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**MASTERS' THESIS**

***Topic:*** A Study on the Relationship between Household Gender Relations and Women's Contraceptive Use in Zambia

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## **Abstract**

**Objective:** The intent of this study is to assess how household gender relations vis-à-vis household decision-making influence women's contraceptive behaviour in Zambia.

**Methods:** Data came from the 2001-2002 Zambia Demographic and Health Survey (ZDHS). Women aged 15 – 49 years and men aged 15 – 59 years, who were identified as couples and included in the couples' file, were selected for the study, (N=1120). Univariate, examination of interactions and multivariate analyses methods were used to identify factors associated with male-centered decision-making attitudes and women's contraceptive behaviors. The dependent variable was women's contraceptive use.

**Results:** Women's contraceptive use is lowest (28 percent) in rural households where reproductive decisions were predominantly made by husbands alone. It is highest (49 percent) in urban households where reproductive decisions are made jointly by both partners. Contraceptive use among women is found to increase with rise in educational attainment of the women (contraceptive use is lowest (26.7 percent) among women with no education and highest (73 percent) among women with higher tertiary education). The study finds that women are more likely to use contraception if they have higher educational attainments and participate in reproductive decision making. Men's fertility preferences dominate the women's preferences, as where men prefer having no more children, the women's contraceptive use is found to be higher (47.4 percent) than where women prefer no more children (41.3 percent).

**Conclusion:** Male dominance in reproductive decision making has a greater influence on women's contraceptive behavior. Higher educational attainment of women increases their chance to participate in reproductive decisions of the household, and make the more likely to be using contraception. Male preferences override those of women's, influence greatly on women's contraceptive behaviour.

Programs should recognize power imbalances between genders that affect women's ability to meet their fertility desires. In rural areas, programs should target men, encouraging them to communicate with their wives on reproductive decisions. Promotion of girl child education, as a highly educated woman is more likely to have a say on her reproduction, and more likely to use a contraception.

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