

Research Note

*Husband-Wife Differences in Contraceptive Knowledge
and Use Responses in the Nepal Hills*

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His majesty's Government of Nepal officially sponsored Family Planning and Maternal Child Health Programme in 1968 although the Family Planning Association of Nepal in the non-governmental sector was actively engaged in the area of family planning since the late 1950s. In 1977 a social marketing agency known as the Contraceptive Retail Sales Company came into existence to distribute conventional contraceptives at subsidised rates which now covers most of the country. The Integrated Community Health Services Development Project is another agency established in 1980 to promote family planning services along with the basic health care services. In the non-governmental sector, besides the very active FPAN, there are the Mothers' Club, Youth Club, Nepal Red Cross Society and Ex-Servicemens' Organization which are also involved in birth control programmes (Y.B. Karki 1984).

Despite the untiring efforts made by both governmental and nongovernmental sectors and the involvement of a large amount of expenditure (Rs 652.3 million during the period from 1967-68 to 1983-84) in promoting birth control services the results of the last two nationally representative sample surveys are not very encouraging. The Nepal Fertility Survey conducted in 1976 showed about 22 percent currently married women of reproductive age ever heard of a birth control method and only about 4 percent had ever used a method (Nepal FP/MCH Project 1977). According to the Contraceptive Prevalence Survey of 1981 the corresponding figures were 52 percent and 7 percent (Nepal FP/MCH Project 1983). Given the efforts made in Nepal on the population control front these results are apparently underreported. In both surveys questions on reproductive behaviour were asked of only women since Nepalese socio-cultural norms governing fertility behaviour are largely opposed to the adoption of contraception; the resulting environment may also discourage the reporting of contraceptive information in order to conform to the socially acceptable behaviour.

In this paper, the reliability of data concerning contraceptive behaviour as measured by the consistency between spouses in their reports of contraceptive knowledge and use is considered. The level of response inconsistency is examined using data from one specific survey and subsequently the broader implications of reporting inconsistencies are drawn.

Data

The data for the present analysis comes from questionnaire surveys carried out in 1979 in Gorkha - a rural district and Pokhara town, both of which are in the central mid-hills area of Nepal.¹

Because the survey was carried out to look at the perceived benefits and costs of having children the respondents were selective. Only those wives currently living with their husbands with at least one living child and aged 15-39 years were interviewed. The total of 871 wives (683 rural and 188 urban) and approximately one-third of their husbands (216 rural and 92 urban) were successfully interviewed. Among many aspects of having children the respondents were also asked about their knowledge and use of birth control methods. In a household where both spouses were selected the interview took place separately but simultaneously. These data have been used for the present purposes.

Results

Most persons questioned in the rural sample (85 percent wives and 74 percent husbands) reported never having heard of family planning. In contrast, larger proportions of urban respondents (50 percent of wives and 76 percent of husbands) reported having ever-heard of family planning.

The gap between the proportion of women who have ever-heard of family planning and current contraceptive use is wide in both Nepal Fertility Survey and the present study. The NFS found that only about 2.3 percent of all women interviewed were currently practicing birth control compared to about 22 percent who had ever-heard of family planning. The corresponding figures for the present study are 8 percent and 23 percent.

Of the total 92 husbands in the urban area 29 percent (N=27) but only 11 percent (N=20 out of the total of 188) of wives reported current contraceptive use. The figure for both husbands and wives in the rural area is 7 percent (of the total 216 husbands only 15 of them and out of the total 683 wives only 48 of them). The extent of reluctance to reveal current contraceptive use among the urban wives appears quite considerable, and there is the possibility of reluctance among the rural wives. It may be that husbands were also concealing their contraceptive use. Not only that, the respondents may have also concealed their knowledge of family planning.

The completeness of reporting of both the knowledge of family planning (measured by whether the person questioned has ever-heard of it) and the current contraceptive use was arrived at by applying a technique which is similar to that of Chandra Sekhar and Deming (1976) which has been used for estimating overall underreporting of vital events when two alternative estimates both containing underreporting are present. The present data are suitable for this technique because a wife's reporting of an event can be matched with that of her husband. Therefore, if a husband reports that he has ever-heard of family

planning one can assume that his wife has also ever-heard of it. On this assumption the degree of completeness of the reporting of family planning knowledge and use has been estimated.

An estimate of the total number of respondents 'N' reporting particular information may be obtained as follows:

$$N=HW+N_1+N_2+X$$

where HW=information reported by both husbands and wives

N_1 =information reported only by husbands

N_2 =information reported only by wives

X =information not reported by both husbands and wives

If it is assumed that the responses of husband and wife are independent, i.e. that the wife's response is not affected by that of her husband, then 'X' may be estimated as N_1N_2/HW . In practice, although it is impossible to establish this fact from the data collected in the survey, it might appear likely that the responses would be positively correlated, i.e. the responses of husbands and wives would be likely to be more similar to those of the other spouse than under the assumption of independence since attitudes likely to encourage one spouse to conceal usage might also be expected to influence the other spouse. If this were to be the case then the estimate produced here would give a minimum estimate of the degree of underreporting and the results should be interpreted with this fact in mind.

Substituting the value of 'X' in the above expression the total number of respondents would be estimated as follows:

$$N=HW+N_1+N_2+N_1N_2/HW.....(1)$$

which may also be written as

$$N=(HW+N_1)(HW+N_2)/HW$$

$$=TH.TW/HW.....(2)$$

where TH denotes the number of husbands reporting a piece of information, and TW denotes the number of wives reporting an information.

From rearranging the formula it can be seen that the Chandra Sekhar-Deming technique estimates the completeness of the reporting of the information by husbands as the matched rate of the wives, and estimates of the completeness of the reporting of the same information by wives as the matched rate for the husbands.

$$TH/N = HW/TW \quad \text{and} \quad TW/N = HW/TH$$

This procedure has been used in Table 1 below.

Table 1: Estimating completeness of reporting of ever-heard of family planning in rural area

	Husbands ever-heard of family planning	Husbands never-heard of family planning	Total
Wives ever-heard of family planning	HW=26	$N_2=8$	TW=34
Wives never-heard of family planning	$N_1=30$	$X=9.23^+$	39.23^+
Total	TH=56	17.23^+	$N=73.23^+$

+ Estimate

$$X = N_1 \cdot N_2 / HW$$

Husbands' completeness of reporting is 76.5 percent (56/73.23 or 26/34)

Wives' completeness of reporting is 46.4 percent (34/73.23 or 26/56)

Similarly, other results were obtained which are summarized in Table 2.

Table 2: Completeness of reporting of contraceptive information

	Wives		Husbands	
	Rural	Urban	Rural	Urban
Completeness of reporting of birth control knowledge	46	51	77	90
Completeness of reporting of current contraceptive use	73	63	92	100

As expected, the completeness of the reporting of the knowledge of family planning was higher among the husbands (90 percent urban and 77 percent rural) than their wives (51 percent urban and 46 percent rural - Table 2). Regarding the current contraceptive use the degree of completeness particularly among the wives was much lower. The extent of completeness of reporting of current contraceptive use was 100 percent among the urban husbands but only 92 percent among their rural counterparts. The corresponding figures for wives were 63 percent and 73 percent - Table 2. These completeness rates are the minimum levels as here the partners, both of whom may have concealed their use (which is quite likely) could not be included, because they cannot be traced.

Discussion

These results seriously undermine the validity of family planning information collected by the Nepal Fertility Survey on which several studies² have been based and policies formulated (National Commission on Population 1983). Since husbands were also interviewed in the present study it was possible to evaluate the degree of completeness of reporting of family planning information. One could argue that the level of the wife's knowledge of family planning could not necessarily be the same as that of her husband. Wives in Nepalese society have lower status than their husbands, with little communication between spouses, little contact with the world outside the home (Acharya and Bennett 1981). But regarding the current contraceptive use the respondents, particularly the wives, were not willing to report that they were currently using the contraceptives. Since among the Hindus in Nepal extramarital sex is very uncommon it must be that when husbands were currently contracepting the wives must also be doing so. It must, therefore, be concluded that the Nepalese women do not want to reveal about their sexual behaviour to others. Campbell, et. al. (1979) gave various reasons associated with this problem; and Bennett (1976) did the same with special reference to the Brahman-Chhetri community. One of the main problems is that the whole idea of family planning is a very sensitive matter in Nepalese society particularly among women. It is said that when a woman talks about family planning openly people would think that she is a morally degraded person and her fidelity to her husband is suspect.

Campbell, et.al (1979) argued that one of the reasons for a low level of family planning information revealed by the NFS informants was because their interviewers were males. Interestingly, however, the degree of completeness of reporting of current contraceptive use did not improve although wives in the urban sample of the present study were interviewed by females.

Nepalese society is male dominated, and wives hardly get involved in matters outside the home. Moreover, since revealing of family planning information by wives is likely to cause worries in their minds about the relationship with their husbands they would not talk about it openly unless they get the consent of their husbands. It is also reported by Campbell et.al (1979) that a woman would not want to talk about family planning in the presence of others, particularly the elderly members of the family, to whom they must pay respect. In view of this, every effort was made to interview a person on her or his own. Also the respondents were told that the present study had nothing to do with the Family Planning departments and organizations of His Majesty's Government of Nepal in Kathmandu. Yet the interviewers got the impression that the respondents, particularly the wives would not want to talk about family planning.

On the author's suggestion the FP/MCH project in Kathmandu has considered interviewing about 2000 husbands, that is one-third of the total sample size of about 6000 wives in the next UNFPA assisted Family Planning and Fertility Survey which will be administered early next year.

Hopefully with this large sample size much more useful analysis will be carried out, and a factor will be obtained to calibrate the underreporting of birth control information by wives.

NOTES

1. The data was collected mainly for the author's thesis entitled "Fertility and the Value of Children - A Study of Rural and Urban Populations in Nepal", London School of Economics (London: 1982).
2. Studies that can be cited here are: Rodriguez, German. 'Family Planning Availability and Contraceptive Practice', *International Family Planning Perspectives* (New York: 1978) 4(4). Banister, Judith and Shyam Thapa. *The Population Dynamics of Nepal*. Papers of the East-West Population Institute, No. 78 (Honolulu: East-West Centre, 1981). FP/MCH First Report cited in note 3.

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