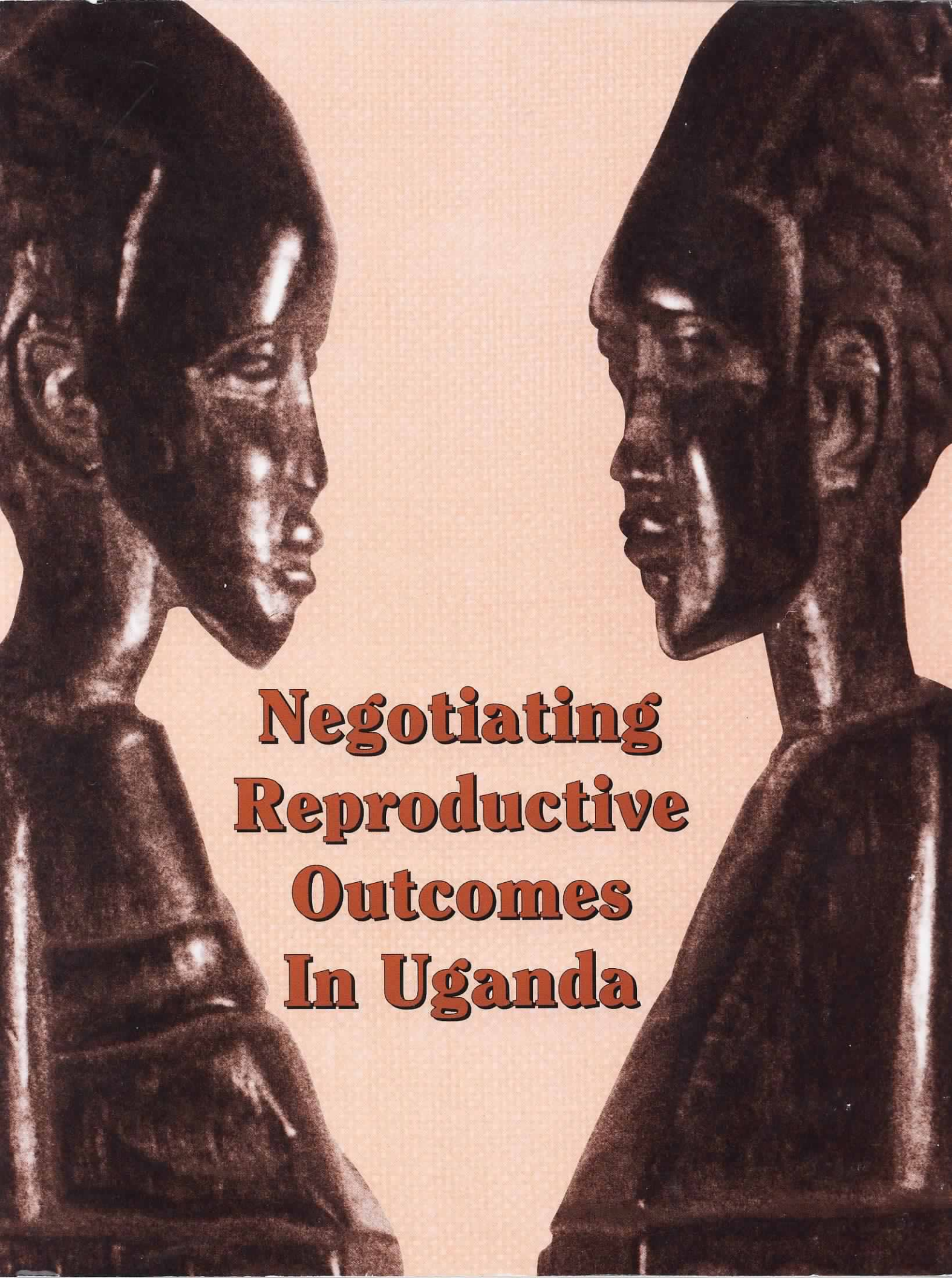

Negotiating Reproductive Outcomes In Uganda

Negotiating Reproductive Outcomes

In Uganda

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PREFACE

The third phase of the Demographic and Health Surveys program (DHS-III) provides for five in-depth, experimental studies. These studies are intended to make substantive contributions to the knowledge of international family planning and health, particularly topics of program or policy interest. Additionally, these studies strive to improve data collection techniques and survey methodology. This report presents findings from one of these in-depth studies, *Negotiating Reproductive Outcomes (NRO)*, which was carried out in Uganda in 1995-96.

The NRO study is timely because it examines many of the program issues discussed at the International Conference on Population and Development in Cairo in 1994. It explicitly considers women's individual reproductive needs, emphasizes the role of male partners in reproductive decisionmaking, and recognizes the link between women's status in the household and reproductive outcomes. The NRO study also documents the social context in which reproductive decisions are made, especially how the threat of HIV/AIDS has influenced the reproductive decisions of Ugandan couples.

The collection of both qualitative (focus group) and quantitative (survey) data by the NRO study has greatly enhanced our understanding of the topics addressed. In this report, results from the qualitative and quantitative phases of the study have been combined to produce a picture of the dynamics of reproductive decisionmaking in Uganda that is expected to be both culturally relevant and statistically valid.

DHS is very pleased to have had the opportunity to collaborate on this study with the Institute of Statistics and Applied Economics (ISAE) at Makerere University in Kampala. In addition to providing an excellent team of Technical Directors—who had direct responsibility for the project—the ISAE was instrumental in ensuring that all work was completed in a timely manner. Throughout the project, DHS enjoyed the full support of USAID/Uganda, which was much appreciated.

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PREFACE

When the Institute of Statistics and Applied Economics (ISAE) was approached by Macro International/DHS to collaborate on research on Negotiating Reproductive Outcomes (NRO), we were pleased to assist for three reasons. First, ISAE had done several research projects in the area of fertility and was interested in extending its focus to the topic of reproductive health. Second, ISAE had collaborated successfully with Macro International (and its predecessor, IRD/Macro Systems Inc.) on the 1988/89 and 1995 Uganda DHS surveys, and we were happy to continue the collaboration. Third, the topic of the NRO study is relevant to the objectives on reproductive health set by the International Conference on Population and Development, objectives to which ISAE subscribes. We therefore feel privileged to have participated in this pioneering research and are happy to see the successful conclusion of the project.

ISAE wishes to thank many organizations and individuals who contributed to the success of this research. First, USAID and Macro International Inc. are thanked for their financial support and excellent collaboration, respectively. Special mention should be made of Dr. Ann Blanc, who was the Macro International coordinator, Drs. Anastasia Gage and Alex Chika Ezeh, who worked as field researchers, and Albert Themme, the data processing expert, for their individual contributions. Drs. Brent Wolff, John Ssekamatte-Ssebuliba, and Stella Neema were wonderful researchers associated with ISAE. The three acted as field researchers, supervised the data processing, and contributed chapters in this report. We are grateful to the various district coordinators, supervisors, moderators, drivers, and interviewers, all of whom worked hard to collect the data, and to the data entry clerks, coders, and supervisors who were responsible for the data management and tabulations. The administrators of Masaka and Lira districts offered great cooperation. Supplementary field transport was provided by the Makerere Faculty of Agriculture and Forestry and the Makerere Institute of Social Research.

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The fieldwork for the study would not have been possible without the cooperation of district and local officials of the Government of Uganda in Lira and Masaka districts. We are grateful for their contribution to the completion of the work. The Uganda National Council of Science and Technology granted permission to carry out the fieldwork. We appreciate the comments on the report from Anne Cross and the production assistance of Sidney Moore, Adrienne Kols, Jonathan Dammons and Kaye Mitchell. Finally, we are indebted to the field staff in both the focus group study and the survey, as well as the data processing team, who were instrumental to the high quality of the data and who persevered under sometimes difficult conditions.

EXECUTIVE SUMMARY

As family planning and reproductive health programs increasingly emphasize strategies designed to meet the needs of individual women, information on the circumstances under which women make and implement reproductive decisions is crucial. The Negotiating Reproductive Outcomes (NRO) study is an effort to understand the realities of women's everyday life and to identify the obstacles they may face in achieving their reproductive and health goals by investigating the nature of negotiation within sexual unions.

The NRO study was conducted in two districts in Uganda—Masaka and Lira. It was implemented jointly by the Demographic and Health Surveys (DHS) program of Macro International Inc. and the Institute of Statistics and Applied Economics (ISAE) at Makerere University in Kampala, Uganda. The study has two components, a focus group study and a survey of women and men. The survey population includes 1,750 women age 20-44 and 1,356 of their male partners, whether formally married or living together. The survey data are representative of the two districts and were designed to enable estimates to be made for urban and rural areas separately within each district.

The study has three primary objectives:

- To examine how reproductive decisions and their outcomes are negotiated within sexual unions;
- To determine which characteristics of the individual, household, and community influence the negotiation process; and
- To investigate how the position of women influences their ability to negotiate the outcomes they desire.

Social and Economic Context

Information was collected on numerous aspects of the social and economic environment in which reproductive decisions are made. The survey data show substantial variation across many key indicators. The strongest consistent differences appear between the two regions. Lira district lies in the northern part of the country which more recently recovered from the civil conflict that engulfed Uganda beginning in the 1970s. Masaka is situated in the south-central part of Uganda, an area that has benefitted from the legacy of the colonial policy of selective investment in infrastructural development in the south; this area also has been exposed longer to the current phase of civil peace and rapid economic development in Uganda. The language, economy, and social and marriage traditions of the two regions are distinct in many ways. Lira is disadvantaged compared with Masaka in terms of urbanization, wealth, and education. Most notably, education differentials between men and women are quite wide in Lira and almost nonexistent in Masaka. Urban-rural differentials are significant in both districts, thus providing a wide spectrum of socioeconomic contexts across the full sample.

In terms of residence and marriage patterns, most respondents live in the same household with their partner, and few reside with other adult relatives. About 20 percent of men and women in the study are in informal cohabiting unions, while the remainder are in formal marriages. Roughly one-quarter of respondents are in polygynous unions. Reports of polygynous men and women vary widely when asked if they discussed with their partner whether an additional wife was to join the union. Nearly one-third of women in polygynous unions say that their husband consulted them before marrying another wife, but only 4 percent of men say that they discussed the issue with their wives. Bridewealth exchange is more widely observed in Lira than

in Masaka, and it usually involves more valuable items, such as cash or cattle, in the north. There is also considerable disparity between men and women on the question of whether bridewealth has been completely paid. A higher proportion of men (57 percent) than women (49 percent) report that the bridewealth negotiated for the union has been fully paid.

Modes of conflict resolution were explored in the study because they may affect the extent to which men and women are willing to persist in negotiating their desired reproductive outcomes or even to raise a sensitive subject, such as the use of family planning, with their partner. The majority of both men and women reported that they had, at some time, quarreled, yelled, or just kept quiet during serious misunderstandings with their partner. Other actions taken, however, differ greatly between men and women. Men are much more likely than women either to threaten or inflict physical harm on their partner during a misunderstanding; about 40 percent of men reported that they had physically harmed their partner. Men also are more likely than women to report going outside the relationship for sex as a result of misunderstandings with their partner. In contrast, women are more likely than men to report denying their partner sex or leaving their partner as a result of a misunderstanding. Interestingly, most men and women agree that the man generally takes the initiative to restore peace when a misunderstanding occurs, although women are more likely than men to say it depends on the circumstances.

Negotiating Contraceptive Use

Knowledge of contraceptive methods is high in the study population: more than 90 percent of both men and women know of at least one modern method of family planning. Among women in urban Lira, 20 percent are currently using family planning, compared with 8 percent in rural Lira. Contraceptive use is much higher in Masaka, with 45 percent of urban women and 18 percent of rural women currently using a method.

The primary reason given by both women and men for using family planning is to space rather than limit births. Economic considerations also are important reasons for using family planning for both men and women, although health-related reasons, such as the demands of repeated childbirth and difficult deliveries, are next most important for women.

Open disagreement about family planning use is rare, with less than 5 percent of women saying that their spouse knows but disapproves of their use. About 15 percent of women who use family planning do so without their partner's knowledge; this undoubtedly reflects a response to real or anticipated disagreement over family planning. The remainder report that their spouses know about and approve of their contraceptive use. Secret use is more common in Masaka than in Lira. Focus groups frequently raised the issue of secret use and described it as a strategy primarily employed by women who sense their partner might disapprove of family planning. There is a striking lack of agreement between men and women about who first proposed using a contraceptive, with 68 percent of men and 75 percent of women claiming to have been the one to suggest its use.

Among those respondents who never used family planning, less than one-quarter report ever discussing the subject. Of these, the majority say that they initiated the discussion, not their partner. Aside from spouses, friends and neighbors are the persons with whom respondents are most likely to discuss family planning. Among some groups, respondents are more likely to discuss family planning with friends and neighbors than with their spouse.

Negotiating Number and Spacing of Children

Ideal fertility ranges between 5 and 6 children per woman, on average. Women generally desire smaller families and longer birth intervals than men, although these differences are relatively minor and

restricted mainly to urban areas. A minority of respondents, roughly one-third, have ever discussed family size or child spacing with their partner, although most respondents believe they have a clear understanding of their partner's desires even in the absence of direct communication. A higher percentage of respondents, almost one-half, have discussed stopping childbearing with their partner.

Survey evidence shows that partners who do not discuss family size or spacing issues largely rely on indirect forms of verbal communication, such as suggestive remarks or overheard conversations, to learn how their partner feels. Very low percentages report discussing fertility issues with anyone other than their partner. Qualitative findings also point to the common use of a variety of nonverbal negotiating strategies, most notably the secret use of family planning or reducing the frequency of intercourse to avoid pregnancy.

It is clear from NRO data that notions of ideal family size are not fixed in advance but evolve over time, with childbearing experience. Most respondents did not consider an ideal size for their families before the birth of their first child. About half of urban couples and one-third of rural couples considered family size before starting childbearing. Similar percentages had thought about an ideal time to wait until the next birth. About 30 percent of women and men reported that they had changed their attitudes about ideal family size since their current unions began, with most adjusting their ideal family size downward. A strong regional difference was observed, with Masaka residents more likely to have reconsidered ideal family size than their Lira counterparts. The main reasons cited for altering opinions of ideal family size were economic. Women are much more likely than men to report having changed their fertility preferences in response to their partner's desires. Most of those who disagree with their partner about childbearing issues expect their own preferences to prevail.

In general, regional differences in survey and focus group data point to higher demand for fertility in Lira and evidence of a growing demand for fertility limitation in Masaka. In terms of gender, women may tend towards more moderate fertility goals than men, but the differences are neither consistent nor large. Indeed, both men and women believe that their partner wants more children or more closely spaced births than they do. Another consistent finding throughout the study is that women are more likely than men to perceive disagreement over reproductive issues with their partner.

Negotiating Sexual Behavior and Condom Use

A woman's ability to influence sexual relations with her partner—by refusing or initiating sex or condom use—might be viewed as a prerequisite of her ability to negotiate any of the subsequent reproductive health and fertility outcomes. The survey data shows that normative acceptance of a woman's right to refuse sexual intercourse varies widely according to marital status and circumstances. Almost half of the sample does not feel that a married woman's desire to avoid pregnancy warrants her refusal to have sexual relations with her husband. An alarming finding is that fully one in four men and women believe that a woman cannot refuse sex with her partner if she knows that he has AIDS. Under most conditions, women feel that unmarried women have greater rights than married women to refuse to have sexual relations with their partner. Focus group discussions among women reveal how vulnerable they are to a sexual double standard and the threat of polygyny or divorce, all of which undermine their ability to make demands on their male partner.

Gendered sexual norms and socialization clearly shape the nature of sexual negotiation between men and women. Among survey respondents, women find discussing sex more difficult than men, although the majority of both men and women say it is not difficult to discuss sex with one's own partner. Discussion of sex outside the partnership, however, appears to be very rare. More than 90 percent of women and 78 percent of men say that they have never discussed sexual matters with anyone other than their partner. Evidence from the focus group discussions suggests that women are not taught to verbalize their sexual intentions openly and fear being perceived as promiscuous if they do so. In Masaka, there was also much discussion of the

influence of paternal aunts, whose traditional role of sex education for girls in the dominant Baganda culture is eroding under pressures of social change in Uganda today.

Both the survey and focus group data indicate that men have a significant advantage over women in the discussion and resolution of disagreements over sex. About 60 percent of both men and women agree that the man has the most influence in deciding whether or not to have sex, while between 30 and 40 percent say that both partners have equal influence. Women are both more likely to be asked to have sex when they are unwilling to do so and less likely than men to refuse unwanted sex, although there is some disparity between men and women about the occurrence of a disagreement in the first place. As in the case of other reproductive outcomes, women's ability to assert differences of opinion with her partner over sexual matters is limited by cultural norms against refusing sex and the desire to avoid possible adverse consequences, such as being sent away or having the husband withdraw financial support.

NRO data highlight the disjunction between high levels of individual knowledge about AIDS and powerful social constraints that hamper effective preventive measures. Virtually all of the survey respondents have heard of AIDS, and many know of various ways to avoid it, although 7 percent of men and 17 percent of women say that there is no way to avoid AIDS. Knowledge and awareness of AIDS tends to be higher in Masaka than Lira, which reflects, in part, real differences in prevalence between the two districts. Between 45 and 55 percent of men in both districts and of women in Masaka cited condom use as a means of avoiding AIDS, while only 29 percent of women in Lira mentioned condoms. In Lira, approximately 83 percent of both men and women said that they had never used condoms nor discussed using them with their partner. The corresponding figures for men and women in Masaka are much lower, at 62 and 64 percent, respectively. Interestingly, some focus group participants expressed the view that condoms actually promoted the spread of AIDS by eliminating risk and, therefore, encouraging people to have sex. Survey data reveal a strong normative barrier to the use of condoms within marriage: only one-quarter of men and women find it acceptable for a married woman to ask her husband to use a condom, compared with two-thirds who find it acceptable for an unmarried woman to make such a request.

Conclusion and Implications

The extent to which reproductive outcomes are the result of a process that may be characterized as "negotiation" was one of the initial questions of the NRO study. The evidence derived from both the survey data and the focus group discussions suggests that there is a significant element of bargaining, weighing of costs and benefits, and use of bargaining "chips" by individuals within couples. A female focus group participant expressed this notion succinctly when she asked:

> *He will not solve my problems, why should I produce [children] for him?*

In a similar vein, a male participant described the negotiation process as follows:

> *If a man says, "I don't want to produce," the woman may think that he has other women. And if it's the woman who says she does not want to produce, the man as the head of the household may say, "Please pack your things and go."*

Yet, negotiation about reproductive outcomes in these two districts is not necessarily direct or verbal. The study results demonstrate that much of the communication that occurs between couples on topics related to reproduction may be indirect and nonverbal, communicated through behavior (such as devising strategies to avoid sexual intercourse), suggestions, hints, and talking to others. Not surprisingly, then, there also appears to be a good deal of misinterpretation of the partner's intentions and desires. Even when couples do discuss reproductive matters, the disparity between men's and women's reports about who initiated the

discussion and whether they agreed or disagreed suggests that a considerable measure of complexity, misinterpretation, and, to some degree, mistrust, characterizes male-female interaction on these sensitive issues. Mistrust caused by suspicions of male sexual infidelity is particularly noticeable in the female focus group discussions. Also evident is women's acute awareness of their vulnerability to disease and the cultural norms that make it difficult for women to refuse sex.

Thus, the study helps to identify the nature of couples' reproductive demands and the barriers to meeting them in these and similar settings. The data suggest that much of the process of negotiation is restricted to couples and rarely involves others; therefore, it may lie beyond the appropriate realm of policy intervention. Policy, however, can influence the range of choices available to couples and can encourage a balance of both women's and men's interests in the construction of policies and programs. Improving access to reproductive health and family planning services is an obvious point of entry. Even though knowledge of AIDS and family planning methods is generally high, regional and urban-rural differentials suggest that there is still room for improvement, particularly in historically underserved areas, such as Lira district.

Economic concerns primarily generate men's demand for family planning in this setting—especially the costs of raising and attempting to secure a successful future for large numbers of children. Women also are influenced by economic issues, but, in addition, they have a strong desire to regulate childbearing for their own health and that of their children. The fact that some women in this study admit to using contraception secretly and presumably are prepared to risk the possible repercussions of discovery illustrates the strength of their motivation. It seems clear that, in this setting at least, programs predicated on the notion that partners' interests are necessarily parallel and that couples will always act jointly are bound to be ineffective in meeting the needs of individual women and men.

It is also apparent that women's social and economic vulnerability curtails their ability to express and argue for their own interests with their partner, much less negotiate substantial changes in their partner's sexual behavior. Targeting programs to couples rather than individual women or men might help remove the association of contraception with infidelity or lack of commitment to marriage. Improving communication between men and women would certainly be a worthy, albeit very ambitious, goal. The lack of discussion and frequent misinterpretation of partners' desires implies that people often make and implement reproductive decisions on the basis of false or imperfect information. This is especially true for women, who are shown in the study to be more apt to try to accommodate what they perceive to be their partner's desires. Culturally appropriate information and education efforts might encourage intra-partner communication on reproductive health issues, thus raising awareness of options, providing normative support for women to press for their unspoken desires, and lowering the social costs of raising and discussing such issues. The norms that isolate women clearly have institutional roots in the sexual double standard, the practice of polygyny, and traditions that give men greater authority over critical reproductive decisions. While these are unlikely to yield rapidly to information campaigns, knowledge of these barriers is critical to developing effective services.

From a research standpoint, the study results confirm that an exclusive focus on women in the study of reproductive outcomes overlooks the important role played by male partners in influencing the attitudes and behavior of women. In the NRO study, there are many areas in which the picture painted by the responses of women or men alone would be incomplete and, in some cases, misleading. The study therefore points to the need for research designs that reflect more broadly the multiple actors who participate in reproductive decisionmaking.