

Determinants of Male involvement in modern family planning in South

Africa

By

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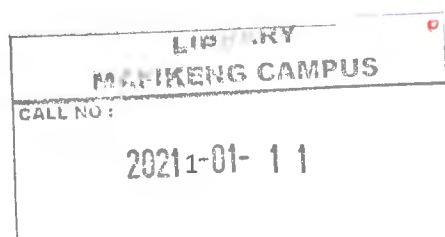
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Dedication

I dedicate this work to my father, Aaron Maluleke, who passed away when I was still very young, to my mother Lizzy Ntsan'wisi and my siblings Mercy Maluleke, Constance Maluleke and Lybon Maluleke for their love and continuous support throughout my studies.

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List of abbreviations

| | |
|----------|--|
| DoH | Department of Health |
| HIV/AIDS | Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome |
| ICPD | International Conference on Population and Development |
| MDG | Millennium Development Goals |
| MLR | Multinomial Regression Model |
| OR | Odds Ratio |
| PoA | Programme of Action |
| SADHS | South African Demographic and Health Survey |
| SPSS | Statistical Package for Social Science |
| TFR | Total Fertility Rate |
| UNFPA | United Nations Fund for Population Activities |

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Abstract

Modern family planning use by both men and women is one of the vital routes for controlling fertility, population growth and improving sexual and reproductive health. Although few studies exist on family planning use by men, these studies do indicate that men are not involved in family planning activities, a fact which has greatly affected the success of family planning programmes in sub-Saharan Africa. The objective of this study is to assess the rate of modern family planning use by men and their involvement in family-planning decisions, and identify the predictors of family-planning use and decision-making by men in South Africa. Secondary data on men obtained from the 2003 South African Demographic and Health Survey was used for this study. Data analyses were done by use of the Pearson chi-square statistics, Binary Logistic Regression (BLR) and the Multinomial Logistic Regression (MLR) models.

The study found that men are increasingly getting involved in family-planning practice in South Africa and are also highly involved in joint family-planning decisions. The study reveals that 64% of men have ever used a modern family-planning method and approximately 80% of men reported that they jointly participated in family-planning decisions with their spouses. Age cohorts, children ever born, ethnicity, marital status, level of education and perception of family planning responsibility were significant predictors of ever use of modern family-planning methods. In addition to the said variables, with the exception of the perception of family-planning responsibility, number of sexual partner and desire for more children were significant predictors of men's involvement in family planning decisions.

Chapter One

Introduction

1.1 Background

South Africa is one of the developing countries with a high population growth rate. A holistic approach reflected in the South African population policy to the population problem was adopted in South Africa in 1998. The national approach aims to improve the living standards of the citizens, promote universal education, improve human settlement and incomes and promote women's empowerment. This multifaceted approach is motivated as intended to slow population growth rate, reduce fertility levels and bring other demographic indicators to favourable levels. Notable success has been observed from programmes and initiatives intended to control population growth; however, the efficiency of family-planning programmes in slowing population growth through controlled fertility is still hindered, among others, by the low participation of men in modern family planning.

At the global level, world population growth has driven the United Nations to convene what has become known as the International Conference on Population and Development (ICPD) of 1994. The conference was one of the international initiatives to deliberate on means to reduce and control population growth and other issues including those related to development. The conference and its programme of action recognize the role men play in issues relating to reproductive health including family planning, which is one of the intermediate factors for population control (Ijadunola et al, 2010). The programme of action transformed men from being passive individuals by bringing

them back to the sphere from which they have been unintentionally alienated from for decades (Hossain, 2003). This exclusion was manifested by the fact that a large number of family-planning methods exist for women while only a few can be associated with men and the fact that in most societies family-planning services are located within the context of maternal health and child health (Mason & Lynam, 1992 in Ijadunola et al., 2010). This setting tends to provide limited opportunities for men to easily access and actively participate in family planning use, thereby deepening the false ideology that family planning is primarily women's responsibility (Gallen, 1986 in Ijadunola et al., 2010). These structural patterns and beliefs can also be used to explain the limited focus on male based family planning studies in South Africa as well as in other countries.

The conference acknowledged that men can contribute significantly to reducing fertility as well as the improved reproductive health of couples by also utilizing family planning services and in supporting their partners in the use of the available methods. The programme of action maintains equality in sharing reproductive responsibility and does not support the idea that women are the ones who give birth and therefore men need not be involved in family planning and decisions associated with it.

In line with the ideology that men also have an impact on family planning, a large amount of literature exists which shows that in contexts where men disapprove of family planning, they and their female partners are most likely not to use contraception (Sternburg & Hubley, 2004; Kumar, 2007). Disapproval of family planning is prevalent and negative attitudes towards family planning among men often lead to unwanted pregnancies. A number of studies have confirmed and maintained that there is a

positive relationship between men's disapproval of family planning and unwanted pregnancies (Geda & Lako, 2011).

There is therefore no doubt that men have a significant role to play in attempts to reduce fertility through family planning programmes. The ICPD programme of action therefore urges national governments to involve men in issues relating to reproductive health, and increase men's involvement to intensify effective contraceptive use (Ijadunola et al., 2010). This is because the use of family planning is partly determined by men's approval and cooperation because of their influence in decisions to use family planning. This is supported by previous studies which have found that spousal communication about family planning increases the likelihood of contraceptive use (Ayokunle, 2012; Musalia, 2003; Maja & Phil, 2006; Toure, 1996; Ejadunola et al. 2010).

Given this background, this study was aimed at finding out whether the recommendation of the ICPD programme of action is being practised in South Africa. The study assessed the extent to which men are involved in family-planning use and family-planning decision-making. In South Africa studies in family planning have generally focused on women, and as a result no research studies exist which can show men's involvement in family planning and the extent of their involvement in family planning decision-making. This research aims to close this gap and present the status of men's involvement in family planning in South Africa by looking at their use of modern family-planning methods and their participation in decisions on family planning.

1.2 Problem statement

Due to the significant role men play, particularly in developing countries like South Africa, it can be assumed if not concluded that men also have a major impact in decisions relating to contraceptive use, choice of method, family size and other reproductive matters. As a result men have now been targeted as important agents needing special focus in the context of reproductive health issues. In the context of family planning, increasing the involvement of men is rooted in two premises: first to “balance reproductive health care more evenly between men and women and second, to increase the overall user rate of fertility regulation” (Hossain, 2003, 8). Men’s involvement in family planning can be understood differently; however for the purposes of this study, men’s involvement in family planning is defined as men’s participation in the use of male-controlled modern family planning methods such as male condoms, vasectomy and men’s involvement through a partner’s use of female-based modern family-planning methods. In cases where men are indirectly involved in modern family planning, they are assumed or believed to give support to the wives in effectively using women controlled modern family planning methods. Men’s involvement in family planning is also defined as men’s participation in decisions related to family planning.

Increasing men’s involvement in family planning use and decision-making is a recommendation of the 1994 ICPD programme of action which can only be done by breaking the stereotype that family planning is the responsibility of women alone. The challenge now remains to ensure that couples take part equally in family planning use and decision-making processes. Increasing men’s involvement in family planning will

lead to the realization of increased family planning use, reduced fertility and a slowed population growth.

In South Africa the amount of equal sharing of reproductive responsibility and the overall use of fertility regulation methods by men is unknown. The limited knowledge about the magnitude or extent to which men are involved in family planning in South Africa calls for studies that can provide information on men's involvement in family planning use and decision-making.

1.3 Study objectives

The main objective of this study is to assess the extent to which men are involved in modern family planning in South Africa.

The specific objectives are:

- i. To estimate the magnitude of men's involvement in family planning by estimating the rate of men who have ever used a modern method of family planning and determine whether or not men participate in family-planning decision-making and other alternative decision-making groups; and
- ii. To identify the main predictors of men's ever use of a modern method of family planning and predictors of men's involvement in family planning decision-making in the perspectives of men.

1.4 Hypothesis testing

The hypotheses tested in the study are listed below:

- i. Men's use of family planning is significantly associated with approval of family planning;
- ii. Men's use of family planning is significantly associated with level of education, age cohorts, and desire for more children
- iii. Men are more involved in family-planning decision-making if decisions are jointly made than if decisions are made by men alone or women alone;

1.5 Significance of the study

Family planning is important particularly due to a wide range of benefits it brings to both men and women (Anderson, 2003). The benefits can be identified at the national, societal, household and individual level (Centre for Reproductive Health and Policy, 2006). These can be summarized in six of the seven millennium development goals: 1) eradicate extreme poverty and hunger 2) achieve universal primary education 3) promote gender equality and empower women 4) reduce child mortality 5) improve maternal health 6) combat HIV, malaria and other diseases 7) ensure environmental sustainability (United Nations Fund for Population Activities, 2011).

Family planning services play a crucial role in efforts to slow the rate of population growth through its impact on fertility. Family planning services enable men and women to limit fertility to desired levels by preventing unwanted pregnancies. Apart from helping to reduce population growth rate, family planning is important in promoting maternal health by reducing and controlling maternal mortality (Gribble & Voss, 2009), which is

Death of a woman while pregnant or within 42 days of a termination of pregnancy, irrespective of the duration and the site of pregnancy, from any cause

related to or aggravated by the pregnancy or its management but not from accidental or incidental causes (WHO 1997, 764 in Graham 1989, 129).

Preventing or avoiding conception by the use of family planning methods can help in reducing the rate of induced abortion, maternal disability and maternal deaths, (Smith et Al., 2009), especially in Africa where maternal deaths remain one of the factors fuelling high mortality in the region.

The use of family planning by men also contributes to child health (Gribble & Voss, 2009; Cleland et al., 2006). One importance of family planning is to enable couples to space births by having a reasonable birth interval of at least two years between two consecutive births. This can be realized through the use of family planning to prevent conception. Research shows that a succeeding birth within a limited or short time interval increases the risk of childhood mortality. The longer the intervals between two consecutive births, the greater the chances of child survival (Mosley & Chen, 1984). Again family planning use by both men and women enables couples or women to attain the desired number of children by making it possible for couples to limit unwanted pregnancies (Centre for Reproductive Health and Policy, 2006); thus enabling couples to also limit parity to safe average levels (Smith et al., 2009).

Family-planning use is important in combating poverty both at the family and the national levels. Using family planning enables families to have fewer children who can be better nourished. Having fewer children also means fewer financial resources are needed to support and educate them, thus leading to savings and investments, and improvements in living standards (UNFPA, 2011). In this research, it is assumed that

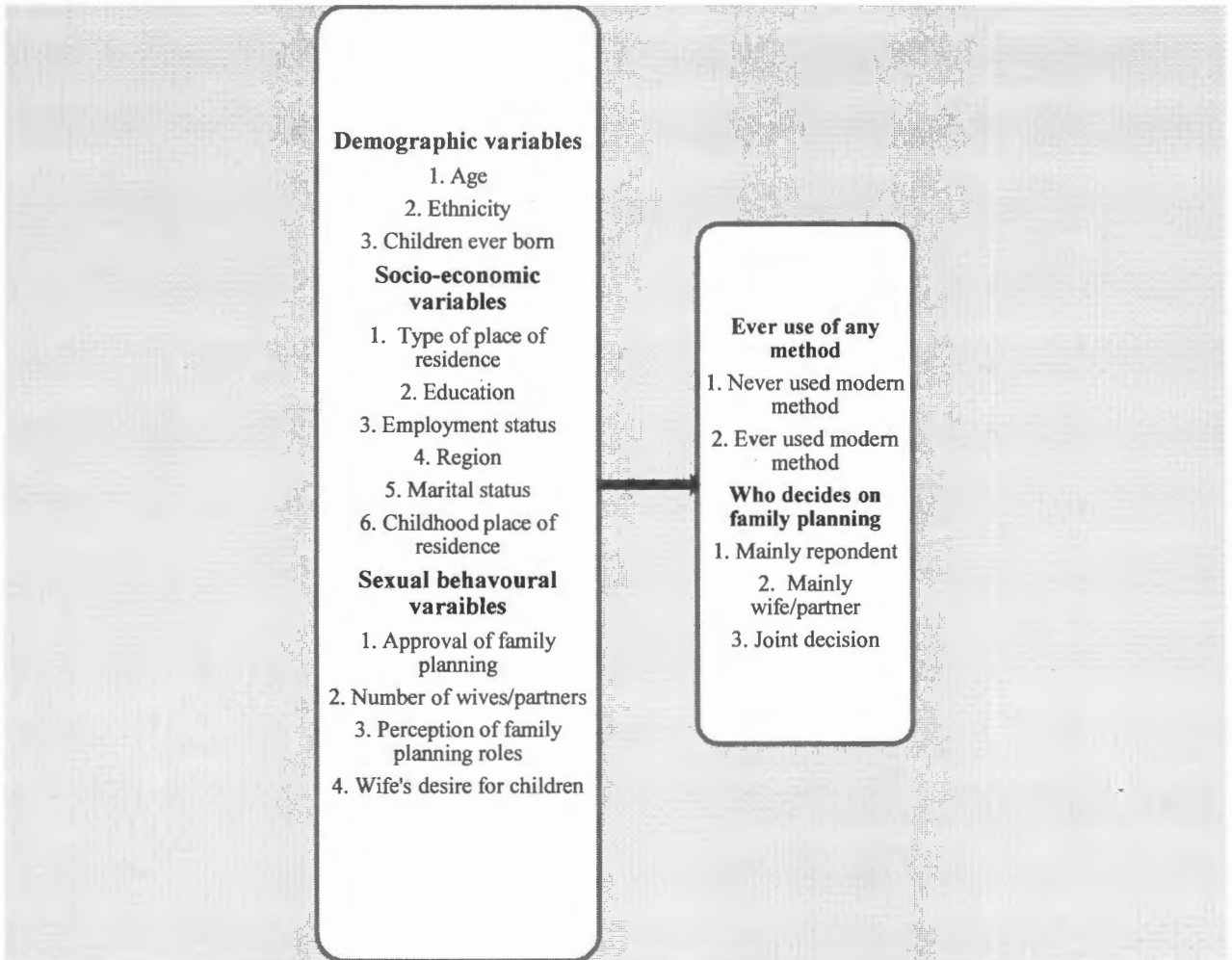
involving men in family planning will help achieve and harmonize fertility goals of couples and increase family planning use. It is assumed that men's involvement in family-planning decision-making will lead to the equal sharing of responsibility regarding regulation of fertility.

Given the motivation of family-planning services and use, understanding the dynamics within the context of use is important in achieving effective family planning services. Due to the fact that the focus on men has received limited attention, the study helps in understanding the role men play in family planning use in South Africa, which could help increase men's involvement in family planning programmes.

The importance of the study lies in the fact that scientific methods were used to determine men's involvement in family-planning use and decision-making; scientific tests and models were used to test relationships between predictor and response variables. Furthermore scientific models were also used to arrive at a conclusion about which variables are significant predictors of the response variables.

1.6 Conceptual framework

Figure 1 Conceptual framework



In this study it is conceptualized that 'ever use of modern family planning methods' and 'never use of modern methods of family planning' are primarily determined by a set of demographic, socio-economic and sexual behavioural variables. These variables are shown in Figure1. In this conceptual model the different measurement of the demographic, socio-economic and sexual behavioural variables are conceptualized to affect the probability of the response variable outcomes. The measurements of the same variables assumed to affect 'ever use' and 'never use' of modern method of family

planning are also assumed to affect family planning decision patterns. Younger men and men with higher education are conceptualized to use modern family planning and involved in family planning decision-making more than their counterparts, it is conceptualized to be so as these men are less likely to be in a union and have better access to information thus making use of modern family planning and involvement in decision-making more relevant for them for the purpose of controlling premarital fertility. Men with low parity are conceptualized to use modern methods of family planning and be involved in decision making for the purposes of regulating their fertility to desired levels. Ever use of a modern method of family planning and involvement in family planning decision-making are conceptualized to differ by ethnic identity, desire for children, one's employment status, childhood and current place of residence. Men in a union, men with multiple partners, men who perceive family planning to be the responsibility of both men and women and men who approve of family planning are conceptualized to use modern methods of family planning and involved in family planning decision-making more than their counterparts as sexual intercourse is more frequent and have increased positive attitude towards family planning. The measurements of all the identified demographic, socio-economic and sexual characteristics of men are conceptualized to affect ever use of modern family planning methods and who decides about family planning differently.

1.7 Organisation of the study report

This study report is organized into six chapters. Chapter one introduces the background and problem statement which motivated the study. The aims and objectives of the study are outlined in this chapter. Chapter two discusses the literature. Dominant views from

previous studies about use of family-planning methods by men and men's involvement in family-planning decision-making are discussed. Chapter three focuses on the methods used to carry out the study. Main variables of interest are also discussed. Results on ever use of modern family planning by South African men are presented in chapter four. Chapter five presents results on the involvement of men in family-planning decision-making. Chapter six summarises the findings of the study and makes recommendations based on the findings.

Chapter Two

Literature review

2.1 Introduction

The chapter introduces the concept of population growth which has led to the United Nations convening the ICPD in 1994. The concept is discussed as it remains the problem behind the call for men's involvement in family planning. Family-planning programmes, as part of the solution to population growth, are discussed within the African context. The chapter also discusses the introduction of family planning in South Africa. Because of the scarcity of literature on men's involvement in family planning, studies done across the world which have looked at men and family planning are reviewed to get a clear picture of the complexities and determinants of men's involvement in family planning.

2.2 Population growth patterns

It is highlighted in the previous sections that family planning is part of the solution to the population problem. The historical pattern of world population growth has created great concerns in the international community and still continues to receive significant attention from demography and population experts. Prior to the 19th century, the rate at which the population was growing was less of a concern because two of the three major demographic components were in equilibrium; these demographic factors are fertility and mortality. At the time, the rates of these two demographic factors remained at high levels and birth rates were nearly equal to death rates. Because of this equilibrium, population growth was stable if not slow. Mortality remained high due to a variety of

factors and conditions; these ranged from unhygienic living conditions, high transmission of infections due to living arrangements, poor diets, poor socio-economic conditions, and the limited availability of effective medicine to a wide dependence on unclean waters (Hirschman, 2005). All these conditions perpetuated high mortality levels. Infant and child mortality was high due to the environmental conditions mentioned and other factors which have a great impact on the survival chances of an individual; the expectation of life at birth was very low and as a response to this, the populations adopted a high fertility behaviour as a way of making up for the future expected deaths in the lifetime of their children. As the first phase of the demographic transition theory postulates, women were bearing a high number of children because of the knowledge that only a few would be able to survive to adulthood. These complementing patterns of mortality and fertility produced a constant population with little growth.

The world population growth took on a new pattern at the turn of the 19th century when mortality started to go down. A number of elements can be looked at in attempts to understand reductions in mortality. The decreased frequency of famine, the extended potentials to control plagues, the world adoption of public health measures, the medical development of antibiotics, the medical and social prevention of disease and infections, improved practices of hygiene, improvements in food production and improvement in living conditions all had a positive effect in bringing morbidity and mortality down (United Nations, 2011; Hirschman, 2005). The reduction in mortality led to population growth as more people were being added in to the population than could be taken out of the population through mortality. The same scenario observed at the global level has also

extended to national levels, including South Africa. As a result family planning is being tackled as a way of reducing population growth through fertility control.

2.3 Fertility level and family planning use in Africa

Governments have shown full commitment to controlling population growth and programmes and initiatives are in place to lower fertility levels on the African continent. However, the reduction is at a very slow pace. Fertility levels in Africa remain the highest in the world and Africa is home to nine of the world's ten countries with the highest fertility rates (World Population Reference Bureau, 2012). The average number of children a woman entering child-bearing age can expect to have by the time she completes her reproductive period under prevailing age specific fertility rate is 4.7. The TFR in the African region ranges from 7.1 in Niger to 1.2 in Mauritius (Population Reference Bureau, 2012), indicating that the level of fertility in the African continent is, among others, related to contraceptive use. In this study the concept of contraceptive use, which is used concurrently with family-planning use, is understood to be an intentional prevention of conception through the use of various devices, sexual practices, chemical or surgical procedures (Stacey, 2009).

Many national family planning programmes have produced excellent results in terms of increasing prevalence of use, although the success of some has been very slow. The overall contraceptive prevalence rate is 31 percent in Africa and 26 percent in Sub-Saharan Africa (Population Reference Bureau, 2012). Poor countries and countries which have been hotspots of conflict have low contraceptive prevalence rates. Comparatively, prevalence rates in countries such as Mauritius, Reunion, Swaziland, South Africa, Algeria, Tunisia and Egypt are pleasing. Looking at men, the prevalence

of contraceptive use by men varies by country; this is mostly attributed to socio-economic and cultural factors as well as contraceptive choices available to men. The contraceptive prevalence rate for men ranges from 2 percent in Mali to about 70 percent of married men in Ghana (Ezeh et al., 1996).

2.4 Challenges in family planning programmes

There are noticeable success stories in family planning programmes in some countries in Southern Africa and some other parts of the continent. At the same time, a number of problems have been identified in several countries which prevent the programmes from achieving their intended objectives. Culture is one of the critical elements which stand as a barrier to family-planning use and has received much attention in the study of family planning. Men, especially in rural or traditional societies, have high fertility values which are attached to their cultures. The high parity values held by men are linked to old-age security as well as traditional respect attached to men with high parities; respectable social status is given to men with more children. Leibenstein (1975) also highlights that one's social status is most likely to be defined by the number of wives and children one has. In the study by Fapohunda and Rustenberg (1999) it was expressed that some men also pride themselves on their capacity to impregnate a woman, hence the higher the pregnancy rate of a wife, the greater respect is accorded to her husband.

Studies have shown that high parity values do not apply to men alone but also apply to women (Wulf, 1985). In the situation of polygamous relationships, women tend to compete in terms of child-bearing and the higher number of children one bears, the greater the chance of gaining recognition and being considered the principal wife by

their polygamous husbands (Wulf, 1985). In general, the African cultural family norms restrict limitations on child-bearing and rather promote the reproductive potential of individuals. Wulf (1985) also maintains that the structure of traditional African families discourages small family sizes. All these values and conditions have a depressing effect on family-planning use by both men and women in societies where such values persist.

Among others, the success of family planning programmes is hindered by the fact that family planning continues to receive less attention from major bodies providing funding (Advance Africa, 2002; Jacobstein et al., 2009). The high prevalence of HIV/AIDS on the African continent has forced funders and governments to limit their focus and financial resources from programmes such as family planning to HIV/AIDS and development related programmes (Advance Africa, 2002). Because the sector receives less funding, governments have been unable to reach all who need the services, thus issues of inaccessibility of family planning services have risen as perpetuating factors behind the low use of fertility regulation methods and all these factors together serve as a stumbling block to the realization of many of the Millennium Development Goals (Jacobstein et al., 2009).

2.5 The introduction of family-planning programmes in South Africa.

The practice of fertility regulation through the use of family planning methods in South Africa dates back to the 1930s, with the goal of improving the lives of white women as well as their children by enabling women to space births through the use of family-planning methods. By 1974, an official national family-planning programme was launched (Swartz, 2002; DoH, 2001). The programme received much financial support from the government which contributed mainly to its success. By this period the overall

fertility of the white population had decreased to lower levels as compared to the 1930s. The launch of the 1974 national family-planning programme was criticized for being associated with the apartheid system. The African population saw the programme as an attempt to control the growing population of blacks. Due to such criticisms, the Population Development Programme which was later introduced re-emphasized that the rationale was to regulate population growth in accordance with the resource and economic pace of the country (Swartz, 2002).

Despite the criticisms, black women received the new family-planning programme positively (Kaufman, 1998; DoH, 2001; Swartz; 2002). Statistics show that by the end of the 1980s more than half of women of reproductive age were using family-planning methods including almost half of black women. A large body of literature exists which explains the high acceptance of family planning particularly by black women irrespective of the widely-held views about the intention of the programme. Kaufman (1998) argued that the adoption of family planning by South African women was related to the improvement in economic and social conditions. Furthermore labour migration systems which unintentionally transformed African women into sole care-givers and providers for their families as a result of participation of men in labour migration also contributed to family-planning adoption. Because of hardships from supporting more children, African women adopted family planning as one way of dealing with their poverty.

2.6 Current fertility levels

Today, the South African fertility levels remain one of the lowest in Africa (Mostert, 1998). The average TFR of South Africa as reported in the 2012 World Population Data Sheet is estimated at 2.4. Socio-economic, cultural factors and proximate determinates

can be used to understand this fertility rate in South Africa. The fertility level of South Africa is also directly related to the Contraceptive Prevalence Rate (Swartz; 2002). It is reported in the 2012 world data sheet that 60 percent of women of child-bearing age are using contraception.

2.7 Family-planning use by men

In South Africa literature on family-planning use by men is generally scarce as compared to literature on women. The reason behind this is unclear; however the idea that family planning is the responsibility of women might have led to many studies focusing on women. Furthermore, a limited number of modern contraceptive methods exist for men therefore many studies are restricted to women only due to their wide variety of choices in family planning (Petro-Nustas, 1999). Nevertheless the limited studies available on men in South Africa and other countries do give an idea of the complexities in contraceptive use by men.

The condom is an example of a modern method of family planning; condoms have received the greatest attention particularly because of their dual nature in protection against conception and sexually transmitted diseases. While the advantages of male condoms are widely known, their use still remains marginal. Studies have found that both men and women view the condom as a method which reduces one's sexual pleasure during sexual intercourse (Maharaj, 2006). Limited education also leads to many believing that condoms can burst inside a woman's vagina consequently causing death. Again many couples associate the method with infidelity. It is believed that a man or a woman can propose the use of a condom only if they have not been faithful and suspect self-exposure to a sexually transmitted disease. These beliefs continue to

depress use of the method especially within marriage (Maharaj, 2001). The existing negative attitudes about the method generally translate into low use of modern family planning methods. However, men who are most likely to use condoms are those who perceive themselves to be at risk of sexually transmitted diseases. Research further shows that some men only use condoms when a relationship is still new, but as it matures condom use is discontinued as trust issues become less of a concern between couples (Maharaj, 2001).

Some of the studies which have looked at male participation in family planning show pleasing results while others reveal disappointing findings. In a study conducted in Jamaica user rate among young males was 83 percent (Bourne & Charles, 2010). From this, 53 percent stated that they were the main users of family-planning methods in their relationships. In Nepal 7 in 10 men wanted no child but only a quarter of them were using family planning to prevent pregnancy (Samandari et al., 2008). In a study conducted in Jamaica 60.5 percent of men relied on condoms as their choice of family planning (Bourne & Charles, 2010).

2.8 Factors associated with family-planning use by men

2.8.1 Approval of family planning by men

Studies have shown that the decision to adopt family planning is primarily influenced by one's attitude towards it. Those who have a positive attitude and approve family planning are more likely to use it than those who have a negative attitude and disapprove. Many studies and national demographic and health surveys have found that women tend to have a greater positive attitude towards family planning than men (Ezeh

et al., 1996). In a study by Petro-Nustas (1999) 60 percent of men disapproved of the marketing of male methods and only 28 percent of the sexually active men expressed interest in using family planning in the future. The disapproval and non-use of family planning by men are mostly related to religious prohibition and other socio-cultural factors (Ezeh et al., 1996). In a study conducted in Jamaica, 63 percent of men were not using any form of family planning for religious reasons (Bourne & Charles, 2010). In contexts where both men and women disapprove of the use of family planning couples are left with no effective alternative option of preventing pregnancy.

Research conducted by Mistik and others (2003) in Kayseri in Turkey shows that 91.9 percent of men approved of family planning, however, only 54.4 percent used a male-based method. In a Demographic and Health Survey comparative study by Ezeh and others (1996) it was found that more than 50 percent of men in Mali, Senegal and Cameron disapproved of family planning, but in Ghana the approval rate was higher for men than for women. Generally men who approve family planning take up contraceptives themselves or rely on female methods by supporting their wives and partners in effectively taking up family planning methods (De Gita, 2007).

Approval and use of family planning by men have been found to be associated with socio-economic and demographic variables (Ezeh et al., 1996). Education, age, place of residence, wealth status, and the type of relationship one is involved in are some of the determinants of approval. People with high education levels, high wealth status, living in urban areas, and being in stable relationships are more likely to approve of family planning than their counterparts who are less educated, with low wealth status, living in rural areas and being in unstable relationships.

A number of studies conducted mostly in traditional rural societies show that when both men and women approve of family planning, men are the ones who decide on which family-planning method to use. This is due to the fact that in most cases men are key decision-makers at the household level and also in most cases men are the ones who initiate sexual activities (Bourne & Charles, 2010; Touré, 1996). From the men's point of view this also becomes a way of exercising their masculinity.

It is shown in the study by Fapohunda and Rustenberg (1999) that if men disapprove and are against the use of family planning, if their women initiate a talk on family-planning use this could result in arguments which can even lead to violence. Men are traditionally known to be in control of sexual activity therefore if a woman initiates a talk on family planning, she is regarded as being disrespectful. In many African societies men are endowed with power over sexual decision-making (Maharaj, 2001).

2.8.2 Type of a relationship

The type of relationship one is involved in determines the use of contraception. Family planning is practised mostly by men who are in stable sexual relationships. Some studies show that this is because men know that sexual encounters are frequent and therefore use of family planning becomes salient (Thompson & Spanier, 1978). On the other hand some studies present opposing findings. Men in less stable relationships report non-use of family planning on the basis that the sexual encounters are not planned or frequent (Bourne & Charles, 2010). High use especially of condoms is due to one's perceived risk of sexually transmitted infections. Issues of infidelity and multiple sexual partnerships are common characteristics of less stable relationships. In a study conducted in Australia, it was revealed that condom use was high among men in less

stable relationships while methods such as vasectomy was common amongst older men in stable relationships (Holden et al., 2005). The high prevalence of vasectomy clearly shows the responsibility men take in fertility regulation (Grady et al. 1996 in Holden, 2005).

2.8.3 Children ever born

Children ever born and the sex of children one has have been found to be associated with family-planning use by men. Men who had more than one son are found to have higher odds of using family planning than men who have one or no son (Ghazeldina et al., 2008). The non-existence of a male child is detrimental to contraceptive use by men. Strong emphasis is put on the extended existence of the family name and this can only be achieved by having sons. It is argued that the pursuit of child-bearing with the hope of birth of a male child is one element contributing to high fertility in many African societies as most couples are less likely to cease child bearing and use family planning until a son is born. However in general, the more children one has, the greater the likelihood of using family planning irrespective of the sex composition of the children ever born (Fapohunda & Rutenberg, 1999; Mbizvo et al., 1991)

2.8.4 Place of residence

Studies also show that place of residence determines use of family planning methods by men. A higher number of men living in the urban areas were using contraceptives compared to the lower number in the rural region of Nepal (Samandari, 2008; Shattuck et al., 1978). The high prevalence of use by men in urban areas may be strongly associated with the easy accessibility of reproductive health services in these regions as well as enlightened values held by urban dwellers. Rural areas present a different

picture with few and distant health centres providing reproductive health services; local health centres may not offer surgical family planning methods such as vasectomy due to limited skills available at the local level; and transportation and lack of proper roads may stand in the way of accessing family planning services (Fapohunda & Rutenberg, 1999). Furthermore the low use in rural areas may also be associated with strong cultural traditions which place high value on children and larger families.

2.8.5 Spousal communication and family-planning use

Spousal communication about family planning is also associated with contraceptive use. It is argued that spousal communication is a first step towards reaching joint decisions on family planning use and other reproductive issues (De Gita, 2007; Shattuck et al., 2011; De Gita, 2007; Terefe & Larson, 1993 in Shattuck et al., 2011). On the other hand, some authors argue that the relationship is unclear, that is to say, whether it is the use which triggers spousal communication about family planning or vice-versa (De Gita, 2007). Spousal communication on each other's fertility preferences, preferences of certain methods over others mean that couples will negotiate the best way to accomplish their desires by adopting suitable family planning methods (Mbweza et al., 2008 in Shattuck, 2011). In simple terms, family-planning use and adoption by men is, among other factors, reliant on spousal communication (Ejadunola et al., 2010). Although many studies maintain this argument, this is not always the case. In a context where spousal communication may exist but men disapprove of family planning, men will not adopt any method. However some women will still continue to secretly seek family-planning methods to either postpone or stop child-bearing (Drennam, 1998 in Petro-Nustas, 1999; Maharaj & Cleland, 2005).

Spousal communication differs by the type of relationship one is involved in. If a man is involved in an unstable relationship, communication about family planning is minimal if not non-existent. This may be due to the condition that sexual intercourse is less frequent than in a stable relationship. According to observations the limited or low frequency of intercourse seems not to make it important for a man to communicate about or engage in contraception use (Fursterbrg, 1971 in Thompson & Spanier, 1978).

However, in less modern societies such as those which regard women as secondary agents, spousal communication may be entirely absent due to a variety of reasons. Masculine identity must be reflected in the ability of men to make the sole decisions over all spheres of the household, including family planning use (Shattuck et al., 2011). In such highly patriarchal societies, only men make decisions on whether contraception will be used or not in sexual engagements irrespective of whether conception is intended or not (Kumar, 2007). This is also the case in South Africa. Men who do approve of family planning will use it, but those who do not will not (Maharaj & Cleland, 2005), thus creating conditions for unplanned or unwanted pregnancies and also psychological, social and economic effects associated with it.

A study conducted among college men and women shows that men who continuously receive support from their partners are able to consistently and effectively use contraception (Thompson & Spanier, 1978). Contraceptive support from other people such as friends and parents has been investigated but was much less important compared to support from partners. However, this effective use was dependent on the level of involvement or level of commitment from the female partner. That is to say,

encouragement from women on the continuous use of contraception by men is an element which increases the prevalence of contraceptive use by men (Thompson & Spanier, 1978). This effect has been praised for the efficient, consistent use of family planning and the promotion of men's and women's healthy reproductive lives.

2.9 Men's involvement in family planning decision-making

Men's involvement in family planning can take different forms, including men's use of male based methods of family planning. Currently vasectomy, condoms, withdrawal, periodic abstinence and other traditional methods are the different forms of family-planning methods men can adopt. In addition to direct use of male-based methods, involvement also means giving support to and encouraging the female partner to use female based family planning methods. It has been shown that this kind of support ensures effective use of family planning; and conversely support from female partners also ensures effective use by men. Greater support from both partners is strongly emphasized as some family-planning methods need cooperation by both sexual partners. Taking part in family-planning decisions or rather men's involvement in negotiations about family planning adoption, the type of method to use is another way of understanding men's involvement in family planning and decision-making (Helzner, 1996). Spousal communication about family planning is a starting point in getting men involved and this is the basis for joint decision-making in terms of family planning use (Maharaj & Cleland, 2005; Toure, 1996).

Research shows that in some societies the decision about whether to use family planning lies with different individuals. The decision to use or not to use, the type of method to adopt and the number of children to have may lie with the man, the woman or

both. In the Sudanese society men are the primary decision-makers when it comes to use of family planning. In this case women have to abide by whatever decision their partners make regarding family planning. In this society if a man approves of family planning, he becomes the one who provides the methods in the home or initiates the methods (Khalifa, 1989 in Gayray, 2012). On the other hand some studies agree that men should make decisions about adoption or not of family planning and the number of children to have. It is argued that if the man agrees on the use of family planning, the wife/partner should be the one taking responsibility for acquiring family-planning information and adopting female-based methods to prevent conception. This observation showcases gender division of reproductive responsibility practices in some societies (Mbizvo et al., 1991). A study by Guzman and Peterson (2011) also emphasizes the certainty of gender division of reproductive responsibility. The study shows that in cases where spousal communication does not exist and the male condom is not used, men automatically assume that their partners are using birth-control methods. This therefore places greater responsibility on women to ensure that unwanted conception or pregnancy does not occur.

By comparison, because women are the ones who give birth and are child-bearers, in some societies they become principal decision-makers on family-planning use. This is usually the case where fertility preferences differ between couples and where spousal communication on family planning is minimal (Maharaj & Cleland, 2005). In the study done by Maharaj and Cleland (2005) in Kwa-Zulu Natal, South Africa, a large number of females assumed the responsibility for family planning to lie on women alone and half of the men in the study also held the same view. A study by Sonesten and Stryker (1997)

in the United States revealed that couples do not believe in shared responsibility in preventing pregnancy; this responsibility was attributed to women only.

In contrast, other studies show joint decision-making when it comes to family planning, including its adoption. A study conducted in North Gondar in Ethiopia show that 58.3 percent of men take part together with their partners in family planning decision-making (Ismail, 1998 in Bayyay, 2012). This was also the case in Awasa where decisions were made jointly. Joint decision-making was positive in 53 percent of the cases while spousal communication was 88 percent. In Gayray's study (2012) about 78 percent of decisions regarding family planning were made jointly. Only 21 percent expressed the view that the decision-making was the responsibility of women alone while 3.3 percent expressed the view that the decision should be made by husbands. In the same study 54 percent approved family planning while 46 percent of the study population did not approve and did not have an intention to use family planning.

A study by Mistik and others (2003) found that 66.7 percent supported joint family-planning decision-making, however some of them still accorded this use to women only. On the other hand 42 percent of married men in a Zimbabwean study expressed the view that the decisions on use should lie solely with the husband; this also includes other family-planning matters (Piotrow et al., 1992 in Toure, 1996).

Research done by Fapohunda and Rustenberg (1999) explored opinions on joint decision-making. The general response from both men and women is that men should be involved as much as women in decisions regarding family planning. Differing reasons are given for this positive view. Child rearing as well as the cost associated with

it is understood to be the responsibility of men and women together, therefore any issue or decision regarding intended family size, the choice to use family planning or not and fertility regulation options should be jointly made. Joint decision-making is also viewed as a process towards selecting a family-planning method which both partners will be comfortable with, a process which prevents the violence which can result from non-communication and secret use of family-planning methods without the knowledge of the other partner. Additionally, men who approve and initiate joint decisions on family-planning use do so in the knowledge that raising children in the contemporary world is very costly. Affordability in terms of food, clothing and shelter are taken into account when making those decisions. As a way of improving living standards at the family level, couples jointly decide on using family-planning methods to limit births and realize their fertility goals (Fapohunda & Rustenberg, 1999).

Few studies have focused on decision-making patterns and its association with the use of family planning; reasons for this observation are unclear. Nevertheless, a female-based Ugandan study which evaluated the association between decision-making patterns and family-planning use produced astonishing findings. The study found that the proportion of women who were primary decision-makers about family-planning use was only 10 percent, 49 percent of women were in male-dominated decision-making relationships while 41 percent were in joint decision-making relationships (Derose and Ezeh, 2010). The study found that the rate of use of family planning was high when women dominate family-planning decision-making, while family-planning decisions dominated by men gave an intermediate level of use while jointly made decisions on family planning were associated with low levels of use (Derose & Ezeh, 2010).

Male-based studies focusing on the relationship between family-planning decision-making patterns and its use are unavailable. The availability of such studies would give a clearer background to what findings have been in other parts of the world, and so would enable comparative analysis between countries.

Chapter Three

Methods and materials

3.1 Introduction

This chapter describes the methodology that was used in achieving the study objectives. It covers the research design, source of data, data collection methods, study measures and data analysis methods.

3.2 Study design

The study used a cross-sectional and quantitative design. The design, as Neuman argued, is based on a systematic approach to science and is explained in terms of hypothesis, variables and units of analysis (Neuman, 1997). These elements of the design are important constituents of quantitative design which make it preferable to qualitative designs (Brannem, 1995 in Indigo, 2007). The main reason for the adoption of quantitative study design is to enable generalization of study findings based on the sample to the large population.

3.3 Data source

The data used in the study were obtained from the 2003 South African Demographic and Health Survey (SADHS). This data source was chosen because it is the only recent set of DHS data that is capable of addressing the aims and objectives of the study from a national perspective. The SADHS was a nationally representative sample comprising 3118 men. The 2003 SADHS is the second DHS to be conducted in South Africa, the first having been conducted in 1998. The need to conduct such studies is to make

available up-to-date information that is necessary for proper planning and monitoring of policies and programmes in the social sectors of government. Data collected include demographic, socio-economic, health and service utilization information (DoH et al, 2007).

3.4 Study population and sample

The SADHS study population was a nationally representative sample incorporating all population groups, provinces and some rural and urban areas. The sampling was done in two stages. The first stage involved sampling from the 86,000 enumeration areas from the 2001 census; the second sampling process selected 630 primary sampling units comprising of 368 urban areas and 262 rural areas (DoH et al., 2007). The sampling process produced 10 212 households qualifying for household interview. Every second household was eligible for an adult health interview and a women's interview. In every alternate household that was not selected for an adult health interview and a women's interview, all men aged 15-59 were selected for men's interview; a total number of 3118 men were included in the study. In this study the men's questionnaire, with a response rate of 79.3%, was used (DoH et al., 2007).

3.5 Data-collection instruments

Data were collected by the use of a structured survey questionnaire. A questionnaire is "a prepared set of written questions, for purposes of statistical compilation or comparison of the information gathered" and has become a common instrument for gathering information in the modern world because it is easy to construct and relatively cheap to use. The major strength of questionnaires is the breadth of coverage they can offer as they provide a standardized instrument which can be applied in the same way

to everybody. It is further postulated that a questionnaire makes it possible to generate a huge amount of information on a wide range of topics (Buckingham and Saunders, 2004, 43).

In this study the men's individual questionnaire, which collected data on men's demographic characteristics, contraception, marriage, sexual activity, fertility preferences, HIV/AIDS and other sexually transmitted diseases was used.

3.6 Data analysis

3.6.1 Units of analysis

Individual men aged 15-59 who were interviewed using the men's questionnaire in the 2003 SADHS are the units of analysis in this study. Exactly 3118 men were successfully interviewed.

3.6.2 Variable definitions

Two response variables were used in the study. The first response variable is 'Ever use of family planning'. In the SADHS men were asked to spontaneously mention family-planning methods they had heard about. The questionnaire had a list of methods which the men were asked about. Those who reported having heard of a family-planning method were asked whether they or their partner had ever used the method. 'Ever used' is taken to mean direct use by partner and or indirect use through their partner. From this follow-up question a variable named 'ever use of family planning' was created with four categories. These categories are 'never used', 'used only folkloric method', 'used only traditional method' and 'used modern method'.

For purposes of easier analysis the original response variable presented by the data set was recoded to form a new binary response variable. This recoded variable was categorized as 'Never used modern method' and 'Ever used modern method'. Individual men who reported to have never used any method and those who reported to have used a folkloric or a traditional method were grouped in to one category labelled 'Never used modern family planning method'. The category 'ever used modern method' comprised men who reported as having used a modern family planning method.

The second response variable is 'who decides about family planning'. The 2003 SADHS asked the sampled population of men about who decides on family planning in their relationships. From this question a variable was generated; the variable had four categories; these categories are 'mainly respondent', 'mainly wife/partner', 'joint decision' and 'neither partner'. For this study the variable was refined into three levels, thus excluding the category 'neither partner'.

3.6.3 Predictor variables

A number of predictor variables were identified and these together with response variables are presented in Table 1. Some of these variables are continuous and categorical. The variables have been grouped into demographic, socio-economic and sexual behaviour variables. The demographic variables include age, ethnicity and number of children ever born. Socio-economic variables identified were type of residence, childhood place of residence, education, employment status and marital status. Lastly sexual behaviour variables consist of approval of family planning, number of wives/partners, perception on family-planning roles and desire for children.

3.6.4 Hypothesis testing

The analysis section was driven by the motive to determine use of modern family planning methods and men's involvement in family planning decision-making. Strong attention was also given to the association between all predictor variables and the response variables. In this regard the following hypotheses were tested:

- i. Ho: There is no association between approval of family planning and use of modern methods of family planning by men;
H1: There is an association between approval of family planning and use of modern methods of family planning by men;
- ii. Ho: There is no association between men's use of family planning and level of education;
H1: There is an association between men's use of family planning and level of education;
- iii. Ho: There is no association between men's use of family planning and age cohorts;
- iv. H1: There is an association between men's use of family planning and age cohorts;
- v. Ho: There is no association between men's use of family planning and desire for more children;
H1: There is an association between men's use of family planning and desire for children;
- vi. Ho: Men are not involved in family planning decision-making if decisions are jointly made than if decisions are made by men or women alone;

H1: Men are involved in family planning decision-making if decisions are jointly made than if decisions are made by men or women alone;

vii. Ho: Men's level of education is not associated with joint family-planning decision-making;

H1: Men's level of education is associated with joint family-planning decision-making.

Associations were determined at a confidence interval of 95% and a significance level of 5%. All variables which produced a P value of less than 0.05 in the chi-square test were deemed to have a significant relationship with the response variables; thus rejecting the null hypothesis in favour of the alternation hypothesis. The further the P value is from 0.05 the stronger the relationship between the predictor and the response variables

Table 1 Definitions of variables

| Variable | Measurements | Research objective to be addressed by variable |
|-------------------------------------|---|---|
| Response/Dependent variables | | |
| Ever use of any method | <ol style="list-style-type: none"> 1. Never used modern family-planning method 2. Ever used modern family-planning method | To establish the magnitude of men's involvement in the use of modern family-planning methods |
| Who decides about family planning | <ol style="list-style-type: none"> 1. Mainly respondent 2. Mainly wife/partner 3. Joint decision | To determine the extent to which men are involved in family-planning decision-making |
| Predictor variables | | |
| Demographic variables | | |
| Age | <ol style="list-style-type: none"> 1. 15-29 2. 30-39 3. 40-49 4. 50+ | Identify the significant predictors of men's involvement in family planning decision-making and use of modern family- |

| | | |
|--|---|---|
| Ethnicity | <ol style="list-style-type: none"> 1. African 2. Coloured 3. White 4. Asian 5. Other | planning methods |
| Total number of children ever born | <ol style="list-style-type: none"> 1. 1 2. 2 3. 3+ | |
| Socio-economic variables | | |
| Type of place of residence | <ol style="list-style-type: none"> 1. Urban 2. Rural | Identify the significant predictors of men's involvement in family planning decision-making and use of modern family-planning methods |
| Childhood place of residence | <ol style="list-style-type: none"> 1. City 2. Town 3. Countryside 4. Abroad | |
| Highest educational level | <ol style="list-style-type: none"> 1. No education 2. Primary 3. Secondary 4. Tertiary | |
| Employment status | <ol style="list-style-type: none"> 1. Yes 2. No | |
| Current marital status | <ol style="list-style-type: none"> 1. Never married 2. Currently Married 3. Formerly married | |
| Sexual behaviour variables | | |
| Number of sexual partners | <ol style="list-style-type: none"> 1. 0 2. 1 3. 2+ | Identify the significant predictors of men's involvement in family-planning decision-making and use of modern family-planning methods |
| Respondent's approval of family planning | <ol style="list-style-type: none"> 1. Disapproves 2. Approves 3. Ambivalent | Evaluate men's approval/acceptance of family planning |
| Perception of family planning roles | <ol style="list-style-type: none"> 1. Both men and women 2. Women only 3. Ambivalent | Identify the significant predictors of men's involvement in family-planning decision-making |
| Desire for children | <ol style="list-style-type: none"> 1. Both want the same 2. Wife wants more 3. Wife wants fewer 4. Ambivalent | Identify the significant predictors of men's involvement in use of modern family-planning methods |

3.7 Methods of data analysis

3.7.1 Descriptive analysis

Data were analysed using SPSS version 20 software. Analysis was done at the univariate, bivariate and multivariate level.

3.7.1.1 Univariate analysis

At the univariate level, the sample was described by demographic, socio-economic and sexual behaviour characteristics. Univariate analysis was used to estimate 'ever use of modern family planning methods' and the pattern of 'family planning decision-making'. All the results are presented as frequency distributions. Descriptive analysis was carried out for the purpose of giving a brief summary of the data as well as to provide descriptive frequency characteristics of each variable considered in the study (Cooper and Weekes, 1983).

3.7.1.2 Bivariate analysis

Bivariate analysis was the second method of analysis used. Literature on statistical research indicates that bivariate analysis takes four steps. The first is to assess whether the values of the dependent variable relate to the values of the independent variable by identifying the nature of the relationship between the two variables; secondly, bivariate analysis is used to show the direction of the relationship. Thirdly, the significance of the relationship between variables is evaluated; and fourthly the strength of the relationship between the variables is evaluated (Palazzolo, 2010).

Each demographic, socio-economic and sexual behaviour variable was statistically analysed together with the response variables. This task was done in the form of cross-tabulations which indicated frequency and percentage distribution. Bivariate analysis of the response variable and each of predictor variables allowed a clear indication of pattern of 'ever use of modern methods of family planning' and 'involvement in decision-making' under varying measurements of demographic, socio-economic and sexual behaviour predictor variables.

The Pearson Chi-square test was used to assess the relationship between the demographic, socio-economic and sexual characteristics of respondents with 'family-planning decision-making' and 'ever use of modern family-planning methods'. The Pearson Chi-square test was chosen due to the categorical nature of the independent and dependent variables. The equation used for the Pearson Chi-square test is shown below.

$$x^2 = \sum_{i=1}^i \frac{(O_{ij} - E_{ij})^2}{E_{ij}}$$

Associations were determined at a confidence interval of 95% and a significance level of 5%. According to the nature of the hypotheses, all variables which produced a P-value of less than 0.05 in the chi-square test were deemed to have a significant association with the response variables. A P-value of more than 0.05 is a rejection point of the null hypothesis of independence.

3.7.2 Multivariate data analysis

Binary logistic regression was the first method of analysis used at the multivariate level. Variables which presented an association with the response variable in the Pearson Chi-square test were further investigated at the multivariate level. These are variables which had a p-value of less than 0.05. The method was applicable to the response variable 'ever use of modern method of family planning'. The method was selected because it is appropriate for use in studies in which the outcome variable has binary outcomes irrespective of whether the predictor variables are continuous, binary or categorical in nature (Hilbe, 2009; Cook et al., 2000). The model is also appropriate for this study because the model does not make any assumptions about the distribution of the predictor variables. Logistic regression, is simply an extension of the bivariate analysis in a sense that more than two variables can be analysed at once (Menard, 2002; Hosmer & Lemeshow, 2000).

In fitting the logistic regression model, all demographic, socio-economic and sexual behaviour variables were included in the model. In this study, binary logistic regression was used to examine the likelihood of 'ever using modern methods of family planning' under the differing measurements of predictor variables. All demographic, socio-economic and sexual behaviour variables were simultaneously included in the model only to find out whether they brought a change to the magnitude of 'ever use of any method'. It can be further said that the main regression process was aimed at identifying the model or a combination of variables which better predict 'ever use of modern method of family planning'. The fit of the model was examined using the model

'goodness of fit'. The limited difference between the expected and observed values was a sign of goodness of fit.

The odds ratios (O.R) are used to interpret results. Odds ratio is statistically defined as the probability of a case divided by the probability of a non-case (Dayton, 1992). In the case of 'ever use of modern family-planning methods', this is to say the probability or likelihood of 'ever use of modern method of family planning' is expressed in terms of odds ratios. Odds ratios were chosen because they are much easier to understand when dealing with a categorical response outcome. In this study odds ratio is the likelihood of ever using modern methods of family planning coded "1" as compared to never using modern methods of family planning coded "0". An odds ratio of 1 signifies no difference in ever use and never use of modern family-planning methods. The greater the odds ratios are from one means the greater the likelihood of 'ever use of modern method of family planning' than 'never use of modern family planning'. In the model the reference category of the response variable is the measurement 'never used modern method of family planning' coded as '0'. The logistic regression equation used in testing the model is shown below:

$$y = \alpha + \beta_1 X_{1i} + \beta_2 X_{2i} + \dots + \beta_n X_{ni} + \epsilon_i$$
$$y = \text{Log}_e \frac{P_i}{1 - P_i}$$

An appropriate regression model for the response variable 'who decides about family planning' was identified. The Multinomial Logistic Regression model is simply an extension of binary logistic regression in a sense that more than two outcomes can be

catered for (Bayaga, 2010; Chen, 2005). The model accommodates a response variable with two outcomes irrespective of whether the predictor variables are continuous, binary or categorical in nature (Chan, 2005). The model was again chosen because the response variable outcomes are not ordered; thus no relation exists between the outcomes or no meaning can be attached to the variable outcome levels (Indigo, 2007). The chosen multinomial logistic regression model assumes that no collineality or minimal collineality exists between the predictor variables. The method maintains that knowledge of the status of the predictor variable gives no direction about the outcomes of 'who decides about family planning'.

Three Multinomial Logistic Regression (MLR) models were used for analysis at the multivariate level. The model was chosen because the response variable 'who decides about family planning' contains three outcomes including men alone, women alone and joint decisions. The odds ratios are used to interpret results; this is to say the probability of outcomes as compared to the reference category. In the models, each of the categories of the outcome variable was used as the reference category. The reference category takes the code value of '0' 'mainly respondent' takes the value of '1' and 'joint decision' takes the value of '2'. The aim of fitting the models was to identify predictors which result in a best fit or variables which better predict family-planning decision-making which has been categorized as men only, women only and joint decisions. The fit of the models was determined using the model likelihood ratio test, which tested for non-significance; that is, it checks whether there exists a significant difference between the model and the data in the model. The multinomial logistic regression equation used is shown below

$$\text{Log} (\pi_i / \pi_l) = \alpha_i + \beta_{ix}, i = 1, \dots, l-1.$$

3.8 Data limitations

Just like with other research designs, the quantitative study also contains weaknesses. One of the major problems is that a quantitative study is a highly controlled design in which the interviewee needs to espouse his/her answers to prepared determined alternatives (Brannem 1995 in Indigo, 2007). Consequently such a method barely captures in-depth information on sensitive subjects and answers barely indicate deviant behaviour. The overall quantitative design used in the study was restrictive since the researcher could not investigate precise reproductive behaviour. Concrete reasons behind preference of non-modern methods over modern methods could not be obtained. Quantitative research is subject to under-reporting of negative attitudes by some respondents due to concerns about morality, deviance and social disapproval as Buckingham and Saunders (2004) argue that personal questions may cause embarrassment. They go on to argue that it is hard to collect information in questionnaire survey on attitude and behaviour which is illegal, disgraceful or stigmatized. The final limitation is the fact that the dataset used for analysis may no longer give a true reflection of what is happening in South African society today, as the used data were collected in 2003.

Chapter Four

Rates and predictors of use of modern family planning methods by men in South Africa

4.1 Introduction

The chapter presents results on men's participation in the use of modern methods of family planning. The analysis placed great emphasis on modern methods simply because many national and international family planning programmes are currently promoting the use of modern methods. Results on 'ever use of modern methods of family planning and 'never use of modern methods of family planning are described at varying levels of the demographic, socio-economic and sexual behavioural variables. Significant predictors of men's involvement in family-planning decision-making are also discussed. To effectively assess the role men play in the use of modern family-planning methods, ever use of modern family planning methods was assessed by using data on men who have ever had sexual intercourse. Exactly 2565 men became units of analysis.

4.2 Background characteristics

The background characteristics of the sexually active men, who reported to have ever used a modern method, directly or indirectly, are presented in Table 2. The table shows that the majority of the men (42.3%) were young, belonging to the 15-29 year age cohort, followed by the 29-39 (25.3%) and 40-49 year age cohorts (19.3%). The oldest age cohort of 50 or more years comprised only 13.1% of the men. The mean age of the men was 27 years indicating that they were young. The majority of the men (nearly

50%) did not have children and 22% had at least three children. Another 14.5% and nearly 14% had one and two children respectively.

Regarding ethnicity, race was used as a proxy for ethnicity and the largest ethnic group was Blacks (74.3%) followed by Coloureds with nearly 11% and Asians who comprised nearly 10%. Whites were the smallest ethnic group in the study sample and comprised only about 5%. Table 2 also shows that the majority (62.5%) of the men were in urban areas at the time of the survey; and 52.2%, 32.3% and 11.6% lived in the countryside, townships and cities respectively in childhood. Only about 4% of the men in the study sample had lived abroad in childhood. Additionally, the majority of the men, comprising 65.2%, had secondary education; nearly 19% had primary education; 10% had tertiary education; and only 6% had no education. Nearly 52% were not working and 48% were working at the time of the survey.

Furthermore, Table 2 shows that the men who had never married were nearly 48%; the men who were currently married or living together were nearly 46%; and the formerly married men were only 6.5%. About 55% of the men did not have stable sexual partners at the time of the survey; 43.5% had only one sexual partner; and only 2% had two or more sexual partners. Regarding attitude towards use of modern family-planning methods, the majority, 67.3% approved the use of modern family-planning methods, nearly 19% were ambivalent to the use of modern family-planning methods and only 14% disapproved the use of any modern family-planning methods. Fifty-nine percent reported that they perceived family planning as the responsibility of both men and women; nearly 36% perceived family planning as the responsibility of women alone; and nearly 5% were ambivalent regarding the perception of who should shoulder family-

planning responsibilities. Regarding the desire for more children, 70.1% of both spouses desired more children, 5.2% of their female partners desired more children and 6.4% of their female partners desired fewer children. A large proportion of 18.2% were ambivalent regarding desire for more children.

Table 2 Percentage distribution of men by selected background characteristics

| Selected characteristics | Distribution by background characteristics | |
|---|--|------------|
| | Frequency | Percentage |
| Age | | |
| 15-29 | 1086 | 42.3 |
| 30-39 | 648 | 25.3 |
| 40-49 | 494 | 19.3 |
| 50+ | 337 | 13.1 |
| Total number of children ever born | | |
| 0 | 1261 | 49.6 |
| 1 | 368 | 14.5 |
| 2 | 352 | 13.9 |
| 3+ | 560 | 22.0 |
| Ethnicity | | |
| Black | 1902 | 74.3 |
| Coloured | 279 | 10.9 |
| White | 135 | 5.3 |
| Asian | 245 | 9.6 |
| Type of place of residence | | |
| Urban | 1602 | 62.5 |
| Rural | 963 | 37.5 |
| Childhood place of residence | | |
| City | 295 | 11.6 |
| Town | 820 | 32.3 |
| Countryside | 1324 | 52.2 |
| Abroad | 99 | 3.9 |
| Highest educational level | | |
| No education | 154 | 6.0 |
| Primary | 482 | 18.8 |
| Secondary | 1672 | 65.2 |
| Higher | 257 | 10.0 |
| Employment status | | |
| No | 1326 | 51.7 |
| Yes | 1238 | 48.3 |

Table 2 Continued

| Selected characteristics | Distribution by background characteristics | |
|--|--|--------------|
| | Frequency | Percentage |
| Current marital status | | |
| Never married | 1217 | 47.7 |
| Currently married | 1167 | 45.7 |
| Formerly married | 167 | 6.5 |
| Number of sexual partners | | |
| Currently none | 1397 | 54.5 |
| 1 | 1116 | 43.5 |
| 2 or more | 52 | 2.0 |
| Approval of family planning | | |
| Disapproves | 349 | 13.8 |
| Approves | 1702 | 67.3 |
| Don't know | 479 | 18.9 |
| Perception of family-planning roles | | |
| Both men and women | 1521 | 59.3 |
| Women only | 916 | 35.7 |
| Ambivalent | 126 | 4.9 |
| Desire for children | | |
| Both spouses wanted more children | 796 | 70.1 |
| Only female partner wanted more | 59 | 5.2 |
| Only female partner wanted fewer | 73 | 6.4 |
| Ambivalent | 207 | 18.2 |
| Total | 2565 | 100.0 |

4.3 Bivariate analysis

Differentials in use of family-planning methods

In this study the use of family planning methods by men was measured as ever used and never use of any modern family planning methods. This was probed by asking the question "Did you or your partner use any method of contraception/protection to prevent

pregnancy since your first sexual intercourse?" Overall, 64% of the men reported they had ever used a modern method to prevent pregnancy.

The differentials of ever use of any modern family-planning methods are presented in Table 3 by demographic, socio-economic and reproductive characteristics of men. Differentials by age show that overall, ever use of any modern family planning method decreased with increasing age. The proportion of men who reported 'ever use of any modern family-planning method' decreased from 77.7% in the 15-29 age cohort to 67.9% in the 30-39 age cohort and then decreased further to 48.4% and 36.5% in the 40-49 and the 50+ age cohorts. Ever use of any modern method of family planning was significantly associated with age of men at $p < 0.0001$. Since a significant association exists between 'ever use' and age cohort, we therefore reject the null hypothesis in favour of the alternative hypothesis. As expected, the use of any modern method of family planning was higher among men with fewer children. Table 3 shows that 74.5% of the men with no children; 65.5% of the men with one child; and 58.2% of the men with two children have ever used a modern method of family planning. Only about 44% of men with three or more children ever used a modern family-planning method. Ever use of any modern family-planning method was significantly associated with the number of children men already had at $p < 0.0001$, thus rejecting the null hypothesis of no association between the variables.

Differentials in ever use of any modern family-planning method was also significantly different by ethnicity at $p < 0.0001$; we reject the null hypothesis in favour of the alternative hypothesis of an association between ever use of any modern method of family planning with ethnicity. Table 3 show that the use of modern family-planning

methods was highest among Whites (85.2%) followed by Asians (77.1%) and Blacks (63.2%). Only 48.7% of Coloured men reported ever use of any modern family planning methods. Additionally more men currently living in urban areas (68.8%) than in rural areas (56.5%); and men who lived in a city (69.2%) or towns (72.8%) during childhood have ever used; and men who lived in the country side (58.5%) and men who lived abroad (49.5%) during childhood have ever used a modern method of family planning. Ever use of a modern family-planning method was also significantly associated with current and childhood place of residence at $p < 0.0001$; thus rejecting the null hypotheses in favour of the alternative hypotheses of a significant association between childhood and current place of residence with ever use of modern methods of family planning.

Regarding differentials by highest level of education and employment, the proportion of men who reported ever using any modern method of family planning increased with the level of education and employment status. More men with tertiary education (81.3%) followed by secondary education (71%), primary (41.9%) and no education (31.2%); and men who were employed (62%) and unemployed (66.2%) ever used a modern method of family planning. The highest levels of education and employment status were significantly associated with ever use of a modern method of family planning at $p < 0.0001$, we therefore reject the null hypothesis in favour of the alternative hypotheses which states that there exists a significant association between 'ever use of modern method of family planning' with education and employment status

Differentials of ever use of modern family-planning methods also varied by marital status and number of wives/sexual partners. The majority of those who ever used modern family-planning methods were men who were never married (76.3%), followed

by the formerly married men (59.3%) and currently married or cohabiting men (52.4%). More men with no stable sexual partners (74%), one sexual partner (52.7%) and two or more partners (46.2%) reported they ever used a modern method of family planning. As assumed, more men who approved (70.6%) use of modern family-planning methods used a modern method of family planning compared to 51% and 50.1% who disapproved and were ambivalent to the use of modern family planning methods. Ever use of a modern family planning method was significantly associated with marital status, number of partners and approval status of modern family planning methods at $p < 0.001$, $p < 0.05$ and $p < 0.0001$ respectively, thus rejecting the null hypotheses in favour of the alternative hypotheses of a significant association between the response variable and the predictor variables.

Ever use of modern family-planning methods was also assessed by probing the perception regarding the individual(s) most responsible for family planning in a relationship. Table 3 shows that 68.4% of the men perceived that family planning was the responsibility of both men and women, and 56.7% of the men perceived that family planning was mostly the responsibility of women. The perception of who is responsible for family planning in a relationship was significantly associated with ever use of a modern method of family planning by men at $p < 0.0001$, we therefore accept the alternative hypothesis which states that there is a significant association between ever use and perception of who is responsible for family planning. The effect of the desires for additional children on the use of family planning by men was also assessed. The result in Table 3 show that of those who have ever used modern family-planning methods, 55.3% report both spouses wanting more children, 54.2% of female partners

want more children and 54.8% of female partners want fewer children. Only 39.6% of the men who were ambivalent regarding the desire for more children, ever used a modern method of family planning. The desire for more children was significantly associated with ever use of a modern method of family planning by men at $p < 0.001$. We reject the null hypothesis in favour of the alternative hypothesis since the desire for more children was significantly associated with ever use of a modern method of family planning by men at $p < 0.001$.

Table 3 The percentage distribution of men by ever use of any modern method of family planning by selected background characteristics

| Selected characteristics | Ever use of modern family-planning method | |
|---|---|-------------|
| | Never used | Ever used |
| Age | | |
| 15-29 | 22.2 (242) | 77.7 (844) |
| 30-39 | 32.1 (208) | 67.9 (440) |
| 40-49 | 51.6 (255) | 48.4 (239) |
| 50+ | 63.5 (214) | 36.5 (123) |
| Chi-square | 256.40**** | |
| Total number of children ever born | | |
| 0 | 25.5 (322) | 74.5 (939) |
| 1 | 34.5 (127) | 65.5 (241) |
| 2 | 41.8 (147) | 58.2 (205) |
| 3+ | 56.4 (316) | 43.6 (244) |
| Chi-square | 167.00**** | |
| Ethnicity | | |
| Black | 36.8 (700) | 63.2 (1202) |
| Coloured | 51.3 (143) | 48.7 (136) |
| White | 14.8 (20) | 85.2 (115) |
| Asian | 22.9 (56) | 77.1 (189) |
| Chi-square | 73.47**** | |
| Type of place of residence | | |
| Urban | 31.2 (500) | 68.8 (1102) |
| Rural | 43.5 (419) | 56.5 (544) |
| Chi-square | 39.57**** | |
| Childhood place or residence | | |
| City | 30.8 (91) | 69.2 (204) |
| Town | 27.3 (223) | 72.8 (597) |
| Countryside | 41.5 (550) | 58.5 (774) |
| Abroad | 50.5 (50) | 49.5 (49) |
| Chi-square | 57.66**** | |
| Highest educational level | | |
| No education | 68.8 (106) | 31.2 (48) |
| Primary | 58.1 (280) | 41.9 (202) |
| Secondary | 29.0 (485) | 71.0 (1187) |
| Higher | 18.7 (48) | 81.3 (209) |
| Chi-square | 243.58**** | |

Table 3 Continued

| Selected characteristics | Ever use of any modern family-planning method | |
|--|---|--------------------|
| | Never used | Ever used |
| Employment status | | |
| No | 33.8 (448) | 66.2 (878) |
| Yes | 38.0 (471) | 62.0 (767) |
| Chi-square | 5.05** | |
| Current marital status | | |
| Never married | 23.7 (288) | 76.3 (929) |
| Currently married | 47.6 (556) | 52.4 (611) |
| Formerly married | 40.7 (68) | 59.3 (99) |
| Chi-square | 151.05**** | |
| Number of sexual partners | | |
| Currently none | 26.0 (363) | 74.0 (1034) |
| 1 | 47.3 (528) | 52.7 (588) |
| 2 or more | 53.8 (28) | 46.2 (24) |
| Chi-square | 130.23**** | |
| Approval of family planning | | |
| Disapproves | 49.0 (171) | 51.0 (178) |
| Approves | 29.4 (504) | 70.6 (1201) |
| Don't know | 49.9 (239) | 50.1 (240) |
| Chi-square | 97.55**** | |
| Perception of family planning-roles | | |
| Both men and women | 31.6 (521) | 68.4 (1126) |
| Women only | 43.3 (397) | 56.7 (519) |
| Chi-square | 35.10**** | |
| Desire for children | | |
| Both spouses want more children | 44.7 (356) | 55.3 (440) |
| Only female partner wants more | 45.8 (27) | 54.2 (32) |
| Only female partner wants fewer | 45.2 (33) | 54.8 (40) |
| Ambivalent | 60.4 (125) | 39.6 (82) |
| Chi-square | 16.45*** | |
| Total | 36.0 (914) | 64.0 (1624) |

Level of significance: * <0.05; ** <0.01; *** <0.001; **** <0.0001

4.4 Predictors of ever use of any modern method of family planning

Results on predictors of ever use of any modern family planning by men are presented in Table 4. The table shows that men in the 15-29, 30-39 and 40-49 year age cohorts were 4.38 ($p<0.0001$), 3.27 ($p<0.0001$) and 1.68 ($p<0.001$) times respectively more likely to have ever used a modern method of family planning compared to the men in the 50 or more age cohort, after controlling the effect of other covariates simultaneously. Additionally, men who perceived that family planning was the responsibility of both spouses, and women alone, were 2.77 ($p<0.0001$) and 2.27 ($p<0.05$) times respectively more likely to have used a modern method of family planning, after controlling the effect of other covariates simultaneously. Never married men and currently married men were also more likely ($OR=2.34$, $p<0.0001$) and less likely (0.76 , $p<0.001$) respectively to have ever used a modern method of family planning compared to the formerly married men after controlling the effect of other covariates simultaneously.

Conversely, Black and Coloured men were 0.54 and 0.32 less likely respectively than Asian men to have ever used a modern method of family planning. Being Black and Coloured are significant predictors of having ever used a modern method of family planning at $p<0.0001$ and $p<0.001$ respectively, after controlling the effect of other covariates simultaneously. The result of the logistic regression confirms the bivariate result that the level of education is inversely related to the use of a modern family-planning method by men. Table 4 shows that compared to men with tertiary education, men with no education ($OR=0.28$, $p<0.0001$) and primary education ($OR=0.44$, $p<0.001$) were less likely to have ever used a modern method of family planning, when the effects of other covariates are controlled for.

Table 4 The logistic regression model showing the predictors of ever use of modern family-planning methods by men

| Selected covariates | Odds ratios | CI |
|---|--------------------|-----------|
| Age | | |
| 15-29 | 4.38**** | 2.56-7.53 |
| 30-39 | 3.27**** | 2.21-4.82 |
| 40-49 | 1.68*** | 1.16-2.43 |
| 50+® | 1.00 | |
| Total number of children ever born | | |
| 0 | 1.19 | 0.77-1.83 |
| 1 | 1.05 | 0.69-1.58 |
| 2 | 1.12 | 0.78-1.59 |
| 3+® | 1.00 | |
| Ethnicity | | |
| Black | 0.54*** | 0.34-0.85 |
| Coloured | 0.32**** | 0.19-0.54 |
| White | 1.49 | 0.75-2.94 |
| Asian® | 1.00 | |
| Type of place of residence | | |
| Urban | 1.38 | 0.99-1.92 |
| Rural® | 1.00 | |
| Childhood place of residence | | |
| City | 1.32 | 0.53-3.30 |
| Town | 1.53 | 0.65-3.63 |
| Countryside | 1.11 | 0.48-2.56 |
| Abroad® | 1.00 | |
| Highest educational level | | |
| No education | 0.28**** | 0.14-0.56 |
| Primary | 0.44*** | 0.26-0.75 |
| Secondary | 0.71 | 0.44-1.14 |
| Higher ® | 1.00 | |
| Employment status | | |
| No | 1.26 | 0.93-1.70 |
| Yes® | 1.00 | |

Table 4 continued

| Selected covariates | Odds ratios | CI |
|--|-------------|-----------|
| Current marital status | | |
| Never married | 2.34**** | 0.78-1.25 |
| Currently married | 0.78*** | 0.89-3.56 |
| Formerly married® | 1.00 | |
| Number of sexual partners | | |
| Currently none | N/A | |
| 1 | 0.82 | 0.41-1.55 |
| 2 or more® | 1.00 | |
| Approval of family planning | | |
| Disapproves | 0.75 | 0.46-1.21 |
| Approves | 1.08 | 0.76-1.55 |
| Ambivalent® | 1.00 | |
| Perception of family-planning roles | | |
| Both men and women | 2.77*** | 1.29-5.96 |
| Women only | 2.27* | 1.05-4.89 |
| Ambivalent® | 1.00 | |
| Desire for children | | |
| Both spouses wanted more children | 1.39 | 0.96-2.00 |
| Only female partner wanted more | 1.18 | 0.61-2.29 |
| Only female partner wanted fewer | 1.37 | 0.75-2.53 |
| Ambivalent® | 1.00 | |
| Constant | 0.31 | |

OR= Odds ratio; CI= Confidence Interval; ® Reference category; Level of significance: *

<0.05; ** <0.01; *** <0.001; **** <0.0001

4.5 Discussion

The role men play in family planning, especially as users, in not only reducing fertility rates but also improving the reproductive health of women and survival of children cannot be over-estimated. The use of pregnancy prevention methods used voluntarily by men is also increasingly becoming important and indirectly contributes in achieving other MDGs including eradication of extreme poverty and hunger, achieving universal primary education and increasing the secondary education participation rate of women, bridging gender equality and empowering women. In this chapter the results of rates and predictors of use of any modern methods of family planning by sexually experienced men are reported.

The findings of the chapter show that the majority of men, 64%, have ever used a modern method of family planning or a modern method to prevent a pregnancy. Compared to men in the older age cohorts of 50 or more years, use of a modern method of family planning was more likely if the men were in the younger age cohorts of 15-29 and 30-39; and perceived that family planning is the responsibility of both men and women. Conversely, the results also show that Coloured men followed by Black men; and men with no education followed by men with primary education were less likely than Whites and Asians and men with secondary and tertiary education to have ever used a modern method of family planning.

The greater use of modern family planning by younger men could be attributed to several factors including the greater awareness of family planning by younger men (Ngunyen et al. 2006); greater access to family-planning methods (Santelli et al., 1997); and the integration of STIs and HIV infection prevention in family-planning programmes

which encourage the use of the condom for pregnancy prevention as well as STIs prevention (Kiersten, Ilona & Ametepi, 2012). The greater emphasis on social returns from children, which increases the demand for quality rather than quantity of children, may have also increased the need for men to get actively involved and encouraged use of modern methods of family planning (Anh et al., 1998; Ilahi, 2001; Peterson, 1999; Kiersten, Ilona & Ametepi, 2012). This was not previously the case with older men whose social and cultural circumstances may have encouraged large numbers of children, which is consistent with the arguments proposed by Caldwell (1976) who argued that societies with high fertility were sustained by cultural norms, and embedded in religious and lineage systems. The high prevalence of ever use among young men can be explained by the increased need to space childbearing as a way of promoting child health and women health and the increased participation of South African women in economic activities outside the home. As such child-bearing tends to compete with economic motives, hence the high rate of use or ever use of modern methods of family planning.

The greater use of modern family-planning methods by men who perceived family planning as a responsibility of both men and women could have been a result of greater dialogue between men and women regarding the importance of family planning for improving the health and economic wellbeing of households. This could also be a result of the better education of men, which in this study has also been found to have a greater effect on use of modern family-planning methods. A previous study in some countries found that spousal approval and joint decision-making on family planning was attributed to the higher education level of men (Gebreselassie & Mishra, 2007).

However, this study also found that the perception that women are the only ones who play important roles in family planning also increased the likelihood of men using modern methods of family planning. Although women are not the only decision-makers regarding family planning (Bongaarts & Bruce, 1995), any success in family-planning programmes, including the approval and use of modern family-planning methods by men, which a previous study noted is very important in the success of family-planning programmes especially in sub-Saharan Africa (Tawiah, 1997), must first get the approval of women as the majority of family-planning methods currently in use were designed for use by women.

With regards to ethnicity, several explanations have been documented which explain the low use of family planning by the black population as opposed to the white or Asian population. A number of studies have associated the low use of family planning by the black population mainly to their cultural traditions which place a high social value on children (Ghazalinda et al., 2008; Fapohunda & Rutenberg, 1999; Leibenstein 1975). It is argued that one's social respect or one's social status is defined by the number of children one has; this therefore leads to many being unwilling to use modern family planning due to the social motive of attaining high fertility. It is further shown that a woman's recognition in a society depends on her ability to give birth to children (Gregson et al., 2002). As a result women are faced with a challenge of proving their womanhood to society by giving birth to more children, thus reducing the use by women and men of modern family-planning methods.

The low user rate of modern family-planning methods by African and Coloured men can also be explained by the existing belief and practice that men are the ones who provide

for their families while women remain in the confines of the home to care for children (Greenstein, 2000). Additionally, African men's perception of masculinity or manhood, manifested by the number of women they impregnate, could perpetuate a lower use of modern methods of family planning among men, which has been used as a strategy of ensuring the domination of women by men in the household. In contrast the economic aspirations of Whites and Asians promote the use of modern family planning as they aspire for better living standards and careers which are incompatible with frequent childbearing or many children in the household.

Chapter Five

Family-planning decision-making and its predictors

5.1 Introduction

The chapter presents results on the involvement of men in family planning decision making. Results on decisions made by 'men only', 'women only', and 'joint decisions' are described at varying levels of the demographic, socio-economic and sexual behavioural variables. Significant predictors of men's involvement in family planning decision making are also discussed. To effectively assess the role men play in the family-planning processes, family-planning decision-making was assessed by using data on men who reported that they were currently married or cohabiting (living with a woman). Exactly 1167 men were currently married or cohabiting.

5.2 Background characteristics of men in a union

The background characteristics of the men are presented in Table 5. The table shows that overall, with the exception of the age cohort of 50 or more (23.1%), the proportion of currently married or cohabiting men increased with age. The majority of the men in the study sample were in the 40-49 year age cohort (32.6%) followed by the 30-39 year age cohort (31.0%). Only 13.2% of the men were in the 15-29 year age cohort and the median age of the men was 32 years. The proportion of the men increased as the number of children ever born increased. Nearly 42%, 23% and 18% of the men had at least three children, two children and one child respectively. Only 17.3% of the men had no children.

Distribution by ethnicity shows that the majority of the men were Blacks (63.5%), nearly 14% were Coloureds, nearly 15% were Asians and only 8% were Whites. Sixty-five percent and 34.6% of the men were living in urban and rural areas respectively at the time of the survey. The majority of men (50.6%) lived in the countryside, 32.5% lived in towns and 14.1% of the men lived in the cities during childhood. Only 2.8% lived abroad during childhood. Regarding distribution by the highest level of education, 56.9% of the men had attained secondary education, 23.5% had primary education and 11.1% had attained tertiary education. Men with no education comprised only 8.5%; and 68% and 32% of the men reported not working and working respectively.

Distribution by sexual and reproductive characteristics shows that nearly 96% had one sexual partner and 5% of the men had two or more sexual partners; 67.1% approved, 19.4% disapproved and 13.5% were ambivalent to use of modern family planning methods. About 59% perceived that men and women were equally responsible for family planning, 36.1% perceived that only women were responsible for family planning and nearly 5% were ambivalent regarding responsibility on family planning. Regarding distribution by desires for more children, Table 5 shows that 70.1% of the men reported that both spouses wanted more children, 5.2% of female spouses wanted more children and 6.4% men showed that only female spouses desired fewer children respectively. About 18.3% of the men also reported that they

Table 5 Percentage distribution of men by selected background characteristics

| Selected characteristics | Distribution by background characteristics | |
|---|--|------------|
| | Frequency | Percentage |
| Age | | |
| 15-29 | 154 | 13.2 |
| 30-39 | 362 | 31.0 |
| 40-49 | 381 | 32.6 |
| 50+ | 270 | 23.1 |
| Total | | |
| Total number of children ever born | | |
| 0 | 199 | 17.3 |
| 1 | 202 | 17.6 |
| 2 | 266 | 23.2 |
| 3+ | 482 | 41.9 |
| Ethnicity | | |
| Black | 739 | 63.5 |
| Coloured | 160 | 13.8 |
| White | 93 | 8.0 |
| Asian | 171 | 14.7 |
| Type of place of residence | | |
| Urban | 763 | 65.4 |
| Rural | 404 | 34.6 |
| Childhood place or residence | | |
| City | 164 | 14.1 |
| Town | 377 | 32.5 |
| Countryside | 588 | 50.6 |
| Abroad | 32 | 2.8 |
| Highest educational level | | |
| No education | 99 | 8.5 |
| Primary | 274 | 23.5 |
| Secondary | 664 | 56.9 |
| Higher | 130 | 11.1 |
| Employment status | | |
| No | 373 | 32.0 |
| Yes | 793 | 68.0 |
| Number of sexual partners | | |
| 1 | 115 | 95.5 |
| 2 or more | 52 | 4.5 |

Table 5 Continued

| Selected characteristics | Distribution by background characteristics | |
|--|--|--------------|
| | Frequency | Percentage |
| Approval of family planning | | |
| Disapproves | 156 | 13.5 |
| Approves | 775 | 67.1 |
| Don't know | 224 | 19.4 |
| Perception of family-planning roles | | |
| Both men and women | 690 | 59.2 |
| Women only | 421 | 36.1 |
| Ambivalent | 54 | 4.6 |
| Desire for children | | |
| Both spouses want more children | 795 | 70.1 |
| Only female partner wants more | 59 | 5.2 |
| Only female partner wants fewer | 73 | 6.4 |
| Ambivalent | 207 | 18.3 |
| Family-planning decision-makers | | |
| Male spouse | 121 | 10.6 |
| Female spouse | 103 | 9.1 |
| Joint | 915 | 80.3 |
| Total | 1167 | 100.0 |

were ambivalent regarding desires for more children respectively. Regarding the person(s) who made decisions on family planning, Table 5 shows that 80.3% were made jointly by both spouses, 10.6% were made by men alone and 9.1% of the men reported that family planning decisions were made by female spouses alone.

5.3 Bivariate analysis

Differentials in family-planning decision-making

Family-planning decision-making was categorized into three the 'men respondents', 'their female spouses' and 'joint decisions'. Data were obtained by asking men to report

the main decision-makers regarding family planning in their relationships and the results are presented in Table 6. The table shows that differentials in decision-making on family planning was predominantly made jointly by both spouses in all age cohorts, total children ever born categories, ethnicity, places of residence, childhood places of residence, level of education, employment status, number of sexual partners, approval of family planning, perceptions of roles on family planning and desire for more children. The table also shows that all the selected characteristics, except the number of sexual partners, were significantly associated with decision-making on family planning; as a result we reject the null hypotheses that all the predictor variables, except for number of sexual partners, have no significant association with who decides about family planning. With regards to the number of sexual partners, we do accept the null hypothesis that there is no association with who decides about family planning and number of sexual partners.

Differentials by age show that the majority of joint decisions were reported by men in the 50 years or more cohort (84.3%), followed by men in the 30-39 years age cohort (83.7%) and 40-49 years age cohort (78.1%). Nearly 70% of the men in the 15-29 years age cohorts also said family-planning decisions were jointly made by both spouses. Differentials by total number of children ever born show that most joint decisions were reported by men with one (84.7%) and two (84.3%) children, followed by men with three or more children (78.9%) and men with no children (72.3%).

Table 6 also presents differentials in decision-making by ethnicity, adulthood place of residence and childhood place of residence. The table shows that the majority of joint decisions were reported by Asians (96.5%), followed by Coloureds (88%), Whites

(84.4%) and Blacks (74%); by men currently living in urban areas (84.8%) than rural areas (71.4%); and by men who in their childhood lived in the Townships (86.7%), followed by the city (84.3%), country side (75.3%) and abroad (73.3%). More men with tertiary education (91.3%), followed by secondary (83%), primary (73.2%) and no education (64%) said family-planning decisions were jointly made; and more employed men, nearly 83%, than unemployed men, about 74%, said they made joint decisions with their spouses on family planning.

Regarding differentials by sexual and reproductive characteristics, 80% of the men with one and 77% of men with two or more sexual partners reported making joint decisions on family planning; nearly 85% of men who approved, 73% of men who were ambivalent and nearly 70% of men who disapproved of family planning reported they made joint decisions of family planning; and nearly 85% of the men perceived family planning as the responsibility of both men and women, 73% of the men perceived family planning as the responsibility of women alone and 76% were ambivalent regarding roles in family planning. Regarding differentials in decision-making by desire for more children, the majority of men who said both spouses wanted more children (nearly 84%) and where only the women who wanted more children (87%) also said they made joint decisions; nearly 70% of the men who said only the female spouse wanted more children made joint family planning decisions; and only 58% of the men who were ambivalent regarding partner's desire for more children, made joint family planning decisions.

Table 6 Percentage distribution of differentials in family planning decision-making by selected characteristics of men

| Selected characteristics | Decision-making on family planning | | |
|---|------------------------------------|-----------|------------|
| | Respondent | Partner | Joint |
| Age | | | |
| 15-29 | 20.0 (27) | 10.4 (14) | 69.6 (94) |
| 30-39 | 7.7 (26) | 8.6 (29) | 83.7 (282) |
| 40-49 | 11.1 (40) | 10.8 (39) | 78.1 (282) |
| 50+ | 8.7 (22) | 7.1 (18) | 84.3 (214) |
| Chi-square | 20.58*** | | |
| Total number of children ever born | | | |
| 0 | 19.9 (35) | 7.4 (13) | 72.7 (128) |
| 1 | 8.5 (16) | 6.9 (13) | 84.7 (160) |
| 2 | 7.1 (18) | 8.7 (22) | 84.3 (214) |
| 3+ | 9.8 (44) | 11.3 (51) | 78.9 (355) |
| Chi-square | 24.74**** | | |
| Ethnicity | | | |
| Black | 14.1 (96) | 11.9 (81) | 74.0 (503) |
| Coloured | 7.7 (11) | 4.2 (6) | 88.0 (125) |
| White | 5.6 (5) | 10.0 (9) | 84.4 (76) |
| Asian | 1.2 (2) | 2.3 (4) | 96.5 (165) |
| Chi-square | 53.94**** | | |
| Type of place of residence | | | |
| Urban | 8.2 (59) | 7.0 (50) | 84.8 (608) |
| Rural | 15.1 (56) | 13.5 (50) | 71.4 (264) |
| Chi-square | 27.85**** | | |
| Childhood place of residence | | | |
| City | 7.2 (11) | 8.5 (13) | 84.3 (129) |
| Town | 7.5 (27) | 5.8 (21) | 86.7 (313) |
| Countryside | 13.4 (72) | 11.3 (61) | 75.3 (405) |
| Abroad | 13.3 (4) | 13.3 (4) | 73.3 (22) |
| Chi-square | 21.05*** | | |

Table 6 continued

| Selected characteristics | Decision-making on family planning | | |
|--|------------------------------------|------------------|-------------------|
| | Respondent | Partner | Joint |
| Highest educational level | | | |
| No education | 15.7 (14) | 20.2 (18) | 64.0 (57) |
| Primary | 15.0 (37) | 11.8 (29) | 73.2 (180) |
| Secondary | 9.3 (58) | 7.7 (48) | 83.0 (519) |
| Higher | 4.7 (6) | 3.9 (5) | 91.3 (116) |
| Chi-square | 37.92**** | | |
| Employment status | | | |
| No | 15.7 (54) | 9.9 (34) | 74.3 (255) |
| Yes | 8.2 (61) | 8.9 (66) | 82.9 (616) |
| Chi-square | 14.99*** | | |
| Number of sexual partners | | | |
| 1 | 10.3 (107) | 9.3 (96) | 80 (832) |
| 2 or more | 15.4 (8) | 7.7 (4) | 77 (40) |
| Chi-square | 1.10 | | |
| Approval of family planning | | | |
| Disapproves | 22.1 (31) | 10.0 (14) | 67.9 (95) |
| Approves | 6.9 (51) | 8.4 (62) | 84.7 (627) |
| Don't know | 16.3 (51) | 10.7 (21) | 73.0 (143) |
| Chi-square | 40.20**** | | |
| Perception of family-planning roles | | | |
| Both men and women | 8.7 (58) | 6.4 (42) | 84.8 (554) |
| Women only | 13.7 (53) | 13.4 (52) | 72.9 (282) |
| Ambivalent | 11.1 (5) | 13.3 (6) | 75.6 (34) |
| Chi-square | 23.93**** | | |
| Desire for children | | | |
| Both spouses want more children | 8.7 (67) | 7.6 (58) | 83.7 (642) |
| Only female partner wants more children | 5.6 (3) | 7.4 (4) | 87.0 (47) |
| Only female partner wants fewer children | 11.0 (8) | 19.0 (14) | 69.9 (51) |
| Ambivalent | 19.3 (36) | 13.0 (24) | 57.9 (127) |
| Chi-square | 30.03**** | | |
| Total | 10.5 (114) | 9.3 (100) | 80.2 (867) |

Level of significance: * <0.05; ** <0.01; *** <0.001; **** <0.0001

5.4 Multivariate data analyses

Three Multinomial Logistic Regression (MLR) models were conducted to identify the significant predictors of family-planning decision-making. Model I was conducted to identify the significant predictors of family-planning decision-making by men only relative to women only when joint decision was made a reference category; Model II was used to identify the significant predictors of joint decision-making on family planning by women only relative to joint decisions when decision by men only is the reference category; and Model III was used to identify the significant predictors of joint family planning decision-making relative to decisions by men only when women only is the reference category.

Before the results of the Models are presented, the fitness of the models should be assessed. The assessment shows that the -2 log likelihood for the intercept and final model is 1295.617 and 1174.135 respectively. The chi-square value is 121.483 and $p < 0.0001$ indicating that the final change in the models were statistically significant. The goodness of fit data also shows that the Pearson Chi-Square was 1828.679 and the $p < 0.001$, indicating that the models were a good fit.

The statistics of likelihood ratio test obtained from the MLR are presented in Table 7 to show the variables which significantly contributed to the family planning decision-making as reported by men. The table shows that ethnicity with $X^2 = 22.007$ and $p < 0.0001$ is the most significant variable that influenced the family planning decisions as reported by men, followed by the highest level of education ($X^2 = 13.490$; $p < 0.001$), desire for more children, ($X^2 = 9.261$; $p < 0.010$) and total children ever born ($X^2 = 9.001$; $p < 0.011$). Other variables which significantly influenced family planning decisions were

age cohort of men ($\chi^2=6.319$; $p<0.042$) and adulthood place of residence ($\chi^2=5.255$; $p<0.049$). Childhood place of residence, employment status of the men, and the number of sexual partners of the men, approval of family planning by the men and perceived key players in family planning practice were not significant predictors of family planning decision makers in the study sample.

Table 7 Multinomial Logistic Regression ratio test showing the variables that significantly contributed to family-planning decision-making

| Variables | Model fitting criteria | Likelihood Ratio Test | | |
|--|------------------------------------|-----------------------|----|----------|
| | -2 Log Likelihood of reduced Model | χ^2 | df | Sig. (p) |
| Intercept | 1174.135 | 0.000 | 0 | |
| Age cohorts | 1180.454 | 6.319 | 2 | 0.042 |
| Children ever born | 1183.136 | 9.001 | 2 | 0.011 |
| Ethnicity | 1196.141 | 22.007 | 2 | 0.000 |
| Adulthood place of residence | 1179.395 | 5.255 | 2 | 0.049 |
| Childhood place of residence | 1175.214 | 1.080 | 2 | 0.583 |
| Highest level of education | 1187.625 | 13.490 | 2 | 0.001 |
| Employment status | 1178.396 | 4.262 | 2 | 0.119 |
| Number of sexual partners | 1176.743 | 2.609 | 2 | 0.271 |
| Approval of family planning | 1175.418 | 1.283 | 2 | 0.527 |
| Perceived key players in family planning | 1175.704 | 1.261 | 2 | 0.456 |
| Desire for more children | 1183.395 | 9.261 | 2 | 0.010 |

Level of significance: * <0.05; ** <0.01; *** <0.001; **** <0.0001

The results presented in Table 8 show that compared to joint decision-making on family planning, age cohort and total children ever born significantly reduced the influence of women alone and men alone in family-planning decisions by 0.74 and 0.79 times respectively. Additionally, the table shows that compared to joint decisions on family planning, ethnicity significantly reduced the influence of men alone and women alone in making family planning decisions by 0.55 and 0.66 times respectively; education significantly reduced the role of men alone and women alone in family planning decisions by 0.70 and 0.63 times; and employment status of men also significantly reduced the role of men alone in family-planning decisions by 0.67 times. The finding suggests that regardless of the age cohort, ethnicity, educational level and employment

status of men in the study sample, men alone do not greatly influence family planning decisions even after controlling the effects of all selected socio-demographic and reproductive characteristics of men. Family-planning decisions are mostly jointly made by both spouses. In contrast, when the effect of other socio-demographic and reproductive factors are controlled for, compared to joint decisions, the desire for more children significantly increased family-planning decisions by men by 1.12 times. Adulthood place of residence, childhood place of residence, number of sexual partners, approval of family planning and perceived key players in family planning practice were not significant predictors of family-planning decision-makers.

In Table 9, the results of the effects of the selected socio-demographic and reproductive characteristics of men on family planning decisions when the decision making by men alone is the reference category are presented. The table shows that compared to decision making by men alone, children ever born to men, ethnicity of men, the highest level of education of men and employment status of men significantly increased joint family-planning decisions by 1.51, 1.81, 1.42 and 1.50 times respectively. Additionally, compared to decision making by men alone, children ever born to men and employment status of men significantly increased family planning decisions by women alone by 1.26 and 1.74 times respectively. Conversely, compared to decision-making by men alone, the desire for more children significantly reduced joint family-planning decisions by 0.90 times. The result confirms the previous findings presented in Table 8 which indicated that family planning decisions are mostly jointly made regardless of the socio-demographic characteristics of men

Table 8 Multinomial logistic regression model showing the effects of selected socio-demographic and reproductive characteristics on family planning decision by men relative to women when joint decision was the reference category.

| Factors and FP decision-maker | Intercept | OR | IC |
|-------------------------------------|-----------|---------|-----------|
| Age cohort of men | | | |
| Decisions by men | 0.848 | 0.84 | 0.67-1.07 |
| Decisions by women | 0.902 | 0.74* | 0.57-0.97 |
| Joint ® | | | |
| Total children ever born | | | |
| Decisions by men | | 0.79* | 0.66-0.97 |
| Decisions by women | | 1.20 | 0.95-1.51 |
| Joint ® | | | |
| Ethnicity | | | |
| Decisions by men | | 0.55*** | 0.39-0.77 |
| Decisions by women | | 0.66*** | 0.48-0.89 |
| Joint ® | | | |
| Adulthood place of residence | | | |
| Decisions by men | | 0.68 | 0.43-1.08 |
| Decisions by women | | 0.64 | 0.39-1.04 |
| Joint ® | | | |
| Childhood place of residence | | | |
| Decisions by men | | 0.87 | 0.63-1.21 |
| Decisions by women | | 0.88 | 0.62-1.24 |
| Joint decisions® | | | |
| Highest level of education | | | |
| Decisions by men | | 0.70** | 0.53-0.94 |
| Decisions by women | | 0.63*** | 0.47-0.84 |
| Joint decisions® | | | |
| Employment status | | | |
| Decisions by men | | 0.67* | 0.43-1.02 |
| Decisions by women | | 1.15 | 0.72-1.84 |
| Joint decisions® | | | |
| Number of sexual partners | | | |
| Decisions by men | | 0.91 | 0.38-2.19 |
| Decisions by women | | 0.40 | 0.12-1.38 |
| Joint decisions® | | | |

Table 8 continued

| Factors and FP decision maker | Intercept | OR | IC |
|--|-----------|---------|-----------|
| Approval of family planning | | | |
| Decisions by men | | 1.03 | 0.97-1.10 |
| Decisions by women | | 0.98 | 0.72-1.84 |
| Joint decisions® | | | |
| Perception of family planning roles | | | |
| Decisions by men | | 0.97 | 0.86-1.10 |
| Decisions by women | | 1.07 | 0.91-1.06 |
| Joint decisions® | | | |
| Desire for children | | | |
| Decisions by men | | 1.12*** | 1.03-1.19 |
| Decisions by women | | 1.06 | 0.99-1.15 |
| Joint decisions® | | | |

OR= Odds ratio; CI= Confidence Interval; ® Reference category; Level of significance: *

<0.05; ** <0.01; *** <0.001; **** <0.0001

Table 9 Multinomial logistic regression showing the effects of selected socio-economic and reproductive characteristics of men on family planning decision making by women relative to joint decision when decision by men is the reference category.

| Factors and FP decision-maker | Intercept | OR | IC |
|-------------------------------------|-----------|---------|-----------|
| Age cohort of men | | | |
| Decision by men ® | | | |
| Decision by women | 0.054 | 0.88 | 0.63-1.22 |
| Joint decisions | -0.848 | 1.19 | 0.94-1.50 |
| Total children ever born | | | |
| Decision by men ® | | | |
| Decision by women | | 1.51*** | 1.14-1.99 |
| Joint decisions | | 1.26* | 1.08-1.53 |
| Ethnicity | | | |
| Decision by men ® | | | |
| Decision by women | | 1.19 | 0.77-1.85 |
| Joint decisions | | 1.81*** | 1.29-2.54 |
| Adulthood place of residence | | | |
| Decision by men ® | | | |
| Decision by women | | 0.94 | 0.51-1.74 |
| Joint decisions | | 1.47 | 0.93-2.32 |
| Childhood place of residence | | | |
| Decision by men ® | | | |
| Decision by women | | 1.01 | 0.65-1.57 |
| Joint decisions | | 1.15 | 0.83-1.59 |
| Highest level of education | | | |
| Decision by men ® | | | |
| Decision by women | | 0.89 | 0.61-1.30 |
| Joint decisions | | 1.42** | 1.07-1.89 |
| Employment status | | | |
| Decision by men ® | | | |
| Decision by women | | 1.74* | 0.96-3.09 |
| Joint decisions | | 1.50* | 0.98-2.29 |
| Number of sexual partners | | | |
| Decision by men ® | | | |
| Decision by women | | 0.44 | 0.11-1.82 |
| Joint decisions | | 1.10 | 0.46-2.64 |

Table 9 continued

| Factors and FP decision-maker | Intercept | OR | IC |
|--|-----------|---------|-----------|
| Approval of family planning | | | |
| Decision by men ® | | | |
| Decision by women | | 0.95 | 0.87-1.04 |
| Joint decisions | | 0.97 | 0.91-1.03 |
| Perception of family-planning roles | | | |
| Decision by men ® | | | |
| Decision by women | | 0.94 | 0.94-1.28 |
| Joint decisions | | 1.03 | 0.91-1.16 |
| Desire for children | | | |
| Decision by men ® | | | |
| Decision by women | | 0.96 | 0.51-1.74 |
| Joint decisions | | 0.90*** | 0.84-0.97 |

OR= Odds ratio; CI= Confidence Interval; ® Reference category; Level of significance: * <0.05; ** <0.01; *** <0.001; **** <0.0001

Table 6 presents the effect of selected demographic, socio-demographic and reproductive characteristics of men on family-planning decisions by men alone and jointly by spouses when women decision is the reference category. The table shows that compared to women alone, age cohort significantly increased joint family planning decision by 1.35 (p<0.05) times; ethnicity significantly increased joint family planning decision by 1.52 (p<0.001) times; and the highest level of education significantly increased joint family planning decision by 1.60 (p<0.001) times. Additionally, number of sexual partners significantly increased joint family planning decision by 2.49 (p<0.001) times.

Table 10 Multinomial logistic regression model showing the effects of selected socio-demographic and reproductive characteristics of men on joint family planning decision making relative to decisions made by men when women are the reference category

| Factors and FP decision-maker | Intercept | OR | IC |
|-------------------------------------|-----------|---------|-----------|
| Age cohort of men | | | |
| Decision by men | -0.054 | 1.14 | 0.82-1.58 |
| Decision by women ® | | | |
| Joint decisions | -0.902 | 1.35* | 1.03-1.76 |
| Total children ever born | | | |
| Decision by men | | 0.66*** | 0.50-0.88 |
| Decision by women ® | | | |
| Joint decisions | | 0.84 | 0.66-1.05 |
| Ethnicity | | | |
| Decision by men | | 0.84 | 0.54-1.31 |
| Decision by women ® | | | |
| Joint decisions | | 1.52*** | 1.12-2.07 |
| Adulthood place of residence | | | |
| Decision by men | | 1.07 | 0.58-1.98 |
| Decision by women ® | | | |
| Joint decisions | | 1.57* | 0.97-2.54 |
| Childhood place of residence | | | |
| Decision by men | | 0.99 | 0.64-1.54 |
| Decision by women ® | | | |
| Joint decisions | | 1.14 | 0.80-1.61 |
| Highest level of education | | | |
| Decision by men | | 1.12 | 0.77-1.64 |
| Decision by women ® | | | |
| Joint decisions | | 1.60*** | 1.19-2.18 |
| Employment status | | | |
| Decision by men | | 0.58* | 0.32-1.04 |
| Decision by women ® | | | |
| Joint decisions | | 0.87 | 0.54-1.39 |
| Number of sexual partners | | | |
| Decision by men | | 2.27 | 0.55-9.36 |
| Decision by women ® | | | |
| Joint decisions | | 2.49*** | 0.73-8.55 |

Table 5.6 Continued

| Factors and FP decision maker | Intercept | OR | IC |
|--|-----------|------|-----------|
| Approval of family planning | | | |
| Decision by men | | 1.05 | 0.96-1.15 |
| Decision by women ® | | | |
| Joint decisions | | 1.02 | 0.94-1.10 |
| Perception of family-planning roles | | | |
| Decision by men | | 0.91 | 0.95-1.14 |
| Decision by women ® | | 0.94 | 0.83-1.05 |
| Joint decisions | | | |
| Desire for children | | | |
| Decision by men | | 1.04 | 0.57-1.98 |
| Decision by women ® | | | |
| Joint decisions | | 0.94 | 0.87-1.02 |

OR= Odds ratio; CI= Confidence Interval; ® Reference category; Level of significance: *

<0.05; ** <0.01; *** <0.001; **** <0.0001

Conversely, children ever born to men and employment status of men significantly reduced family-planning decisions by men alone. The number of children ever born to men and employment status significantly reduced family-planning decisions by men by 0.66 and 0.58 times respectively. Children ever born to men and employment status of men are significant predictors of men's reduced influence in family-planning decisions.

5.5 Discussions

Family-planning decision-making is an important determinant of use of modern family-planning methods for both women and men. It is more important for men because most of the family-planning methods with the exception of the condom were initially designed for use by women. As a result they can only be used either with the cooperation of men or without their knowledge. Other methods such as the condom and vasectomy can

only be used if the men are convinced that it is in the best interest of their families, given the attainment of their family size desires and survival of children, which have been identified as some of the factors influencing unmet need for family planning. Another reason for men's non-involvement in decision to use family-planning methods, which has also contributed to the unmet need of family planning, is the fear of sexual infidelity by their female sexual partners (Green, 1994). This chapter analysed the rates and predictors of the main decision-makers in the use of family planning. The decision makers were categorized as 'men only', 'women only' and 'joint decisions by both spouses'. The men included in the analyses are those who reported they were either married or cohabiting (living together with a woman).

The results of the analyses show that the majority, more than 80% of the men, reported that family-planning decisions are made jointly by both spouses, 10% reported it is mostly men who make decisions on family planning and about 9% said family-planning decisions are made by women only. The results of the multivariate analyses in Model I show that men were less likely to report that family-planning decisions are made by men alone and women alone when joint decision is the reference category. Age cohort, children ever born, ethnicity, highest level of education and employment status are significant predictors of reduced likelihood of decision making by men alone. Conversely, the desire for more children was a significant predictor of increased likelihood of decisions by men alone. Model II show that men were more likely to report that family planning decisions are made by women alone and jointly by both spouses when decisions by men alone is the reference category. The model also shows that children ever born, ethnicity, highest level of education and employment status are

significant predictors of joint family-planning decisions. Model III shows that men were more likely to report that family-planning decisions are made jointly by both spouses than men alone when decisions by women alone is the reference category. The model also shows that age cohort, ethnicity, and adulthood place of residence and highest level of education are significant predictors of increased likelihood of joint family planning decisions.

The result suggests that joint decision-making is the most important and preferred means of increasing contraceptive acceptance and use by men. This is consistent with a previous study which found that couple-focused family-planning interventions were more effective, with respect to contraceptive acceptance and continuation, compared to interventions with women alone (Gibson et al., 2010), which could be attributed to the less decision making by women alone who are often dependent on their partners or spouses for economic and social well-being. Low social status, less participation of women outside the home and in economic activities contributes in depressing their domination over decision making. This is most likely to be the case in less modern societies.

Previously, men were not willing to contribute effectively to family-planning decision-making regardless of age. This was attributed to the strong cultural values of children which stood as a barrier to family-planning use, especially in African societies where fertility values were high. The high parity values held by men are linked to old age security as well as traditional respect attached to men with high parities (Leibenstein, 1975; Fapohunda & Rustenberg, 1999; Wulf, 1985). However, there is evidence to suggest that this is now changing and has led to men increasingly being involved in joint

family-planning decisions as a way of regulating fertility to lower levels. It is likely that the increasing participation of men in decision-making on family planning could have been motivated by change in attitude towards family planning (Ezeh et al., 1996); as shown, positive attitude towards family planning is high and men regard family planning as the responsibility of both men and women.

A previous study done by Zulu (1998) maintains that men are increasingly involved in family planning, especially in the context of use of modern family planning methods. The study found no significant differences between decisions made by males and decisions made by females. It is shown that the involvement of men in family planning is low in societies where traditional methods prevail. In such context neither men nor women may decide on family planning issues but older women, who may be the mother, grandmother or aunt of the men/husbands, decide on the couple's traditional family-planning adoption or other reproductive and fertility issues regardless of whether a couple wants or not (Zulu, 1998). The increasing dominance of modern methods brings men together with their partners in deciding about family planning and fertility desires they want to pursue. This is to say the dominance of wives only and older women in family planning is associated with the use of traditional family planning methods while joint decisions are increasingly associated with modern methods of family planning. This is due to the fact that, unlike traditional methods, some modern methods cannot be effectively used without the knowledge and the cooperation of the partner. Some female traditional methods such as those described by Zulu (1998) can be used with or without the knowledge and cooperation by the male partner.

The greater role of education in increasing the likelihood of men participating in joint decision-making on family-planning use observed in this study has been observed elsewhere and could be attributed to the self-efficacy, which is the most important factor for behaviour change (Bandura, 1986). A number of other studies, especially in developed countries have shown self-efficacy to be a significant predictor of contraceptive behaviour (Cecil & Pinkerton, 1998; Levinson et al., 1998; Stark et al., 1998). Previous studies have also found that men with higher education participated in joint family-planning decision-making (Ezeh, 1996). In contrast elders dominate the family planning decision of educated couples in some societies (Zulu, 1998); this contradicts the widely held view that educated individuals have increased authority and autonomy over their reproductive lives. Additionally, more men in both rural and urban areas also participate in joint family planning decision making which is consistent with two other previous studies (Toure, 1996; Samadnari, 2008). The greater use of family planning methods and participation of men in family planning decisions in urban areas could be attributed to the easy accessibility of family planning methods and the difficulty of raising large families in urban areas. The cost of living, child rearing in the modern time and minimum living standards perpetuated by high childbearing leads to many couples adjusting fertility levels accordingly, this is also achieved through joint decision-making and efficient use of contraception (Fapohunda & Rustenberg, 1999).

The shift from male or female based decision-making to joint decision-making is also explained by the increased risk of sexually transmitted diseases. This is the case especially where there is a perceived exposure to sexually transmitted disease. Joint decision-making and spousal communication serve as a way of opting for the best

contraceptive, particularly those which provide dual protection against pregnancy and sexually transmitted diseases. The efficient prevention of unwanted pregnancy and mistimed pregnancy also explains the high joint decision-making in the population. In South Africa, men, including young men, have to assume social and economic responsibility for any pregnancy they are accountable for (Edwards 1994), and this leads in many instances to many engaging in communications and decisions which will ensure that every pregnancy experienced is wanted. Joint decisions are high because each sexual act can have devastating implications.

There are widely held views showing that the nature of some methods, male-based and female-based family-planning methods require the cooperation of couples, these include male and female condoms, withdrawal, and periodic abstinence (Ayokunle, 2012; Musalia, 2003; Maja & Phil, 2006; Toure, 1996; Ejadunola et al., 2010), which trigger spousal communication as well as joint decision-making on family planning. Previous studies have shown that lack of communication between partners is associated with less use or inconsistent use of family planning particularly condoms (Edwards, 1994). This means joint decision-making is also enhanced by some family-planning methods which need cooperation of the opposite partner. The joint decision-making on family planning has also been found to increase family-planning usage (De Gita, 2007).

Chapter Six

Summary of findings, conclusions and recommendations

6.1 Introduction

The study aimed at assessing the involvement of South African men in modern family-planning use. The knowledge of men's involvement is a baseline for assessing the success of family-planning programmes in South Africa and the sharing of reproductive responsibility by both men and women. The study assessed men's involvement in modern family planning using two dimensions. The first dimension assessed men as users and the second dimension assessed men as decision-makers individually or jointly with their spouses.

6.2 Summary of findings

The following are the major findings of this study. The findings are presented in the order of results as indicated in chapters four and five.

- i. Men's involvement in modern family planning as users is above average. About 64% of men reported they have ever used a modern family-planning method.
- ii. The main significant factors contributing to men's use of modern family planning are:
 - a) Age cohorts indicating that men in younger age cohorts were more likely to use family-planning methods than men in the older age cohorts;

- b) Never married men were more likely than ever married men to have used a modern method of family planning;
 - c) The perception that family planning is the responsibility of both men and women is significantly associated with increased use of modern family-planning methods by men; and
 - d) Black and Coloured men were less likely to use a modern family-planning method than Whites and Asians;
 - e) Men with no education and primary education were less likely to have used a modern method of family planning than men with secondary or tertiary education.
- iii. Regarding family-planning decision-making, the study found that the majority of the men, 80%, reported they made joint decisions on family planning. The following variables were significant predictors of joint decision-making on family planning:
- a) Age cohorts significantly increased joint family-planning decision-making;
 - b) Children ever born significantly increased joint family-planning decision-making;
 - c) Ethnicity significantly increased joint family-planning decision-making;
 - d) Highest level of education significantly increased joint family-planning decision-making; and

- e) Employment status significantly increased joint family-planning decision-making.

6.3 Conclusions

This study concludes that men are increasingly getting involved in family-planning practice in South Africa. They are also highly involved in family-planning decision-making in South Africa. Men's family-planning methods use and involvement in decision making are highly influenced by age, children ever born, ethnicity, place of residence, highest level of education, employment status and desire for more children.

6.4 Recommendations

Given the findings of the current study, the following are recommended in order to achieve a universal level for men's family-planning use and joint decision-making:

- i. Increase access to family planning for men especially in rural areas with regard to the range, confidentiality and convenience of services to cater for the needs of all age groups;
- ii. Provide adequate and timely information to men regarding family planning so that they can engage more effectively not only in decision-making, but also in use of family planning taking cognizance of the cultural, marital, educational and socio-economic variations in the population;
- iii. Educate men about achieving the satisfaction they want to get from children even when they are involved in family planning as a matter of urgency. This will remove the perception that family planning aims to impede the realization of their childbearing desires;

- iv. Invest in the education of men so that men can gain the skills, attitudes and aspirations that increase their willingness to participate in family planning as users and decision-makers in support of family-planning activities; and
- v. Women should be empowered to persuade men to use family planning for the benefit of both men and women; men's involvement in family planning should also be promoted through community, women and youth organizations.
- vi. Further studies are needed to understand the reasons behind the non-use of family-planning methods by older men, men with fewer children, married men and men with low education levels.

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