and between husbands and their mothers also varied. While 57% of women said they had discussed the topic with their mother-in-law, only 38% of mothers-in-law said they had discussed the topic with their daughter-in-law. Furthermore, 19% of mothers said they had discussed the topic with their son, but only 7% of sons said they had discussed the topic with their mother.

With one exception, there were similar inconsistencies in the reports of discussions about family size and family planning among families in which the woman used a modern method of contraception. Reports of spousal communication about family planning were quite consistent—94% of wives and 85% of husbands reported such communication (Table 1). However, 84% of women reported communication about family size with their husbands, while only 40% of husbands did so.

Smaller proportions of mothers-in-law than daughters-in-law reported communication with one another about family size and family planning. While 62% of women using a method reported having discussed family size with their mother-in-law, 41% of mothers-in-law reported such discussions with their daughter-in-law. Regarding discussions about family planning, 52% of women said they had talked with their mother-in-law, while only 35% of mothers-in-law said they had discussed the topic with their daughter-in-law.

Even smaller proportions of sons and mothers reported discussing these topics with one another, and their responses also were inconsistent. While 22% and 10% of mothers reported speaking with their sons about family size and family planning, respectively, 8% and 4% of sons, respectively, reported having discussed these topics with their mothers.

**Univariate Analyses**

Contraceptive use was significantly associated with several socioeconomic and demographic characteristics, such as women’s and husbands’ educational level, women’s occupation, household assets, urban residence and parity (Table 2). Compared with women who did not use contraceptives, women who reported using contraceptives were significantly more likely to be literate (odds ratio, 1.7), to be exposed to an urban environment (odds ratio, 1.8) and to have had at least five live births (odds ratio, 2.0). In addition, they were more likely to have more than two living sons (odds ratio, 1.9).

Women’s mobility and decision-making also were significantly associated with contraceptive use. Compared with women who did not use contraceptives, women who used contraceptives were more likely to possess “good decision-making capability” (odds ratio, 1.5). Spousal communication on a wide range of issues, such as contents of the day’s main meal, disagreement about money matters or the couple’s sexual relationship were not significantly associated with contraceptive use (data not shown). However, women who reported discussing family size with their husband or family planning with their mother-in-law were significantly more likely than women who did not report such discussions to use contraceptives (odds ratios, 1.6 and 1.5, respectively).

Women who used contraceptives were twice as likely as women who did not to report that Islam allows family planning and to say that it is acceptable for family planning messages to be delivered through mass media (odds ratios, 1.9 and 2.0, respectively). Receiving family planning messages from a health care provider was the factor most strongly associated with women’s contraceptive use: Compared with women who did not use contraceptives, women who did were nearly four times as likely to report having heard about family planning from a health care provider (odds ratio, 3.8).

The extent to which mothers-in-law communicate with their daughters-in-law and sons about family planning was significantly associated with women’s contraceptive use (Table 3). Women who used contraceptives were significantly more likely to have a mother-in-law who said that she spoke with her daughter-in-law and her son about family planning (odds ratios, 3.6 and 2.0, respectively). In addition, women whose mother-in-law said that she did not forbid her daughter-in-law to use contraceptives were more likely to use contraceptives (odds ratio, 1.7). There was not a significant association between the mother-in-law’s education and the woman’s contraceptive use.

**Multivariate Analysis**

In the multivariate analysis, fewer variables remained significant at a 5% significance level (Table 4, page 134). However, for those that remained significant, there was not much change from the univariate analysis in the effect on contraceptive use. The two exceptions were women’s acceptance of family planning messages in the media and a mother-in-law’s communication with her daughter-in-law about family planning: For these, the multivariate odds ratios for the association with contraceptive use (odds ratios, 1.5 and 2.9, respectively), were slightly smaller than the univariate odds ratios (2.0 and 3.6). Collinearity exists between women’s response that they discussed family size with their mother-in-law and reports from mothers-in-law that they discussed family planning with their daughter-in-law. However, when the two variables were combined in the final logistic regression model, the odds ratios for women’s reports that they discussed family size with their mother-in-law became nonsignificant, and only the mother-in-law’s report remained statistically significant.

**Discussion**

In the squatter settlements in which we conducted our research, where it is relatively easy to access modern family planning methods, we learned that con-