

Abstract

Factors influencing the patterns of dominance in decision-making for the use of fertility control: evidence from the 1998 SADHS

by

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Context: Although over half of married South African women of reproductive age (15-49 years) use a method of fertility control, 15 percent of them have an unmet need for family planning. Women's unmet need for family planning is often attributed to traditional norms ascribing decision-making power to men. However, rural-urban migration, exposure to western style education; constitutional guarantee of gender equity and exposure to outside influences via the internet and mass media make such an assumption untenable in contemporary society.

Method: Using logistic regression, eight models are separately fitted for the independent variables related to the background and socio-economic characteristics of the woman; the characteristics of the husband; their comparative characteristics; sexual and reproductive factors; sources of information and communication; reproductive as well as HIV/AIDS knowledge and attitudes. The final model, using backward stepwise analysis, estimates the effects of the factors associated with a joint or a male vs. a female pattern of dominance in decision-making about using fertility control.

Results: The final model shows that joint decision-making is positively correlated with fifth or higher birth order, being raised in a town, living in a household in the middle wealth quintile, having between four and five children; using fertility control to limit births getting a lot of information about HIV/AIDS from the husband, spousal discussions about family planning and not knowing whether good nutrition stops HIV transmission. Male dominance is positively associated with having only one union, having the same amount of education as the husband or not knowing how much education he has, spousal communication about family planning, first marriage occurring 5-19 years ago, not knowing if the condom was used at last intercourse, knowing that condoms are used for family planning only, not getting information about family planning from posters and irregular exposure to the radio.

Conclusions: In the era of the HIV/AIDS pandemic and emphasis on the reproductive health approach in family planning, there is a need for studies, at the local level, that include both individuals in the relationship. Qualitative studies focusing on the nature, context and content of couple communication about sexuality and reproduction can provide important information about gender relationships in the South African context. There is also a need to understand the effect of gender and community norms on sexual and reproductive decision-making. Studies on HIV discordant couples can provide important information on the impact of the epidemic on sexual and reproductive decision-making. Studies focusing on family formation can provide information on the impact of social change on intergenerational and gender relationships as well as trends in reproductive attitudes and behaviours in transitional South African society.

Key words: Patterns of dominance, joint decision-making, female dominance, male dominance, socio-economic, sexual and reproductive, knowledge and attitudes, information and communication, bivariate analysis, logistic regression.