

18

DHS COMPARATIVE STUDIES

**Men's Fertility,
Contraceptive Use,
and Reproductive
Preferences**



**DEMOGRAPHIC
AND HEALTH
SURVEYS**

The Demographic and Health Surveys (DHS) is a 13-year project to assist government and private agencies in developing countries to conduct national sample surveys on population and maternal and child health. Funded primarily by the United States Agency for International Development (USAID), DHS is administered by Macro International Inc. in Calverton, Maryland.

The main objectives of the DHS program are (1) to promote widespread dissemination and utilization of DHS data among policymakers, (2) to expand the international population and health database, (3) to advance survey methodology, and (4) to develop in participating countries the skills and resources necessary to conduct high-quality demographic and health surveys.

For information about the Demographic and Health Surveys program, write to DHS, Macro International Inc., 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, U.S.A. (Telephone 301-572-0200; Telefax 301-572-0999).

**Demographic and Health Surveys
Comparative Studies No. 18**

**Men's Fertility, Contraceptive
Use, and Reproductive
Preferences**

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Preface

One of the most significant contributions of the DHS program is the creation of an internationally comparable body of data on the demographic and health characteristics of populations in developing countries. The *DHS Comparative Studies* series and the *DHS Analytical Reports* series examine these data across countries in a comparative framework, focusing on specific topics.

The objectives of DHS comparative research are: to describe similarities and differences between countries and regions, to highlight subgroups with specific needs, to provide information for policy formulation at the international level, and to examine individual country results in an international context. While *Comparative Studies* are primarily descriptive, *Analytical Reports* utilizes a more analytical approach.

The comparative analysis of DHS data is carried out primarily by staff at the DHS headquarters in Calverton, Maryland. The topics covered are selected by staff in conjunction with the DHS Scientific Advisory Committee and USAID.

The *Comparative Studies* are based on a variable number of data sets reflecting the number of countries for which data were available at the time the report was prepared. Each report provides detailed tables and graphs for countries in four regions: sub-Saharan Africa, the Near East and North Africa, Asia, and Latin America and the Caribbean. Survey-related issues such as questionnaire comparability, survey procedures, data quality, and methodological approaches are addressed in each report, as necessary. Where appropriate, data from previous DHS surveys are used to evaluate trends over time.

Comparative Studies published under the current phase of the DHS program (DHS-III) are, in some cases, updates and expansions of reports published earlier in the series. Other reports, however, will cover new topics that reflect the expanded substantive scope of the DHS program.

It is anticipated that the availability of comparable information for a large number of developing countries will have long-term usefulness for analysts and policymakers in the fields of international population and health.

Martin Vaessen
Project Director

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Executive Summary

The role of men in the family-building process has been a concern in areas of the world where men are believed to hold views antagonistic to family planning. To address this concern, the Demographic and Health Surveys (DHS) program has for more than 10 years been collecting data on men in developing countries. A total of 25 surveys of men have been completed, which constitutes the largest collection of national-level survey data on men. Seventeen of these surveys were completed by mid-1995 and are analyzed in this comparative study. Of the 17 surveys covered in this report, a great majority were conducted in sub-Saharan Africa (7 in West Africa and 6 in East Africa). Two surveys were conducted in North Africa (Egypt and Morocco) and 2 in Asia (Bangladesh and Pakistan).

The DHS surveys of men have evolved over time from surveys of husbands to surveys of all men. In addition, the content of the men's questionnaire has been expanded and has become more standardized across surveys. In this report, comparability across surveys is achieved by limiting the analysis to currently married men and by restricting the set of indicators examined to those common across most surveys. These indicators include fertility levels, fertility preferences, knowledge and use of contraception, and intention for future use.

Regional Differentials

The data show distinct regional patterns in the level of men's achieved fertility, reproductive preferences and use of contraception. The West African countries are characterized by high fertility, high ideal family size and low contraceptive use. In East Africa, fertility is lower, family size preferences are smaller, and use of contraception is higher compared to West African countries. Ghana and Tanzania are outliers in their respective regions; Ghana is characterized by lower fertility and greater use of contraception than the regional norm, while the opposite is true in Tanzania. Fertility levels and preferences are lowest and contraceptive use is highest in the surveys in North Africa and Asia. Pakistan is, to some extent, an exception with a relatively low level of contraceptive use.

Fertility Levels. Currently married men in West Africa, on average, have about 5 children compared to about 4.5 children in East Africa and less than 4 children in North Africa and Asia.

Reproductive Preferences. Substantial regional differences exist in the ideal family size reported by men; the ideal being around 9 children in the West African surveys, 5 children in the East African surveys, and about 3.5 children for the surveys in North Africa and Asia. Similarly, in the West African surveys, the proportion of men wanting more children ranges from 60 percent (Ghana) to 90 percent (Niger), with most countries clustering between 75 and 80 percent. In East Africa, the range is between 47 and 63 percent, except in Tanzania where 80 percent of the men want more children. Less than 45 percent of the men in the North African and Asian surveys desire additional children.

Knowledge of Methods. In general, a relatively high percentage of men have knowledge of at least one contraceptive method (more than 65 percent in all countries). Knowledge is higher outside of West Africa, typically ranging from 90 to 95 percent in East Africa, North Africa and Asia.

Approval of Family Planning and Current Use. Levels of male approval of family planning vary greatly in West Africa and are quite low (under 50 percent) in three countries (Cameroon, Mali and Senegal). Approval levels of about 90 percent or more are common for surveys elsewhere except for Tanzania (78 percent) and Pakistan (72 percent).

The pattern is similar for current use. In West Africa, current use ranges from less than 2 percent (Mali) to 15 percent (Cameroon). Ghana is an outlier with 34 percent of the men currently using a method. In East Africa, North Africa, and Asia, between one-quarter and one-third of men report current use. Tanzania and Pakistan are exceptions with 22 and 15 percent of men, respectively, reporting current use.

Gender Differentials

Within countries, results for currently married men are compared to those for currently married women. Differences between men and women in the indicators examined are most pronounced in the West African surveys.

Reproductive Preferences. In the West African surveys, the mean ideal family size reported by men substantially exceeds women's ideal family size by two to four children. Ghana is the only exception with about half a child difference between the reports of men (5.3) and women (4.7). In the surveys outside of West Africa, the ideal family size re-

ported by men and women are remarkably similar. The only exception is Tanzania where there is a one child difference in the mean number reported by men (7.4) and women (6.4).

A similar pattern is found in the proportions of men and women desiring more children. The data are available for 13 countries. In 10 countries, men are more likely than women to report a desire for additional children, although the proportion of men wanting more children generally exceeds that of women by only a few percentage points. However, differences of around 10 percentage points exist for two West African countries (Cameroon and Niger) and two East African countries (Kenya and Tanzania).

Knowledge of Methods. Compared to currently married women, men generally report higher levels of knowledge of contraceptive methods. The proportion of men reporting knowledge exceeds that of women by 10 percentage points in three West African surveys and one East African survey.

Approval of Family Planning and Current Use. In almost all surveys, the proportion of women reporting approval of family planning exceeds that of men. However, the differences are not substantial, except in West Africa where, in four surveys, approval levels of women exceed those of men by 10 (Niger) to 58 (Mali) percentage points.

Notwithstanding the lower approval rates among men, men report greater use of contraception than women in

all but two surveys. The difference in the proportions reporting use of contraception exceeds 10 percentage points in Ghana, Bangladesh and all the surveys in East Africa. Elsewhere, gender differences in contraceptive use are negligible.

Intentions for Future Use. In 12 of the 17 surveys, a greater proportion of women than men intend to use a method in the future, but the differences are small (mostly within 5 percentage points). The preferred methods for nonusers who intend to use contraception in the future are similar for men and women, except that men are more likely than women to prefer condoms. Also, men and women give similar reasons for nonuse.

Overall, the reproductive preferences and attitudes of men and women toward family planning are similar in most countries in East Africa, North Africa, and Asia, but are substantially different in the countries of West Africa. West Africa is a region characterized by high fertility desires among men, low levels of contraceptive use, and large gaps in the preferences of men and women. While Ghana can be distinguished from the other countries in the West African region, Tanzania and Pakistan often share some of the West African characteristics. In these areas especially, men's reproductive preferences and desires may constitute a major challenge to program success and should not be ignored by policy makers and program managers.