Men's Unmet Need for Contraception in Sub-Saharan Africa

Kristin E. Bietsch

Princeton University

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Map of countries included in this analysis

Abstract/Summary

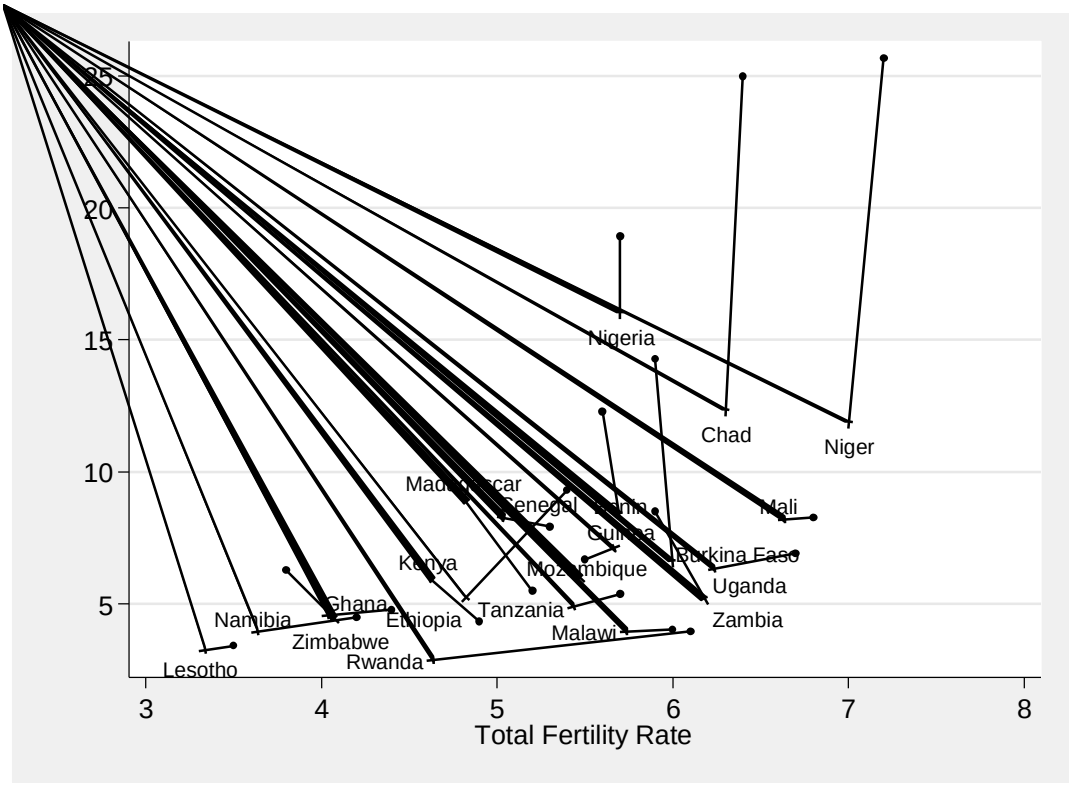
The measurement of unmet need, often constructed for women, offers an insight into the sexual and reproductive health needs of men. Composed of two interrelated aspects of fertility, unmet need is determined by the desire to delay or avoid future childbearing and the use of effective contraception to realize this goal. Unmet need among males deserves attention, not simply as compared to women, but as a separate, heterogeneous group of sexually active individuals (Basu 1996, Greene and Biddlecom 2000 both argue for the study of differences between men as opposed to between genders). An analysis of male unmet need provides insight into their reproductive preferences and actions, offering a more nuanced view of fertility and reproductive health in Sub-Saharan Africa.

Why should unmet need be calculated for men?

When researchers normally talk about unmet need, men are included as a reason given by women for not using contraception- because of their pronatalist views. However, not all men are pronatalist, and most men want fewer children than the maximum "up to God" response at the top of the ideal number of children spectrum. In fact, men's ideal number of children[1] has been declining in many Sub-Saharan African countries over the last several decades (Westoff, Bietsch, and Koffman Forthcoming). Figure 1 illustrates the relationship over time between the total fertility rate and men's ideal number of children in 21 Sub-Saharan African countries, 18 of which experience decreases in men's ideal number of children between surveys. As desired fertility declines, more men are exposed for more time to the risk of unintended pregnancies and births, thus their potential level of unmet need increases.

[1] Non-numeric responses are estimated to have a numeric value of 1 standard deviation above the mean for each survey (Westoff, Bietsch, and Koffman Forthcoming)

Figure 1. Changes in the Total Fertility Rate and Men's Ideal Number of Children in select Sub-Saharan African Countries



The second component of unmet need, the use of contraception to avoid unwanted pregnancies, also is of particular interest for men. Men may face barriers in accessing contraception because institutions surrounding reproductive health are often focused on women. Schulte and Sonenstein (1995) identify several barriers to family planning clinics in the United States, including resource restrictions and negative staff attitudes towards men. Contraceptive use patterns can be more complicated among men than women, as they may be more likely to use different contraceptive methods with different partners. For example, a woman using hormonal contraception is protected against the risk of pregnancy with any of her sexual partners, but a man with multiple partners may protect against pregnancy in one relationship with a woman's hormonal contraceptive and condoms in another. In studies of couples, husbands are more likely to report contraceptive use than wives (Ezeh and Mboup 1997, Bankole and Singh 1999), particularly for condom use (Becker and Costenbader 2001). Because men hold more power in many

heterosexual relationships (Blanc 2001) in Sub-Saharan Africa and thus make decisions regarding use of condoms (and other contraceptives), identifying barriers to their implementation of contraception could provide valuable information for family planning programs.

Development of Unmet Need

While unmet need may appear to be a simple definition, the proportion of the population who desire to delay or avoid childbearing and are not using contraception, the measure has gone through several iterations, in terms of defining the at risk group, the desire to space or avoid childbearing, and what constitutes a form of contraception.

Married women are the most common group used to measure unmet need (Bradley, Croft, Fishel, and Westoff 2012). Excluded from this group are women thought to be infecund, either from self reports or the lack of childbearing (and contraceptive use) in the last 5 years. An early measure of unmet need in 5 Asian countries analyzed the desire to avoid additional childbearing, known as unmet need for limiting (Westoff 1978). Now, unmet need for spacing childbirths is commonly used. Spacing is defined as desiring to delay an additional birth for 2 years, though Westoff (1992) finds this length of time arbitrary and potentially excessive.

Several articles have debated the inclusion of pregnant and postpartum amenorrheic women into the measure. Westoff and Bankole (1995) argue that pregnant and amenorrheic women should be included, and they contribute to the met or unmet need group based on the intention and timing of their most recent pregnancy. By excluding them from the analysis, Westoff and Bankole argue, unmet need is underestimated because those who did not intend their pregnancy had an unmet need for contraception. In 1999, Bankole and Ezeh proposed a current need period method, which would classify pregnant and amenorrheic (up to a certain point postpartum) women into the group of women with no demand for family planning. The 2012 revised definition of unmet need by the Demographic and Health Surveys

includes pregnant and amenorrheic women, classifying them by their pregnancy intention (Bradley et al. 2012).

While the most common definition for unmet need is calculated for married women, measurements for women with alternative relationships statuses (single, widowed, and divorced) have also been calculated (Westoff and Bankole 1995). The key with these measurements is to identify the group exposed to pregnancy: the sexually active individuals, or in the case of Westoff and Bankole, those engaging in sexual intercourse in the last month. For these less studied sub-populations, data limitations exist because of the limited survey questions asked. For the early 1990s DHS surveys, unmarried women were not asked about pregnancy or future childbearing timing intentions, thus it was impossible to separate unmet need for spacing from limiting. However, since most of these women were young and had not yet begun childbearing, it was assumed that their need was for spacing.

An alternative health-based measure of unmet need relies not on women's desire for additional children, but indentifies women who would face adverse health consequences with another pregnancy (DeGraff and de Silva 1996). Those at risk includes women, their expected child, and their older children, all of whom may be put in danger because of maternal age, short birth interval, or high birth order.

Unmet need has also been calculated for couples (Bankole and Ezeh 1999). This presents a number of unique challenges, the most common being when partners provide conflicting answers in terms of contraceptive use and fertility intentions. In Becker's review of couples' studies, he finds that couples give identical reports of reproductive events less than 90% of the time (Becker 1996). When couples state different desires for timing of their next child birth, a problem arises over who's unmet need to count. Becker (1999) suggests two alternatives: the minimum level of unmet need is for couples where both partners want to delay or avoid future childbearing, and the maximum level is when either partner wishes to delay an additional child birth. A final problem to couples' studies in Sub-Saharan Africa is

polygamous marriages (Greene and Biddlecom 2000). Many researchers simply remove this group from their data (Bankole and Singh 1998) or choose a wife at random (Speizer and Yates 1998), but because polygamy can contain as many as 53% of married women in a population[2], removing these people from analyses may seriously bias results. In many cases, sex is occurring outside of monogamous, long term relationships, and by limiting the study of unmet need to these couples, large parts of the population in need of contraception are being ignored.

Two studies have previously compiled unmet need estimates for men. Ngom (1997) constructed unmet need measures in Ghana (DHS 1998 and 1993) and Kenya (DHS 1989 and 1993) for married, monogamous and polygamous men. Confining contraception to modern methods, he finds high levels of unmet need for men, though slightly lower than married women in the same population. A 2004 report by the Guttmacher Institute on sex, marriage, and fathering in Sub-Saharan Africa offers the most detailed analysis of men's unmet need to date. They define unmet need broadly as men who are sexually active (sexual intercourse in the last 3 months), fecund, wish to avoid or delay childbirth, and are not using contraception. Unmet need among 25 to 54 year old men in this report ranges from 20% in Benin and Zimbabwe to 68% in Niger. The report also calculates a measure of unmet need for prevention of sexually transmitted disease, defined as the percent of men who had 2 or more partners in the last year but did not use a condom at last intercourse. For young men (15-24), this ranged from 40% in Cote d'Ivoire to 85% in Mozambique and for older men, from 49% in Burkina Faso to 92% in Mozambique. The report determines that men "have many needs: for better information, for improved access to services for preventing and treating infection and other conditions that impair their sexual and reproductive health." Expanding research on men's unmet need, at the individual and country level, will provide a more detailed view of men's reproductive and health needs.

[2] Guinea Demographic Health Survey 2005 (calculated using StatCompiler.com)

Plan of Analysis

The analysis in paper will include three main sections:

The first step is to determine which definition of unmet need best applies to men. This will have to take into account men's prevalence of multiple, extramarital, and non marital partnerships. This will also include combined and separate analysis by marital status[3], and the unmet need for protection against sexually transmitted diseases for men with multiple partners. A key tradeoff in this analysis is precession versus scope. A crude measure of unmet need can be calculated for most male African Demographic and Health Surveys (84 surveys in 32 countries). However, once more qualifying questions are asked (for example: intention of current pregnancy), the number of surveys with this information declines.

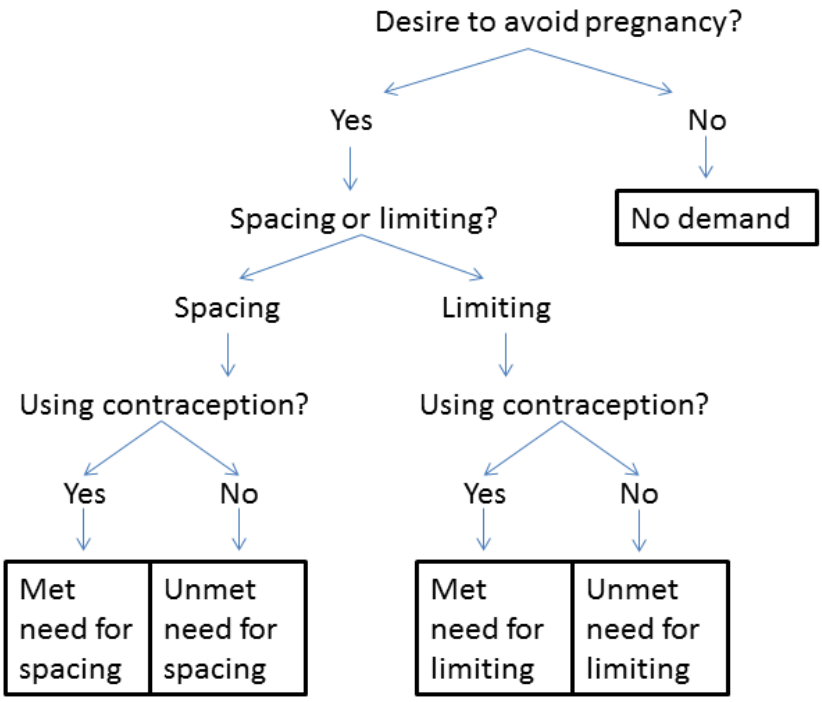
Regardless of the final definition chosen, unmet need measures will be broken into numerous components to reflect men's desire to avoid pregnancy and the fulfillment of this demand. These include met and unmet need for spacing and limiting, fulfilled demand for spacing and limiting, and no demand for contraception.

The next section of analysis will focus on countries with multiple surveys and observe time trends in the levels of overall unmet need and its components.

The final section will be an analysis of the components of unmet need on an individual level, identifying men's socioeconomic and demographic predictors of unmet need. For this section, I propose using sequential logit models, as illustrated in Figure 2.

[3] It is important to include unmarried men in the analysis, as in all DHS Sub-Saharan surveys they are more likely to be sexually active than unmarried women (Figure 3 in Appendix), and in many Sub-Saharan African countries compose a large share of the sexually active male population (Figure 4 in Appendix).

Figure 2



The analyses in this paper will provide new insight into the realm of men's sexual and reproductive health. With a country level analysis, population level changes in the demand for limiting family size and the success of fulfilling this demand can be observed. With the individual level analysis, ideas for future policy can be developed as socioeconomic and demographic characteristics are identified for men who desire to delay or avoid a pregnancy but are not using the proper methods.

Works Cited

Bankole, Akinrinola Ezeh, Alex Chika. 1999. "Unmet need for couples: An analytical framework and evaluation with DHS data." Pp. 579-605 in *Population Research and Policy Review*.

Bankole, Akinrinola, and Susheela Singh. 1998. "Couples' Fertility and Contraceptive Decision-Making in Developing Countries: Hearing the Man's Voice." *International Family Planning Perspectives* 24(1):15-24.

Basu, Alaka Malwade. 1996. "ICPD: What about men's rights and women's responsibilities?" *Health Transition Review* 6(2):225-27.

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

—. 1999. "Measuring Unmet Need: Wives, Husbands or Couples?" *International Family Planning Perspectives* 25(4):172-80.

Becker, Stan, and Elizabeth Costenbader. 2001. "Husbands' and Wives' Reports of Contraceptive Use." *Studies in Family Planning* 32(2):111-29.

Blanc, Ann K. 2001. "The Effect of Power in Sexual Relationships on Sexual and Reproductive Health: An Examination of the Evidence." *Studies in Family Planning* 32(3):189-213.

Bradley, Sarah E.K., Trevor N. Croft, Joy D. Fishel, and Charles F. Westoff. 2012. "Revising Unmet Need for Family Planning." in *DHS Analytical Studies*.

DeGraff, Deborah S., and Victor de Silva. 1996. "A New Perspective on the Definition and Measurement of Unmet Need for Contraception." *International Family Planning Perspectives* 22(4):140-47.

Ezeh, Alex Chika, and Gora Mboup. 1997. "Estimates and Explanations of Gender Differentials in Contraceptive Prevalence Rates." *Studies in Family Planning* 28(2):104-21.

Greene, Margaret E., and Ann E. Biddlecom. 2000. "Absent and Problematic Men: Demographic Accounts of Male Reproductive Roles." *Population and Development Review* 26(1):81-115.

Institute, The Alan Guttmacher. 2003. "In Their Own Right: Addressing the Sexual and Reproductive Health Needs of Men Worldwide." New York: The Alan Guttmacher Institute.

—. 2004. "Sex, Marriage, and Fathering: A Profile of Sub-Saharan African Men." New York: The Alan Guttmacher Institute.

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

Schulte, Margaret M., and Freya L. Sonenstein. 1995. "Men at Family Planning Clinics: The New Patients?" *Family Planning Perspectives* 27(5):212-25.

Silberschmidt, Margrethe. 1992. "Have Men Become the Weaker Sex? Changing Life Situations in Kisii District, Kenya." *The Journal of Modern African Studies* 30(2):237-53.

Speizer, Ilene, and Andrew J. Yates. 1998. "Polygyny and African Couple Research." Pp. 551-70 in *Population Research and Policy Review*. Netherlands: Kluwer Academic Publishers.

Westoff, Charles F. 1978. "The Unmet Need for Birth Control in Five Asian Countries." *International Family Planning Perspectives and Digest* 4(1):9-18.

—. 1992. "Measuring the Unmet Need for Contraception: Comment on Bongaarts." *Population and Development Review* 18(1):123-25.

Westoff, Charles F., and Akinrinola Bankole. 1995. "Unmet Need: 1990-1994." in *Demographic and Health Surveys Comparative Studies*. Calverton, Maryland USA: Macro International Inc.

Westoff, Charles F., Kristin Bietsch, and Dawn Koffman. Forthcoming. "Indicators of Trends in Fertility in Sub-Saharan Africa." in *DHS Analytical Studies*. Calverton, Maryland, USA:: ICF International.

Appendix

Figure 3

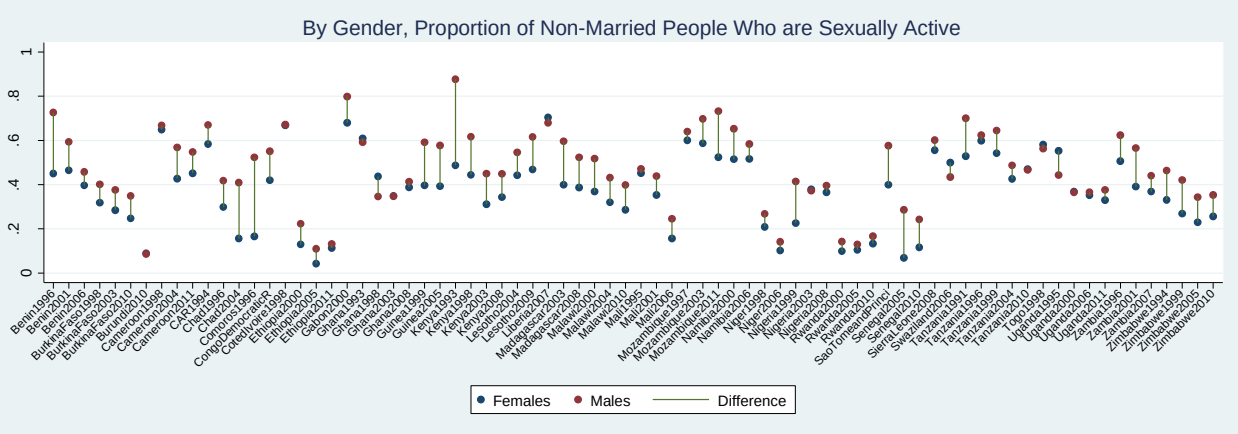


Figure 4