

5. Whose ‘Unmet Need’? Dis/Agreement about Childbearing among Ghanainan Couples

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“By God’s grace I had a boy”.

Introduction

Since the 1960s, when it became evident that the Third World,¹ Sub-Saharan Africa particularly, was undergoing a population transition different from the ‘over-developed’² Western world, there has been a sustained interest in population growth and later fertility trends in the sub-region (Easterlin 1975). However, among this amazingly large body of literature, work produced by scholars on the continent, and especially work by feminist scholars, has not generally made its way into the dominant discourses.

This state of affairs is but a reflection of the cultural hegemony that has dictated the population agenda. Much of the early discourse is framed around excessive population growth, which was seen as a major cause of poverty. The lowering of fertility was, and still is, expected to promote prosperity; in other words the discourse surrounding fertility remains inherently neo-Malthusian.³ Knowledge, Attitude and Practices (KAP) surveys, mainly the World Fertility Surveys (WFS) and later the Demographic and Health Surveys (DHS) were carried out to assess attitudes related to family size and fertility-related behaviour, and the results were used to document several demographic phenomena, including the existence of an ‘unmet need’ for family planning services in Third World countries, and hence a

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1. I use the term “Third World” pointedly to refer to those countries and societies that have overtly experienced colonization, or covertly continue to experience different forms of exploitation. I do not use the term to denote hierarchy (the sense in which it was used in the 1970s development literature) relative to a “first” world, but rather to reflect the political, economic and cultural dominance that has divided the world, and which is implicit in many of the concepts and the discourse on population and demography.
 2. Credit to Marilyn Waring (1999) who uses the term to reflect the over-consumption and waste in the industrialized nations. The resultant discrepancies that thus exist between these nations and those in the Third World cannot be overlooked in analyses of population discourse.
 3. Even in Africa the trend continues. The stated goals of the revised 1994 Ghana population policy, for example, even though these include the pursuit of programmes and measures directed at promoting development, enhancing the status of women, and improving not only reproductive/maternal health, but also general health and nutrition, still maintain a fertility-reduction focus (Population Impact Project 1995).

ready market for contraceptives.¹ The basis of this conceptualisation was the fact that women interviewed in the DHS indicated, in response to standard questions on fertility preferences, that they had ‘unwanted’, ‘unplanned’ or ‘mistimed’ births. The standard formulation of ‘unmet need’ includes all fecund (not pregnant or amenorrhoeic)² women who are currently married or living in a union, who either want to postpone their next birth for two or more years (have an ‘unmet need’ for spacing births), or want to cease childbearing altogether (have an ‘unmet need’ for limiting births), but who are not using contraception. For example, the 1998 DHS for Ghana puts the total ‘unmet need’ for all women aged 15–49 in the country at 16.5 per cent and puts it at 23 per cent for married women in the same age group (Ghana Statistical Service and the Institute for Resource Development 1999).

In this chapter I take a critical look at this concept of ‘unmet need’ commonly used in population discourse and development efforts in the Third World. In the process I also address the underlying assumptions about ‘agreement’ between couples regarding reproductive issues that are implicit in the concept. For me it is important to take a closer look at the concept of ‘unmet need’ because my own research interests include the areas of population, and gender and reproductive decision-making. More importantly, the concept of ‘unmet need’ and concerns about African women’s fertility remain at the heart of population and reproductive health discourse and programs in Ghana, and within the discipline of demography more generally. Within theoretical frameworks that continue to view ‘rapid’ population growth per se as a problem, the concept of ‘unmet need’ remains a very attractive one because it presents a practical approach to solving the ‘population problem’ by providing contraceptives for women and their partners (Bongaarts and Bruce 1995). The concept assumes that the reason women have an ‘unmet need’ is because they do not know about ways to meet this need, and/or do not have access to the services required to effect their fertility preferences, or, if they do have access to services, that these are inefficient (Bongaarts 1991).³ While we can expect that better access to, and efficiency of programs and services will enhance contraceptive use, the important cultural and ideological aspects of fer-

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1. The need for comparative fertility data on a global scale prompted the creation of demographic surveys that measure individuals’ knowledge, attitudes and practices (KAP) related to a range of reproductive issues. The first, the World Fertility Survey (WFS 1972–1984) was carried out in more than 60 countries focusing primarily on fertility and maternal and child health. Contraceptive Prevalence Surveys (CPS 1977–1985) were designed to quickly provide basic indicators on family planning and fertility. Since 1984, when The Demographic and Health Surveys (DHS) program was established at The Institute for Resource Development, Inc. (IRD), over 100 surveys combining the qualities of the WFS and the CPS have been carried out in the Third World. The DHS include important questions on maternal and child health, nutrition, and HIV/AIDS (www.measuredhs.com/data/indicators/table_builder; accessed June 18, 2002).
 2. Refers to the physiological cessation of menstruation such as during pregnancy or lactation, as well as the pathological absence of menstruation.
 3. Belatedly the population establishment has also conceded that women may not be using contraceptives because of opposition from male partners, hence the new call to “focus on men” (Population Reference Bureau 1996). However, even here the emphasis has often been on disagreement about using contraceptives rather than on disagreement about fertility preferences.

tility behaviour in Africa have been neglected. The quote cited at the head of this chapter comes from a woman whose story I return to later. She was not, as might appear to be the case, anxious to have a son. On the contrary, she did not want to have any more children; however, her husband was insistent that she would continue childbearing until she had a son. And yet her 'unmet need' is not exposed in the survey I conducted prior to the subsequent interview. Broadening the understanding of the relevance of the social context for demographic processes will bring to the discipline issues of gender inequality, which should enhance our understanding of fertility behaviour generally.

I will argue that in its theoretical and methodological approach the concept of 'unmet need' is at best overly simplistic, and, at worst, neglectful of the dominant role of males in human reproduction. Thus the concept fails to take into account the gendered social context of reproductive decision-making and behaviour. I also question the (over) reliance on traditional KAP-style survey questions in the measurement of 'unmet need' by pointing to some of the inherent methodological limitations of this approach. Specifically, I will show how the survey method *overstates* the level of 'agreement' between couples about past fertility behaviour, and also, fails to take into account the outcome of *potential past childbearing that did not occur* (i.e. in the case of induced abortions).¹ This approach of measuring 'unmet need' may account for the failure, over three decades, of family planning programs to have significantly reduced the high level of 'unmet need' in Africa (see Dodoo 1993; Dodoo and van Landewijk 1996). I base my arguments on available literature, the DHS, as well as data from my fieldwork among Ghanaian couples with reference to the last born child.

Background to conceptualising and measuring 'unmet need'

Traditionally 'unmet need' was defined on the basis of women's responses to particular survey questions.² If a woman reports in a survey that she does not want to have any more children, or wants to postpone the birth of her next child, and is neither breastfeeding nor pregnant, but is not using any form of contraception, she is defined as having an 'unmet need'. Even the most general among the early models explaining fertility behaviour focused on a female perspective (Davis and Blake 1956; Easterlin 1975). The entire family planning movement and consequent programs were also based on a female model/framework—i.e. women (and initially only married women, as defined by Western concepts of marriage) informed the focus of research, information and service efforts (Hodgson and Watkins 1997; Simmons et al. 1992). Yet women's own perspectives were not considered in its formulation. Women were the target group, not agenda setters. This model was based in part on the assumption that the ones who do the actual child-

1. Hereafter referred to simply as abortion.

2. Some of the DHS carried out since the mid-1980s also include similar questions for smaller (sub-) samples of male respondents.

bearing are more knowledgeable about their past (and future) fertility behaviour than their male partners (Blood and Wolfe 1960).¹ Furthermore, since the woman is the child-bearer, her attitudes about proscriptive fertility-related events were felt to be more logical predictors of future behaviour (Mott and Mott 1985). The model implicitly assumes that women generally take decisions about childbearing alone without consideration of the cultural context of childbearing in Africa where children belong to lineages, and not individual couples, let alone individual women. Indeed the concept of an ‘unmet need’ (for contraception) generally still refers to the discrepancy between *women’s* expressed fertility goals and their contraceptive practice. Continued childbearing, in the face of reported desires to stop, led demographers to describe African women as inconsistent, irrational, or simply ignorant (see Casterline et al.’s critique, 1996), and yet when men’s preferences are included in analyses, many children cease to be ‘unwanted’ or ‘mistimed’ (Bankole and Ezeh 1997; Doodoo 1993).

The concept of ‘unmet need’ was first explored in the 1960s when data from KAP surveys of contraceptive use showed a gap between women’s intentions and behaviour. The term that was used to describe this apparent discrepancy was ‘KAP-gap’ (Bogue 1974). In 1974 Freedman and Coombs used survey data from several countries for the first time to identify the size of the group of women who experienced such a gap; they found this gap to be considerable. Freedman and Coombs (1974) coined the term ‘discrepant’ behaviour to describe women in this group. One of the first published works to refer to ‘unmet need’ was by Stokes (1977), who, citing evidence from KAP studies in Third World countries, and from fertility surveys in the US, notes, “in disparate ways, the number of ill-timed pregnancies and widespread reliance on abortion among all social classes and groups signal an ‘unmet need’ for contraception” (Stokes 1977:4). Between 1972 and 1984 World Fertility Surveys (WFS) carried out in several countries were the first to report extensively on ‘unmet need’. Caldwell and Ruzicka (1978) note that ‘unmet need’ was so important that once such data became available to demographers this became the first variable to be analysed in any fertility-related study. Based on comparative estimates from five Asian countries in the WFS, Westoff published articles on ‘unmet need’ for limiting births (Tsui 1985; Westoff 1978).² Subsequently, Westoff and Pebley (1981) recommended that the concept of ‘unmet need’ be extended to include the desire to space births. Contraceptive Prevalence Surveys (CPS) carried out from the mid-1970s to 1984 added questions about women’s interests in postponing their next birth, thus making it possible to include measurements of the ‘unmet need’ for spacing births.³ Other demographers, for example Boulier (1985), argued that if ‘unmet need’ measured the proportion of women who were supposed to be using modern contraceptives but

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1. There were also important political and epistemological reasons for this historical trend, which this chapter cannot take up, but which are addressed elsewhere (see Adomako Ampofo 2002).
 2. The WFS did not ask women about their desire to space births.
 3. This was found to be useful in distinguishing between women who needed temporary methods (for spacing) from those who needed permanent or long-term methods (to stop childbearing).

were not, then the concept should be extended to include users of traditional methods as having an 'unmet need'. His argument was that traditional methods could not be considered to be reliable, hence women in this category had an 'unmet need' for more reliable contraception, or in Foreit et al.'s (1992) formulation 'appropriate contraception'. Finally, the DHS that have been carried out in 44 countries since 1985, have allowed further refinements of the measure;¹ the DHS now also ask pregnant women whether their current pregnancy is "wanted then (planned or intentional), not wanted then (mistimed), or not wanted at all (unwanted)" and whether they were using contraception at the time of the pregnancy. This allows for the measurement of 'unmet need' among pregnant women as well. Clearly, the measurement of 'unmet need' has undergone a lot of refining since it was first conceptualised; however, limitations persist. In the next section I turn to an assumption that is implicit in the conceptualisation of 'unmet need'—the assumption that a woman's reproductive behaviour is a reflection of a couple's intentions or preferences.

Whose 'unmet need'?

As pointed out, the DHS indicate that women in Africa want to have fewer children than they are having, or would have preferred to increase the space between their children. Despite these desires, after two decades of the promotion of family planning programs on the continent, contraceptive use generally remains low and hence women's 'unmet need' remains significant (Bongaarts 1991).² Yet the conceptualisation of 'unmet need' does not allow for the fact that a child (conceived by, and born to a woman) could be wanted by her partner even if *she* does not want it. Is this child still unwanted, and hence does this woman still have an 'unmet need'? This question is extremely relevant given the acknowledged dominance of men in reproductive decision-making. The reverse situation obviously also holds true; that is, that a child could be wanted by a woman but not by her partner—is this child unwanted and does the woman's partner in this case have an 'unmet need'? Would a woman's reports about an 'unmet need' really reflect her own preferences? For almost three decades 'unmet need' has been conceptualised and measured taking women into account as though women had children on their own, and as if their 'unmet need' represented a couple's need for contraception.³ And yet, it is entirely conceivable, and indeed is often the case, that spouses do

1. 20 in Africa, 5 in the Near East and North Africa, 8 in Asia, and 11 in South America.

2. In some countries, contraceptive use rates in the 1990s have remained under 5 per cent (DHS/Macro International 1995).

3. An important exception are the Contraceptive Prevalence Surveys carried out in the Caribbean region in which male respondents were also considered as potentially having an unmet need. Men were included in this category if they were sexually active, their partners fecund and not pregnant, they did not want their partners to become pregnant but neither was using contraception (see McFarlane et al. 1994).

not have a joint 'unmet need' because they have discrepant preferences (Dodoo et al. 1977).¹

It would seem obvious that individuals' and couples' decision making about whether to have a child, and when, may be influenced, at least in part, by the gender-power relations that pertain. Yet, while the sociological and anthropological literature on marriage and the family is replete with studies of power differences between spouses in the area of decision making, since gender differences are not what demographers traditionally sought to explain, the input of feminist discourse in population and fertility studies has been minimal (Watkins 1993). Susan Watkins (1993) carried out a study of articles on population-related issues in the official journal of the Population Association of America, *Demography*, from 1964 through to 1992, and found that while women's fertility behaviour forms the focus of research, few articles pay attention to cultural or women's concerns, nor to the relative well-being of women and men. When the focus on women's position and well-being entered the discourse it did not come without challenge. Harriet Presser (1997) comments on Charles Westoff's article in the *New York Times Magazine*, in which he argues that the feminist agenda is a divisive issue in the population field. He rightly notes the feminist agenda as including "women's rights; making women the subjects and not the objects of population policies ...the inadequacies of reproductive and women's health services in general...the empowerment of women in the economic, social and political arenas" (Westoff 1995:178–179). Yet, while he acknowledges these as legitimate concerns, he argues, "they (feminists) ignore or minimize population growth and its presumed consequences." (Westoff 1995:179). According to him the 'real problems' to feminists are "gender inequality and poverty" while in his view the "real problems are population growth in less developed countries which threatens the basic condition of life" (Westoff 1995:181). By locating such a distinction Presser argues that Westoff sets up a spurious "opposition between gender and population issues." (Presser 1997:315).

The manifestation of power within the marital dyad is evidenced by the ability to influence decision-making and behaviour according to one's wishes (advance one's objective position) even when this may be detrimental to the other partner. The gap in the discourse on fertility behaviour exists partly because the large fertility data sources used for reproductive behaviour analyses do not elicit information on gender relations or decision-making power, in itself an outcome of how fertility behaviour has generally been conceptualised within demography. When disagreements between spouses have been argued in relation to women's 'unmet need' the implicit assumption has essentially been that men are pronatalist and desire more children than women (Kannae and Pendleton 1994; Khalifa 1988; Mustafa and Mumford 1984) hence men prevent women from using modern contra-

1. Sexually active unmarried adults or adolescents form another group, who have generally been neglected in the conceptualisation and measurement of unmet need. These groups, if they are sexually active, are obviously at greater risk of having unwanted or mistimed pregnancies. Westhoff himself (Westhoff et al. 1994) observes that this is a serious omission.

ceptives. Alternatively, men are said to be opposed to modern contraception (supposedly out of fears that their wives will be unfaithful). Analysis of what happens when the situation is reversed, that is when a man wants his wife to practise family planning (he has an 'unmet need') but his wife wants more children, does not appear in the literature. Yet abortion statistics have been described as indicating the ultimate 'unmet need' for family planning (Coeytaux 1992). What we also do not know is the extent to which men persuade, coerce, or even force their partners to have an abortion because the men have an 'unmet need'. I return to this in my analysis and discussion.

Childbearing in Ghana

It is not possible to provide a summary of 'traditional' norms regarding childbearing here; however, since fertility issues are central to an understanding of conjugal relations and reproductive behaviour in Ghana I will point to some issues of general significance.¹ Women generally looked to marriage for children, economic support, and sexual satisfaction within a respected union. On the other hand they brought to a marriage sexual and domestic 'services', and the birth of children. The rights acquired by a husband differ between patrilineal and matrilineal societies. Among patrilineal groups, such as the Ewe, for example, a wife's sexual and procreative services are said to be given to her husband in exchange for maintenance (Nukunya 1966, 1991). Among the matrilineal Akan, however, although a woman provides sexual and domestic services for her husband, Oppong argues that the rights over her own sexuality, "her body, while alive and reproductive or dead, belongs to her lineage" (Oppong 1980:201). Generally children bring prestige to the lineage, whether matrilineal or patrilineal, and in the past they were considered important economic assets, ensuring the lineage's continuity. Among the matrilineal Akan bearing and raising children are said to be a woman's most important contribution to her lineage since they provide assurance of its continuity, and a woman's family actually thank her husband for giving them children. Among all groups special public honour is bestowed on a woman at the time of the 'outdooing' of her baby.² Prolific childbearing is honoured, and mothers of twins, triplets, and a tenth child are held in special esteem (Sarpong 1977). Fertility is so important that most ethnic groups have special ceremonies to commemorate a girl's 'entry into womanhood'. A good portion of the period spent on the initiation of girls used to be taken up with instructions on the secrets of sexuality, how to be a good wife, and rudimentary aspects of mothering.³ Post-partum abstinence was traditionally practised in order to achieve spacing of births and women typically went to live with their natal families for periods up to two years until the baby was weaned. The practice was in order to ensure the survival and health of the baby. Women who resumed sexual relations with their

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1. Many useful, thorough accounts exist (see the work of Fortes, Nukunya, Oppong, Sarpong to name but a few).
 2. New babies are usually 'outdooed' presented to the families in ritual celebrations, about a week after they are born.
 3. The performance of initiation rites, however, has declined markedly over the last few decades.

husbands ‘too soon’ after the birth of a baby were teased as feeling insecure in their marriages—i.e. they were afraid that their husbands would take another wife during their period of abstinence. Older females were the ones mainly responsible for ensuring that this sort of ‘family planning’ was practised. They would offer advice about herbs and sexual practices which could ensure birth spacing. Traditionally husbands had a limited role, if any, in reproductive decision making.

Fortes (1948) observes that there is a deeply-ingrained idea that ‘normal’ men and women should continue to bear children throughout their reproductive years. Hence, when couples remarry after divorce or the death of a spouse, subsequent marriages are likely to produce offspring (Anarfi and Fayorsey 1995). Childless individuals, on the other hand, are scorned and despised. Among the Akan an impotent (and, hence, a childless man) is given the name *kete krawa*, or inadequate penis. Among the Akan an infertile woman is referred to as *boni*, a term used to describe brackish water in which no fish can thrive. Sarpong (1977) also indicates that because the survival of the matrilineage depends on its female members, childlessness in a woman is viewed as the ultimate betrayal. The importance of children makes childlessness an important reason for divorce, although husbands are more likely to seek an additional wife or have children outside the marriage than to choose this option. Since Ghanaian customary law recognises polygyny, although marriages contracted under the ordinance must be monogamous, since almost all marriages are preceded by customary procedures, they are potentially polygynous.¹ This has implications for the security of the wife, especially if she ‘delays’ childbearing. Anecdotal evidence suggests that many marriages become polygynous as a result of the ‘infertility’ of the wife, or, among some patrilineages, her ‘inability’ to bear sons.

A comment on method

Before I describe the data that I rely on it is important to make a comment on methodological issues associated with the measurement of ‘unmet need’. I have used surveys to assess reproductive processes in my own work, however, because of my experiences with surveys, I find it important that careful consideration be given to the usefulness of surveys (alone) for the measurement of processes involved in (reproductive) decision-making. While surveys are useful for providing cross-sectional data (and even longitudinal data), they have limitations when it comes to providing insights into what goes on between couples and how. The discrepancies between survey and interview responses among the same sample highlight these limitations. In the ensuing discussion I use the example of my own survey data, modelled along the lines of the DHS, as well as case stories, to show how surveys can both over- and understate the extent of ‘unmet need’, as well as reverse the identity of the partner who actually has the ‘unmet need’. The case of

1. In 1958 the Native Authority Courts were officially abolished; however, certain customary laws have been incorporated into judicial laws. Furthermore, traditional courts still have limited jurisdiction in domestic issues especially pertaining to marriage and the family.

one couple, Nana and Nortey is especially revealing (and poignant) in that it reveals the couple-based dynamics involved in Nana's decision to have an abortion, presumably to meet an 'unmet need' for spacing. To date statistical analysis of the relationships between levels of 'unmet need', levels of abortion and contraceptive prevalence provide ambivalent findings. In 1996, the year before my study, the UNFPA estimated that about 45 million induced abortions took place worldwide (UNFPA 1996). A 1994 USAID report suggests that abortion remains a common way for women to control their fertility (USAID 1994). As Nana and Nortey's story will show, it is really Nortey, and not Nana, who had the 'unmet need', and yet the survey does not capture this.

Between June 1997 and January 1998 I carried out a census among the junior staff workers of the University of Ghana and their spouses; my final sample size included 125 men (husbands) and 140 women (wives). The resulting couple sample eventually contained 110 dyads. The survey instrument I used was modelled along the lines of the Ghana DHS (GDHS) as far as background and family planning questions were concerned. However, additionally, the survey included a series of questions on family decision-making, financial support, and access to resources not contained in the GDHS.¹ The survey was interviewer-administered, conducted in the respondents' homes, separately for men and women, and interviews on average lasted between 30 and 40 minutes.

From the survey respondents who had agreed to be re-interviewed I short-listed 30 couples for re-interviewing, who reflected the range of attitudes and behaviours: 1) couples in which husbands are advantaged in reproductive outcomes; 2) couples who express conjugal 'jointness' or agreement about reproductive outcomes; and 3) couples in which wives are advantaged in reproductive outcomes. I eventually interviewed 12 husbands and 11 wives (hence 11 couples) that reflected such a range.²

Although I did not prevent interviewees from diverging from my script, and I myself also probed respondents when they went off on an interesting path, I did adhere to my fixed set of questions thereby systematizing the collection of this qualitative material. Each respondent was interviewed separately from her or his spouse. Generally interviews lasted between one and one and a half hours; a few took as long as up to two hours or longer; however, I never observed respondents getting bored or tired, and no one ever suggested terminating the interview (see Appendix for a summary of respondents' characteristics).

1. See Adomako Ampofo (1999) for an analysis of the effects of these variables on what I refer to as individuals' gender orientations, and how this is associated with reproductive decision-making.

2. A 12th wife could not be interviewed as her schedule did not seem to make this possible, hence my ending up with 11 and not 12 dyads.

Whose ‘unmet need’?—Issues of dis/agreement

Reproductive decision-making is a complex process, differing from one couple to the next, as the ensuing analysis illustrates. Generally, even though the large scale surveys that have interviewed both husbands and wives can be used to assess differences in preferences for children and attitudes to family planning, the underlying processes, and often the real preferences, are lost. In this section I focus on husbands’ and wives’ responses to a question on the ‘wantedness’ of their last child to show the discrepancies that can emerge between a survey and an interview. This is not to suggest that surveys are unreliable, but to indicate that a question as sensitive as one dealing with feelings about past childbearing (i.e. a living and breathing person and not an abstract idea) is often so political, and so tied up with personal and gendered identities that a survey item (alone) may not be the best way of capturing the phenomenon.

The data from my survey allow us to identify 8 childbearing preferences¹ related to the last child. These can further be divided into two categories—couples who were in agreement, and those who were in disagreement about wanting the child:

Agreement:

Both partners wanted the child then (Both then)

Both did not want then (Both wait)

Both want no more (Both stop)

Disagreement:

Wife wanted then/Husband not then (Wife then-husband wait)

Wife no more /Husband not then (Wife stop-husband wait)

Wife wanted then/Husband no more (Wife then-husband stop)

Wife not then/Husband wanted then (Wife wait-husband then)

Wife no more /Husband wanted then (Wife stop-husband then)

Among the 107 eligible survey respondents (i.e. excluding three couples where one or both partners have not had a child) almost 78 per cent indicate they were in agreement about wanting or not wanting the last child at the time s/he was born, with most (66.4 per cent) agreeing that they both wanted the child and 10.3 per cent revealing the existence of a joint ‘unmet need’ (Table 1). The bottom half of the table describes the couples in which one partner had an ‘unmet need’. In over 20 per cent of cases one partner had an ‘unmet need’ for spacing or limiting (combined ‘unmet need’ for spacing and stopping for husbands is 8.3 per cent while it is 13.9 per cent for wives).

1. A possible ninth category, “Wife not then/Husband no more” (Wife wait—husband stop) was not represented in my data.

Table 1. Wantedness of last child among couples (couples N=107*)

Couple (joint desire)	%	No.
1. Both wanted then	66.4	(71)
2. Both did not want then (wait)	0.9	(1)
3. Both want no more (stop)	10.3	(11)
4. Wife then—husban wait	1.8	(2)
5. Wife stop—husban wait	1.8	(2)
6. Wife then—husband stop	4.7	(5)
7. Wife wait—husband then	1.8	(2)
8. Wife stop—husband then	10.3	(11)
Wife no reply—husband then	1.8	(2)

* While there were 110 couples in the overall sample, three couples where one or both partners have never had a child are excluded from the analysis.

A comparison of the responses to both survey and interview questions among the re-interviewed couples allow us to tease out some of the nuances involved in 'unmet need'. Among the 11 couples I interviewed interesting discrepancies emerge between the survey and interview responses. What is even more interesting is the analysis of which couples fall into the respective categories. When we remove one couple where the wife had a child prior to the marriage and the couple have no children together (yet), out of the remaining ten couples only four maintained the joint positions they had offered in the survey when they were interviewed. In two cases husbands and wives reversed their positions from 'wife then and husband wait' and 'wife wait and husband then'. In one case where both indicated 'stop' in the survey this changed to 'both then' in the interview. And in three cases it would appear that during the survey one partner gave a response that matched what he or she believed the other's position to be; this was borne out in the interviews. In the first of these three both indicated 'stop' in the survey, but the wife said 'then' in the interview while her husband maintained 'stop'; in the second both said 'then' in the survey but in the interviews the wife said 'stop' while her husband said 'then'. In both these cases it would appear that the wife did not reveal her 'real' preference until the interview. In the third case both also said 'then' during the survey but during the interview while the wife still said 'then' her husband said 'stop'.

How can we explain these discrepancies? Firstly we should note that these are *stated* preferences. Individuals may be presenting what they believe to be the socially acceptable responses on the survey. More importantly, some respondents may be reflecting the extent to which individuals who 'lost' out in a disagreement present the preferences of their spouses who 'won' in a survey where no attempt is made to explore processes. In such cases levels of disagreement about reproductive decision-making are understated and decision-making dynamics are masked. For other couples it is possible that a *stated* preference may be accurate at the time of the survey but may be revised later; some of the wives' and hus-

bands' revisions may in fact cancel each other out depending on who does more of such 'revising' of preferences.¹ In the next sections I focus on the cases of three couples that show how 'unmet need' can be masked or overstated.²

Nana and Nortey: When 'unmet need' is not really unmet need

Nana is a 44 year-old middle-management employee and has been married to Nortey, a 53 year-old accountant for over 12 years. Together they have a 13 year-old daughter. In the survey Nana says that at the time of her last pregnancy she wanted to 'wait' to have the child while Nortey says he wanted the child 'then' indicating that Nana had an 'unmet need' for spacing. In the interview Nana says, however, that the last time she got pregnant she did want the child 'then' while Nortey says he wanted to 'wait' indicating that in reality Nortey was the one with an 'unmet need' (for spacing). Nana's story is a sad one. Over a year after the birth of her daughter she became pregnant again, and, she explains, decided to have an abortion for a number of reasons. First, her first daughter had been born by Caesarean section, which scared her. She clarifies further, "I was not ready and I thought it was too early". Yet her daughter was one and a half at the time she became pregnant, meaning that the culturally acceptable gap of two years between siblings would have been met by the time the next child was born. As we talk further the real reason why she had the abortion surfaces; her husband was very angry that she had become pregnant when he had 'instructed' her to use family planning. In other words, it was Nana's failure to use contraception that resulted in the (for Nortey) 'mis-timed' pregnancy. Nana now reveals that for her the pregnancy was not mistimed when she concludes, "If he wanted it I would have just carried it".

I: What you are saying is that if he had said go ahead you would have had the baby?

R: (sadly) Yes.

Nortey did not specifically ask Nana to have an abortion; however, his response to the news of her pregnancy was so severe and hurtful that she went and had one based on her interpretation of his response. Sadly for Nana, she has not been able to become pregnant since then. Sadder still for her, Nortey has since then had a son with another woman (and had his need for a child met). It was not that Nana's husband, Nortey did not want any more children when Nana had the abortion. His ideal number, he says, would have been three, "plus a mistake, four at most". I ask Nortey why Nana had an abortion since she has clearly articulated she would have wanted more children, and since Nortey himself seemed not to have achieved his ideal number at the time of the abortion either. Apparently the timing of the pregnancy was inconvenient for Nortey. This was conditioned by his

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1. In the case of one particular couple (not discussed in this chapter) the wife indicates she wanted the child "then" during the survey but revises her position during the interview to say she did not want the child at all. What I assess has happened in the intervening period is that she believes her husband to have taken a second wife, and that this new relationship causes him to neglect his family. She now says she wishes her young daughter had never been born and insists that she did not want to get pregnant at the time.
 2. All names have been changed.

beliefs that the husband is the one with the primary responsibility for providing for the family. He and Nana were not living together at the time (she was living with her parents) because Nortey was not yet able to provide the family with an adequate place to live. Further, he argues, their first daughter, who was experiencing some developmental delays, was not independent enough to take second place for her mother's care.

R: We were all saying that that shouldn't happen because the child needed time to grow up, and all that. So when it came we were all upset, in fact I was more than she was [...] because I had advised her earlier on to go for this family planning, and apparently she didn't even consider it [...] because she thought she was already late in starting childbearing, so probably her friends were saying have it, have it, that kind of thing [emphasis added].

I: So were you both satisfied with the decision to terminate?

R: I was okay with it, but she was not happy about it. It was a messy situation, because I wasn't expecting it [...] my reaction was so bad and the next time I came she had gone for it. And what I asked her to do before and she didn't do (laughs) now she went there.

I: Has she never complained subsequently?

R: Both of us have complained; she would have wanted more kids, indeed I would have too, I had an ideal number, but I took it that if I didn't have I wouldn't worry too much. But she felt bad, because she knows how much I love kids. So we discuss it occasionally, she expresses her desires, wishing it were still possible, but all attempts have been futile, we just pass it off as a joke and carry on.

It is interesting that Nortey views the abortion as a consequence of Nana's failure to practise contraception when he had instructed her to do so. That Nana's disappointment at not being able to have a child subsequently could be passed off as "a joke" also seems particularly insensitive given that Nortey has had a child outside the marriage, while he himself expresses intolerance for adultery. However, Nortey simply reveals his view that he has the right to determine his and Nana's reproductive behaviour. What the data reveal are that if a husband feels strongly enough about not having a child, and the husband is the dominant partner, he has the option to suggest that his wife have an abortion. Further, in such a situation, during the survey the wife may rationalize the action taken by indicating the child was unwanted at the time of the pregnancy. She is measured as having an 'unmet need', when the 'unmet need' is really her husband's. The fact that I modelled my survey instrument on the GDHS allows me to point to some limitations in the survey questions, as posed, for the measurement of 'unmet need'. The fact that no question is asked about past preferences regarding pregnancies which were terminated is an important gap in the measurement of 'unmet need'. While anecdotal evidence suggests that most abortions are performed on young, single women,¹ the possibility of terminating an unwanted pregnancy cannot be ruled out for married persons. It would be useful for future surveys to ask—in cases

1. There is very little accurate data on the incidence of abortions in Ghana; however, a study of complications arising from incomplete abortions carried out at the nation's major hospital in the 1980s suggests that the incidence is high among women in their late teens and early twenties (Ampofo 1993).

where pregnancies were terminated—whose decision it was to opt for an abortion.

Grace and Akwasi: What happened to Grace's 'unmet need'?

Grace is a 48 year-old assistant head cook in one of the student halls of residence and her husband Akwasi is a 55 year-old laboratory technician. Grace has one daughter and a son by a previous partner and together the couple have three daughters and a son. Akwasi typifies the type of behaviour regarding reproductive decision-making that is conjured up by the literature on the 'male role' and male dominance in childbearing behaviour. Akwasi feels he came to the marriage disadvantaged. Of Grace he says, "she has the upper hand" as he puts it, because Grace already had two children from a previous relationship. Indeed, at the time Grace got married to Akwasi she did not really want any more children—neither to prove her fertility, nor to experience the so-called resource-related or emotional benefits of having children. In this sense we might argue that her last four children (with Akwasi) were all 'unwanted'; however, during the survey both Grace and Akwasi say that at the time of Grace's last pregnancy the child was wanted 'then'. Hence, Grace's 'unmet need' is not exposed. It is only during the interview that Grace laments about the repeated pregnancies she has had to go through to satisfy Akwasi's fertility aspirations. Akwasi's responses, of course, are consistent for both the survey and the interview, especially since the last child was the son he had so long desired.

According to Grace, when her third child with Akwasi turned out to be a third girl he was unhappy, and she became very worried. Although she insisted to Akwasi that it is "God who gives children", and Akwasi acknowledged that "girls can do all that boys do" Grace still felt concerned and wanted to 'give' Akwasi a boy. When the third girl was born Akwasi refused to go to the hospital to see mother and child until he had to bring them home. After the birth of her fifth child, and third child (daughter) with Akwasi, Grace started using contraceptives, but Akwasi wanted Grace to have yet another child. She told him that if he insisted on having another child he would have to get another woman to have it with since she did not "need any more children". Further, she explained to me that all her pregnancies and deliveries had been difficult ones and her doctor had advised her not to have any more children. However, Grace did become pregnant a fourth time in her marriage. Initially Akwasi did not say much, but after some months he began to speculate, or wish aloud, that it would be a boy, and told Grace that if she had another girl she would definitely have to have another baby subsequently. Several years after the birth of this child Grace is still affected by the telling of the story, and sighs, "by God's grace I had a boy".

This story points to an important issue in the designation of reproductive outcome categories, i.e. the shortcoming of the so-called 'agreement' category. Grace and Akwasi's story shows that this category does not necessarily really reflect agreement, rather that one partner (in this case the husband) coerces, convinces

or suggests a reproductive outcome for the other to follow. Further, the failure of the survey instrument to capture the process that led to the child's birth masks Grace's 'unmet need', not for contraception, but to be able to effect her reproductive preferences. A couple may 'agree' to have (or as in Nana and Nortey's case, to not have) a child, not because both want the same thing, but both 'agree' that what the man wants holds; here an examination of gender power relations is crucial.

Delali and Kobla: Do husbands also have 'unmet needs'?

Kobla is a 45 year-old accounts clerk at the university and, at the time of the interview, Delali, his wife, aged 35, is not working outside the home. Together the couple have three children, a 9-year-old daughter, Esi, a 7-year-old son, Kofi, and a baby boy, Yao. Before Yao's birth Delali had worked as a hairdresser and she considered her exit from the labour market as temporary. Kobla had been content to have only two children. Indeed, he was also concerned about being able to meet the financial obligations of raising three children. Kobla also knew that a third child would take an additional toll on his free time, as he would have to be involved in the day-to-day care of three, and not two, children. Before the third child was born, however, Delali, felt that their son Kofi was "lonely" and needed a sibling playmate. In any case she wanted a third child. Delali approached the subject very tactfully, advancing all manner of 'scientific' reasons to convince Kobla, focusing on Kofi's loneliness. Kofi's teacher had told her, she argued, that boredom and loneliness caused Kofi's occasional tendency towards undisciplined behavior. This was a very strategic move as Kobla (and Delali) is very concerned that his children grow up to be well-behaved and responsible. Delali concludes, "finally he came to understand me".

Delali had an inherent desire for a third child. Kobla felt very strongly about providing his children with a good education and was concerned that three children would stretch the couple's ability to adequately provide this. Additionally, Kobla was concerned about the day-to-day demands having a third child would place on him, since he knew that he would be required to participate in the caregiving activities. Thus, in the traditional conceptualisation of 'unmet need' Kobla's last child was 'unwanted'. Delali, however, was able to push to have her way because she knew that she had the option to do this in her marriage; in other words it has a lot to do with the nature of the husband/wife relationship and their beliefs about female and male roles and identities. I argue elsewhere (Adomako Ampofo 1999) that the decision to *compromise* in the area of reproductive decision making may have more to do with *gender orientation* than issues of financial convenience (i.e. structural factors). Simply put, by gender orientation I refer to the expectations relating to roles, behaviours and rights that an individual has for women and men. A male dominant orientation, which can also apply to females, generally grants men more rights and approves of a hierarchical power structure that advantages males. Such an orientation may depress what might otherwise have

been the empowering effects of a woman's structural resources (or a man's lack of these) by reducing a woman's sense of entitlement, in this case, to determine the couple's fertility regime. These power differences govern the resolution of decision-making, especially in instances of disagreement, and yet this aspect of compromise is not captured in the concept of an 'unmet need'.

Conclusions

Western epistemologies have largely failed to take into account local cultural realities in their explanations for phenomena which affect indigenous peoples. The concept of 'unmet need' in demography is one such example. In the foregoing analysis I have sought to show that an 'unmet need', where one exists, is often about power and gender relations. The measurement thereof also points to issues of methodology, linked to the broader questions about the relative importance of quantitative and qualitative data collection techniques and what sorts of evidence carry weight in development concerns. It also raises questions about the conceptualisation of fertility-related behaviour within traditional demography where women (and men) are seen as objects whose behaviour can be manipulated for larger development concerns.

For a KAP-based study on reproductive behaviour to have some usefulness it must be adapted to the particular social and cultural setting, and include questions on gender issues and power structures, building on the ethnography of that particular culture, society or group of people. Even though women are at the centre of the 'unmet need' concept, they are there without regard to the gender power relations that are always a part of women and men's lives. The model was not conceived from women's point of view but rather from a very instrumental, generally male-biased way of approaching development issues. Contraceptive behaviour is not only determined by the desire to space or limit births, nor even the motivation to use contraceptives, but also by the costs associated with their use (Easterlin and Crimmins 1985). Grace's story shows how these costs include social, psychological and cultural factors that sometimes act as disincentives to individuals or couples who may otherwise feel motivated to use contraception. For women these costs may be included in their inability to refuse to acquiesce to their husband's wishes. Thus the couples in the agreement category show that 'agreement' does not necessarily mean 'egalitarianism'; indeed, Grace's interview shows that 'agreement' can reflect acquiescence on the part of the wife rather than agreement between the spouses.

A partner's 'unmet need' can also be inadvertently measured as one's own if the right questions are not asked. While Nana tries to subvert Nortey's wishes to postpone childbearing by failing to use contraceptives she does eventually give in to *his* preference by having an abortion. Grace also tells her husband she will have no more children and that for all she cares he can have a child with whomever he wishes, but eventually she accedes and *does* become pregnant when she really wanted no more children. Thus it is certainly important to include the male part-

ner's preferences in analytical models in order to arrive at a more realistic picture of fertility behaviour. Women's 'unmet need' is not likely to be met without reference to men's needs both conceptually and from a programme perspective.

On the other hand, men, who are rarely conceived of as having an 'unmet need' if their wives do not have an 'unmet need', are generally left out of the picture. Yet, some wives, like Delali, are able to effect preferences for a child based on more egalitarian gender relations. Unwanted (or mistimed) births are rarely simply indirect indicators of the extent of imperfect control over reproductive processes (Adetunji 1998), including social control. Thus, the 'unmet need' for family planning must be attributed to more than inadequate supply factors or ignorance about methods, and include the role of gender relations. More useful than simply examining women's stated family size preferences in relation to achieved fertility, then, is an examination of the relative preferences of individual spouses, and the ultimate reproductive behaviour of the couple. There are critics of 'male-inclusion' efforts who argue that 'male motivation' (family planning) campaigns simply reconfirm that men have control over women's bodies and their reproductive capacities (see Win 1998). I take the position that increasing male involvement should not, and need not, detract from efforts to improve the status of women, but should foster mutual respect and shared responsibility. Thankfully, some scholars have begun to look at developing a broader definition of 'unmet need'.¹

However, there are limits to the extent to which surveys can capture these nuances and processes. Spouses may under or over ascribe their own reproductive preferences to their spouses, or they may ascribe more or less agreement than actually exists, though women are more likely to do so than men given the general trend of male dominance. The increasing acceptance of including qualitative and triangulation techniques in surveys, though more costly and time consuming, needs to make greater inroads in the population establishment. There are so many underlying concerns which individuals simply cannot, or will not reveal in a questionnaire survey. For example in the story of Grace and Akwasi, the latter's mother was an important player in questioning her daughter-in-law's (and son's) inability to bear a son. This had significant implications for Akwasi's gender identity, and his dominance over Grace (see Adomako Ampofo 2000). Yet, the role of the extended family in creating a 'need' for children does not feature in population discourse. Fertility and infertility are such important aspects of people's lives in Africa that examining people's decisions (or non-decisions) to have (or not have) children needs to be carried out, as with all research, in a careful, sensitive and, culturally-relevant manner, both in the design of concepts as well as in the field methodology.

1. For example Sinding and Fathalla (1995) proposed this at the ICPD (International Conference on Population and Development) held in Cairo in 1994.

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Appendix

Unlike the GDHS respondents, who are mostly younger than or 34 years of age, my sample is older; the mean age for women and men respectively is 40 and 47 (only 23.6% of female and 3.2% of male respondents were under the age of 34). In other words, most of the individuals in my sample are outside the considered ages of reproduction, thus past reproductive outcomes are more salient than are considerations about future births. While Akan (ethnic) representation closely reflects that of the GDHS, making up almost half of the entire sample, both Gas and Ewes are over represented. However, these three groups, the Akans, Ewes, and the 'indigenous' Gas of Accra, are the most common ethnic groups in urban centres in southern Ghana such as Accra (Quarcoopome 1993). Given the cultural importance attached to fertility it is not surprising that very few respondents have no children (3% of women, and 5% of men). The mean number of children in the sample is 4.0 for men, and almost 3.5 for women; lower than the national average, but almost equal to the average for the highly urbanized Greater Accra Region. However, it should also be pointed out that a considerable number of men (18.5%) and women (11%) have six or more children. The mean number of children for wives and husbands in the sub-sample is very close, 3.6 and 3.7 for wives and husbands respectively. The range for wives and husbands differs somewhat more, however, being 6 for wives but 11 for husbands.