

Couple Unmet Need for Family Planning and Application to Three West African Countries

Introduction

Unmet need is typically calculated only for currently married women, yet the findings are often assumed to hold for couples for the purposes of designing family planning programs (Bankole and Ezeh, 1999). This assumption can be misleading since multiple studies have shown that husbands' preferences are also associated with couples' reproductive behavior, including contraceptive use and subsequent fertility (Bankole, 1995; Samandari, Speizer and O'Connell, 2010). Bankole and Ezeh (1999) argue that the traditional definition of unmet need, excluding husbands' preferences, misrepresents the potential market for contraception. As a result, considering unmet need among both husbands and wives may provide important information to family planning programs (Ngom, 1997; Bankole and Ezeh, 1999).

Studies of couple unmet need in Africa have shown that considering only wives' fertility intentions overestimates couple unmet need. A study using data from six African countries showed that including husbands' preferences and contraceptive use in the calculation of unmet need results in an estimate of unmet need for family planning that is 19-66% lower than the estimate using the traditional definition of unmet need (Bankole and Ezeh, 1999). Though many studies have shown that overall, husbands have lower levels of unmet need than their wives (Bankole and Ezeh, 1999; Ngom, 1997; Yadav, Singh and Goswami, 2009; Becker, 1999), evidence suggests that discordance in unmet need may be more nuanced. Short and Kiros (2002) found high levels of discordance in unmet need for limiting in Ethiopia; 63% of wives and 51% of husbands with an unmet need for limiting were married to a spouse who did not have an unmet need for limiting. Though wives' unmet need for limiting was higher than men's, this finding highlights that it is not uncommon for husbands to have an unmet need when their wives do not.

Methodology

Data

Demographic and Health Survey (DHS) couple data from three West African countries, Benin, Burkina Faso and Mali, were used for this analysis. The DHS is a household survey that provides a nationally representative sample of males and females of reproductive age. The Benin survey was conducted in 2006 (n=3,345 couples), Burkina Faso in 2003 (n=2,340 couples) and Mali in 2001 (n=2,191 couples).

Calculation of unmet need

We use the revised definition of unmet need for family planning as described by Bradley et al. (2012). The definition formalized and simplified the calculation based on consistently collected DHS data to facilitate cross-country comparisons. As in the original definition, unmet need is defined separately for pregnant and postpartum amenorrheic women and for women who are not pregnant or postpartum amenorrheic. Postpartum amenorrheic women were defined as women whose periods had not returned since the birth of their last child, among those whose last child was born in the previous 23 months. Among pregnant and postpartum amenorrheic women who were not currently using contraception, unmet need was defined as reporting that their current (for pregnant women) or last pregnancy (for postpartum amenorrheic women) was mistimed or unwanted.

For women who were not pregnant or postpartum amenorrheic, unmet need was defined as reporting that they wanted to wait at least two years before their next pregnancy, were undecided, or did not want any more children, among those who were fecund and not currently using contraception. The revised definition of unmet need defined infecundity as meeting any of the following criteria: 1) first married five or more years ago, had no children in past five years and never used contraception; 2) when asked if she wanted to have another child, said she can't get pregnant; 3) said she was menopausal or had a hysterectomy when asked when her last period was or when asked the reason she does not use contraception; 4) said she never menstruated when asked when last period was; 5) said last period was six

or more months ago and not currently postpartum amenorrheic, excluding women whose periods had not returned since the birth of a child born in the last five years (Bradley et al., 2012).

Building on this revised definition of unmet need, the current study defines unmet need separately for women, men and couples based on individual fertility intentions. The Bradley et al. (2012) definitions of infecundity and post-partum amenorrhea based on the wife's report were used in all three calculations, but the definition of current contraceptive use was revised in this study to include the husband's report of male-controlled contraceptive methods. Thus, couples were classified as currently using contraception if the wife reported any contraceptive use or if the husband reported current use of condoms or withdrawal, whether or not the wife gave a concordant response. Current contraceptive use was measured using a combination of the husband and wife's reports for two reasons: 1) the questions about current contraceptive use were phrased as whether *you* were currently doing anything to prevent pregnancy, and as a result, the husband's report is expected to be more accurate for male-controlled methods and the wife's report more accurate for female-controlled methods, and 2) using only the husband's report of current contraceptive use in his unmet need calculation would likely result in over-reporting use of female-controlled methods as previous studies have demonstrated (Becker and Costenbader, 2001). Apart from the definition of current contraceptive use, the wife's unmet need was calculated using the Bradley definition, as described above. The husband's unmet need was calculated similarly, except the husband's fertility intentions rather than the wife's were used.¹ It should be noted that these three countries were selected for analysis because they were the only recent surveys in West Africa that included the same fertility intention and contraceptive use questions in the male questionnaires. The questions asked varied across countries and across survey years, making it difficult to conduct a multi-country analysis.

Couples' unmet need for family planning was classified into four mutually exclusive categories based on individual fertility intentions of the husband and wife: 1) both husband and wife have unmet need; 2) wife only has unmet need; 3) husband only has unmet need; and 4) neither spouse has unmet need.

Analysis

For each survey, husband and wife unmet need estimates were compared to the DHS estimates of unmet need, which included all currently married women. The DHS estimates reported here have been revised from those in the published reports, based on the Bradley et al. (2012) definition. Among couples in which either spouse had unmet need, the proportion of couples in each category of unmet need was calculated, including wife-only, husband-only, and concordant unmet need.

Since the DHS does not create couple weights, the unmet need analysis was run using both the standard DHS women's weights and the men's weights and compared to the DHS estimates of unmet need. As could be expected, the women's weights provided unmet need estimates closest to the DHS estimates, and as a result, all analyses were conducted using the standard DHS women's weights for each country. All analyses were performed using Stata version 11.2 (StataCorp LP, 2009).

Results

Compared to DHS estimates of unmet need based on all currently married women, estimates of unmet need among wives in the couple's sample were lower in Benin and Burkina Faso but not in Mali. In Benin, wife unmet need was 20.6%, compared to the DHS estimate of 27.3% for all married women (Table 1). Husband unmet need was consistently lower than the DHS estimates and the wife estimates, across all three countries and types of unmet need. Husband and wife unmet need was most similar in

¹ An important difference in the calculation of unmet need for husbands and wives was in the way that fertility intentions were assessed for men whose wives were post-partum amenorrheic. Women who were post-partum amenorrheic were asked whether their last child was mistimed or unwanted, whereas their husbands were asked about their current desire for more children.

Benin where there was a difference of 3.8 percentage points and greatest in Mali where there was a difference of 9.4 percentage points (Table 1). Across the three countries and among both husbands and wives, there was a greater unmet need for spacing than for limiting (Table 1).

Among couples in which either spouse had unmet need for family planning, less than half of the couples had concordant unmet need. The proportion of couples with concordant unmet need ranged from 39.2% of couples with unmet need in Mali to 43.2% of couples in Benin (Table 2). A similar proportion of couples with unmet need had wife-only unmet need. The proportion of couples with wife-only unmet need ranged from 35.8% in Benin to 43.5% in Mali (Table 2). A smaller proportion of couples with unmet need had husband-only unmet need, ranging from 17.3% in Mali to 21.0% in Benin (Table 2). This indicates that considering husbands' unmet need identifies an additional 17-21% of couples in which at least one partner has an unmet need for family planning.

Discussion

Using only women's fertility intentions to calculate unmet need necessarily overestimates couples' (concordant) unmet need for family planning (Bankole and Ezeh, 1999; Becker, 1999). Becker (1999) suggests that discrepancies in unmet need between spouses may indicate a lack of communication about reproductive goals. Also, Ngom (1997) suggests that in settings where overall unmet need is high and discordance between husband and wife unmet need is common, programs that promote spousal communication could result in large increases in contraceptive use. Additionally, where wife-only unmet need is common, clinicians might ask additional questions about agreement in spousal fertility intentions in order to understand whether the woman intends to use a method covertly. This would help the clinician guide the woman to the most appropriate method, depending on her desires.

In addition, the finding that 17-21% of couples with any unmet need have husband-only unmet need suggests that men may be a potential entry point for contraceptive use. A study in Uganda found that couples typically use indirect forms of communication, which can lead both husbands and wives to overestimate their partner's desire for more children (Wolff, Blanc and Ssekamatte-Ssebuliba, 2000). If women's reported fertility desires are influenced primarily by their perception of their husbands' desires, family planning programs could engage husbands to increase contraceptive uptake by women. A study in Cambodia found that women who were nervous about discussing family planning with their husbands were less likely to use contraception compared to those who were not nervous about having these discussions (Samandari, Speizer and O'Connell, 2010). Thus, contraceptive counseling and IEC activities should encourage couple communication so that ideally, couples can make informed decisions about contraceptive use based on shared fertility intentions.

In order to calculate couples' unmet need using DHS data, it is important that the same questions are asked of both husbands and wives so that the calculation of unmet need for wives has the same meaning as that for husbands. One example is that many surveys do not ask men whose wives are pregnant whether the current pregnancy was wanted now, later, or unwanted (as women are asked), rather men are asked only about their desire for another child after the current pregnancy. Another example is that women who are post-partum amenorrheic are asked whether their last child was mistimed or unwanted, while husbands of post-partum amenorrheic women are only asked about their desire for additional children. This lack of symmetry in the questions asked of women and men makes the calculation of unmet need for husbands and wives difficult to compare. In addition, questions on men's fertility intentions and contraceptive use should be asked consistently across countries. While the three country surveys used for this study included the same questions, some of the questions on which the husband's unmet need are calculated are asked differently between countries and even across surveys within the same country.

Table 1. Percent of all currently married women, wives and husbands with unmet need for family planning, by category of unmet need and country

Spouse and unmet need category	Country		
	Benin 2006 (n=12,343)	Burkina Faso 2003 (n=8,437)	Mali 2001 (n=10,522)
Number of currently married women			
All currently married women (DHS estimate)*	100	100	100
No unmet need	72.7	70.2	70.3
Spacing	17.4	22.3	21.5
Limiting	9.9	7.5	8.2
Number of couples	(n=3,345)	(n=2,340)	(n=2,191)
Wives	100	100	100
No unmet need	79.4	73.2	70.4
Spacing	13.8	20.4	21.5
Limiting	6.8	6.4	8.1
Husbands	100	100	100
No unmet need	83.2	80.4	79.8
Spacing	11.5	16.9	17.8
Limiting	5.3	2.7	2.4

Note: Weighted percentages are reported

*Revised percentages from STATcompiler, based on the definition of unmet need developed by Bradley et al. (2012)

Table 2. Proportion of couples with unmet need that have wife-only, husband-only or concordant unmet need, by country

Category of unmet need	Country		
	Benin 2006 (n=869)	Burkina Faso 2003 (n=752)	Mali 2001 (n=777)
Either or both spouses have unmet need	100	100	100
Wife-only unmet need	35.8	40.6	43.5
Husband-only unmet need	21.0	18.6	17.3
Both unmet need	43.2	40.8	39.2

Note: Weighted percentages are reported

References

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