

high as their wives' reporting. More research is needed on the causes of this discrepancy, but at the same time, studies of fertility and family planning will benefit from adopting measures of contraceptive use that are based on the reporting of both partners.

Our findings support the claim that reproductive intentions are important predictors of contraceptive behavior. Before controlling for other variables, the joint fertility intentions of the spouses significantly determines whether or not the couple will use modern methods of family planning in 19 of the 23 countries for which we have information. After controlling for the effects of spouses' characteristics, the joint fertility intentions also emerge as a significant predictor of use of modern contraception in 20 of the 23 countries. As expected, couples generally tend to use contraception more when they want to stop childbearing and less when they intend to have more children even in countries where the level of use is still low. The more interesting investigation, however, relates to the level of contraceptive use when couples disagree about their intentions: when one spouse wants more but the other does not. This issue is not easy to resolve.

Overall, the results of the multivariate analysis suggest that in the majority of the countries in sub-Saharan Africa, the preferences of both partners are about equally important in predicting a couple's use of modern methods. However, in situations where the influence of the partners' preferences on modern

contraceptive use differs, the wife's preference exerts a stronger influence on the couple's contraceptive behavior in 7 of the 9 countries where the impacts of the spouses' preferences on modern contraceptive behavior are significantly different. Comparing these findings to the results of a similar analysis conducted about a decade ago suggests that not much has changed in terms of the pattern and direction of the effects of spousal fertility preference disagreement on contraceptive use.³⁷ In both studies, when this disagreement matters in terms of its predictive power with respect to use of modern methods, wives' desires tend to predominate over those of husbands. This does not seem to follow the conventional wisdom that arrogates power and authority to the male partner in the marital dyad. If it is true that men have more power than their wives in household decision-making, that power does not seem to drive contraceptive use among couples in favor of the husband's fertility preference. There is need for more in-depth research to help understand the factors that are associated with women's ability to meet their contraceptive needs and take control of their own health. At the same time, to ensure open and sustained use of contraception within union, family planning programs must continue to involve men by helping them to understand the importance of fewer and well spaced births for the health of women and their children.

37. Bankole, A. and S. Singh. 1998. Couples fertility and contraceptive decision making in developing countries: Hearing the man's voice, *International Family Planning Perspectives*, 24(1):15-24