He said, She said: Husband-wife Agreement, Power Relations, and Contraceptive Use in Turkey

(Andrzej Kulczycki)

Measurement of contraceptive use is typically based solely on women's self-reports of current contraceptive use in response to surveys. However, the married couple is the appropriate unit of analysis and the variables studied should be at the couple level, because human fertility is dyadic by nature and the vast majority of childbearing in the world occurs within marital units. This is especially true for the Middle East, where fertility is confined exclusively within marriage. Unfortunately, couple level studies for this region are still non-existent, as indicated by a literature search. An assessment of husbands' reports alongside those of their wives may permit validation of the accuracy of either partner's report, help assess reliability, and provide a more complete picture of couples' contraceptive practices and reproductive decisionmaking.

Cross-national studies of couple concurrence on use and method use show that discrepancies between husbands' and wives' reports are frequent (Bankole and Singh 1998; Becker 1996; Becker and Costenbader 2001; Ezeh and Mboup 1997). Many factors may contribute to discrepant responses. This paper, the first to use couple-level data for the Middle East, first assesses the degree of similarity of Turkish marital partners' attitudes and preferences about family size and limitation. It then examines the relative influences of spousal attitudes and preferences, the role of effective partner communication about family planning, and the effects of interspousal power relations on the adoption of contraceptive use. A recent longitudinal analysis confirms cross-sectional findings that show spousal communication to be associated with greater contraceptive use (Bawah 2002). In this study, we assess three dimensions of effective partner communication: agreement on approval, discussion between partners, and spousal perception of the partner's approval of family planning, along with other factors that may affect the ability of individuals and couples to negotiate contraceptive use.

With the possible exceptions of South Asia and sub-Saharan Africa, where couple-level studies have grown in number, women's status is poorer in the Middle East than in other developing regions. Nevertheless, their position in society is increasingly debated and contested. Situated at the confluence of Europe and the Arab heartland, and of state secularism and revivalist Islam, Turkey is at the forefront of such social change. Its fertility transition has also proceeded further than in most Middle East countries. This makes it a particularly interesting case for studying the influence of spousal negotiation and communication on reproductive behavior as a possible precursor of change in this part of the world. Thus, it is especially pertinent to ask to what extent spousal reports may differ and to what extent can it be assumed that Turkey has moved closer to a joint decision-making model of fertility. Our data further enable gender-stratification variables to be incorporated into the analysis more explicitly than in past couple studies using DHS data.

We match data from the special husbands' module included as part of the 1998 Turkish Demographic and Health Survey (TDHS), which interviewed 1971 husbands of eligible currently married women, with responses from the survey's individual woman's questionnaire. This permits us to analyze data from 1906 couples after excluding 21 polygamous men (too few to provide meaningful analysis) and those married more than once. The reported contraceptive prevalence rate is marginally lower among husbands (63%) than wives (64%), with withdrawal and condom use accounting for most discrepancies. These findings differ from cross-national analyses of DHS data, e.g. Becker and Costenbader (2001) showed husbands report higher levels of use than do their wives in all 23 countries studied, with ranges from 2 percent higher (Brazil) to 150 percent higher (Mali), and with most discrepancies attributable to husbands' sole reports of periodic abstinence and condom use.

We perform several checks of the validity of both partners' responses and other tests of concurrence. For Turkey, the level of agreement between spousal reports on specific fertility and family planning items is relatively high. In 92% of cases where wives reported they were currently pregnant, husbands also reported the pregnancy, and in 80% of the instances of disagreement, the wives were in the first four months of pregnancy. In addition, there were only 18 cases where husbands reported current contraceptive use while the wife was pregnant. Only 23% of wives knew they were most likely to become pregnant in the middle of their ovulatory cycle, but most of those practicing periodic abstinence gave accurate answers about the time of ovulation. (Data on male knowledge of the ovulatory cycle were not collected). On some other important criteria, concordance was lower. For example, whereas 70% of husbands and 83% of wives claimed to know of condoms, matched responses indicate that in only 60% of the couples did both partners know of condoms. However, there were no reports of condom use among husbands or wives who reported that they did not know of condoms. Kappa statistics are also computed to adjust for spousal concurrence due to chance.

Both knowledge and approval of family planning are virtually universal: over 90% of couples know at least three methods, and among 79% of couples, both partners approve of family planning. About 80% of marital partners held similar attitudes toward family planning and 98% of the concordant couples approved of contraceptive use. Only 8% of wives and 5% of husbands said they had discussed family planning with their spouses, although a further 27% of wives and 24% of husbands said they had held such discussions with other relatives, neighbors, or friends. However, only current contraceptive users were asked if they had discussed family planning, with the reference period limited to 'the last few months' rather than 'the past year' as is customary in DHS surveys. In all, 74% of wives and 76% of husbands correctly predicted their spouse's approval of family planning; also, 78% of the wives correctly reported their husband's attitude. In sum, 72% of the couples agreed on whether they wanted more children, while 47% gave exactly concordant responses on ideal family size.

Our analysis uses background and intermediate variables. Background variables include demographic (couple's age, residence and number of living children) and socioeconomic (couple's education, household income, residence and ethnicity) indicators whose influence on contraceptive use has been well established in previous research. Our interest lies primarily with several intermediate variables that, based on theoretical grounds and on prior research, we postulate may affect contraceptive use. Thus, we assume that a couple's desire to limit or space childbearing prompts them to find means of controlling their fertility, which we may appraise by respondent's knowledge about contraceptive methods and approval of contraceptive use. Effective spousal communication is further assessed through discussion about family planning, spousal perceptions of each other's attitude toward family planning, and the extent of the couple's agreement regarding their family-size preferences (judged here by desire for no more children and ideal family size). Because gender-based power imbalances may constrain women's negotiation ability, we also evaluate the influence of the gender context on contraceptive use through two gender-system variables. These indices are based on both wives' and men's responses to the same questions, and gauge the extent of male decisionmaking authority and of interpersonal coercive control.

Our outcome variable, current contraceptive use, is assessed in two ways: using wives' reports and then using husband's reports. Prevailing assumptions that wives' reports of method use are more reliable than those of their husbands may be less valid for Turkey, where male methods account for over half of all contraceptive prevalence and, as noted above, contraceptive prevalence reports by men and women are quite similar. A further aim of the study, therefore, is

to assess if similar predictors of contraceptive use result from models based on the two sets of logistic regression analyses.

After controlling for the influence of background variables, we hypothesize that couples' contraceptive use is positively associated with knowledge about and the approval of both spouses for family planning; with spousal communication about family planning; with their agreement as to fertility preference; and with more egalitarian relationships. Our initial multiple logistic regression models to predict contraceptive use consider the couple's knowledge of family planning methods, the couple's approval of family planning, and spousal discussion about family planning in the last few months. Further models include fertility preference, spousal perception of each partner's approval, discussion with other relatives and friends, gender-system and control variables.

Using wives' reports of current contraceptive use as the outcome variable, and before adjusting for confounding factors, knowledge and approval of family planning by both partners were significantly associated with current contraceptive use, whereas fertility preference variables were not. After controlling for each of the fertility-related variables and for background factors, only the husband's approval of family planning and the wife's perception of her husband's approval remained significant among the intermediate variables. The likelihood of contraceptive use was 2.9 times greater if the wife believed that her partner approved of family planning than if she thought he did not approve. However, after entering wife's perception of her husband's attitude toward family planning, the index of interpersonal coercive control is no longer significant, most likely because these variables are inversely associated. As expected, the couple's number of living children, region of residence, ethnicity and education were significantly related to contraceptive use.

Using husband's reports of current contraceptive use as the outcome, the same set of models indicated stronger predictive power for communication and gender system variables. In the final model, couple's knowledge of more than three contraceptive methods, couple's approval of family planning, husband's and wife's approval of family planning and the husband's perception of the wife's attitude, discussion of family planning with other relatives and friends, and husband's preference for an ideal family size of less than two children, were all significantly associated with contraceptive use. In addition, contraceptive use is positively associated with number of living children, couple's age, and with both spouses having secondary education or higher. As with the models conducted with wives' reports as the dependent variable, current contraceptive use is also inversely associated with living in North and East Turkey, both spouses having incomplete primary education, and both spouses being Kurdish; but neither total household income nor place of residence exert significant effects.

Neither set of models indicate a significant effect of spousal discussion on current contraceptive use. This unexpected finding is most likely an artifact of the unusual way this measure was asked, as mentioned earlier. In reality, such discussion is almost certainly far more common, since 1 in 4 Turkish couples rely on withdrawal for their contraceptive needs, a method that requires active spousal cooperation (Kulczycki 2004). Moreover, other communication variables continue to be significantly associated with contraceptive use after controlling for background variables. Gender-system variables did not exert a significant effect on contraceptive use, even though men still hold decisionmaking power over most matters. To be sure, our models do not capture all the multi-dimensionality of power relations, but to some extent, gender inequality may be less relevant here because of the strong tradition for Turkish husbands to assume some responsibility for contraception. This may counterbalance other gender effects arising from a husband's generalized power in marriage against the 'female sphere' of influence.

This analysis adds to the growing literature on couple-level studies and permits comparisons to be drawn with other parts of the world. We discuss our survey findings in light of other research on conjugal decision-making in Turkey. We also consider reasons why spousal differentials in reporting of contraceptive use appear to be somewhat smaller in Turkey than those found in other developing countries, notwithstanding some problems of validity of both husbands' and wives' reports discerned. Our findings also show some significant differences between husbands' and wives' effects, as well as some differences when comparing multivariate results for the two sets of models using either husbands' or wives' reports of contraceptive use as the outcome. We are presently looking into these matters as we continue to analyze our data further.

Husband-wife communication, as measured in particular by each spouse's attitude toward family planning and the wife's perception of her husband's approval of family planning, is highly associated with current contraceptive use. Both wives' and husbands' views matter, although we find little support for thinking that interspousal power relations per se play a significant explanatory role in the adoption of contraceptive use. This is not to understate the influence of the gender system; for example, the wife's perception of her husband's approval of family planning continues to be one of the strongest predictors of contraceptive use after controlling for all other variables. However, with regard to this sphere of marital life, Turkish couples appear to have moved toward a more egalitarian mode of decisionmaking than that believed to characterize other Middle Eastern countries, for which couple level data should be collected as a matter of priority in future surveys.

References:

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.

Bawah, Ayaga A. (2002) "Spousal communication and family planning behavior in Navrongo: A longitudinal assessment," *Studies in Family Planning*, 33(2): 185-194.

Becker, Stan (1996) "Couples and reproductive health: A review of couple studies," *Studies in Family Planning*, 27(6): 291-306.

Becker, Stan and Elizabeth Costenbader (2001) "Husbands' and wives' reports of contraceptive use," *Studies in Family Planning*, 32(2): 111-129.

Ezeh, A.C. and Gora Mboup (1997) "Estimates and explanations of gender differentials in contraceptive prevalence rates," *Studies on Family Planning*, 28(2): 104-121.

Kulczycki, Andrzej (2004) "The determinants of withdrawal use in Turkey: A husband's imposition or a woman's choice?" *Social Science & Medicine*, 59(5): 1019-1033.