

Introduction

In most societies, women usually have less power than men in all spheres of life (Eguavoen, Odiagbe and Obetoh 2007). The patriarchal, hierarchical and polygynous organization of many African households, the young age at marriage for women, patrilocal residence after marriage, the large age difference between spouses, the unequal work burden between the sexes, the high bride price, and the low educational level of women tends to perpetuate the low status of women and make them voiceless and powerless in all spheres of life including sexuality and reproduction (Makinwa-Adebusoye 2001; Bosureup 1985). Consequently, women's needs and preferences are neglected, and their knowledge and experience are not used to help guide decisions in their family as well as in their community (Kuponiyi and Alade 2007; Arkutu 1995). Accordingly, in many developing countries, most of decisions regarding sexual activity, fertility, and contraceptive use are made by men (Oladeji 2008).

The situation is similar in Ethiopia, where women generally do not have equal right with their husbands to have access for resources, to take decisions regarding their desire number of children, to use contraception and even to space or stop childbearing (Olokodana and Yeshe 1998). Consequently, they relay on the decisions made by their husbands or other family members for the reproductive issues and others.

Understanding individuals, above all women's reproductive needs and identifying the key factors which influence reproductive negotiation process between husband and wife are necessary to formulate policies aimed at creating conducive environment to improve women's reproductive health, general well-being and their decision-making power (Li 1999). Furthermore, understanding the linkage between gender power relations and reproductive decision-making is

among the key factors which can help to assess the extent of gender inequality. However, it has not been well assessed in Ethiopia. Thus, this study aimed to fill the knowledge gap by using data collected from weavers in Addis Ababa who are from Gamo Gofa zone of Southern, Nations, Nationality and People's Regional State (SNNPR).

Women of the weaver's community are highly responsible for both productive and reproductive activities. With backdrops, the research tried to answer whether women in the study population enjoy similar power and rights in making contraceptive use decisions as they take the lion share of production as well as reproduction activities in their households? In addition, majority of weavers are migrants from Gamo Gofa zone of SNNPR, particularly from Dorze and Chenchu areas. As most part of Ethiopia, there is gender disparity in Gamo Gofa zone. Hence, the research tried to answer whether gender disparity in the zone reflected in Addis Ababa. The main research questions are: Who is responsible for contraceptive use decision-making in the household? What are the determinants of contraceptive use decision-making?

Methodology

The study site, Gulele sub-city, was purposely selected for the reason that majority of weavers are living. Double-stage cluster sampling, simple random sampling and systematic sampling methods were employed to select the study respondents. Of ten kebeles in Gulele sub-city, large concentration of weavers are resides in two of the kebeles; namely kebele 18 and 19. In the first stage, two clusters were formed using the two kebeles. Using simple random sampling one of the cluster, kebele 18, was chosen. In the second stage, 317 households from the selected kebele were chosen using systematic sampling. From the selected households, currently married women in the age group of 15-49 years were selected for the study. The data collection was undertaken from February 09, 2009 to February 16, 2009. Descriptive data analysis like

frequency distributions and cross-tabulations; and inferential data analysis like chi-square and multinomial logistic regression were employed to identify the determinant factors of contraceptive use decision-making.

To answer the research questions, a probabilistic model was specified. Let Y_i be a random variable representing decision-making pattern of an individual. We assume that each respondent can have discrete, mutually exclusive choice of decision-making. The decision-making patterns (Y_i) are a function of demographic, socioeconomic and cultural variables (X). The multinomial logistic regression model for decision-making specifies the following relationships between the probability of choosing option Y_i and the set of explanatory variables x_i as:

$$P(Y_i = j) = \frac{e^{\beta_j x_i}}{\sum_{k=0}^j e^{\beta_k x_i}}, \quad j = 0, 1, \dots, J$$

Where: β_j is a vector of coefficients for category j and x_i is the vector of explanatory variables for observation i . Moreover, to guide this research, bargaining model of household decision-making was used.

Results and Discussion

Sample Characteristics

The mean and median ages of the respondents are 27.3 and 26 respectively with standard deviation of 5.9 years. About 12%, 47% and 41% of the respondents do not have children, have one or two children and have three or more children, respectively. About 49%, 30% and 21% of respondents have been living in Addis for less than 11 years, 11-20 years and 20 plus years,

respectively. Regarding educational level, 66% are illiterate, 28.7% primary and 5.3% are secondary and above. Concerning religious affiliation, about 68% are orthodox and 32% are protestant. About 57% of respondents were engaged in income generating activities and the remaining 43% were not. The media exposure of respondents indicated that 57.4% had no access, 22.4% had occasional access, and 20.2% had regular access. Majority of surveyed respondents (69%) claimed that their husbands committed physical harassment or verbal abuse while the remaining 31% reported that they have never been harassed or abused. All surveyed women have heard about at least one method of contraceptive. All respondents know injectables and pills whereas only 24.4% knows sterilization. About 60% of the respondents have ever used contraceptive methods. About 45, 33 and 22 percent of the respondents reported that the contraceptive use decision was made by their husbands, jointly and by their own, respectively.

Determinants of Contraceptive Use Decision-Making

Table 1 below presents the multinomial logistic regression analysis outputs.

Compared to older women (35-49) years, younger women (15-24) years and middle aged women (25-34) years are less likely to participate in the contraceptive use decision-making. This might be due to the lower bargaining power of younger women coupled with their low socioeconomic status and information exposure made them to live in the household where husband dominated the contraceptive use decision-making. This result is in line with the study conducted by Lapeyrouse (2002) that younger women have low bargaining power regarding contraceptive use.

Literate women made the contraceptive use decision alone or together with their husbands. The higher the level of education for women, the more knowledge she acquires for the use of family planning methods (CSA and ORC Macro 2006), increase the desire to limit or space births and

increase the use of and the intention to use contraceptives (Hogan, Betemariam and Assefa 1999). Furthermore, women's education provides them with more opportunity to participate in the process of modernization and enable them to bring about changes in the economic and social situation. These all benefits which could be obtained from education, in turn, help women to take large share of contraceptive use decision-making power in their household. Moreover, this finding is in agreement with different research findings which concluded that education for women positively affects conjugal communication and facilitates egalitarian decision-making (Chapagain 2006; Hossain 1998; Laban and Gwako 1997).

Having fewer children is attributed to have women-centered or joint contraceptive use decision-making. The possible explanation for this result is that women who delay or avoid births can bring about significant economic advantages over women with large number of children when terminating consensual union. Therefore, having fewer children can improve a woman's ability to end an unsatisfactory relationship (Dixon-Mueller 1993) and it enables them to exercise more freedom within marriage. Prasadja et.al (1997) concluded that women with two or fewer children have greater control of their reproductive lives than women with three or more children.

Compared to not-working women, working women (women generating their own income) are more likely to participate in contraceptive use decision-making. Having own income for women increases their economic independence and challenges the traditional belief of men dominance in decision-making and hence improves their bargaining power within the household. Cash work and control over earnings for women improves women's autonomy and stimulates spousal communication about family planning and hence creates decision-making power about contraceptive use (Chapagain 2006; Hossain 1998; Laban and Gwako 1997; Gage 1995).

Table 1: Multinomial logistic regression analysis result of contraceptive use decision-making of weavers in Addis Ababa, 2009.

Characteristics	Wife Vs Both		Husband Vs Both		Wife Vs Husband	
	Se(β)	RRR	Se(β)	RRR	Se(β)	RRR
Age						
15-24	0.74	0.18	0.82	14.4**	0.94	0.01**
25-34	0.60	0.30	0.62	1.3	0.71	0.22*
35-49 (ref)						
Educational status						
Illiterate (ref)						
Literate	0.56	0.59	0.59	0.05**	0.66	11.00**
Religion						
Orthodox (Ref)						
Protestant	0.56	5.5	0.54	2.15	0.55	2.57
Number of children						
0	0.96	4.4	1.00	0.55	1.00	8*
1-2	0.56	1.9	0.66	0.24*	0.74	7.9**
3+ (ref)						
Work status						
Working	0.55	1.4	0.47	0.51	0.60	2.7*
Not working (ref)						
Media exposure						
Regular/Occasional	0.57	2.9*	0.62	0.81	0.63	3.6*
Never (ref)						
Physical harassment/ verbal abuse						
Committed (ref)						
Not committed	0.48	1.00	0.45	0.74	0.51	1.34
Years lived in Addis						
Below 11 (ref)						
11-20	0.60	1.50	0.51	1.85	0.64	0.84
Above 20	0.70	2.10	0.79	0.41	0.84	5.1
LR chi2(22)	109					
Prob > chi2	0.0000					
Pseudo R2	0.2584					

**Significant at 1%; *Significant at 5%; ref- indicates reference category; unmarked- indicates insignificant variables; RRR- relative risk ratio; Se(β)-standard error of the coefficient; the significant LR statistics (Prob>chi2=0.000) shows that all the regressors have significant impact on decision-making pattern.

Women with regular/occasional access to media are more likely to make the contraceptive use decision by their own than those women with no media access. Exposure to media, especially programs related to family planning, widens the scope of understanding issues related to contraceptive use and helps in realizations of its importance in achieving desired family size (CSA and ORC Macro 2006). Thus, better media consumption might give them the motivation to make active participation in the contraceptive use decision-making process in their household.

Conclusions and Recommendations

The result underscores women's empowerment through education & economic activities as one of the entry point for enabling them to make the contraceptive use decisions by their own or jointly with their husbands. Thus, policies which advocate women's empowerment should be implemented in well organized and integrated way. Moreover, efforts should be made to foster the elimination of gender imbalance and promote gender equality in the study communities, especially among those categories who have reported men-centered contraceptive use decision-making (younger, illiterate, not working, no media access & women having more than two children).

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