

CHAPTER 5

SURVEY OF HUSBANDS

INTRODUCTION

Contraceptive surveys carried out in Sri Lanka and in many other countries have focused mainly on reproductive-age women. As information on the knowledge and use of the contraceptives by women has become available to researchers, family planning programs have been better able to provide services for them. Collection of contraceptive information from men can serve the same function. Although seldom studied, husbands often take an active role in contraceptive decision-making and behavior. It is important to know their attitudes, preferences, and contraceptive concerns and needs as well. In the 1982 CPS, more than one-fifth of the contracepting couples were using male methods (i.e., condom, withdrawal and male sterilization). In order to better understand the family planning attitudes and practices of men, a subsample of husbands of the women who were interviewed in the 1985 SLCS were selected for interviews.

The main objectives of the interviews of husbands were:

- to obtain data on contraceptive knowledge and behavior of currently married men;
- to check the consistency of what the wives were reporting with what their husbands were reporting (see Chapter 6).

The questionnaire used to interview the men contained sections on the respondent's background, knowledge and use of specific methods, and husband-wife communication.

Husbands in every third household in which a currently married woman was already interviewed in a census block were selected for an interview. Some of the men were difficult to locate or were not available for an interview. In total, 577 husbands were interviewed (approximately three-fourths of the total husbands in the sub-sample).

HUSBAND CHARACTERISTICS

The demographic, socio-economic and cultural characteristics of husbands can be described using the information collected in the survey. The following background variables were gathered: place of residence, age, religion, ethnicity, education and occupation. The distribution of the husbands according to these variables is shown in Table 5.1.

Sinhalese comprised 83% of the husbands sample, while Sri Lankan Tamils constituted only 5% of the sample, Indian Tamils 7%, and Muslim and other ethnic groups constituted the remaining 5%. Sri Lankan Tamils are underrepresented in the 1985 SLCS because of the exclusion from the survey of several northern and eastern districts that have high concentrations of Sri Lankan Tamils.

Husband's occupation is one of several important variables often linked to fertility and contraceptive behavior. Due to the wide range of occupational categories, some categories were combined. For example, sales and service categories were joined to form one category; professional, technical and related workers were similarly combined.

Table 1.3 gives a comparison of the characteristics of the wives of the husband's sample with the total female sample of the 1985 SLCS and the

special sample from the 1982 CPS (i.e., women married 3 or more years living in the same 17 districts included in the 1985 SLCS). The basic characteristics of the three samples are, for the most part, quite similar.

The majority of the people living in urban areas were engaged in non-agricultural work, while about half of the respondents living in rural areas were engaged in agriculture or agricultural related work. In estate areas, the majority of the men were agricultural workers.

HUSBANDS CONTRACEPTIVE KNOWLEDGE AND USE

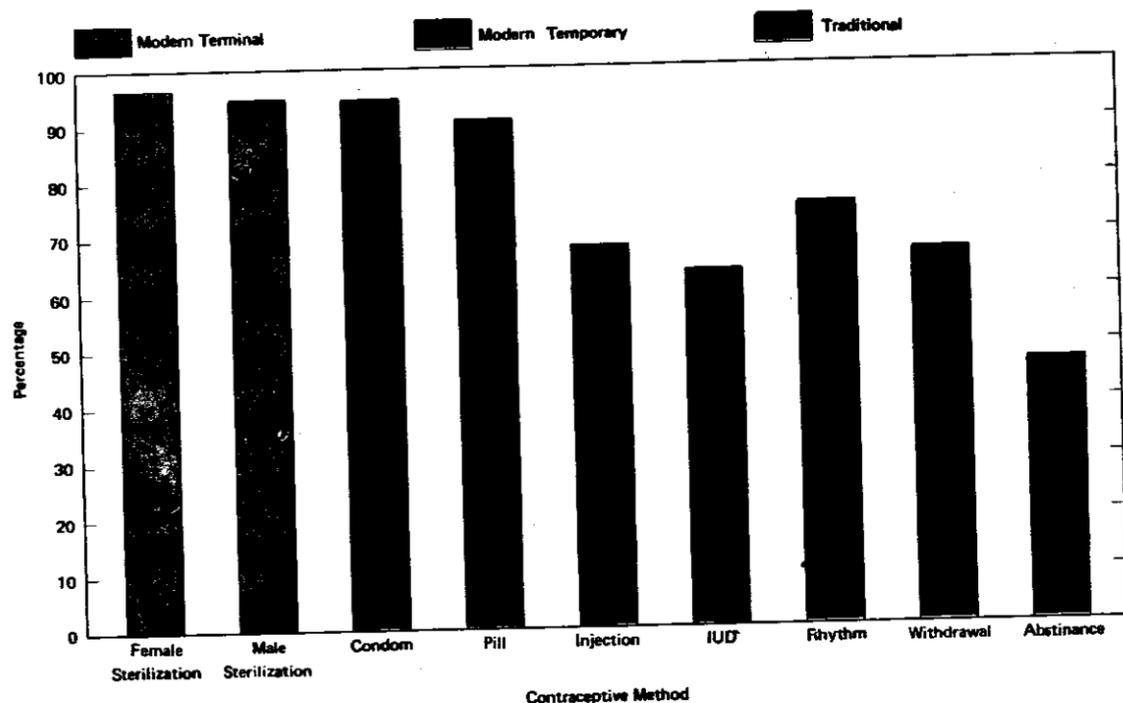
The survey of husbands was conducted to ascertain information in the following four categories:

1. Knowledge of contraception.
2. Levels and patterns of use.
3. Reasons for selecting methods.
4. Desire for more contraceptive information by method and preferred source.

Virtually all male respondents (99.8%) had heard of at least one method of contraception. Overall awareness of at least one traditional method, however, was somewhat lower (about 90%) than awareness of at least one modern method.

Figure 5.1 shows the percentage of husbands who had heard of specific methods. Female and male sterilizations were the most widely known methods (about 95% of the male respondents had heard of both). Awareness of condoms and the pill was also high (94% and 92%, respectively). Other modern temporary methods (IUDs and injections) and the traditional methods of withdrawal and rhythm were known by somewhat smaller proportions of men,

Figure 5.1 - NUMBER AND PERCENTAGE OF CURRENTLY MARRIED HUSBANDS WHO HAVE HEARD SPECIFIC METHODS



ranging from 65% to 75%. Abstinence was known by less than half of the husbands.

As in the female survey, several other aspects of knowledge were investigated in the male survey. These aspects were: where to obtain the method, how to use the method and how the method worked to prevent conception.

As already mentioned in Chapter 3 (contraceptive knowledge of women), knowledge of how to use a method is not applicable for sterilizations and knowledge of where to obtain a method is not applicable for the rhythm method. Both these aspects of knowledge also are not applicable for the other traditional methods (withdrawal and abstinence).

As seen in Table 5.2 and in Figure 5.1, a large proportion of men knew where to obtain each of the methods, particularly sterilization and condoms (about 90% for each). Much smaller proportions, however, knew how to use the various methods. Fewer men knew how to use female modern methods than knew how to use the condom. Half of the men knew both how to get condoms and how condoms act as contraceptives. Like their wives, only a small percentage of men knew how modern temporary methods worked.

EVER USE

Husband's ever use of specific methods is shown in Table 5.3. Overall, 89% of the husbands in the sample had ever used some method of contraception. The use of traditional methods was very high and use of some modern methods was also substantial. About half of the husbands in the sample reported that they had ever used rhythm and about one-third had ever used withdrawal. One-

third of the husbands reported that their wives had been sterilized, and about one-fifth reported ever use of the condom and the pill. Almost 10% of the men reported that they had been sterilized.

The level of ever use varied according to age, place of residence, educational level and occupation (Table not shown). As expected, ever use increased with age (up to age 50).

The level of education also appeared to be positively related to the level of use. Men who completed 10 or more years of education reported a higher level than men with less than 10 years of education. Among those who had never gone to school, the level of ever use was still fairly high. There was little difference among occupational groups, except among the very small number of unemployed men. The highest proportion of men who reported that they had ever used a method were technical and clerical workers.

There was virtually no difference in the levels of ever use between urban and rural sectors. The estate sector, however, recorded a lower level of ever use than the urban and the rural sectors.

CURRENT USE

Husband's current use is shown in Table 5.4. About four-fifths of the husbands reported they or their wives were currently using some method of contraception. On the other hand, about 70% of the wives of these men reported that they or their husbands were currently contracepting, - a prevalence estimate very close to that reported by the total female sample (69%). It should be kept in mind that those very high reported contraceptive prevalence rates include only couples who have been married for three or more

years. Differences in husband and wife's report of current contraceptive use is discussed in Chapter 6.

About one-fourth of the male respondents said they were using a traditional method. Less than one-sixth reported they were currently using a modern temporary method, and about two-fifths reported that they or their wives had been sterilized.⁸ Two percent of the men reported that both they and their wives had both undergone sterilization for contraceptive purposes.

Background Variables

The analysis of current contraceptive use among different population subgroups of men indicated that younger men were more likely to be using a method than older men, and better educated men were more likely to be using a method than less educated men. Among occupational categories, unemployed men were the least likely to be using a method, while technical and clerical workers were the most likely to be current users.

⁸ The reported prevalence of sterilization (both male and female sterilization combined) was found to be higher in husbands subsample (42.3% reported by the husbands, or 41.4 reported by the wives of husbands in the subsample: see Table 6.6), than the prevalence reported by all women in the total female sample (34.5%: see Table 4.2). It is possible that husbands were more likely to agree to be interviewed or were more available for interview in cases where the husband or wife had been sterilized. This would account for the higher prevalence of sterilization in the husbands sample.

Reasons for Selecting Methods

It is also important to ascertain why men select certain contraceptive methods. This section looks at reasons men have chosen male methods (condoms and vasectomy) and the traditional methods (withdrawal, rhythm and abstinence).

Men were asked why they chose a particular method. The responses were classified into specified categories: effectiveness, convenience, only familiar with this method, medical advice, friends or relatives advice, no/few side effects, needed a temporary method, needed a permanent method, incentive payment, no cost/inexpensive, don't like or afraid of modern methods, and other reasons.

As shown in Table 5.5, most of those who selected the condom, withdrawal, rhythm and abstinence did so because they needed a temporary method to delay a pregnancy. The second most frequently reported reason for choosing a traditional method was that it was convenient to use, followed by the response that there were no or few side effects with the method. Nearly half (45%) of the condom users reported they needed a temporary method, and a similar proportion (44%) cited convenience. About one-fourth of the husbands said they selected the condom because of its effectiveness, and a little less than that selected it because it had no or few side effects. Male sterilization was selected mostly because a permanent method was needed (68%). Convenience of use and effectiveness were the other main reasons given for the selection of male sterilization.

Among users of traditional methods, about 10% reported that they did not like or were afraid of modern methods. The most frequently reported reasons for selection of traditional methods were that they had no or few side effects, they were convenient to use or that they needed a temporary method.

Desire for More Information

Male respondents were also asked whether they wanted more information on family planning methods. About one-third (31%) said that they would like to receive more information. The variations by background variables are shown in Table 5.6.

Younger husbands were more interested in getting additional information than the older men, possibly because many older men or their wives had already been sterilized and thus did not have any need for more information. There was not much variation between urban and rural husbands; approximately 33% of the men in both sectors reported a desire for additional information. In the estate sector only about one out of every ten husbands reported that they wanted more information on contraceptive methods. As expected, the desire for more information on family planning and education status were positively correlated. About 40% of the husbands who had completed at least 10 years of schooling reported they wanted more information, compared to only 23% who had no schooling.

Technical and clerical workers were most likely to want more information (45%), followed by sales and services workers (33%) and production and labor workers (32%). Among agricultural workers, approximately one-fourth (26%) wanted more information, while only 22% of the unemployed expressed this desire.

Desire for Information on Specific Methods

As seen in Table 5.7, more than half of the expressed desires for more information were for the modern temporary methods, followed by sterilization (35%). A relatively small proportion (13%) reported a desire for more information on traditional methods. This may be due to the finding in the exploratory phase that many men in Sri Lanka consider traditional methods to be self-discovered personal practices or habits, and thus do not consider them as "methods" requiring information from outside sources.

Desired Source of Information

Table 5.8 gives the preferred source from which the husbands said they would like to receive family planning information. Most of the husbands (26%) wanted to obtain the information from magazines or pamphlets, while 23% wanted to receive the information from media sources such as radio and television. About 16% preferred to receive the information from any or all sources, while 11% cited the Family Health Bureau (FHB) and other government clinics as their preferred source.

SUMMARY

Most surveys of family planning attitudes and behavior have focused on women, ignoring the husband's attitudes and role in the contraceptive decision-making process. The findings from the interviews with 577 husbands of respondents showed that husbands do play an integral part in family planning decisions and contraceptive behavior.

Nearly all of the men interviewed had heard of at least one method of contraception. Sterilization was the most widely known method, and awareness

of condoms and the pill also was high. About half of the husbands reported that they had used rhythm at one time. One-third reported they had ever used withdrawal (either alone or in combination with other methods). Most of the men (81%) reported that they or their wives were currently using a contraceptive method. More than one-fourth of the men reported they were currently using a male method (condom, withdrawal or vasectomy), either alone or in combination with another method. Less than one-sixth were using a modern temporary method. Most had chosen either a traditional method or sterilization.

The husbands were asked to give reasons for their choice of methods. The three most frequently reported reasons husbands gave for selecting the condom or a traditional method were that there were no or few side effects, the method was convenient to use, or that they needed a temporary method. About one-third of the men said they wanted more information on family planning methods. Among the men who wanted more information, more than half of the responses were for more information on modern temporary methods and one-third were for more information on sterilization. The desire for additional information on traditional methods was quite low. Finally, the husbands preferred to obtain their information on family planning methods through more impersonal sources, such as magazines, radio, television and pamphlets.

Chapter 6

HUSBAND AND WIFE COMMUNICATION AND DECISION MAKING IN FAMILY PLANNING

INTRODUCTION

An important criterion for successful contraceptive behavior is communication between husband and wife. It is thus of interest to examine the existing patterns of communication and decision-making in family planning matters between spouses. Married couples who possess similar attitudes and preferences regarding family size and contraception are more likely to take joint action to achieve their fertility goals. On the other hand, where husbands and wives have limited communication or do not agree on matters of family planning, less successful contraceptive behavior is likely to result. Successful communication involves general discussion of family planning matters, desired family size and the contraceptive method they should use. Communication between spouses is particularly important for temporary methods (both traditional and modern) that require the participation of both partners.

This survey included, for the first time in both the husband's and wife's questionnaires, several questions that reveal the pattern of family planning communication and decision-making among couples. This allowed for the examination of the extent of communication between spouses, which spouse decided on the methods used and the degree of agreement between husbands and wives on desired family size and method preferences. How well each spouse knew the other's attitudes, preferences and behavior also was investigated.

The following aspects of husband-wife communication and decision-making in family planning matters are examined in this chapter:

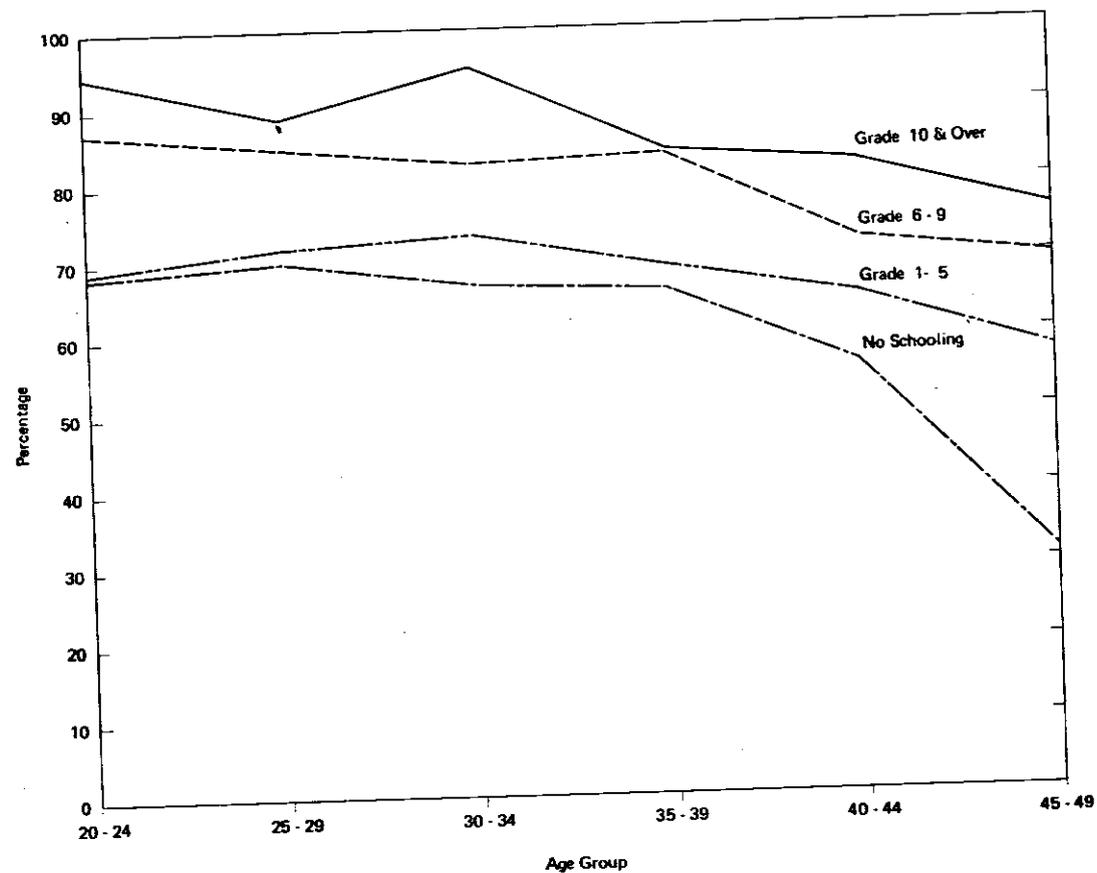
- . Whether family planning was discussed with spouse
- . Whether respondent heard about methods from spouse
- . Whether desired number of children was discussed
- . Who initiated discussion of family planning
- . Who was more in favor of using a method
- . Who decided which method to use
- . Husband's and wife's report of own and spouse's desired family size
- . Husband's and wife's report of the method the couple is currently using.

DISCUSSING FAMILY PLANNING

The proportion of wives who discussed family planning with their husbands was found to be positively related to education and negatively related to age. In other words, younger and more educated women were more likely to discuss family planning with their spouses (Figure 6.1). A very similar pattern was reported by the husbands.

One would expect that family planning communication would be positively related to the couples level of motivation to use family planning. A higher proportion (80%) of wives who did not want more children reported they discussed family planning with their husbands than women who wanted more children (74%), although both groups recorded high proportions (Table 6.1). This pattern held for all age groups. The desire to terminate childbearing thus appears to be related to an increased likelihood of communication with the other spouse about family planning matters.

Figure 6.1 - PERCENTAGE OF WIVES REPORTING THAT THEY DISCUSS FAMILY PLANNING WITH THEIR HUSBANDS BY AGE AND EDUCATION OF WOMEN



More than four-fifths (81%) of urban wives reported they discussed family planning with their husbands, as did a similar proportion (75%) of wives living in rural areas. On the other hand, only one-half of the married women living on estate plantations said they discussed family planning with their spouse (Figure 6.2). A similar residential pattern was found among husbands reporting on whether they discussed family planning with their wives. Thus, it appears that urban couples communicate the most about family planning and the estate couples communicate the least.

The proportion of wives reporting that they discussed family planning with their husbands was lowest among women of zero parity and highest among women in the 2 to 4 parity range. As shown in Figure 6.2, discussion of family planning with husbands was relatively low for women with one child and for women with six or more children. It would appear that for many low parity couples discussion of family planning had not yet been initiated. For the highest parity group, however, it is possible that many of the couples underreport family planning communication because childbearing has already been terminated through sterilization or menopause and therefore discussion of family planning may no longer be necessary.

Discussion of family planning with husbands was highest among wives working in non-agricultural jobs (80%), followed by non-working wives (76%). It was lowest for wives working in agriculture (61%).

SPOUSE AS SOURCE OF INFORMATION

Quite often the spouse is a significant source of information about family planning methods. Figure 6.3 shows the proportion of wives and

Figure 6.2 - PERCENTAGE OF WIVES REPORTING THAT THEY DISCUSS FAMILY PLANNING WITH THEIR HUSBANDS BY NUMBER OF LIVING CHILDREN AND TYPE OF RESIDENCE

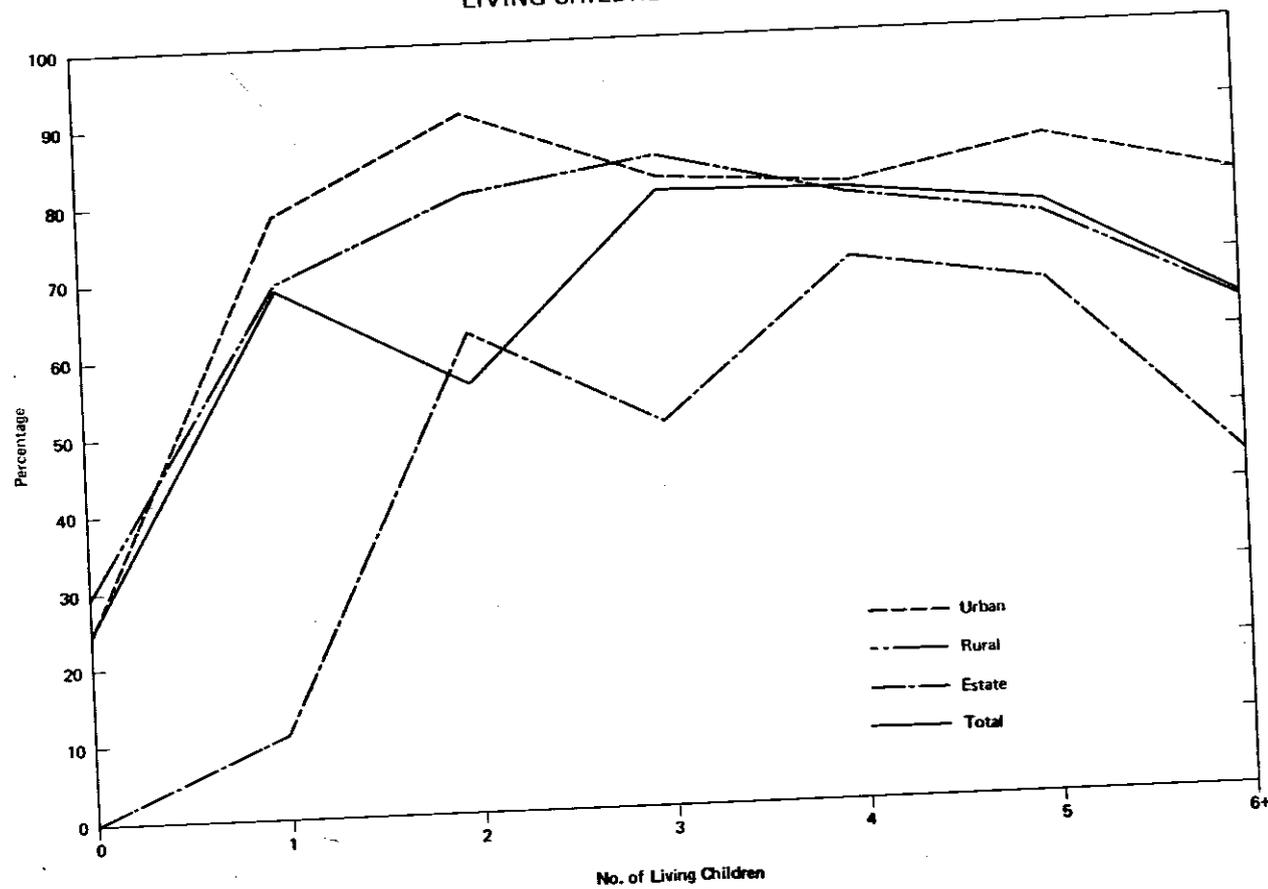
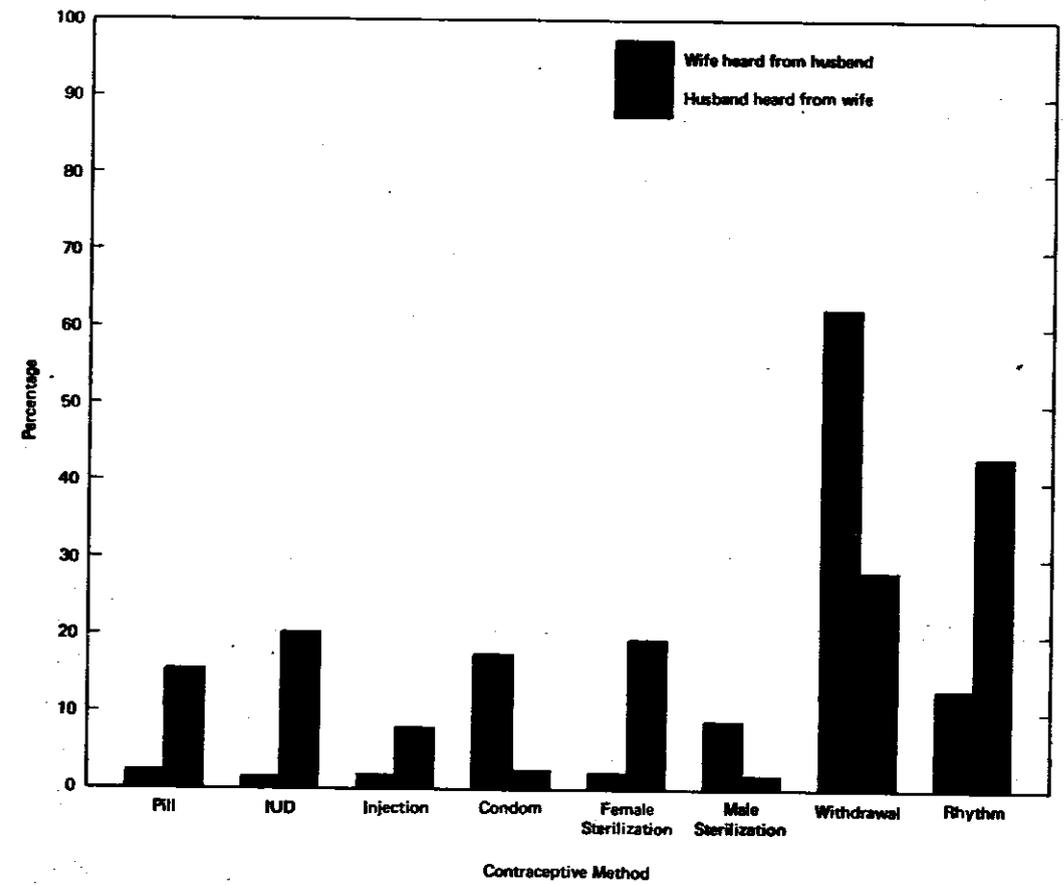


Figure 6.3 - PERCENTAGE OF WIVES AND HUSBANDS REPORTING THAT THEY HEARD ABOUT A CONTRACEPTIVE METHOD FROM THEIR SPOUSE BY METHOD



husbands who reported they had heard about a contraceptive method from their spouse. For every method examined, at least some wives and husbands reported hearing about the method from the other spouse.

Wives were much more likely to have heard about the male methods (e.g., condom, male sterilization, withdrawal) from their husbands than their husbands were to have heard about these methods from their wives. Husbands, on the other hand, were much more likely to have heard about female methods from their wives than wives were to have heard about these methods from their husbands. It appears that the spouse was a main source of information for withdrawal (more than 60% of the wives had heard of it from their husbands) and rhythm (more than 40% of the husbands had heard of it from their wives). About one-fifth of husbands heard about the IUD and female sterilization from their wives, while almost one-fifth of the wives heard about condoms from their husbands.

INITIATING DISCUSSION OF FAMILY PLANNING

There are some apparent inconsistencies in the husbands' and wives' reporting of who initiated the discussion of family planning. According to the reports from both the husband and the wife, the proportion who said that they both initiate discussions of family planning increased as the level of education increased (Table 6.2). Overall, it also appears that wives may have initiated discussions of family planning more often than their husbands, although the husbands reported they initiated discussion more often than their wives at every educational level except those husbands whose wives had no schooling.

COMMUNICATION ABOUT DESIRED FAMILY SIZE

Figure 6.4 shows the proportion of wives who discussed the desired number of children with their husbands by age and education of wife. The pattern of variation by education and age is similar to that observed for discussion of family planning. Among women 20-24 years old, only half who had no schooling reported that they discussed the desired number of children with their spouse, compared to 94% of women aged 20-24 with 10 or more years of education.

DECIDING ON A METHOD

For users of all methods, a large proportion of wives and husbands reported that they decided together which method to use. For female methods, the wives reported that they alone decided to use the method more often (Figure 6.5). The reverse was true for male methods, i.e., wives reported that their husbands alone decided to use the male methods more often. An interesting finding was that nearly 70% of the decisions for using contraceptive injections were made by both spouses together; no other modern method had such a high proportion of both husband and wife making the decision together.

CONSISTENCY IN REPORTING

One way of getting an indication of how good communication about family planning is between spouses is to check the consistency of husbands' and wives' reported fertility desires and actual contraceptive behavior.

By merging the husbands' and wives' data files, the husband's responses were matched and cross-classified with the responses of their wives to examine how well one spouse knew the other's attitudes, preferences and

Figure - 6.4 - PERCENTAGE OF WIVES REPORTING THAT THEY DISCUSS DESIRED NUMBER OF CHILDREN WITH THEIR HUSBANDS, BY AGE AND EDUCATION OF WOMEN

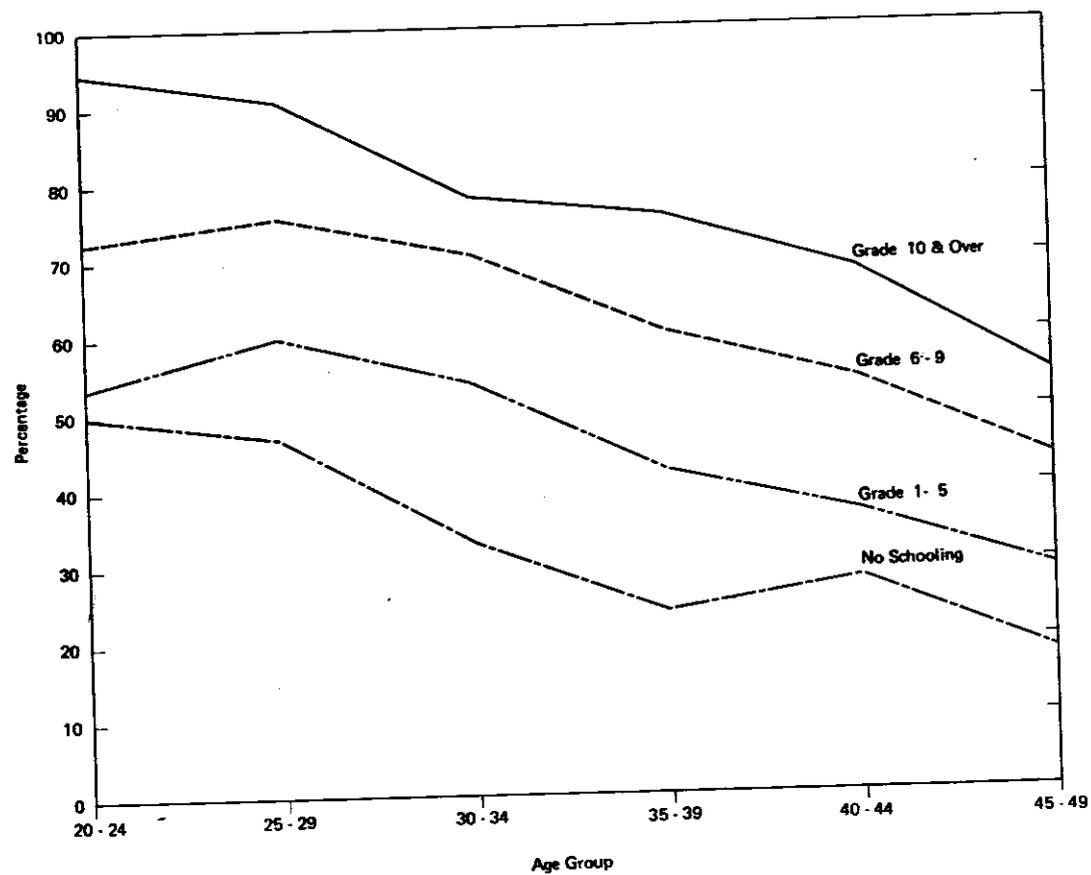
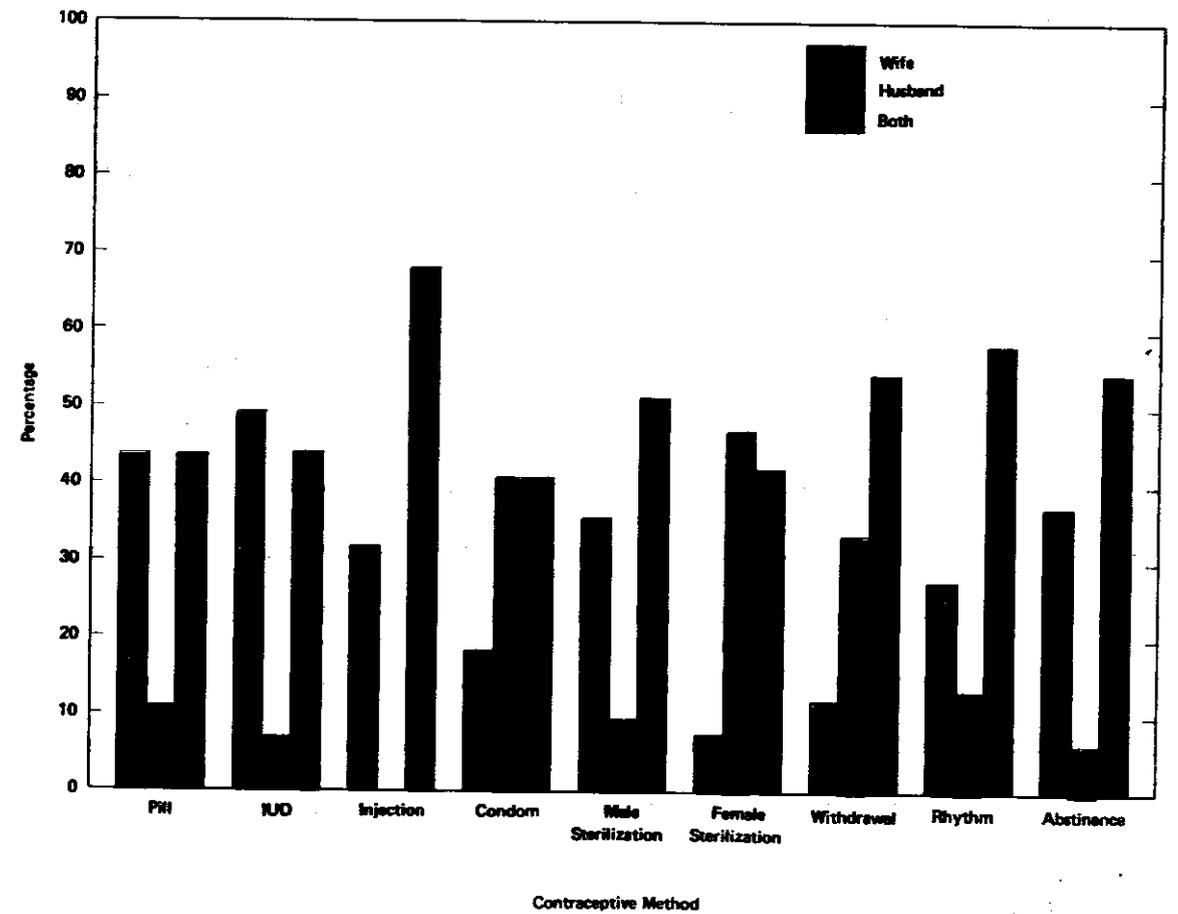


Figure 6.5 - CURRENT CONTRACEPTIVE METHOD USED BY WIFE'S REPORT OF WHO DECIDED TO USE THE METHOD



behavior and to test the extent of agreement and consistency of responses between spouses.

Communication and Decision Making

Both the husband and wife were asked, "Do you discuss family planning matters with your spouse?" and "Do you discuss the desired number of children with your spouse?" Four-fifths of the couples were consistent in reporting whether they discussed family planning, while only two-thirds were consistent in reporting that they discussed the desired number of children (Table 6.3). Most of the inconsistency involved the husband reporting they did discuss it and the wife reporting they did not.

Both husbands and wives were asked who initiated discussion of family planning, and the possible answers were "wife", "husband" or "both". Only 41% of the couples were consistent in their answers (Table 6.4). More than one-third of the couples gave partially consistent responses (e.g., one spouse said either husband or wife and the other said both spouses initiated discussions), and about one-fourth gave totally inconsistent responses (e.g., wife said she initiated discussion and husband said he did). The couples who were in total agreement reported that the wife initiated discussion more often than the husband.

A similar analysis was done on who decided on the method used. In this case, only 6% were in total disagreement, while 45% were consistent and 49% were partially consistent.

Fertility Desires

Table 6.5 shows the consistency of wife's and husband's reported fertility desires (wife's desired family size as reported by the wife, and the husband's desired family size as reported by the husband). For one-half of the couples, both expressed the same desired family size. For slightly more than one-fourth of the couples, the wife's desired family size was greater than the husband's, while one-fifth of the wives wanted fewer children than their husbands. When the consistency in the reported number of children each couple decided upon was examined, a slightly more consistent reporting between husband and wife was found, although the pattern remained of a higher proportion of wives reporting more children than their husbands (also Table 6.5).

The average desired family size was very similar for husbands and wives (3.45 for wives and 3.43 for husbands). It appears that wives tended to slightly overestimate their husband's desire for more children and husbands tended to slightly underestimate their wife's desire, but in both cases the inconsistency was only about 0.1 births, on average.

Current Contraceptive Use

Wives' and husbands' reports on the current use of contraception is shown in Table 6.6. Husbands tended to report higher current use of condom, rhythm, withdrawal, and abstinence than their wives. In the sub-sample of husbands, overall current contraceptive use was reported to be 80.6%, while their wives reported current contraceptive prevalence to be 70.7%. It is possible that women tend to forget to report male methods or are too embarrassed to report them. It is also possible that some women do not know

their husbands are using the safe period or are intentionally practicing abstinence for contraceptive reasons.

SUMMARY

The results of this analysis indicate that there is a high degree of family planning communication between spouses in Sri Lanka. This husband-wife communication, however, varies according to education, age, place of residence, number of living children, desire for more children and wife's work status. Communication between spouses was found to be higher among younger couples, more educated couples and couples desiring no more children, while communication was found to be much lower in the tea estates compared to urban and rural areas.

A high proportion of wives reported first hearing about male methods directly from their husbands, and a high proportion of husbands heard about female methods from their wives. These findings are a reminder that both the husband and wife are potentially important sources of information on family planning.

The data also suggest that wives tend to initiate family planning discussions more often than their husbands. However, for most methods it appears that the decision to use the method is frequently made by both the husband and the wife jointly. With regards to consistency in husband's and wife's reporting, the following conclusions can be made: there is a high degree of husband wife consistency in reporting whether or not they discuss family planning with their spouse; however, there is less agreement regarding whether they discuss with their spouse desired number of children, who

initiates family planning discussions and who decides on the method currently used.

In the analysis of the merged husband and wife data sets, it was found that overall contraceptive prevalence reported by the husbands was about 10 percentage points higher than contraceptive prevalence reported by the wives. Most of this difference is due to a higher reporting of current use of condom, rhythm, and abstinence by husbands. For about four-fifths of the couples (78%), husbands and wives gave consistent responses about the current method being used.