

# Decision-making and power dynamics among couples and the implications for contraceptive uptake

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- 30+ Gates foundation grants in 16 countries
- **Intentional, effective gender equality programming** for health & economic outcomes



# New Data on Decision-Making and Contraceptive Use

- Niger, Nigeria, India, DRC
- Unique dyadic data
- Married adolescents, first-time parents
- 3 quantitative studies, 1 qualitative study

*A client and provider discuss FP at a community health center in Lagos, Nigeria. Andrew Esiebo/Bill & Melinda Gates Foundation*



# Disparities in Influence over Family Planning Decisions among Married Adolescent Girls and Their Husbands in Rural Niger

Sneha Challa, Sabrina Boyce, Holly Shakya, Nicole Carter,  
Mohamad I. Brooks, Sani Aliou, Jay G. Silverman

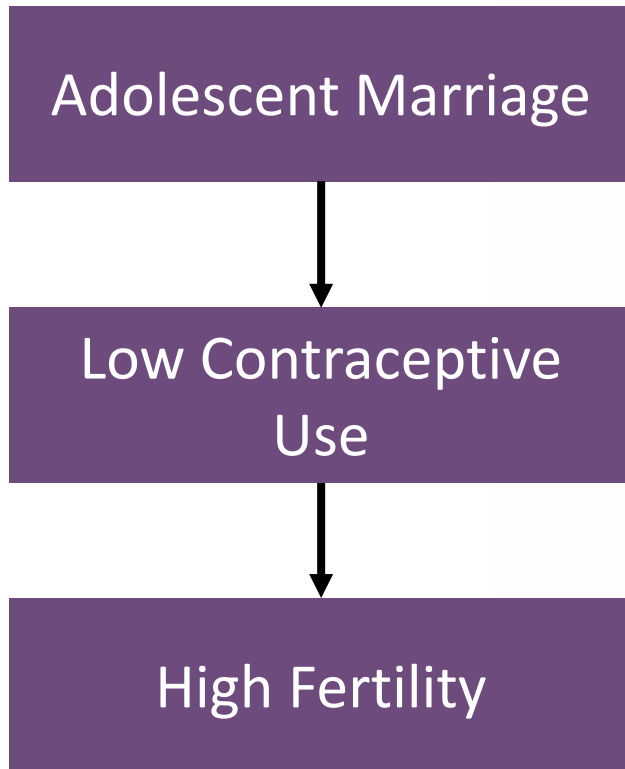


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*Funder: Bill and Melinda Gates Foundation*

# Niger Context

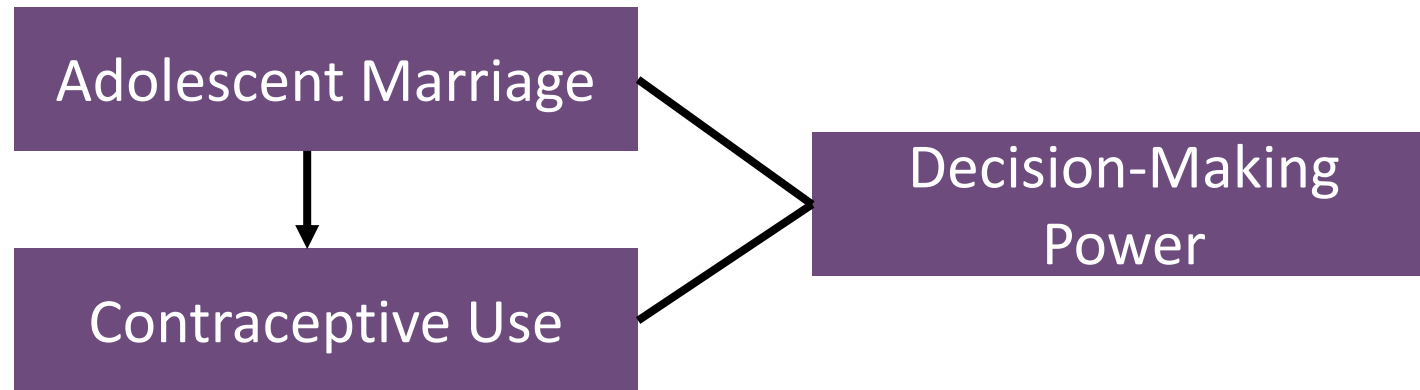


- 25% of girls are married before age 15 years
- 75% before age 18 years<sup>1</sup>
- Contraceptive prevalence (married women): 15%<sup>2</sup>
- Unmet need for contraception: 21% of married women (15-49)<sup>3</sup>
- Total fertility: 7.2 births per woman<sup>3</sup>
- Adolescent fertility: 194 births per 1,000 women (ages 15-19)<sup>4,5</sup>





# Child Marriage & SRH Interventions



- Increased focus on **gender transformative & male engagement interventions** in SRH<sup>6</sup>
- Standard measures do not directly assess **relative power**
- Little that addresses **concordance in perceptions of relationship power** among partners
- Fill this gap by **creating and testing new measure of relative decision-making power**



# Research Questions

1. Among a sample of married adolescent girls and their husbands in Niger, **what are husbands'/wives' perceptions of relative FP decision-making power?** Do they differ?
2. **Are there associations between husbands'/wives' perceived relative FP decision-making power and FP outcomes** including: FP use, intention to use FP, and FP use self-efficacy?



# Data Source

## Data from the Reaching Married Adolescents intervention

### Population

Married adolescent girls (ages 13-19 years) and their husbands  
in the Dosso region of Niger

### Location & Sample

25 adolescent wife/husband dyads  
from 48 villages in 3 districts: Dosso, Doutchi, Loga  
(16 villages per district)

Baseline data collected April – June 2016

**Final Sample for Analysis: N=1,042 dyads**





# Creation of Decision-Making Power Variable

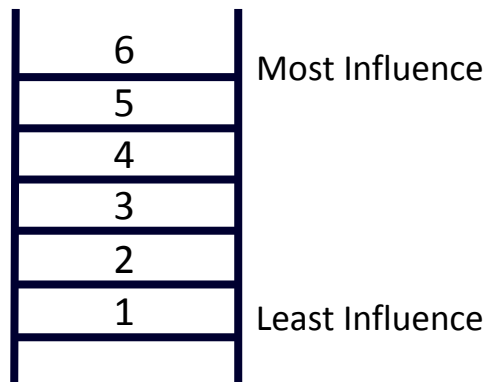
Adolescent Wife



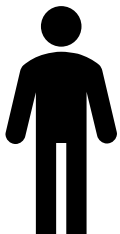
“Please look at this image of a ladder – tell me how much influence the following people have over the decision on whether you should use a family planning method to space births?”

Yourself

Your Husband



Husband



“Please look at this image of a ladder – tell me how much influence the following people have over the decision on whether you should use a family planning method to space births?”

Yourself

Your Wife

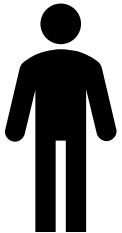


# Creation of Decision-Making Power Variable

Adolescent Wife



Husband



## Discordant

Wife Reports  
Wife  
Equal/Higher  
Power

## Discordant

Wife Reports  
Husband  
Higher Power

## Concordant

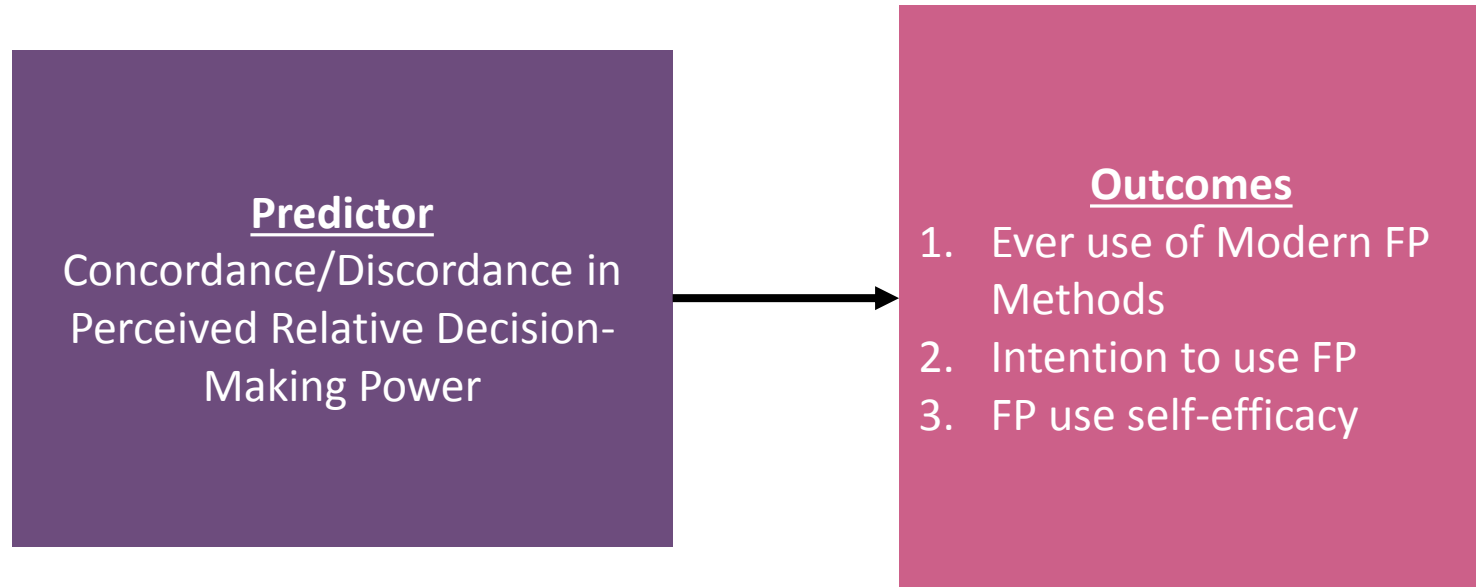
Wife  
Equal/Higher  
Power

## Concordant

Husband  
Higher Power



# Additional Measures & Analytic Plan



## Analysis Procedures

- **Multivariable logistic regression models**
  - Potential covariates: sociodemographic characteristics of both adolescent wife and husband



# Sample Demographics

## Adolescent Wife

- Age – 57% 18-19 years old
- Age at Marriage – 39% 14-15 years old
- Education – 49% No schooling

## Husband

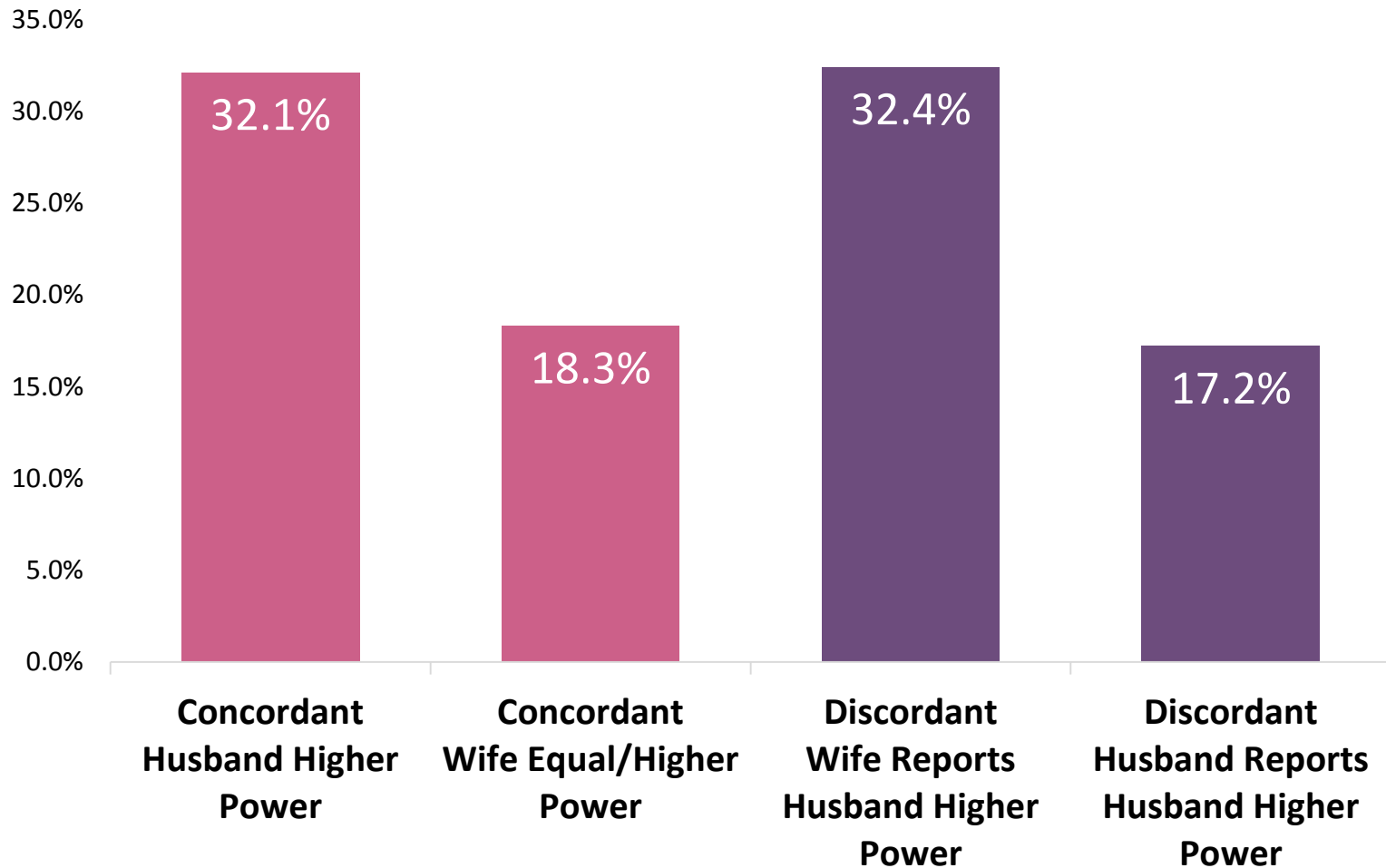
- Education – 31% No schooling

## Couple

- Age Difference – 31% 10 years or more (husband older)
- Parity – 40% Nulliparous



# Proportions of Couples in Relative Decision-Making Power Category



# Associations of Decision-Making Power and Family Planning

Outcome	<u>Concordant</u> Wife Equal/Higher Power	<u>Discordant</u> Wife Reports Husband Higher Power	<u>Discordant</u> Husband Reports Husband Higher Power
	AOR 95% CI p-value	AOR 95% CI p-value	AOR 95% CI p-value
Ever Use of Modern FP Methods	<i>1.61</i> <i>(0.90, 2.87)</i> <i>0.11</i>	1.06 (0.58, 1.94)	0.95 (0.56, 1.63)
Intention to Use FP (3 months or post pregnancy)	<i>1.51</i> <i>(0.96, 2.38)</i> <i>0.08</i>	1.07 (0.68, 1.70)	<b>2.09</b> <b>(1.42, 3.06)</b> <b>&lt;.001</b>
FP Use Self-Efficacy	<b>2.03</b> <b>(1.28, 3.21)</b> <b>&lt;.05</b>	1.00 (0.60, 1.66)	<b>2.53</b> <b>(1.71, 3.74)</b> <b>&lt;.001</b>

**Bold:** p<0.05, *Italics:* p<0.15



# Summary

- **Discordance** in women's/men's perception of power over FP decisions
- Associations between perceptions of power and **antecedents of FP use** (FP use intention & FP use self-efficacy)
  - Concordant wife equal or higher power: trends towards increased odds of **ever use of modern FP methods & intention to use FP**; significantly increased odds **of high FP use self-efficacy**
  - Discordant wife reports equal or higher power but husband reports higher power: increased odds of **intention to use and high FP use self-efficacy**





# Discussion

## Results Indicate:

- Wife's perceptions of equal/higher decision-making power may drive the antecedents of FP use
- Context of perceptions of power may better predict actual FP use

## Limitations:

- Due to limited research: difficult to determine interpretation of items

## Suggestions for Future Research:

- To **understand the relationship dynamics and social norms** that drive associations between decision-making power and FP use outcomes
  - Communication & norms supportive of FP may affect associations
- Examine **intervention effects** based on perceived power
- Measure could inform tailoring of interventions to improve FP use



# Thank You

## Co-authors:

Sabrina Boyce<sup>1</sup>, Holly Shakya<sup>1</sup>, Nicole Carter<sup>1</sup>, Mohamad I. Brooks<sup>2</sup>, Sani Aliou<sup>2</sup>, Jay G. Silverman<sup>1</sup>

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# References

1. Institut National de la Statistique II. *2012 Demographic Health Survey of Niger*. Institut National de la Statistique, ICF International;2013.
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4. Fertility rate, total (births per woman). World Bank Group; 2014.
5. Adolescent fertility rate (births per 1,000 women ages 15-19). World Bank Group; 2016.
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# The role of spousal participation in household decision-making on contraceptive use among young couples in Ibadan, Nigeria

Neetu A. John<sup>1</sup>, Funmi Olaolorun<sup>2</sup>, Meroji Sebani<sup>1</sup>, Iman Barre<sup>1</sup>

*<sup>1</sup>International Center for Research on Women*

*<sup>2</sup>College of Medicine, University of Ibadan*

# Background

- **Empirical evidence fragmented** - studies mostly rely on demographic and health (DHS) survey data
- **Lack of dyadic level data** to compare decision-making measures across spouses and improve validity

# Research Question

- To explore if female report, and/or male report, and/or concordant couple reports of decision-making patterns in the household are more predictive of contraceptive use among eligible couples (women is not pregnant and is not trying to become pregnant).

# Study Design

- **Cross-sectional dyadic data from young couples in Ibadan, Nigeria (n=1200 dyads)**
- Couples randomly selected from four local government areas in Ibadan Nigeria
- Woman 18-35 years old.
- Women in polygynous marriages were eligible if wife co-resides with her husband



# Measures

- **Current contraceptive use:** woman and man's report of using a method
- **Decision-Making:** a series of questions on household and reproductive decision-making with nuanced response categories
- **Other measures:** Age, educational level, paid employment, religion, ethnicity, parity, polygynous marriage, household wealth, place of residence

# Analyses

- Multivariate regression analyses – contraceptive use as the dependent variable and decision-making domains (household and reproductive) as key independent variables
- Separate regression for each decision-making domain
- The final analytical sample contained 865 couples, after removing pregnant women and women who were trying to get pregnant from the sample

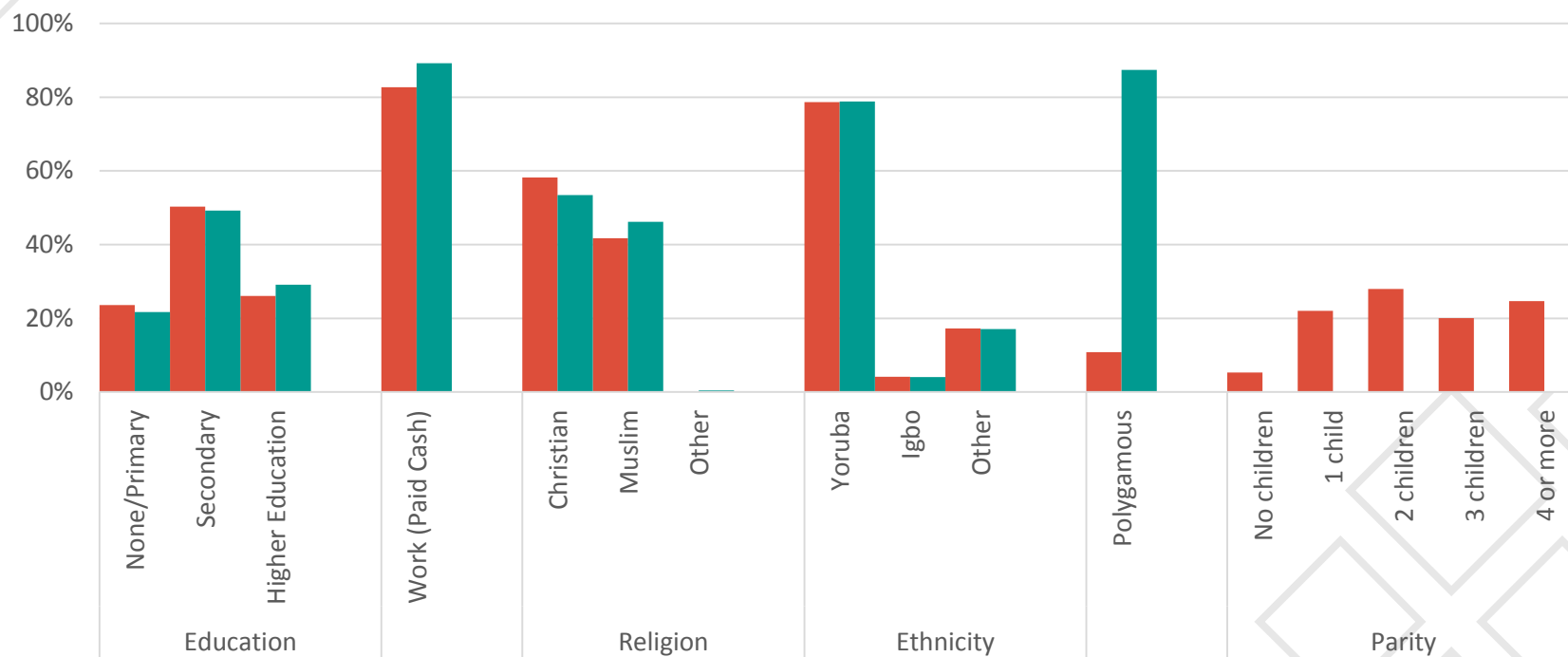
# Results: Descriptive Statistics

## WOMEN

Mean Age: 28.87  
Age Range: 18-35

## MEN

Mean Age: 35.87  
Age Range: 19-75



# Results: Decision-Making Across Domains

		Female Decision-Making			Male Decision-Making		
		Joint	Female	Male	Joint	Female	Male
Household Decisions	Visits	65.55	5.4	29.05	68.1	5.26	26.64
	Child Care	61.53	25.02	13.45	71.84	6.36	21.8
	Schooling	67.16	3.36	29.48	69.61	5.83	27.8
	Clothing	61.83	11.26	26.92	66.37	11.26	26.92
	Food	62.12	7.38	30.49	65.32	6.39	28.29
	HH Purchases	55.73	2.33	41.94	58.39	6.49	35.12
	Leisure	56.63	6.54	36.83	62.02	8.68	29.3
	Child Health	67.58	7.98	24.44	67.58	5.28	24.44
	Self health	61.19	14.46	24.35	65.28	14.46	29.43
FP Decisions	FP-General	74.52	13.76	11.73	77.09	13.22	9.69
	FP-Spacing	81.44	8.42	10.14			

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# Results: Concordance Within Couples

	Concordant		Discordant
	Male or Female Alone	Joint	
Visits	8.16 %	44.75 %	47.09 %
Child Care	5.98 %	43.13 %	50.89 %
Schooling	7.51 %	40.71 %	51.78 %
Clothing	8.08 %	41.11 %	50.81 %
Food	9.61 %	41.36 %	49.03 %
HH Purchases	15.51 %	33.28 %	51.21 %
Leisure	8.8 %	30.21 %	60.99 %
Child Health	5.74 %	46.28 %	47.98 %
Self health	7.92 %	40.79 %	51.29 %

# Results: Decision-Making on Contraceptive Use

	Female						Male
	Health (Self) <sup>1</sup>	Health (Child) <sup>1</sup>	Care <sup>1</sup>	Clothing <sup>1</sup>	FP General <sup>1</sup>	FP-Spacing <sup>1</sup>	FP General <sup>1</sup>
<b>Decision-Making</b>							
Female Alone	<b>1.80</b> (0.44)**	<b>1.99</b> (0.62)**	<b>1.69</b> (0.41)**		<b>2.48</b> (0.78)***		<b>0.28</b> (0.84)***
Joint	<b>1.51</b> (0.26)**	<b>1.56</b> (0.27)**	<b>1.70</b> (0.16)**	<b>1.44</b> (0.25)**	<b>3.43</b> (0.89)***	<b>1.89</b> (0.51)**	<b>1.19</b> (0.38)**
<b>Schooling</b>							
Secondary	<b>2.18</b> (0.46)***	<b>1.99</b> (0.41)***	<b>1.94</b> (0.39)***	<b>2.04</b> (0.42)***	<b>2.01</b> (0.44)**	<b>2.00</b> (0.41)***	<b>1.43</b> (0.23)**
Higher	<b>2.21</b> (0.62)**	<b>1.89</b> (0.52)**	<b>1.96</b> (0.55)**	<b>1.94</b> (0.54)**	<b>2.31</b> (0.69)**	<b>2.07</b> (0.59)**	<b>1.41</b> (0.26)**
<b>Paid Employment</b>	1.78 (0.36)**	1.74 (0.35)**	1.75 (0.35)**	<b>1.79</b> (0.36)**	<b>1.47</b> (0.32)*	<b>1.67</b> (0.31)*	

Standard errors in parentheses

\*\*\* p<0.001, \*\* p<0.05, \* p<0.1

<sup>1</sup> Models also adjusted for Age, Religion, Ethnicity, Polygynous Marriage, Urban Residence & Household Wealth

# Discussion

- **Female** decision-making patterns for **both household decisions and reproductive decisions** predicted report of contraceptive use
- **Male** decision-making pattern in **reproductive decisions only** pattern predicted contraceptive use
- High levels of **discordance** between perception of decision-making patterns. Concordance **not predictive of contraceptive use**. Joint or female/male led decision-making **was** predictive of contraceptive use.
- **Other factors** associated with contraceptive use: **schooling** and **paid employment**

# Discussion

## Contribution to the literature

- Dyadic data set

## Limitations of the study

- **Cross-sectional survey:** hard to fully account for endogeneity bias
- **Self reported data:** social desirability bias



**Future studies** should explore why we see high levels of discordance in decision-making measures

# Thank you

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# Women's decision-making power around fertility and family planning and its relationship with ever use of contraceptive:

## Analysis of data from couples in Jharkhand

**Abhishek Gautam<sup>1</sup>, Srabani Mittal<sup>2</sup>, Shrestha Kumar<sup>3</sup>, Sumantra Mukherjee<sup>4</sup>, Manish Kumar<sup>4</sup>,  
Ranjan Kanti Panda<sup>4</sup> & Ravi Verma<sup>1</sup>**

1 – International Center for Research on Women (ICRW)

2 – Formerly with CINI

3 – Formerly with ICRW

4- Child In Need Institute (CINI)

# The Project – Couple Power

The **Couple Power** project seeks to ensure that couples (where women are 15-24 years) are empowered and have skills to promote equitable decision making leading to increased intention to use appropriate family planning methods for better maternal health outcomes

The project uses a “**Peer Couple to Couple Approach**” based on this premise that involving husbands increases spousal intimacy, gender sensitivity and male involvement in FP and pregnancy related care

Grounded in three theories

- **Positive Deviant** – Role modeling
- **Gender Transformation** – Promotion of gender-equitable attitudes and norms
- **Creating Safe, Supportive Environment**

# Domains of Intervention and Key Outcomes

Area of Focus	Key Outcomes
Knowledge about family planning methods	<ul style="list-style-type: none"><li>• Increased <b>knowledge</b> of FP methods</li><li>• Increased <b>intention to use</b> FP method</li><li>• Increased <b>intention to delay first pregnancy</b></li><li>• Increased <b>intention to space second or subsequent pregnancy</b></li><li>• Increased <b>couple communication</b> on FP and joint decision-making</li><li>• Increased <b>involvement and support of families/communities</b> to ensure and promote equitable gender and social norms that support healthy FP and maternal health behaviours, including service utilization</li><li>• Improved <b>confidence and self-esteem</b></li></ul>
Desire to delay/space pregnancy	
Couple communication about FP	
Joint decision making	
Gender equitable attitude	
Attitude towards family planning	
Self efficacy and confidence	

The project is being implemented in **64 villages** across **two blocks** in **two districts of Jharkhand** state in India. **30 additional villages** of similar profile **act as a control group** for evaluation of the program.



# Background and Objective of Study

- There has been emphasis on supporting women's empowerment – including **women's decision-making power and women's autonomy**
- Some past studies have documented that among couples, **women's ability to make decisions** around fertility and FP independently or in consultation with their spouse **contributes substantially to the improvement of maternal health**
- The **involvement of men** in FP programs will jointly share the responsibility of contraception and enhance their understanding of FP issues **resulting in improving communication with spouse and leading to joint decision-making on FP**
- The current paper aims to explore the **factors associated with women's decision-making power and the effect on contraceptive use**

# Data

- Cross-sectional survey following quasi-experimental design with matched control group was conducted in **94 villages across 4 blocks of 2 districts in the state of Jharkhand**
- Target Population: women aged 15-24 years and their spouses
- Structured tool was used for conducting face to face interviews with both men and women
- Total sample achieved – 2843 women and 1211 men

# Methods

## Decision-Making Measures:

- Who decides the total number of children you will have?
- Have you ever discussed about family planning with your spouse? Who usually starts the discussion?
- Who decide whether to use contraceptive or not?
- Do you or your wife need the consent from husband or family to use contraception?

## Scoring:

**1**

Wife makes  
decision  
or joint process

**0**

Husband or  
others make  
decision

## Decision-Making Index:

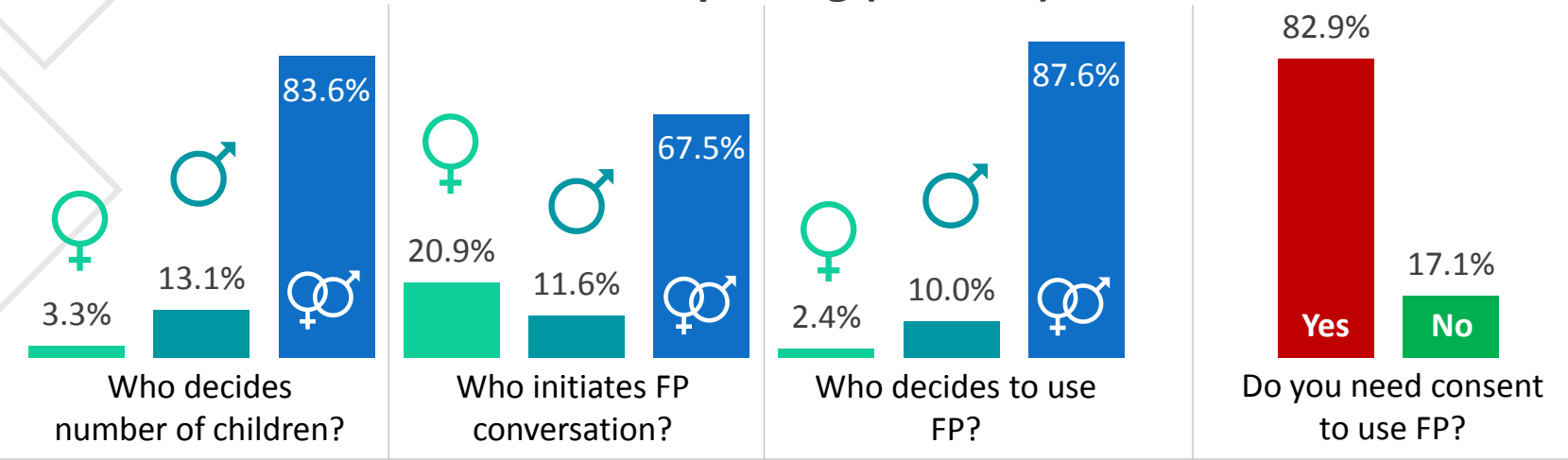
**High**

**Moderate**

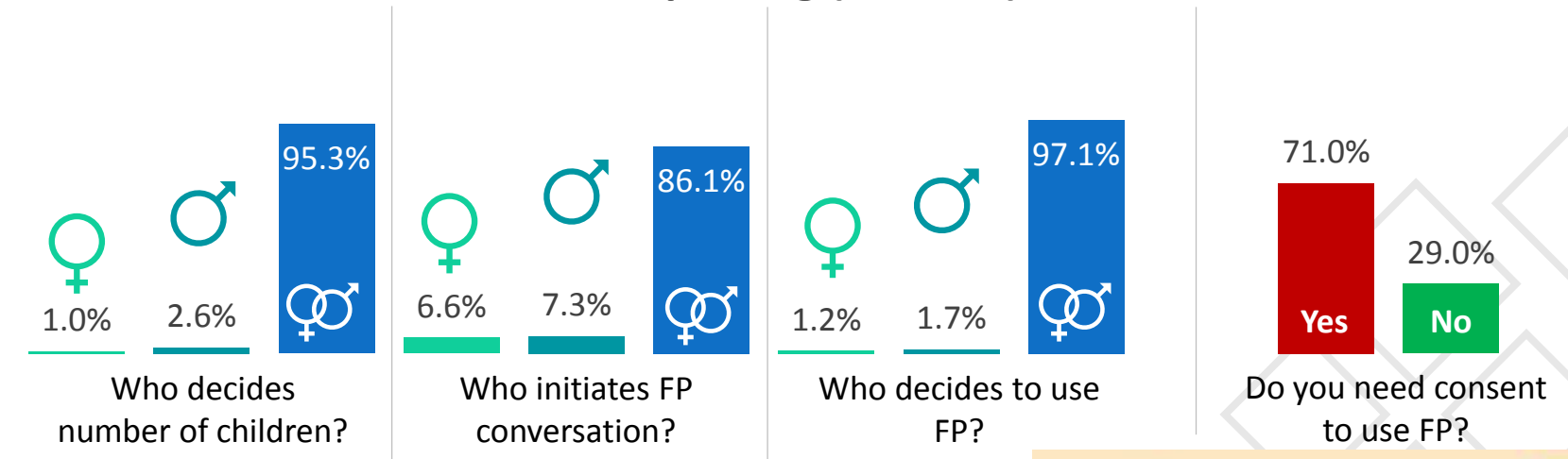
**Low**

# Results: Decision-Making around Fertility and Family Planning

## Women Reporting (N=2843)



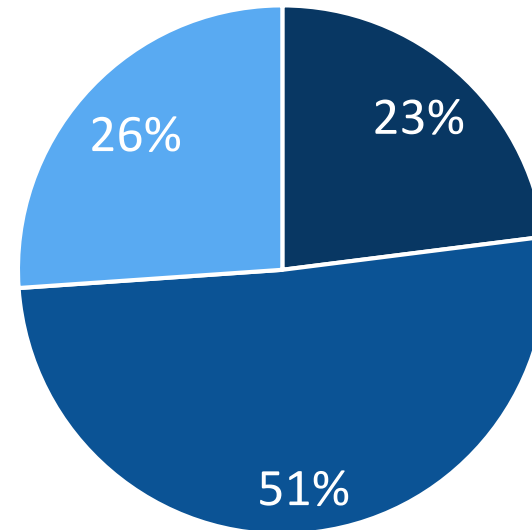
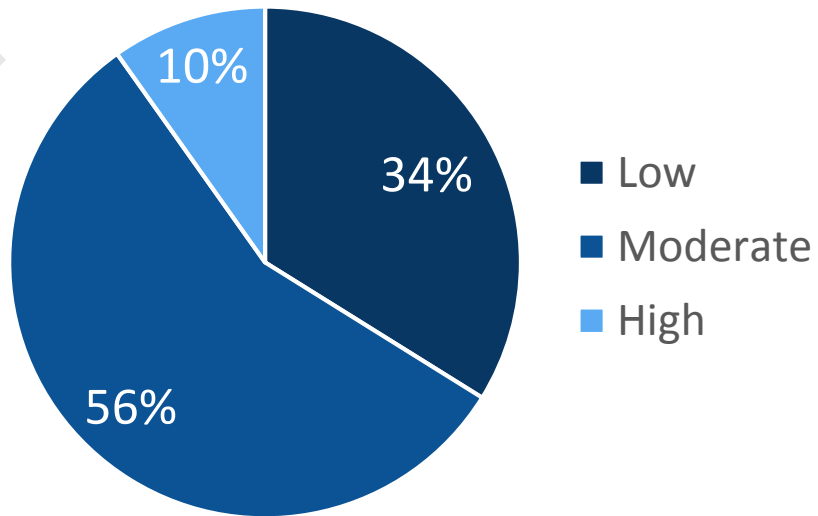
## Men Reporting (N=1211)



# Index of Decision Making Power among Women

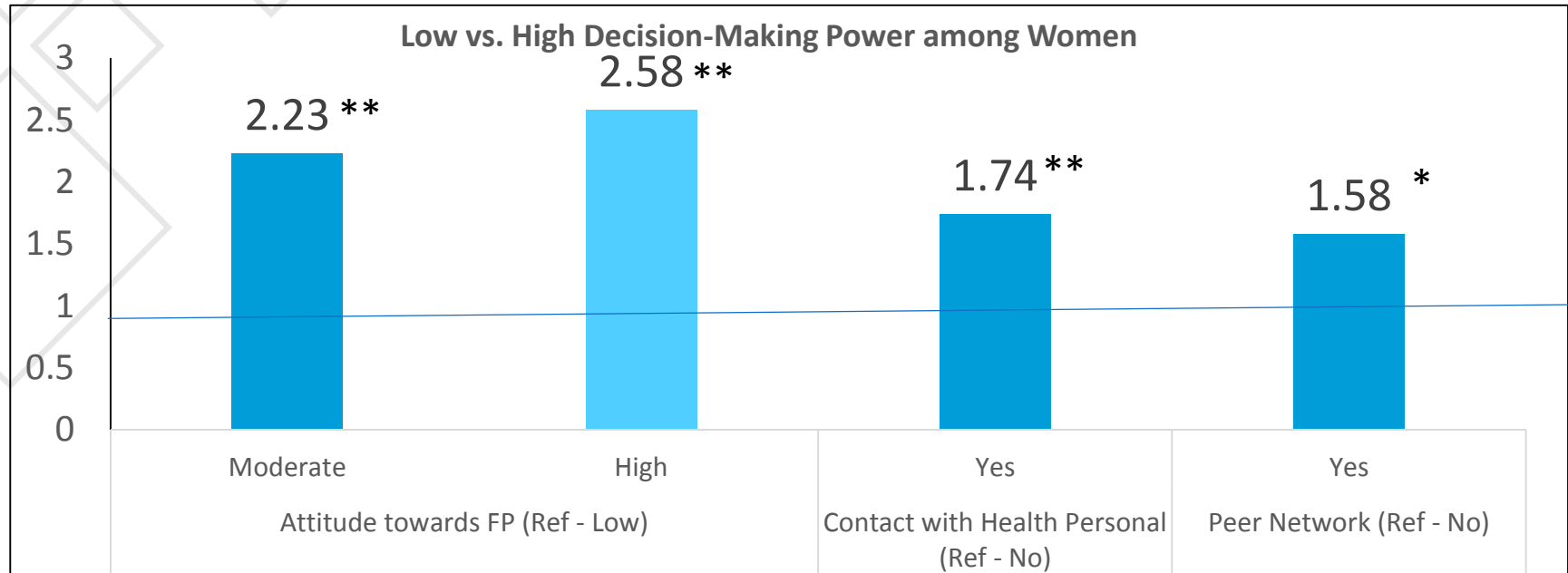
Women Reporting

Men Reporting



Women & men agree:	half of women have moderate decision-making power
Women & men disagree:	Women: 10% of women have high decision-making power
	Men: 26% of women have high decision-making power

# Factors Associated with Decision-Making Power in Women



In comparison of moderate to lower decision-making power, **contact with health personnel** and **having peer network** were significantly and positively associated, **attitude towards FP** was positively associated but results were not significant.

Multinomial model was controlled for age, education, caste and religion, wealth, age difference between spouses, education difference between spouses

\* -  $p < 0.05$ ; \*\* -  $p < 0.001$

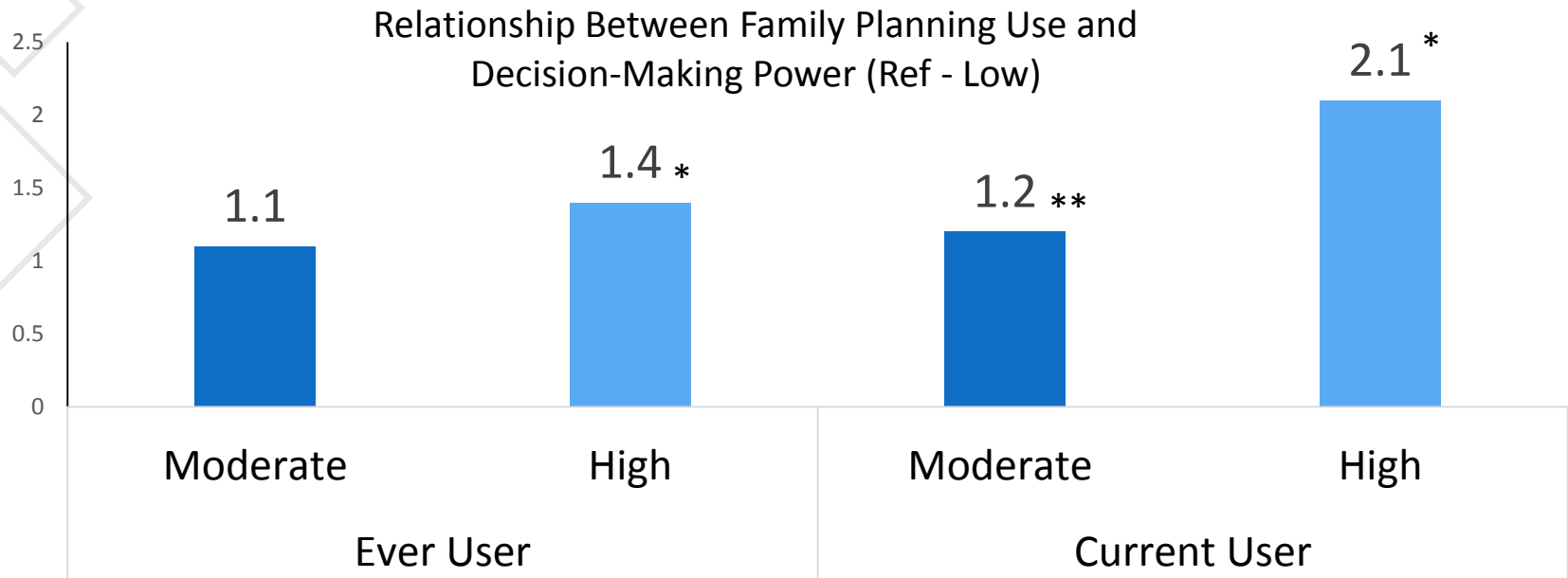
# Family Planning Use Reported by Women and Men

Indicator	Women Reporting (N)	Men Reporting (N)
Ever used family planning	58.8% (2843)	78.8% (1211)
Current Use	41.6% (2843)	62.8% (1211)

*Subset: women who reported ever using FP but not currently using FP*

Indicator	Women Reporting (N)	Men Reporting (N)
Use in past 12 months	33.4% (491)	17.7% (355)
Intention to Use	42.4% (491)	35.7% (355)

# Women's Family Planning Use and Decision-Making Power



Women with high decision-making power are significantly more likely to report ever use or current use of FP.

Among those with moderate decision-making power, likelihood of use is significantly higher among current users but not significant among ever users of FP.

Logistic regression model controlled for age, education, caste and religion, and wealth

\* -  $p < 0.05$ ; \*\* -  $p < 0.001$



## Summary

- Both women and men reported joint decision-making, but more men than women
- There is joint decision-making but when it comes to actual use men have the final say
- Key determinants of decision-making power among women: attitude towards family planning, contact with health care personnel and peer networks
- Women who exhibit high decision-making power are more likely to report use of family planning than women with low decision-making power

# Next Steps and the Way Forward

- Need for further in-depth analysis by **matching and merging the men's data with women's data** to understand agreement and disagreement among couples
- Short-term interventions are successful in attitudinal change and knowledge and awareness enhancement but there is need for **long-term interventions** that focus not only on knowledge and attitude but also on **behavioural change**
- **Joint decision-making and improved interpersonal communication** between couples may encourage women to **access and demand** for choice of services from health care providers and in return **increase FP uptake**
- Need to **work with influencers** (like mothers-in-law) and community to **break norms around proving fertility** within a year of marriage and completing family size at early age

# THANK YOU!



## Decision-making About Postpartum Contraception Among First-time Mothers And Male Partners In Kinshasa, DRC

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## OBJECTIVES

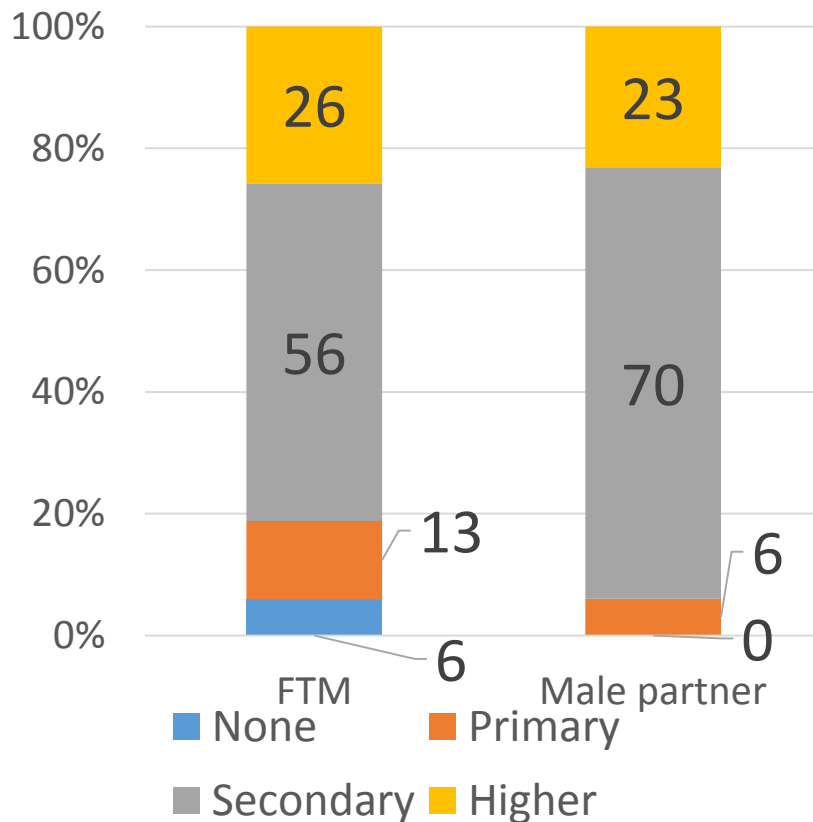
- Identify social norms that influence post-partum family planning (PPFP) decision-making
- Explore marital status differences in first time mothers' FTM's control over PPFP decision-making

# METHODS

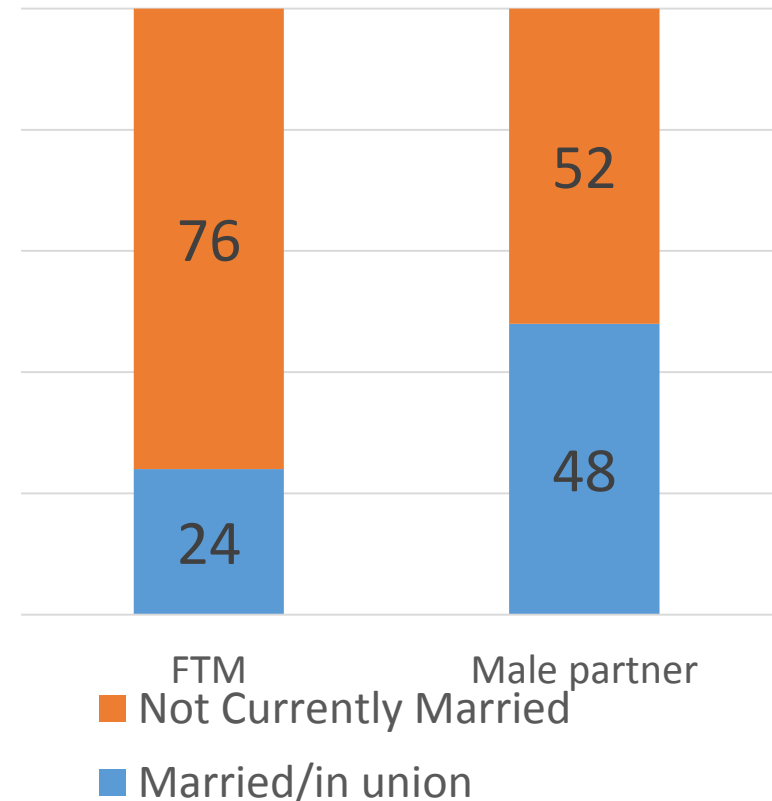
- MOMENTUM Project
- Focus group discussions
  - 10-12 participants per group
  - 8 FGs of FTMs
  - 4 FGs of male partners
- Kinshasa, DRC
- Groups disaggregated by:
  - FTM's age (15-19, 20-24)
  - Marital/relationship status
- Research team: PNSA, PNSR, D10, Tulane
- IRB approval
  - Ethics Committee, University of Kinshasa School of Public Health
  - Tulane University Biomedical Institutional Review Board
- Written informed consent
- Participant background information sheet
- Sessions audio-recorded
- Verbatim transcriptions
- Coding and thematic analysis with NVivo12 for data management

# CHARACTERISTICS OF FP FOCUS GROUP PARTICIPANTS

## LEVEL OF EDUCATION



## MARITAL/RELATIONSHIP STATUS



# SOCIAL NORMS – CONCEPTS

## Injunctive Norms

Whether people **approve/disapprove** of a behavior

## Descriptive Norms

What people **actually do**

## Empirical Expectations

What people **think (enough) others do**

## Normative Expectations

What people **believe (enough) others think should be done** (i.e., what people believe others think one is obliged to do)





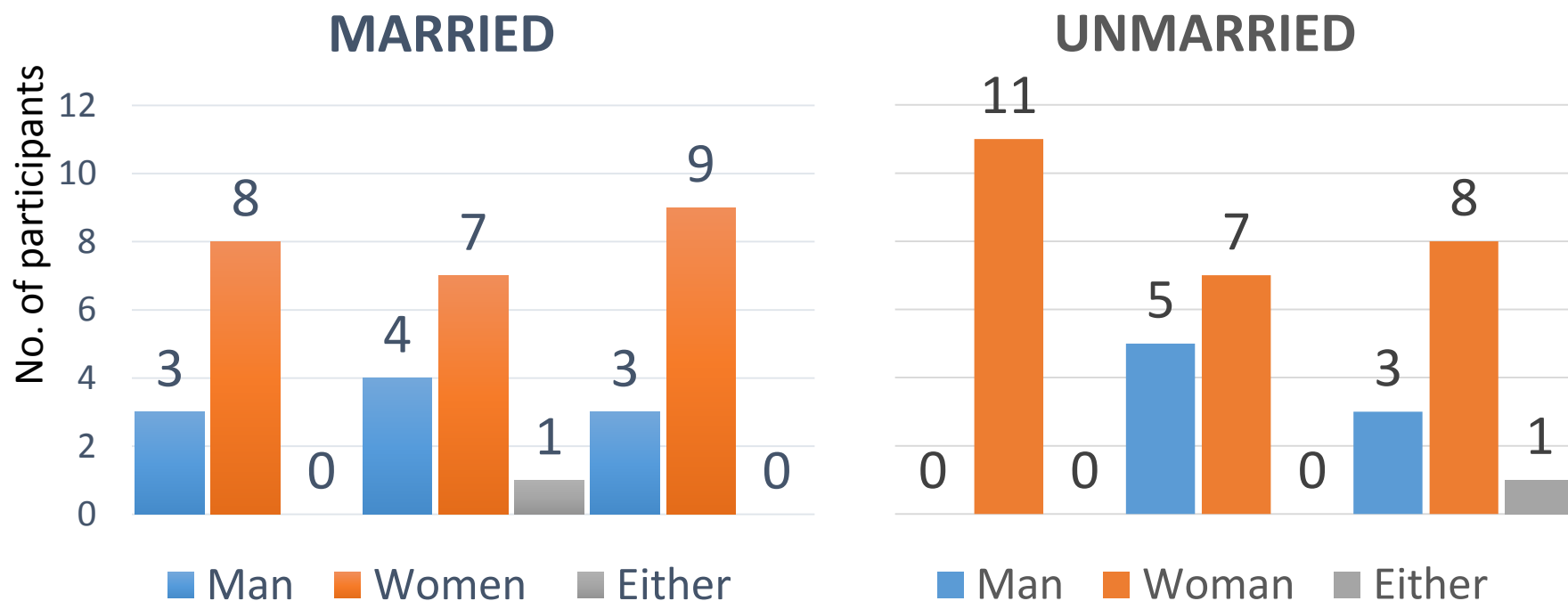
Photo credit: IMA World Health

# Results:

## SOCIAL NORMS AND FP DECISION- MAKING AND USE

# MALE PARTNERS' PERCEPTIONS AS TO WHO SHOULD TALK ABOUT CONTRACEPTIVE USE

Who does society expect to talk about using a method of contraception to prevent an unintended pregnancy, the man or the woman? Why?



## MARITAL STATUS AND FP DISCUSSION

*"It is the unmarried woman who should propose this idea [contraceptive use] to the male partner. There are many reasons for this. For example, as friends had just said, **she may meet another man who wants to marry her.** If she has four or five children he will not want to marry her, and when they do have a lot of children like that the cost of the bride price decreases. They are told that in their families; **but in marriage, it is I who will make the decision.** Therefore, it is different."*

(R8, Male partners, married FTMs aged 15-19)

*"Yes, it will be different. For married couples, it is the young woman who has to talk about it. For unmarried couples, it is the man because **the young woman will never be capable of having the idea to talk about it and accept to use contraception** because she is not married. Perhaps, she will be able to find another partner and if the latter wanted to have a child and the young woman had already used a 5-year contraceptive method, **it will be difficult for her to get pregnant before that time, and she will be considered to be at fault.**"*

(R5, Male partners, unmarried FTMs aged 20-24)

# INJUNCTIVE NORMS: WHAT PEOPLE THINK OF A FIRST-TIME MOTHER AGED 15-24 IF THEY LEARN SHE IS USING POSTPARTUM FP

## APPROVAL

*"People are not going to think badly of it badly because a 15 to 19 years old girl is still too young. She must make up for lost time. **She can go back to school to prepare for her future.***

***People will appreciate her initiative to use the methods** - it is to prevent a pregnancy. Others think that these methods make women sterile, especially because the girl is young."*

(R7, FTMs aged 15-19 who are no longer married/cohabiting)

## DISAPPROVAL

*"The 15-year-old girl who will take up a method, or any girl who has a child and will use a method, in the neighborhood, people will see that as a bad thing. Why do you have to take a modern contraceptive method after childbirth? **They will say that you have damaged your body** by giving it rest [from childbirth] at your age; But when you grow up, what's going to happen?"*

(R4, Male partners of married FTMs aged 20-24)

# NORMATIVE EXPECTATIONS: WHAT PARTICIPANTS BELIEVE OTHERS THINK FTMS ARE OBLIGATED TO DO

If the adolescent girl decides to go against her partner's wishes and use a modern method of contraception, what would most other adolescent girls/young women say about her decision?

## CULTURAL RESPONSE

*"There will be many reactions. Some will say that **the woman has become the man of the house and that the man has become the woman**. We're going to say that you dominate your husband and you don't allow him to decide. It can be said that **the woman hurts her husband because she does not obey him**. Everything people say will be negative because they don't understand how a woman can take the lead in the home."*

(R1, Never married FTM age 20-24, without a male partner)

# CONDITIONS FOR FTMS MAKING FP DECISIONS AGAINST PARTNER'S WISHES

Would the opinions and reactions of her peers make the adolescent girl/young woman change her mind about using a modern method of contraception against her partner's wishes?

**FTM's use of FP  
without male  
partner  
approval**

## **PARTNER-RELATED**

Whether responsible  
Behavior  
Living conditions

## **FTM-RELATED**

Already has  
many children  
Multiple sexual  
partners

## IPV RELATED TO FP USE

How common is it for men in Kinshasa to punish their female partners if they use modern family planning without their consent? How do they punish them?

Does people's approval of this punishment differ if the couple is married or not?

*"Yes, it is different because the **woman who lives together with her husband must inform her husband because he is the head of the family.** People must not condemn the husband. A woman who does not live with her husband and does not inform him [of her use of FP] must have her reasons. If the husband does not take assume his responsibilities, the woman is obliged to protect herself against pregnancies. People must condemn the man for punishing his wife."*

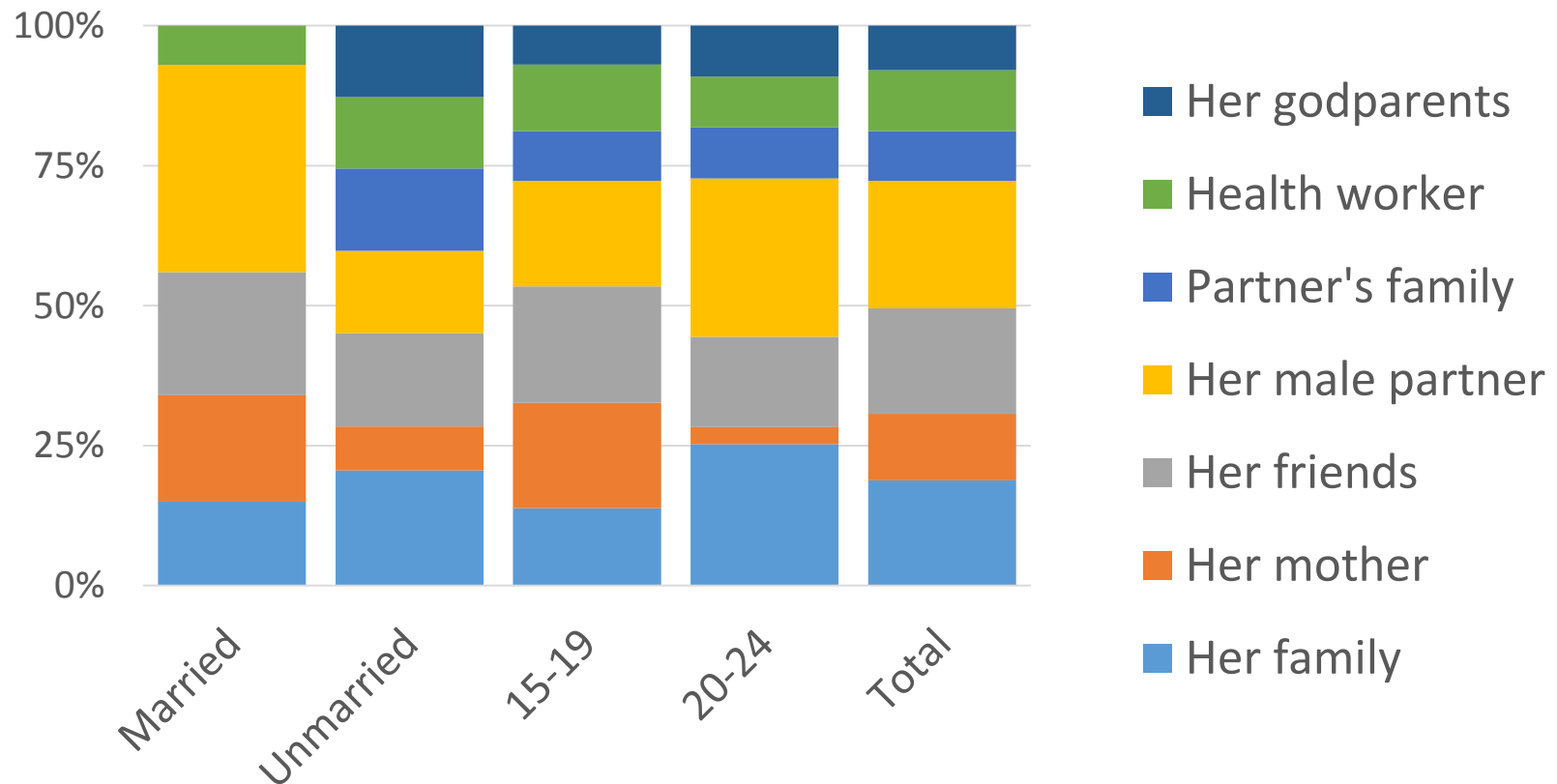
(R1, FTMs aged 15-19 who are no longer married)

*"Yes, **for the married couple,** the man has spent money [paid the bridewealth], **he must punish his wife as he wishes.** Her family has no right to intervene and people will support that. But with the unmarried who continues to have a romantic relationship, the man will punish her with reserve for fear of being assaulted by the woman's family."*

(R8, Male partners of an unmarried 20-24-year-old FTM)

# MALE PARTNERS' PERCEPTIONS OF WHO INFLUENCES FTMS' PFPF DECISIONS

Percent of times specific key influencers are mentioned by male partners, by FTM's age and marital status

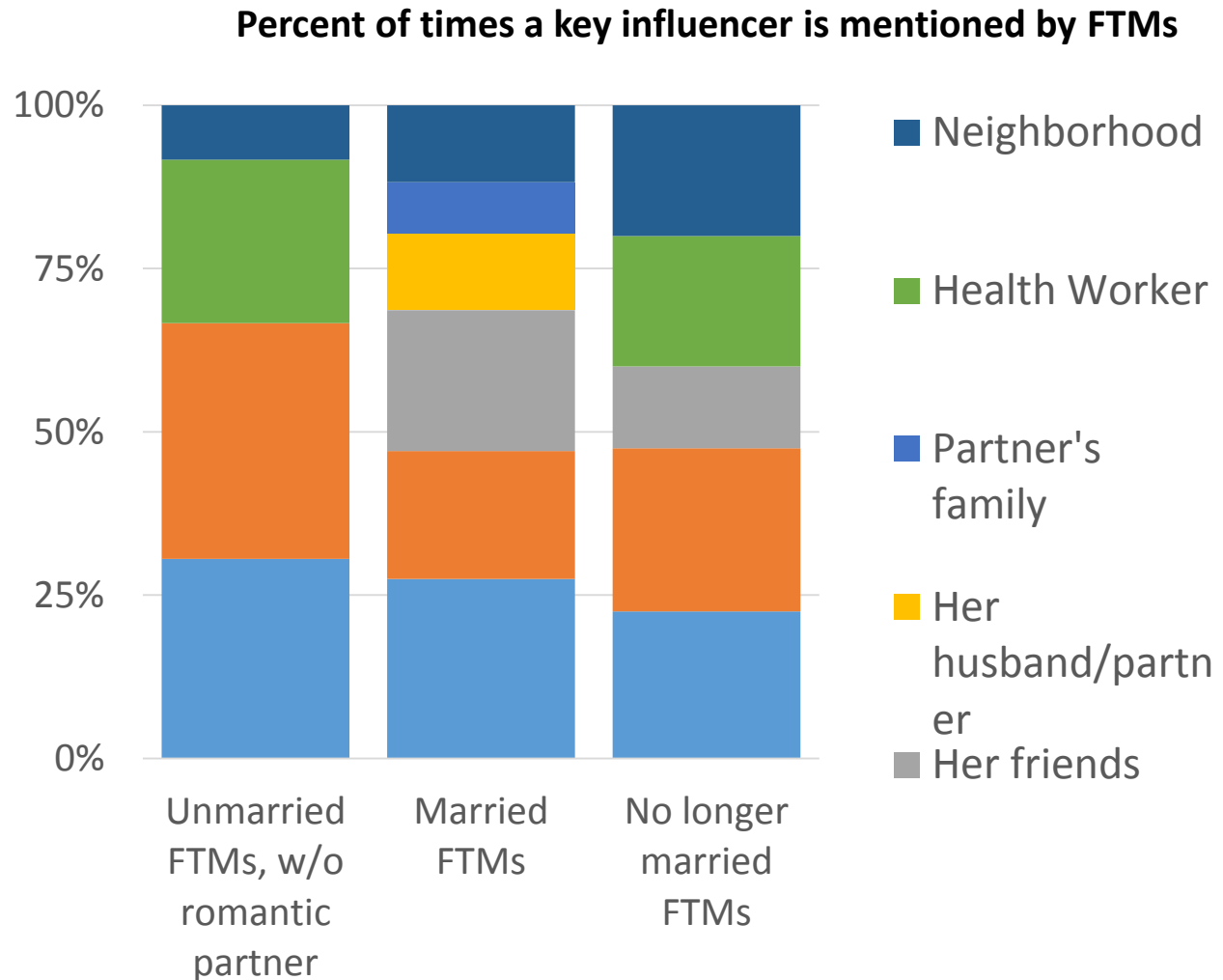




# KEY INFLUENCERS OF PPFP DECISION MAKING ACCORDING TO FTMS

***“For me, married women are torn between the opinions of their husbands and the opinions of friends. But for fear of being divorced, they will soon change their minds to prevent the husband from getting angry. On the other hand, those who do not live with their partners do not have that kind of problem. So for me, it's different.”***

(R2, FTMs aged 20-24 years who are no longer married/living together)



# SUMMARY

- Social norms govern family planning decision-making and use
- Young women are perceived as responsible for initiating FP discussions with their male partners
- Married women are not socially expected to make FP decisions without their husband's approval
  - Some exceptions
- There are many key influencers of unmarried FTM's postpartum FP decisions, including FTM's family and mother
- There are negative (and some positive) social sanctions if young women make FP decisions and use FP

# Thank You!



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GATES *foundation*