

# Husband-Wife Communication About Family Planning and Contraceptive Use in Kenya

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*According to couple data from the 1989 Kenya Demographic and Health Survey, both knowledge and approval of family planning are virtually universal in Kenya: Among 98% of couples, one or both partners know of at least one modern method, and among 85% of couples both partners approve of family planning. Discussion with the partner about family planning was reported in 82% of couples. However, only 67% of wives and 75% of husbands correctly predicted their spouse's approval of family planning. Knowledge and approval of family planning, husband-wife communication, desire for more children and ideal family size are all significantly associated with current use. Multiple logistic regression analyses show that husband-wife communication, particularly the wife's perception of her husband's approval of family planning, is highly associated with current contraceptive use (odds ratio of 4.2). Dialogue appears to increase the effectiveness of communication: Specifically, one spouse's perception of the other spouse's approval is more likely to be correct if they have discussed family planning than if they have not, and this relationship significantly affects contraceptive use.*

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Many studies have been conducted on the dynamics of family planning adoption, but demographic research has historically focused on the determinants of women's contraceptive use. Women were typically the respondents in the Knowledge, Attitudes and Practice surveys, the World Fertility Surveys, the Contraceptive Prevalence Surveys, and the first round of the Demographic and Health Surveys (DHS). More recently, attention has been given to studying the determinants of contraceptive use among men. DHS surveys that included both women and men have been conducted in more than 20 developing countries. These data may help us examine the gender differences in reproductive behavior and fertility preferences and understand the husband's influence in decision-making regarding family size and family planning adoption.<sup>1</sup>

Most countries of the world, particu-

larly developing nations, still have male-dominated cultures. For example, in Sub-Saharan Africa, ancestral customs give men rights over women's procreative power.<sup>2</sup> In such situations, we would expect that the husband's approval may often be a precondition for a woman to use family planning. Studies in other regions have shown that one reason women give for nonuse is husband's disapproval.<sup>3</sup> Even in developed societies, studies have shown important effects of the husband's desires on a couple's fertility.<sup>4</sup>

From a family perspective, the first step in a rational process of fertility decision-making involves communication between spouses.<sup>5</sup> Such communication should thus be among the most important precursors of lower desired family size and increased contraceptive use. Many studies have reported a low level of communication between spouses about family size and family planning,<sup>6</sup> and women with low levels of contraceptive use also report little spousal communication.<sup>7</sup>

Most of these studies have focused on only one dimension of communication—i.e., discussion between husband and wife about family size or family planning. However, there are two other dimensions of communication that also need to be considered if we are to understand effective communication within a union: agreement between partners regarding approval of family planning and fertility

preferences; and each spouse's perceptions of the attitudes of his or her partner.<sup>8</sup>

The first of these two additional dimensions is defined as the extent to which spouses have similar attitudes. However, to find out whether agreement reflects mutually recognized agreement (consensus) or merely a coincidentally similar attitude, it is important to analyze the extent to which one spouse correctly perceives the attitude of the other.<sup>9</sup> Thus, to understand contraceptive behavior in a union, one must examine the husband's and the wife's joint responses. Furthermore, all three of the above dimensions of communication between partners on these issues are important factors.

Little is known about spousal communication regarding family planning in Sub-Saharan Africa, although because of the recent DHS data on couples, this is a rich area for research. One study used DHS data from married couples in Ghana and Kenya to examine spouses' influence on each other's desire for additional children and on their approval of family planning.<sup>10</sup> In Ghana, the husband's preference was unrelated to his wife's characteristics, but the wife's preference was influenced by her husband's education. In Kenya, on the other hand, the husband's preference was affected by his wife's educational level, but her preference was unrelated to his characteristics. The investigator concluded that in Ghana, husbands have greater control over the couple's reproductive decision-making than their wives, while the reverse is true in Kenya.

In most Sub-Saharan African countries, the practice of family planning remains very low, even though the majority of women and men know of at least one family planning method and a majority of them also approve of its use.<sup>11</sup> Thus, there is a large gap between contraceptive knowledge, approval and practice.

Kenya is an exception, having experienced a recent rapid increase in contraceptive use.<sup>12</sup> The dynamics of husband-wife communication among Kenyan couples and the effect on family planning decisions are the focus of this article. Specifically, we examine the effects on contraceptive use of differences in knowledge and

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attitudes toward family planning among couples, the role of effective communication between partners about contraceptives and couples' fertility preferences.

**Methodology**

We use data from the 1989 Kenya DHS for our analyses.<sup>13</sup> The sample was nationally representative, but rural areas in 13 districts were oversampled. A total of 7,150 ever-married women were interviewed; of these, 4,778 women were currently in a union. During data collection, interviews were attempted with husbands in a subsample of households; the response rate for husbands was 81%. In all, 1,108 husbands were interviewed. Interviewers were of the same sex as the respondents.

In this article, we restrict our analyses to 1,026 currently married couples in which the women were all in their first union. (Of the 82 couples excluded from the analysis, 80 were couples in which the woman was in a higher order union and two were instances in which data on the number of times the woman had been married were missing.) The unit of analysis is the couple, rather than the husband or wife individually. The sample weights associated with the husbands were used in all analyses to derive nationally representative estimates.

Our analysis makes use of three sets of variables: background variables, intermediate variables such as attitudes and knowledge, and the outcome variable, contraceptive use.

•*Background demographic and socioeconomic variables.* Demographic indicators included the couple's place of residence (urban vs. rural) and region of residence, the type of marital union and the couple's age, duration of marriage and number of currently living children. Socioeconomic characteristics consisted of the husband's

education and the wife's education.

•*Intermediate variables.* These included the couple's knowledge of contraceptive methods and of sources of supply, and their approval of family planning. In addition, a number of variables were related to husband-wife communication about family planning (such as discussion about contraceptives, as reported by both the husband and the wife, and each spouse's perception of the attitude of the other partner toward family planning). Finally, a few of these variables related to the couple's fertility preferences, such as their desire for more children in the future and their ideal family size.

•*The outcome variable.* The outcome variable was current use of any contraceptive method.

The conceptual framework for our analysis is based on the assumptions, derived from the research literature, that a couple's desire to limit their fertility motivates them to find means of controlling their fertility, which are assessed here through respondents' knowledge about contraceptive methods and about sources of supply and their approval of contraceptive use.<sup>14</sup> The couple's attitude toward family planning is further evaluated on the basis of effective communication between the spouses.

We assume that communication between spouses about family planning discourages a couple from having unwanted children and encourages contraceptive use.<sup>15</sup> A couple's individual characteristics (e.g., age and education) are considered essential to their decision to practice contraception; however, since these variables and their impact have been largely studied in other research,<sup>16</sup> we use them mainly as control variables in this article. Thus, after adjusting for the influence of background factors, we hypothesize that contraceptive use of couples will be positively associated with knowledge about and the approval by both spouses of fam-

**Table 1. Percentage distribution of women, by selected background characteristics, according to subsample, Kenya Demographic and Health Survey, 1989**

Characteristic	Currently married women (N=4,778)	Women whose husband was interviewed		
		All (N=1,129)	First marriage (N=1,026)	Higher order union (N=103)
<b>Area of residence</b>				
Urban	16	13	13	14
Rural	84	87	87	86
<b>Husband's residence</b>				
Lives in the house	78	95	94	95
Lives elsewhere	22	5	6	5
<b>Type of union</b>				
Monogamous	67	78	82	50
Polygynous	33	22	18	50
<b>Region of residence</b>				
Nairobi	7	6	7	4
Central	14	14	17	12
Coast	7	6	6	17
Eastern	17	21	19	18
Nyanza	18	17	17	23
Rift Valley	22	25	26	11
Western	15	12	9	15
<b>Religion</b>				
Catholic	35	36	33	31
Protestant	57	56	58	51
Muslim	4	4	3	14
Other/none	5	6	6	4
<b>Duration of union</b>				
<5 years	21	15	16	7
5-9 years	20	20	20	15
10-14 years	17	17	17	25
≥15 years	44	49	48	52
<b>No. of living children</b>				
0-2	29	25	24	35
3-4	27	27	28	20
≥5	44	48	48	45
Total	100	100	100	100

Notes: In this and following tables, all percentages were calculated using sample weights for husbands. Proportions may not add to 100% because of rounding.

ily planning, with husband-wife communication about family planning and with agreement in the union regarding fertility preference.

**Study Variables**

Responses of wives were accepted for the current contraceptive use of the couple.\* The wife's responses were also used for the duration of the union and the number of currently living children of that union, since all of the study women were in their first marital union. The age and education of the husband and wife were grouped to make couple variables.<sup>†</sup>

Knowledge of family planning included knowledge of modern methods (pill, IUD, injectable, diaphragm or jelly, condom, and male and female sterilization) and knowledge of sources for modern methods. Either spontaneous or probed knowledge of any modern method was accepted as the individual's knowledge. To obtain knowledge of sources, inter-

\*The reasons for accepting only the wife's response as the "couple's contraceptive practice" are twofold. First, 17% of couples in the study were in polygamous unions, and the contraceptive use reported by the husband at the time of the survey might not have been with the wife who was interviewed. Second, male methods such as the condom, withdrawal and vasectomy are the least commonly used among Kenyan couples; therefore, the woman takes the responsibility for most actual contraceptive use. Thus, we assumed that the wife's report of method use was more reliable than that of her husband.

†The five groups for couple's education were husband uneducated/wife primary or above; husband primary/wife primary or above; husband primary/wife uneducated; husband secondary or above/wife none or primary; and husband and wife both secondary and above. The groups for couple's age (in years) were husband and wife both <30; husband 30-39 and wife <30; husband 30-39 and wife >30; husband 40-49 and wife <40; husband 40-49 and wife >40; husband ≥50 and wife <40; and husband ≥50 and wife 40-49 (the reference category)

viewers asked each person who knew of a contraceptive where they could obtain that method if they wanted to use it. The two knowledge variables for couples each have four categories: Both partners know of at least one modern method or of at least one source; only the husband has such knowledge; only the wife has such knowledge; and neither knows of one.

Attitude toward family planning is measured by the couple's report of general approval or disapproval of family planning. We matched the husband's and wife's responses to create a couple variable with four categories reflecting agreement or disagreement between partners. Discussion between partners about family planning in the past year is a dichotomous variable, with discussion reported by either partner or both partners or by neither partner. Spouses' perceptions about their partner's approval of family planning yield two dichotomous variables, one for the wife's perception of whether her husband approves and one for the husband's perception of whether his wife approves.

A couple's fertility preferences were defined through their responses regarding the number of children that each spouse would choose to have for his or her entire reproductive life (ideal family size) and the desire of each for more children. Again, we used the husband's and wife's responses to construct measures of the couple's fertility preferences. Desire for more children had five categories: Both partners desire more children; both want to stop childbearing; only the husband wants more; only the wife wants more; and either or both partners are undecided. There were four categories to the variable on ideal family size: Both have an ideal family size of four or fewer children; only the husband has such an ideal; only the wife has such an ideal; and both have an ideal family size of more than four children.

### Analytic Techniques

We performed both bivariate and multivariate analyses to assess the association between a number of independent vari-

**Table 2. Percentage of couples, by age of spouse at interview**

Husband's age-group	Wife's age-group				
	Total	<19	20-29	30-39	40-49
<b>Total</b>	<b>100.0</b>	<b>3.0</b>	<b>40.9</b>	<b>34.8</b>	<b>21.3</b>
<30	15.1	2.2	12.2	0.5	0.2
30-39	35.1	0.5	22.4	11.5	0.7
40-49	28.2	0.1	4.1	16.2	7.8
50-59	14.8	0.2	1.8	4.4	8.4
≥60	6.9	0.0	0.4	2.2	4.2

ables and contraceptive use. In the bivariate analyses, we used cross-tabulations to identify patterns among the study variables, as well as to select for inclusion in the multivariate analyses the variables significantly associated ( $p < .10$ ) with contraceptive use.

We then employed multiple logistic regression with these significant variables, and from the regression coefficients estimated the odds of use (and 95% confidence interval) associated with each variable. (Wald tests of significance were utilized for individual coefficients and for variable groups.<sup>17</sup>) Three multivariate models were estimated.\* The first included variables regarding the couple's knowledge about family planning, their general approval of family planning, the extent of discussion between spouses about family planning and each spouse's perception of his or her partner's approval of family planning. The second model contained the variables included in the first model, plus the significantly associated variables of fertility preference. The final model included all variables from the second model, as well as the background variables. However, for the sake of brevity, in this article we present only findings from the initial model and from the final model.

## Results

### Sample Characteristics

Table 1 shows the frequency distributions for selected demographic variables among four groups of women in the Kenya DHS: all currently married women, all women whose husbands were interviewed, the study sample and the couples who were excluded from the study because the woman was in her second or higher order marital union. Women whose husband was interviewed were more likely to reside with their spouse than were all married women (94% vs. 78%). Otherwise, the study sample appears to have been comparable to all currently married women.

Tables 2 and 3 give the distributions of the study couples by age and education. According to Table 2, both husband and wife in only 34% of couples were in the same broad age-group: 14% younger than 30, 12% aged 30-39 and 8% aged 40-49. The average age of husbands was 41.0, and the average age of wives was 32.0 (not shown).

Among 54% of couples (Table 3), both partners had the same general level of educational attainment: no education (11%), a primary schooling (28%) or a secondary or higher education (14%). Approximately 65% of the women and 85% of the men

**Table 3. Percentage of couples, by education of spouse at interview**

Husband's schooling	Wife's schooling			
	Total	None	Primary	>primary
<b>Total</b>	<b>100.0</b>	<b>34.6</b>	<b>46.5</b>	<b>18.6</b>
None	15.1	10.6	3.9	0.6
Primary	53.5	21.6	27.9	4.0
>primary	31.4	2.4	14.7	14.0

had some education, and nearly 30% of the educated women had a secondary or higher education.

### Bivariate Analyses

Knowledge of family planning methods is universal in Kenya. In 86% of couples, both partners knew of at least one modern method, and in 98% at least one partner had such knowledge (Table 4, page 18). In virtually every instance, at least one partner knew where he or she could go to obtain a method. Approval of family planning was also high: In 85% of couples, both partners approved of family planning; in 6% each, only the husband or only the wife approved, while among 4% of couples neither partner approved.

Couples' responses regarding their desire for more children and their ideal family size are shown in the last two columns of Table 4. Among 26% of the couples, both partners said they desired more children, while in 40% both partners wanted no more; the remainder gave discordant responses. With respect to ideal family size, in 47% of couples each spouse reported wanting four or fewer children; in 17%, in contrast, both partners wanted more than four children. Among 45% of couples, the husband and wife reported the same ideal family size, with 2% responding 1-2 children, 3% citing three children, 23% wanting four children and 17% reporting five or more (not shown). In the aggregate, the wives reported a larger mean ideal family size than did their husbands (4.7 and 4.5, respectively).

Regarding family planning communication, in 83% of couples one or both spouses reported having discussed the subject with their partner in the previous year. Table 5 (page 18) shows a cross-tabulation, for all couples in which the husbands reported approval of family planning, of whether family planning was discussed and the wife's perception of her husband's attitude. We expect that a spouse who re-

\*In the regression analyses, data for only 947 couples were used; excluded were 79 couples in which either both partners disapproved of family planning, data were missing for one or more variables or neither partner knew of a source of contraceptives.

ported discussing family planning with his or her partner in the past year would be better able to predict the partner's approval than would a spouse who did not have such a discussion. Among all of the couples in which the husband approved of family planning (933), 67% of their wives correctly perceived their husband's approval. Seventy-five percent of husbands correctly predicted their wife's approval of family planning, however (not shown). In addition, 95% of those who correctly predicted also reported discussion between partners about family planning, while in the case of women who did not know that their husband approved, only 66% reported having discussed family planning. This is one clear indication of the importance of discussion between partners regarding family planning.

In bivariate logistic regressions (not shown), all of the intermediate variables had the expected significant associations with contraceptive use. For example, the odds of current contraceptive use were twice as high if both partners approved of family planning than if only the wife approved; in addition, the odds of current use were not significantly different between couples in which only the wife approved and those in which only the husband approved. Relative to couples in which both partners wanted another child, the odds of current use for couples in which neither partner wanted more children were 2.8.

**Multivariate Analyses**

Our initial logistic regression model included five variables to predict contraceptive use: the couple's knowledge of family planning, the couple's approval of family planning, discussion between spouses about family planning in the past year and the two variables concerning each spouse's perception of the other's approval (Table 6). Current contraceptive practice was estimated to be 5.3 times as likely among couples in which both partners knew a source of family planning meth-

ods as among couples in which only the husband knew a source. Knowledge of a source by the wife alone was not significantly associated with current use.

The couple's approval of family planning was also not associated with use when other knowledge and attitude variables were part of the model. However, the likelihood of contraceptive use was 4.5 times higher if the wife believed that her partner approved of family planning than if she thought that he did not approve. Discussion between partners about family planning during the previous year and the husband's perception of his wife's approval were not significantly associated with current use.

In the final model, we also entered fertility preference variables and background variables. Joint knowledge of a source of contraceptives (odds ratio of 6.7) and the wife's perception of her partner's approval of family planning (odds ratio of 4.2) remained significant. Neither fertility preference variable had a significant effect. As we expected, the couple's number of living children and their educational level were both significantly related to contraceptive use. Couples in which the husband lacked schooling but the wife had some higher education were 4.3 times as likely as uneducated couples to use contraceptives; however, couples in which both spouses had a primary education did not differ from couples in which neither spouse has any education in their odds of current use. One interpretation of this result is that in cases where the wife is better educated than her spouse, she may have considerably more say in household decision-making.

**Discussion**

Both approval of family planning and knowledge of sources of contraception had the expected significant associations with contraceptive use in bivariate analyses. However, when these variables were analyzed in conjunction with two communication variables (discussion between partners about family planning and the spouse's perception of the other partner's approval of family planning) in a multiple logistic regression, we found that approval of contraception was no longer a significant influence; instead, the wife's perception of her spouse's approval was

**Table 5. Percentage of couples, by whether they discussed family planning in the past year, according to husband's attitude and wife's perception of his attitude (N=1,026)**

Husband's attitude/ wife's perception	Total	Discussed†	Did not discuss
<b>All couples</b>	<b>100.0</b>	<b>82.8</b>	<b>17.2</b>
Husband approves	90.9	85.4	14.6
Wife believes			
he approves	67.0	94.9	5.1
Wife believes			
he disapproves	33.0	66.2	33.8
Husband disapproves	9.1	34.1	65.9

†Discussion reported by either or both spouses. Notes: Percentages may not add to 100% because of rounding.

statistically significant. The variable for discussion between spouses about family planning ceased to be statistically significant when the effects of other variables were taken into account. Knowledge of sources of family planning remained significant, however. Many research studies, some of them based on data from couples, have reported similar effects.

Of the three communication variables, the wife's perception of her husband's approval of family planning emerged as most powerful in explaining contraceptive use. Although research on such spousal perceptions is limited, similar findings have been reported. For example, in a study of 316 Puerto Rican couples, one-third of women who had not used birth control identified their perception of their husband's attitude as the reason.<sup>18</sup> More recent research has found that the wife's perception of her husband's attitude was a significant predictor of contraceptive practice in Ghana.<sup>19</sup>

In many previous studies, husband-wife communication has been found to be the most significant indicator of contraceptive use.<sup>20</sup> However, these studies defined communication in different ways, and few studies used all three dimensions of effective communication between husbands and wives—agreement in approval, discussion between partners and spousal perception of the partner's approval of family planning. Other studies have used discussion as the only measure of communication between husband and wife.<sup>21</sup> Our main objective was to explore all three of these dimensions.

Another difference between our analysis and previous research is that some other studies have defined discussion more broadly. For example, Lozare measured communication between Filipino husbands and wives in 10 areas: financial matters, family affairs, future plans, education of children, work, current events, recreation and entertainment, religion, family plan-

**Table 4. Percentage distribution of couples, by husband-wife agreement on various family planning and fertility measures**

Agreement	Knows any method	Knows modern method	Knows method source	Approves of family planning	Wants more children	Wants <4 children
Both	88	86	84	85	26	47
Husband only	7	7	8	6	14	24
Wife only	4	5	6	6	10	12
Neither	1	2	2	4	40	17†
Total	100	100	100	100	90‡	100

†Both partners wanted more than four children. ‡An additional 10% of couples were either undecided about their future desire for more children or declared themselves as infertile. Note: Percentages may not always add to 100% because of rounding.

ning and matters pertaining to sex.<sup>22</sup> However, each issue or group of issues was analyzed separately. He found that 44% of couples who frequently discussed family planning practiced contraception, compared with 35% of those who occasionally discussed the topic and only 13% of those who never did so. These results were based only on a bivariate analysis, however; multivariate results were not presented.

Our findings, as well as data for all women in both the 1989 and the 1993 Kenya DHS, indicate that there has been a shift in the attitude of Kenyan men and women toward lower family size and a more positive attitude toward family planning. The mean ideal family size declined from 6.2 to 4.2 children between 1978 and 1989,<sup>23</sup> and the estimate derived from the 1993 Kenya DHS was 3.7 children. The total fertility rate was estimated as 7.7 lifetime births per woman in 1984, 6.7 per woman in 1989 and 5.4 per woman in 1993. This fertility decline has been attributed to an increase in contraceptive use, from 7% of married women in 1978 to 33% in 1993.

One limitation of our study was that the amount of information available to measure husband-wife communication was insufficient: Only questions concerning communication related to family planning were asked. Although our analysis included all three dimensions of effective communication on family planning (as suggested by Hill and coworkers<sup>24</sup>), information on the depth of the communication was lacking. We had no data concerning the duration, extent, intensity or result of discussion between spouses on family planning. Since husband-wife communication has emerged as an important predictor of family planning use, we recommend that future research include a broader definition of communication, not only on the subject of family planning but also for other matters in the family that require communication between spouses—e.g., decisions about child schooling, property acquisition and food purchases, among others.

Another limitation inherent to cross-sectional data is that it is impossible to make causal inferences from them. In particular, rather than predicting contraceptive use, discussion between spouses about family planning may actually have occurred after contraceptive acceptance, given that the question on discussion referred to the 12-month period before the survey.

Cross-sectional surveys are also poor at providing insight into the actual decision-making process surrounding the initiation

**Table 6. Logistic regression coefficients and odds ratios (and 95% confidence intervals) showing the effects of explanatory variables on the current use of contraception**

Variables	Initial model		Final model	
	Coefficient	Odds ratio	Coefficient	Odds ratio
<b>Knowledge of method source</b>				
Only husband knows (reference)	na	1.0	na	1.0
Both know	1.67**	5.3 (1.8–15.3)	1.91**	6.7 (2.1–21.8)
Only wife knows	0.85	2.3 (0.6–8.6)	–1.04	2.8 (0.5–14.3)
<b>Approval of family planning</b>				
Only wife approves (reference)	na	na	na	na
Both approve	–0.22	na	–0.28	na
Only husband approves	–1.16	na	–1.43	na
<b>Discussed family planning</b>				
No (reference)	na	na	na	na
Yes	0.46	na	0.30	na
<b>Wife's perception of husband's attitude toward family planning</b>				
He does not approve (reference)	na	1.0	na	1.0
He approves	1.51**	4.5 (3.0–6.8)	1.42**	4.2 (2.6–6.6)
<b>Husband's perception of wife's attitude toward family planning</b>				
She does not approve (reference)	na	na	na	na
She approves	0.21	na	0.28	na
<b>Desire for children</b>				
Both want more (reference)	na	na	na	1.0
Neither wants more	na	na	0.54	1.7 (1.0–2.9)
Only husband wants more	na	na	0.01	1.0 (0.5–1.0)
Only wife wants more	na	na	0.54	1.7 (0.9–3.3)
Undecided	na	na	0.45	1.6 (0.7–3.2)
<b>Ideal family size</b>				
Both said >4 (reference)	na	na	na	1.0
Both said <4	na	na	0.36	1.4 (0.8–2.5)
Only wife said <4	na	na	0.35	1.4 (0.7–2.7)
Only husband <4	na	na	0.15	1.4 (0.6–2.3)
<b>No. of living children</b>				
	na	na	0.83*	1.1 (1.0–1.2)
<b>Region of residence</b>				
Western (reference)	na	na	na	1.0
Nairobi	na	na	2.15**	8.5 (3.2–23.0)
Central	na	na	1.59**	4.8 (2.1–11.2)
Coast	na	na	0.66	1.9 (0.6–5.9)
Eastern	na	na	1.88**	6.5 (2.8–15.0)
Nyanza	na	na	0.28	1.3 (0.5–3.1)
Rift Valley	na	na	1.20**	3.3 (1.5–7.5)
<b>Couple's education</b>				
Both uneducated (reference)	na	na	na	1.0
Husb. none, wife secondary	na	na	1.45**	4.3 (1.5–12.7)
Husb. primary, wife secondary	na	na	–0.27	0.8 (0.4–1.6)
Husb. primary, wife none	na	na	–0.16	0.9 (0.4–2.4)
Husb. secondary, wife none or primary	na	na	0.23	1.2 (0.6–1.8)
Husb. and wife ≥secondary	na	na	0.81	2.2 (1.0–5.0)
–2 log likelihood	1044.4		860.0	
Model chi-square (p-value)	144.7 (0.01)		236.0 (0.01)	

\*p<.05. \*\*p<.01. Note: Odds ratios and confidence intervals are shown only for variables with significant effects. P-values are based on the Wald statistic. na=not applicable.

of contraceptive use. The power relations within the couple are important to understand in this regard.<sup>25</sup> However, the fact that the woman's perceptions of her husband's approval was very significant suggests that both actors play an important role.

Finally, given Kenya's diversity, it would have been informative if we could have studied differences in husband-wife communication by ethnic group, regions and religion. However, due to the small

sample size, our study lacked power to detect real differences between these groups.

In conclusion, our research suggests that information, education and communication activities to promote family planning in Kenya should continue to focus on the importance of dialogue between the husband and wife. In this regard, men should also be targeted by family planning information, education and communication efforts. The need to increase

men's participation and sharing of responsibility in the practice of family planning was a recommendation of the 1994 International Conference on Population and Development.<sup>26</sup> Men can obtain more information on available family planning methods, can initiate discussion of family planning, can support their wives' use of family planning or can take responsibility themselves for contraceptive use.

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## Resumen

Según datos obtenidos de parejas mediante la Encuesta Demográfica y de Salud de Kenya de 1989, tanto el nivel de conocimiento como la aprobación de los servicios de planificación familiar son casi universales en ese país: en el 99% de las parejas, uno o dos de sus miembros conoce por lo menos un método anticonceptivo moderno, y en el 85% de los casos ambos aprueban la planificación familiar. El 82% de las parejas indicó que había discutido entre sí el tema de la planificación familiar. Sin embargo, solamente el 67% de las esposas y el 75% de sus cónyuges podían predecir correctamente si su pareja estaba de acuerdo o no con la planificación familiar. El conocimiento y aprobación de la planificación familiar, la comunicación entre la pareja, el deseo de tener más hijos y el número ideal de hijos son factores que están significativamente relacionados con el uso actual de anticonceptivos. Un análisis de regresión logística múltiple indica que la comunicación entre la pareja, particularmente la percepción de la mujer con respecto a la aprobación por parte del cónyuge, está muy relacionada con el uso actual de anticonceptivos (coeficiente de probabilidades de 4,2). El diálogo entre la pareja parece incrementar la eficacia de la comunicación: Específicamente, la percepción de uno de los miembros de la pareja con respecto a la aprobación de su cónyuge tiene mayores posibilidades de estar acertada

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## **Husband–Wife Communication...**

*(continued from page 20)*

*si éstos han discutido entre sí la planificación familiar, y esto afecta significativamente el uso de anticonceptivos.*

### **Résumé**

*Selon les données de couple de l'Enquête démographique et de santé menée au Kenya en 1989, la connaissance et l'approbation du planning familial sont pratiquement universelles au Kenya: dans 99% des couples, au moins l'un des partenaires a entendu parler d'au*

*moins une méthode contraceptive moderne, et dans 85% des couples, les deux partenaires approuvent le planning familial. La discussion du planning familial entre partenaires a été déclarée par 82% des couples. Toutefois, 67% seulement des épouses et 75% des maris ont pu prédire correctement si leur partenaire serait favorable ou non à la contraception. La connaissance et l'approbation du planning familial, la communication entre le mari et la femme, le désir d'avoir encore des enfants et le nombre d'enfants idéal par famille représentent autant de facteurs significativement associés à la pratique courante de*

*la contraception. L'analyse de régression logistique multiple indique que la communication entre le mari et la femme, en ce qui concerne, surtout, l'idée que se fait la femme de l'approbation par son mari du planning familial, est étroitement liée à la pratique contraceptive (rapport de probabilité de 4,2). Le dialogue semble accroître l'efficacité de la communication. De manière spécifique, l'idée que se fait l'un des conjoints de l'approbation de l'autre est plus susceptible de s'avérer correcte si le couple a parlé du planning familial, et ce rapport affecte significativement la pratique contraceptive.*