

# Cohabitation, Relationship Quality, and Family Planning Use in Ethiopia

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## **BACKGROUND**

Ethiopia is one of the more notable family planning success stories in Sub Sahara Africa. Between 1990 and 2011, the use of modern contraceptive methods among married women ages 15-19 increased ninefold from 2.9% to 27.3%), and the Total Fertility Rate fell from 7.0 to 4.8 (Olson & Piller, 2013). These changes are a testament to the political will of the nation, strong support from donors, cooperative collaboration among NGOs and local organizations, and the success of health extension workers. Despite these successes, Ethiopian age structure remains very young, with 40% of the population under age 15. As a recent commentary points out, even with doubled literacy rates and strong recent economic growth, this age structure may not allow Ethiopia to capitalize on the known demographic benefits of fertility declines, in particular, the “demographic dividend” (Bremner, 2012). Thus the challenge for family planning efforts in Ethiopia is to build on success and continue to increase use.

Due to the general success of Ethiopia’s family planning, the “low hanging fruit,” those who previously had only simple barriers to accessing family planning, have had their contraceptive needs met. The next step to increase family planning use, beyond ensuring that good, quality services are in place, is to understand the social processes surrounding use of family planning. Of particular importance are the characteristics and dynamics of women’s relationships with their partners. A number of studies have shown that husband-wife communication and openness are significantly associated with family planning use both globally and in sub-Saharan Africa (Becker, 2013). When couples are able to discuss their fertility intentions and agree on a path forward, they have been shown to better space and limit their family size in line with their ideal (McDonald, 2014). In Ghana, relationship quality and communication, as reported by both men and women within couples, was shown to have a positive associate with family planning use (Cox, 2013) In Ethiopia, studies have shown that women’s empowerment plays a positive role in family planning use for married women (Bogale, 2011) and that high family planning knowledge among married couples does not translate to use. However, to our knowledge, little is known about the influence of relationship type, married vs. unmarried and cohabiting, and relationship quality on use of family planning in the Ethiopian context.

## **RESOLUTION**

In this paper, we will describe the role of relationship type and quality on FP use in Ethiopia. Three questions are central to the investigation: 1) to what degree does relationship quality influence family planning use, net of other know predictors? 2) Does a non-marriage partnered relationship have a role in family planning use? 3) To what extent to age patterns over the life course influence family planning use?

## DATA MEASURES AND METHODS

Data are drawn from the 2010 round of the Family Health and Wealth Study (FHWS), a longitudinal study of married and cohabiting couples living in peri-urban settings outside of Addis Ababa, the capital and largest city of Ethiopia. The Family Health and Wealth study uses a longitudinal design to assess the effect of childbearing patterns on family health and economic outcomes. It consists of three rounds of observation in each of seven sub-Saharan African countries using a probability sample of families just outside of urban centers. Couples were surveyed separately by enumerators of the same gender. All couples interviewed were either married or unmarried and cohabiting.

Contraceptive use, the dependent variable in our analysis, is dichotomous and based on the response to the question, “Are you (or your spouse/partner) using a contraceptive method to avoid becoming pregnant?” Women who reported using a modern method, including the oral contraceptive pill, IUD, injectables, implants, or sterilization were considered users; however, women who used only male and female condoms (1.3% of respondents) were not considered users, as condoms are less effective for preventing pregnancy than the aforementioned methods.

Our principal independent variables are women’s reports of their relationship type (cohabiting or married) and the quality of this relationship. Relationship quality was assessed by a 30 item scale, consisting of questions surrounding relationship trust, communication, satisfaction, and commitment.

Covariates include age, parity, religion, and wealth. Age and parity are measured as continuous variables. Religion is measured as a categorical variable consisting of Orthodox, Christian, and Muslim religions. A dichotomous proxy of wealth is measured by ownership of or access to land. The sample distribution or means of all variables are shown in Table 1, for the entire sample and by contraceptive use status. There are not obvious dissimilarities of baseline characteristics among women who use family planning and those who do not.

**Table 1. Baseline characteristics**

	Use Family Planning (n=643)	No Family Planning (n=345)	Total (n=988)
<b>Demographics</b>			
Marital Status - %			
Married	36.19	63.81	72.99
Unmarried, Cohabiting	31.18	68.82	27.01
Age - yrs			
Mean	27.52	30.54	28.56
SD	5.80	6.65	6.27
Religion - %			
Christian Orthodox	74.96	70.43	73.38
Christian	11.98	11.01	11.64
Muslim	12.29	17.10	13.97
Other	0.78	1.45	1.01
Relationship quality (Ranges 30 - 230)			
Mean	207.43	212.27	209.21
SD	29.14	19.06	26.08
Age at sexual debut - yrs			
Mean	17.68	18.35	19.83
SD	3.07	4.18	12.03
Total number children - number			
Mean	1.33	1.54	1.40
SD	1.43	1.47	1.45
Ideal number children - number			
Mean	3.87	4.04	4.94
SD	1.60	1.86	9.43

\*Did not conduct tests for significance

## PRELIMINARY FINDINGS

Table 2 presents odds ratios from a series of logistic regressions of contraceptive use on the principal independent variables and covariates. Model B includes only basic demographic variables – woman’s age and parity. Model C adds socioeconomic variables – religion and land wealth. Model D examines the relationship between family planning use and type of partnership- married or unmarried and cohabitating, while Model E looks at the effect of relationship quality on family planning use. Model F includes both relationship type and

relationship quality. Model G includes the basic demographic variables, socioeconomic variables, and relationship type. Model H includes the basic demographic variables, socioeconomic variables, and relationship quality. Model I includes all independent variables and covariates.

**Table 2. Odds Ratios of Logistic Regressions (Models A - I)**

Variables	Model A	Model B	Model C	Model D	Model E	Model F	Model G	Model H	Model I
Age	0.92 <sup>1</sup>	0.89 <sup>1</sup>	0.88 <sup>1</sup>				0.88 <sup>1</sup>	0.88 <sup>1</sup>	0.88 <sup>1</sup>
Parity		1.20 <sup>1</sup>	1.20 <sup>1</sup>				1.20 <sup>2</sup>	1.19 <sup>2</sup>	1.19 <sup>2</sup>
Religion (Muslim)			0.69 <sup>4</sup>				0.65 <sup>4</sup>	0.73	0.69 <sup>4</sup>
Wealth			1.07				1.04	1.10	1.05
Marriage Type				0.80		0.85	1.31		1.44 <sup>4</sup>
Relationship Quality					0.99 <sup>2</sup>	0.99 <sup>2</sup>		0.99 <sup>2</sup>	0.99 <sup>3</sup>
4 = p 0.10 3 = p 0.05 2 = p 0.01 1 = p 0.001									

Family planning use declines as age increases and Muslim families are less likely to use contraception than non-Muslim families. This suggests that women who have already had children and are interested in spacing may not be targeted in family planning programs. Further, outreach with religious leaders in Muslim communities could facilitate higher family planning use among Muslim couples.

Across models, higher relationship quality is negatively associated with family planning use. These findings differ from FHWS findings in Ghana, which found that higher levels of relationship quality were positively associated with family planning use (Cox, 2013).

These preliminary results suggest that women who are in lower quality relationships may want to avoid pregnancy until their relationships are more stable and are currently using family planning for this reason. This differs from findings showing that cohabiting, unmarried women are unable to or lack the desire to access family planning due to their unofficial union.

## ELABORATION OF ANALYSIS

As our findings present further areas of investigation, we will elaborate this analysis in three ways. First, we will use male couple data to hone in on relationship quality and its impact on family planning use. Second, we will further define the relationship quality scale to more specifically address issues of couple communication and commitment. Finally, we will examine potential interactions between covariates and relationship type that could influence the family planning use outcome.

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