smaller proportion of men (42%) than women (50%) had ever used contraceptives, and women were more likely than men to have ever used a traditional method or a modern method. (It is not possible to say whether the women used these methods with their spouses, since the study was not couple-based.) Respondents were generally supportive of family planning, although overall women were more likely than men to agree with the positive attitudinal statements (Table 3). When asked whether practicing contraception allows parents to prepare for children, 63% of men agreed, compared with 78% of women. Moreover, while 72% of female respondents agreed that contraceptive use will help improve one’s standard of living, only 40% of the male respondents did so.

Fewer than three-quarters of men, but more than four-fifths of women, agreed that family planning helps a woman regain her strength between pregnancies and that it protects the health of mothers. A large proportion of both male and female respondents (77% and 86%, respectively) agreed that a daughter should be allowed to complete school before marriage. Fewer men than women agreed that early marriage and childbearing can damage a girl’s health (57% vs. 67%).

Attitudes toward family planning and marital relations were less positive among men than among women. Although roughly one-fifth of respondents overall supported the statement that a couple practicing family planning will have conflict in their marriage, 25% of the men agreed with it. Female respondents (55%) were also more likely than males (40%) to agree that having a large family strains a couple’s relationship.

Women were far more likely than men to agree with the statement that men should share in the responsibility for family planning. While almost three-quarters of women registered a high level of support for men playing a role in family planning, only one-third of the men did.

Factor Analysis

Of the 26 statements examined in the factor analysis, five were associated with no factor—an indication of their irrelevance.* Each entry in Table 4 shows the relative effect of the factor on current contraceptive use; these values are referred to as factor loading. Table 4 also indicates the communality of each variable—that is, the proportion of the variance in the dependent variable that is explained by the attitudinal statement.

Table 4, which shows the sorted, rotated factor loadings for male and female respondents combined, indicates that the extracted factors explain about 59% of the variance. Factor 1, which associates family planning with health benefits and a better standard of living, represents respondents’ positive attitudes toward family planning. It is the principal factor, has an eigenvalue of 9.6 and explains 46% of the variance in contraceptive practice. The factor correlates favorably with such statements as “child spacing protects the health of mothers” and “practicing family planning will create a better society.”

Factor 2 correlates highly with the statements that measure the perceived association between contraceptive use and conflict in the home, such as “the practice of family planning will cause a loss of confidence between a husband and a wife.” It has an eigenvalue of 1.7 and explains about 8% of the total variance. Factor 3 correlates with the statement that a daughter should be able to complete school before marriage. It has an eigenvalue of 1.1 and explains only 5% of the variance.

For the married men, Factor 1 has an eigenvalue of 11.2 and explains 53% of the total variance in the dependent variable, while Factor 2 has an eigenvalue of 1.8 and explains 9% of the total variance. These two factors explain 62% of the total variance for married male respondents. However, Factor 3 was not relevant for the men. All three factors were extracted for the married women (as for all respondents). These three explain 53% of the total variance in current use of contraceptives.

Logistic Regression

The estimated factor scores were then used in a logistic regression analysis along with selected socioeconomic factors, such as education, place of residence, ethnicity, occupation, spousal communication and social support variables. (The latter were measured using—as a proxy—responses