce/guide/iatfwemp.gdl.html visited on June 1, 2011.

USAID, (2006), Unmet Need for Family Planning. Issue Brief**,** Updated June 2006. www.usaid.gov. Accessed May 12, 2011

Wolff. B., Blanc. A. K., Ssekamatte-Ssebuliba J., (2000), The Role of Couple Negotiation in Unmet Need for Contraception and the Decision to Stop Childbearing in Uganda. *Studies in Family Planning*, Vol. 31, No. 2 (Jun., 2000), pp. 124-137