

Unmet need for contraception among men in Zambia: Implications for Family Planning Programmes

Unmet need for contraception (unmet need), which refers to the discrepancy between an individual's expressed fertility desires and contraceptive practice, has occupied the attention of scholars for more than four decades. The concept of unmet need dates to the 1960s when findings from the Knowledge, Attitude, and Practice (KAP) revealed that a substantial number of women in developing countries expressed a desire to stop child bearing, but were not using any contraceptive method (Bongaarts and Bruce 1995; Ngom 1997; Casterline 2003; Sonfield 2006). Thus it "arose out of concern with family planning needs in developing countries" (Klijzing 2007:74).

Useful critiques, better data collection and changing thinking have led to the revision of the concept of unmet need for contraception (Ravindran and Mishra 2001; Shah M.A., Shah N.M., Chowdhury and Menon 2004). The original definition focusing on unmet need for limiting was later broadened to include women's unmet need for spacing (Westoff 1978; Weston and Pebley 1981). Nortman (1982) advocated for the inclusion of pregnant, breastfeeding or amenorrheic women in the definition of unmet need as they would soon need contraception again. Further refinements have seen the inclusion of unmarried women, men (married and unmarried), young people and those whose current method is inappropriate and inadequate (Dixon-Mueller and Germain 1995; Sinding and Fathalla 1995; Westoff and Bankole 1995; De Graff and de Silva 1996; Becker 1999; Ross and Winfrey 2002).

Despite the concept undergoing some considerable revision and refinement, research has continued emphasizing on women's unmet need, largely ignoring men. However, Ngom 1997 argued that it is unacceptable to ignore men's unmet need considering that reducing unmet need translates into lowering fertility. This is crucial in sub-Saharan Africa where previous research suggests that reproductive decisions are to a greater extent influenced by male rather than female preferences (Ezeh 1993; Mbizvo and Adamchak 1991; Dodoo, Luo and Panayotova 1997; Dodoo 1998). Furthermore, recent studies advance the argument that including men in family planning programmes and research cannot be overlooked if challenges related to reproductive health are to be effectively addressed (Dudgeon and Inhorn 2004; Dube and Mohammed 2006; Wolff, Blanc and Ssekamatte-Ssebuliba 2000).

Previous studies on unmet need in Zambia have concentrated on unmet need among married women (Mushinge and Kurz 1998; Ikamari and Lwaanga 2000). Therefore, the aim of this study is to: (a) determine the measure of unmet need among men in Zambia and (b) examine the determinants of unmet need among men in Zambia.

Data Source and Methods

Methods

Data for this cross-sectional study was drawn from the 2007 Zambia DHS. This is a nationally representative sample survey of women and men of reproductive age. Its main objective was to provide information on levels and trends in fertility and use of family planning methods among other things. The sampling frame was adopted from the 2000 Census of Population and Housing of the Republic of Zambia (CPH). The frame consisted of 16,757 standard enumeration areas (SEAs) created for the 2000 CPH. The survey was based on a systematic, two stage stratified sample design of the nine provinces in Zambia. The survey covered 8,000 households where 7,146 women age 15-49 and 6,500 men age 15-59 were interviewed. More than half (3,630) of the men who were interviewed were currently married. These formed the sample for this study.

Ethical Considerations

The study was based on secondary analysis of data from the 2007 Zambia DHS which had no participant identifiers. The study did not need any ethical approval. The authors just needed permission to use the data set. This was obtained from MEASURE DHS, ICF International.

Variables Measurement

Outcome variable

The outcome variable was unmet need. The currently married men were first put into two categories depending on whether they were using any method of contraception (users) or not (nonusers). The nonusers were further divided according to whether they wanted a child later, no more or soon. Those in the want later and want no more categories were considered to have unmet need for spacing and limiting, respectively. Those who wanted a child soon were not included in the estimate of unmet need.

The independent variables were age, number of living children, place of residence, region, education, occupation, wealth index, heard about family planning on media, and discussed family planning with a health worker.

The independent variables were coded as follows: age (15-19=0, 20-24=1); number of living children (no child=0, 1-2 children=1, 3-4 children=2 and 5 and above=3); ethnicity (Bemba/Mambwe=1, Tonga=2, Northwestern=3, Barotse=4, Nyanja/Eastern/Tumbuka=5, Others=6), place of residence (rural=0 and urban=1); region (Central=0, Copperbelt=1, Eastern=2, Luapula=3, Lusaka=4, Northern=5, North Western=6, Southern=7 and Western=8); education (no education=0, primary=1, and secondary/higher=2); wealth index (poor=0, middle=1 and rich=2); heard about family planning on media (no=0 and yes=1); type of marriage (monogamous=1 and polygynous=2), age at first marriage (<18 years=1 and 18 and above=2) and discussed family planning with a health worker (no=0 and yes=1).

Analytic Approach

The data will be analysed at three levels. The first level of analysis is the univariate one. This level includes the computation of unmet need and describing the demographic and socioeconomic characteristics of the sample. This involves the use of frequencies, percentages and means. The bivariate level will examine relationships between unmet need and the independent variables. At the multivariate level, binary and multinomial logistic regression models will be employed to explore factors related to unmet need. The former is used when the dependent variable is dichotomous and the independent ones are of any type where as the latter is used when categorical dependent variable has more than two categories.

Preliminary Results

Levels of unmet need among currently married men in Zambia

Unmet need for spacing among currently married men was 28.0% and unmet need for limiting was 19.5%. Thus total unmet need among them was 47.5%. Unmet need for modern contraception for spacing among currently married men was 30.6% and unmet need for modern contraception for limiting was 21.0%. Thus total unmet need for modern contraception among them was 51.6%

Demographic and socio-economic characteristics of currently married men in Zambia

Table 1 shows the percent distribution of the currently married men according to selected background characteristics. Most of the currently married men (40.2%) were aged 25-34 and most of them (93.3%) married after their eighteenth birthday. Those who came from rich

households (39.7%) were more than those who came from poor households (38.9%). Most of these men (92.2%) were in monogamous marriages. Those who had primary education (49.8%) were the majority followed by those with secondary/higher education (44.1%). Those with no education were the least (6.1%).

Conclusion

Currently married men in Zambia have a high level of unmet need. Their level is higher than the DHS estimate of 27% for currently married women. This has policy implications. The results suggest that family planning services are not meeting men's demand for family planning. Concerted efforts should be made for family planning programmes to target men as well.

Table 1: Percent distribution of selected background characteristics of currently married men aged 15-59, Zambia DHS 2007

Characteristic	Percentage
<i>Age</i>	
15-24	7.9
25-34	40.4
35-49	39.5
50-59	12.2
<i>No. of living children</i>	
0	5.9
1-2	27.3
3-4	29.9
5 & above	36.9
<i>Age at first marriage</i>	
<18	6.8
18 & above	93.2
<i>Ethnicity</i>	
Bemba/Mambwe	36.9
Tonga	14.5
North Western	14.5
Barotse	7.4
Nyanja/Eastern/Tumbuka	24.6
Other	2.2
<i>Education</i>	
No education	6.1
Primary	49.8
Secondary/Higher	44.1
<i>Type of marriage</i>	
Monogamous	92.2
Polygynous	7.8
<i>Residence</i>	
Rural	63.4
Urban	36.6

<i>Region</i>	
Central	9.6
Copperbelt	10.7
Eastern	15.3
Luapula	10.0
Lusaka	13.0
Northern	11.8
North Western	9.9
Southern	11.4
Western	8.3
<i>Occupation</i>	
Not working	2.1
Professional/clerical	7.4
Sales/service	19.5
Agriculture	51.0
Manual	19.9
<i>Wealth index</i>	
Poor	38.9
Middle	21.4
Rich	39.7
<i>Discussed family planning with a health worker</i>	
No	84.2
Yes	15.8
<i>Heard about family planning on media</i>	
No	35.6
Yes	64.4