



Choice of contraceptive methods by women's status: Evidence from large-scale microdata in Nepal



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ABSTRACT

Objective: We aimed to investigate how improvement in women's status affects the choice of contraceptive methods in Nepal.

Study design: We regressed the choice of contraceptive methods on women's status and other controlling variables by employing large-scale microdata representing over 12,000 married women aged 15–49 years in Nepal. Years of schooling and literacy were defined as women's status variables. We estimated how educational attainment affects the choice of contraceptive methods. We also analyzed how fear of their partners affected women's choices.

Results: Female sterilization was the most common choice among the contraceptive methods (25.5% of contraceptive users) in Nepal, followed by injections (19.9%). However, our estimation results showed that these options change with an improvement in women's status. An additional year of education increased the probability that women would choose condoms by 1.2 percentage points (95% confidence interval [CI]: 0.7, 1.6) and decreased the probability of choosing female sterilization by 1.4 percentage points (95% CI: −1.9, −0.8). For the well-educated women, injections and condoms became the first and second choices (29.5% and 21.5%), respectively, while female sterilization was the third option (17.9%) for contraceptive methods. Women's fear of their partners also affected the choice of contraceptive methods. The women who feared their partners were 7.0 percentage points more likely to choose female sterilization than condoms.

Conclusion: Improvement in women's status (more education and less fear of their partners) changed their contraceptive behaviors by increasing the probability of choosing condoms and decreasing the probability of choosing female sterilization in Nepal.

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Introduction

Women's choices among contraceptive methods differ in relation to factors like culture, religion, education, and economic affluence. Typically, the level of development in a region also affects this choice (Fig. 1). In developed countries, birth control pills (17.7%) and condoms (18.4%) represent the major contraceptive methods; pills are most common in Europe (e.g., 40.6% and 37.2% of married women in France and Germany, respectively, choose this method), while condoms are most popular in East Asia (e.g., 50.3% in Hong Kong and 40.7% in Japan) [1]. In contrast, in developing countries, the percentage of women using modern contraceptive methods is lower than that in developed countries [1,2]. Of the modern methods, female sterilization is still most significant (20.6%) in developing countries, whereas this method

is relatively rare in developed countries (8.4%). As China's level of development increased, for instance, the prevalence rate of sterilization (both female and male) decreased, while the rates of choosing pills and condoms increased [3].

Fig. 2 shows the choice of contraceptive methods in Nepal. It illustrates that in this country, 61.8% of women use no contraception, while 33.1% use modern contraceptive methods. In the group using contraception, female sterilization was the most common method (25.5% of those using contraception), followed by injections (19.9%). The methods that are most commonly used in developed countries, namely birth control pills and condoms, are not common in Nepal (8.3% and 10.1%, respectively). Such features are similar to other developing countries.

Although sterilization is the most effective contraceptive method [5], it has a significant disadvantage in that it is a permanent procedure and usually cannot be reversed. As a result, the number of women who express regret concerning sterilization is significant, particularly when they were aged 30 years or younger at the time of sterilization [6,7]. In Nepal, for example, 9.0% of

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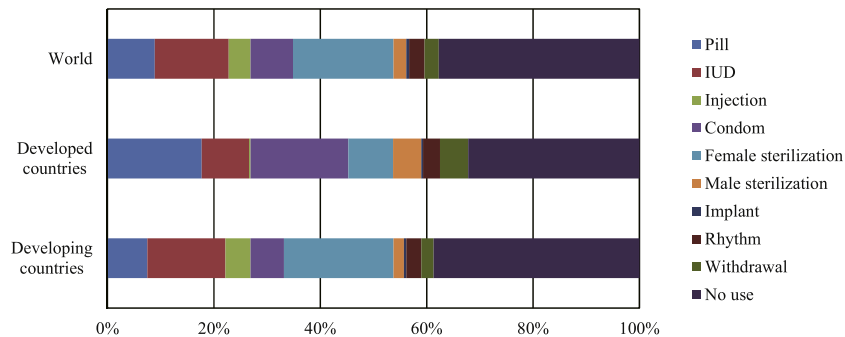


Fig. 1. Global trends in the choice of contraceptive methods [1].

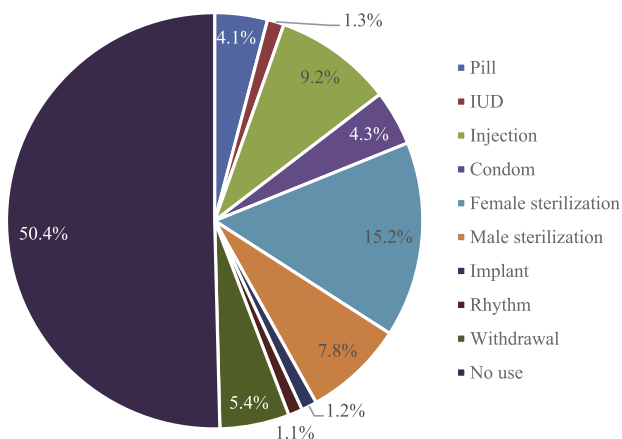


Fig. 2. Rates of use of contraceptive methods in Nepal [4].

currently married women expressed regret about their sterilization [4]. The main reasons for this regret were side effects (5.1%) and the desire to have another child (2.0%). Because effective temporary contraceptive methods are available and they are commonly used in developed countries, it appears that lack of knowledge/information on family planning, lack of availability of comprehensive reproductive and sexuality education, inability to access the full range of contraceptive options, and women's lower status in society in developing countries limit the contraceptive options available to the women in these countries [8].

There is also an issue of involuntary or forced sterilization of women [9]. In developed countries, this phenomenon is no longer apparent. However, it is still occurring in developing countries and causes problems like death due to contaminated medicines or rusty surgical equipment [10].

Many studies have been carried out targeting contraceptive methods in developing countries [2,3,8,11,12]. In addition, research has been conducted on the factors that affect the selection of contraceptive methods from various perspectives [13–19]. However, no studies have assessed how an improvement in women's status affects this choice. It is important to consider this issue to further understand the relationship between women's social status and family planning. The purpose of this study is to clarify how improvement in women's status changes the choice of contraceptive methods by focusing on the case of Nepal.

Materials and methods

Methods and study design

In this study, we attempt to provide empirical evidence concerning the relationship between women's status and the choice

of contraceptive methods in Nepal. Nepal is listed by the United Nations Children's Fund as among the 25 prioritized countries requiring improvement in the status of women [20]. We hypothesize that improving women's status will increase the probability of choosing contraceptive methods comparable to those preferred in developed countries; that is, women with a higher status will be less likely to use female sterilization and more likely to opt for condoms and pills.

To test our hypothesis, we regress choice of contraceptive methods on women's status variables, such as years of schooling and literacy, using multinomial logit models. These variables are closely related to women's status and affect their family planning. Female schooling affects family planning by increasing female autonomy and bargaining power in their decisions [21]. In other words, without more education and literacy, women display increased dependence on their partners when it comes to making household choice.

To control for the different roles of household and regional characteristics, other household-level and regional variables are employed in our estimations. The variables we used are described in detail in the *Data* section.

In the final part of this study, we expand our analysis to investigate the effects of women's fear of their partners on their contraceptive choices. Women who fear their partners tend not to choose condoms and/or pills, since such fear may suppress women's sexual autonomy.

Data

The data employed in this study were retrieved from the Demographic and Health Survey (DHS), which has been carried out in many developing countries as a part of the Measure DHS Program, funded by the United States Agency for International Development, to assess fertility, family planning, and maternal and child health. In Nepal, the DHS has been conducted every 5 years since 1996. This study employed the latest survey results, which were published in 2011. The 2011 survey results comprise data from nationally representative samples, covering over 12,000 married women aged 15–49 years. The respondents were asked questions on the type of contraception they were using, educational background, economic status, and experience of physical and mental violence in the household.

To focus on women's choice of contraceptive methods, we excluded respondents who did not use any contraceptive methods and modern methods. Respondents who answered that they were currently not using any methods included women who wanted to become pregnant.¹ Thus, the sample we employed in the analysis comprised 4172 women.

¹ Estimations including these respondents may capture not only women's status concerning choice of contraceptive method, but also selection effects.

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