

**CONTRACEPTIVE CHOICE AMONG MARRIED  
WOMEN IN GUIZHOU PROVINCE: SOCIO-  
CULTURAL AND RELATIONSHIP FACTORS**

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WOMEN IN GUIZHOU PROVINCE: SOCIO-  
CULTURAL AND RELATIONSHIP FACTORS**

**by**

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# **PILIHAN KONTRASEPTIF DALAM KALANGAN WANITA BERKAHWIN DI DAERAH GUIZHOU: FAKTOR-FAKTOR SOSIO-BUDAYA DAN PERHUBUNGAN**

## **ABSTRAK**

Kajian ini menganalisis perbezaan ketara dalam amalan perancangan keluarga dan tren di daerah Guizhou berbanding dengan daerah lain di negara China walaupun terdapat hanya satu polisi yang sama bagi seluruh negara, dengan memfokus kepada pilihan kontraseptif dalam kalangan wanita berkahwin di Guizhou. Objektif utama adalah mengenalpasti faktor-faktor yang mempengaruhi pilihan kontraseptif, penerimaan kontraseptif serta penggunaan kondom.

Teknik pensampelan “multistage” digunakan untuk memilih wanita dari stesen perancangan keluarga di bandar, luar bandar dan luar bandar minoriti. Tiga ratus wanita, berumur 15-49 tahun di pilih dengan menggunakan pensampelan rawak kluster berstratifikasi. Instrumen utama penyelidikan adalah soal selidik. Temuramah mendalam untuk mengumpul data kualitatif turut dijalankan dengan sebilangan kecil pasangan dan pekerja kesihatan.

Dapatan kajian menunjukkan bahawa: kebanyakan wanita Han luar bandar lebih berkemungkinan menerima kaedah kontraseptif berbanding dengan wanita minoriti luar bandar. Faktor-faktor yang mempengaruhi pilihan kontraseptif termasuk bilangan anak yang hidup dan pengetahuan serta kesederan tentang kontraseptif. Analisis kuantitatif juga menunjukkan suami yang memberi tekanan terhadap isterinya dalam pemilihan kontraseptif lebih berkemungkinan mengguna kondom. “Pendapatan bulanan suami” mempunyai satu hubungkait positif yang kuat dengan “pilihan kondom”. Analisis juga menunjukkan bahawa kekurangan kaedah kontraseptif yang efektif untuk lelaki dalam pasaran juga merupakan salah satu sebab

penting kenapa majoriti wanita yang bertanggungjawab mengguna kontraseptif; kadar penggunaan kondom yang rendah di daerah Guizhou adalah kerana suami merasakan penggunaan kondom tidak selesa; tahap kepuasan terhadap kualiti perkhidmatan adalah lebih di kawasan bandar dan pendalaman Han berbanding dengan kawasan pendalaman minoriti; promosi tentang kontraseptif dan tahap pendidikan subjek adalah rendah; lebih ramai wanita pendalaman, terutamanya wanita minoriti luar bandar yang inginkan anak lelaki berbanding dengan wanita di bandar. Antara kekangan dalam penggunaan kontraseptif termasuklah kurang atau tiada komunikasi tentang hubungan seks di antara suami dan isteri; kekurangan pilihan jenis kontraseptif yang ditawarkan; kekurangan latihan dalam kalangan pekerja kesihatan; dan masalah pentadbiran yang menghalang pekerja kesihatan daripada membekalkan maklumat kepada klien mereka.

Hasil penyelidikan juga menunjukkan bahawa perhatian lebih seharusnya diberi kepada kualiti perkhidmatan perancangan keluarga. Perhatian lebih juga patut diberikan kepada kawaran luar bandar dan minoriti luar bandar dengan menekankan promosi tentang kontraseptif, latihan dan pembangunan keupayaan pekerja-pekerja kesihatan. Selain daripada itu kerajaan juga harus melabur dalam mencipta kontraseptif lelaki yang lebih efektif dan kurang kesan sampingan. Suami harus dididik menjadi teman yang bertanggungjawab dalam penggunaan kontraseptif manakala tahap pendidikan wanita dan kesedaran mereka tentang hak-hak mereka patut dipertingkatkan.

# **CONTRACEPTIVE CHOICE AMONG MARRIED WOMEN IN GUIZHOU PROVINCE: SOCIO-CULTURAL AND RELATIONSHIP FACTORS**

## **ABSTRACT**

This study analysed the stark difference of family planning practices and trends in Guizhou Province compared to the other provinces in China despite one common family planning policy for the whole of China by focusing on contraceptive choices among married women in the province. Its main objective was to determine factors influencing contraceptive choices and also factors affecting contraceptive acceptance and condom use.

Using a multistage sampling technique, women were chosen from family planning stations located in an urban, a rural and a rural minority area. Three hundred women, 15-49 years, were sampled using stratified cluster random sampling. The main research instrument was questionnaires. To strengthen the research, in-depth interviews were also conducted among a small number of couples and health workers.

The findings indicate that: most urban and Han rural women were more likely to accept contraceptive methods compared to minority rural women. Factors that influenced contraceptive choices include number of living children and knowledge and awareness about contraceptives. Quantitative analyses also showed that husbands of women who were mainly pressured by their husbands when choosing contraceptive methods were more likely to use condoms. "Husband's monthly income" had a strong positive association with "condom choice". Analysis also revealed that lack of effective male contraceptive methods on the market was one of the crucial reasons why women were the main contraceptive users; low rate of

condom use was attributed to husbands' perception that condom was inconvenient; people's degree of satisfaction with the quality of services was much higher in the urban and Han rural areas than in the minority rural area; the promotion of knowledge about contraceptives and education level of subjects were insufficient; more rural women and especially rural minority women would prefer to have a son than urban women. Constraints in contraceptive usage included little or no communication about sexual relationship between husband and wife; limited contraceptive methods; inadequate training among health workers; and administrative problems preventing health workers from providing consultation to their clients.

The results imply a need for more focus on high quality family planning services. More attention should be paid to rural and minority areas with more promotion of contraceptive knowledge, training and capacity building of health workers. In addition, the government should invest in inventing more effective and low side-effect male contraceptives. Husbands should be educated to be responsible partners in contraceptive use and women's level of education and their awareness of their rights should be enhanced.

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Introduction**

China and its family planning programmes are well established and well known. Its family planning policy, which has more than 30 years of history, has been touted as a marker of success in terms of bringing down China's fertility rate. On the other hand, China's One-child Population Policy has also been severely criticized as being coercive and that its family planning services offered limited contraceptive choices. It was found that contraceptive use and China's family planning programmes were critical elements contributing to the fertility decline (Yang 1994), but little is known about contraceptive choices in China. Kaufman, Zhang, and Qiao (1992) asserted that "little evidence exists about Chinese women's interaction with family planning service system – how women choose contraceptive methods, what they know about those methods, or what shortcomings in safety, reliability, and informed choice exist" (Kaufman et al 1992).

This chapter introduces the study that focuses on identifying factors influencing contraceptive choice among married women in Guizhou province with a focus on socio-cultural and relationship factors. This province was selected for the research because of the stark difference in its family planning scenario compared to the other provinces in China. It is characterized among others by a big population size, high sterilization rate and low condom use. So far, no previous studies have touched upon this issue in Guizhou.

This chapter describes the research project in the context of Guizhou, and also explains the rationale for the study, research framework, the objectives, research hypotheses and the expected outcomes of the study. The rest of the chapter presents the organization of this thesis. It is also the primary aim of this study to contribute to the advancement of knowledge on contraceptive choices and use among women in Guizhou province, which will contribute to the overall contraceptive scenario in China. It is also the hope of the researcher that this research will contribute to the design, planning and implementation of contraceptive-related programmes and policies in Guizhou, based on the needs of the people and not just the needs of the policy decision makers.

## **1.2 Description of the Project**

Contraception (pregnancy avoidance) is practiced for many reasons, such as pregnancy planning, limiting the number of children, avoiding medical risks of pregnancy (especially for those with heart disease, diabetes mellitus, or tuberculosis), and controlling the world population (Pernoll 1994). There are so many different types of contraception available today that people should be able to find the right method. Ideally, we should have reached the stage where unplanned pregnancies are rare, because there are so many good birth control methods. Yet, there are many unintended pregnancies in the world. Also, there is a large difference in contraceptive prevalence among different countries or among different areas in a country. A case in point is China. Data on contraceptive prevalence show that there are large differences in contraceptive usage at the national level compared to the contraceptive usage in Guizhou province. Similarly, the differences are also glaring when contraceptive usage in Guizhou is compared with developed areas such as Beijing

and Shanghai. The Chinese Family Planning Annual Report (1990 to 2002) stated that the rate of female sterilization was very high (43.17 per cent) while the rate of condom usage (3.50 per cent) was very low in Guizhou Province compared to Shanghai. The rate of female sterilization in Shanghai was at 2.64 per cent which was lower than that in Guizhou (Appendix A) and the rate of condom usage was 10.7 per cent which is higher than that in Guizhou. In Beijing the rate of female sterilization was lower than that in Guizhou at 5.58 per cent while its rate of condom use was 25.4 per cent, which was higher (Appendix A). The rate of the use of the Intra-Uterine Device (IUD) was the highest for contraceptive usage in China (43.55 per cent), but female sterilization was the most commonly used method in Guizhou province (43.17 per cent) (Appendix C). Male sterilization figures were also lowest in Shanghai and in Beijing compared to that in Guizhou Province (Appendix B). However, in the same year the rates of the Intra-Uterine Device (IUD) and the oral contraceptive pill usage in Shanghai and Beijing were almost twice as high as Guizhou Province (Appendix B).

Given the same family planning policy, which comes from the Central Government, these differences raised interesting questions. What factors caused these differences in data regarding contraceptive usage between China as a nation and Guizhou province, and between developed areas such as Beijing and Shanghai and a developing area like Guizhou province? How does one explain why there are great variations in the implementation of the One-child Policy and contraceptive prevalence among different places in China given that there is only one family planning policy in the whole of China? How do women make their contraceptive choices? What are the real factors affecting their decisions? Some critics have argued that these women do not really choose but are under pressure to choose certain methods. Is this true? There was also a hypothesis that only one factor influences Chinese contraceptive

usage and that is China's family planning policy. Up to what extent is this true? Perhaps the space to choose has widened since the family planning programmes have changed over the years with new elements, particularly after the 1994 International Conference on Population and Development (ICPD). The questions above shape this study which attempts to find out the factors that impinge on the women's contraceptive choices in Guizhou.

### **1.2.1 One-Child Certificate and Administrative Hindrances to Family Planning**

China birth control policies can be classified into two categories, national and local. National policies, such as the One-child policy, are applicable throughout the whole country, but local policies, such as penalties for above-quota births, may vary between regions, such as rural and urban, or between provinces. The central government allowed each provincial government to draw up its own birth control regulations or rules that are based on the national policies but incorporate local characteristics (Central Committee of the Communist Party of China (CCCPC) 1984).

The government has enacted tighter control over the birthrate of the Han Chinese women compared to that of the ethnic minority women, who are normally allowed to have two children (Karen and Banister 1988; Park and Han 1990; Anderson and Silver 1995; Peng 1996; Qian 1997). Although a third child is not allowed for minority women in most regions, there are some exceptions. For example, in Xinjiang Province, minority women can have as many as four children. In rural areas of Tibet, there are no restrictions on the number of children that minority women can have. In April 1984, five years after the One-child policy was



initiated for the Han Chinese, the government for the first time stated that there should also be birth control policies for ethnic minorities, but that these policies should be less restrictive (Central Committee of the Communist Party of China (CCCPC) 1984; Karen and Banister 1988). However, up to the end of 1988, minority women were allowed to have a second child (Deng 1995), and for ethnic groups with a population of less than 10 million, a second or even a third child was allowed. Ethnic groups with a population of more than 10 million were subject to the same policy as the Han.

Previous empirical studies have found that the One-child policy is more strict in urban areas than in rural areas (Zhang and Spencer 1992; Ahn 1994). The One-child policy may be less effective in rural areas for various reasons. First, in rural China, parents have a stronger desire to have more than one child, even at the cost of penalty fines for violating the birth control policy. Above-quota births in rural areas are very common. Using a sample of 14,808 infants in rural Hebei, Li (1995) finds that 52 percent were above-quota births.

Sons are especially preferred in rural China, because they provide major support and care for aging parents, continue the family name, carry out heavy farm work, and receive the family inheritance (Dasgupta 1995; Graham et al 1998). Most cases of above-quota births in rural areas arise because households want a son (Zhang 1994). The second reason is that the One-child policy may have been enforced more strictly in urban areas (Li & Zhang 2005). In addition, even the fine may not be very effective in rural areas because many poor farmers cannot afford to pay (Li & Zhang 2004).

Zhang's (1994) results for urban residents in Hebei and Shaanxi indicate that a couple's socioeconomic characteristics significantly affect the timing of signing the certificate. In particular, education of the husband and wife, household wealth, and the age at marriage increase the probability of signing the One-child certificate at an earlier time, while living space decreases the probability.

In 1988, an incentive in the form of a One-Child certificate was introduced. The certificate is actually a contract between a couple and the local government. It gives parents who agree to have only one child certain economic rewards, such as a monthly stipend, free obstetric care, increased maternity leave, highest priority in education and health care for the child, preferential treatment when one is applying for housing, and a supplementary pension (Kaufman et al 1989; Hesketh et al 1997; Doherty 2001). Living in extended family structure or a male first child (to test for son preference) apparently have little effect.

Cooney (1991) studied and found that education and occupation are significantly related to One-child certificate acceptance in both urban and rural areas for first and second births. He also indicated that women with a first born female are less likely to be acceptors. The presence of parents in the household also discourages acceptance. Occupation is the most important variable. However education is more important in the urban while culture is in the rural areas. The authors conclude that socioeconomic, cultural, and the one child policy are all factors influencing fertility (Cooney 1991).

Zhang (1994) also indicated that education of the husband and wife, household wealth, and age at marriage increase the probability of signing the certificate at an earlier time, while living space decreases the probability. Living in

an extended family structure or having a male first child (to test for son preference) apparently have little effect.

It is difficult to find previous international studies about administrative hindrances to family planning in China. But there are some papers in Chinese which showed that there are some administrative hindrances to family planning in China. For example, Zhang (2005) said that some administrators could hardly understand the long, difficult and complex process of stabilizing low fertility. There is also no good administrative mechanism which looks at population development and control issues (Zhang 2006).

In some areas of China, superiors who are in charge of local family planning work under high pressure to produce results and are not interested in the procedures. Since the vote on the One-Child policy, local family planning staffs often crudely implement family planning policy in order to meet the required target (China State Population and Family Planning Committee (CSPFPC) 2007).

### **1.2.2 Guizhou: The Research Site and Its Demographic Scenario**

Guizhou province, also known as Qian, is situated in Southwest China (see Appendix D). The total area of Guizhou is 176,000 square kilometers of which 61.7 per cent comprises of mountains, 30.8 per cent hills and 7.5 per cent flat land locked in between mountains. The geography of Guizhou has an impact on the province's economy as well as on the density of its population. The population density of Guizhou in 2006 was 224 persons per kilometre which is 88 percent higher than the average national population density. It is also the highest in the western part of China except in Chongqing. Guizhou's fifth population census taken in 2000 revealed 55 ethnic minorities constituting 37.84 per cent of the total population. According to

the Guizhou Family Planning Committee Report published in 2006, the population size of Guizhou province is the fifteenth largest among the 31 provinces and cities in China while Guizhou's gross domestic product (GDP) ranked twenty-sixth in the whole of China. Guizhou is the only province in China where the GDP per capita is lower than USD 800 which is the average GDP for China (Guizhou Statistic Bureau (GSB) 2001).

Appendix E shows the population pyramid in Guizhou Province in the year 2000. At a glance, this population pyramid looks like a typical pyramid for developing countries, but due to China's population policy, the number of infants and children is not typical of other developing countries' population pyramid. Although the lowest base of the population pyramid for the year 2000 was much smaller compared to that in 1990, the number of infants and children were still higher in Guizhou in 2000 because of its growing population (GSB 2003).

Guizhou's fifth population census in the year 2000 also showed that the total number of women in the reproductive age group continued to increase. The total number of women of reproductive age (15 to 49 years) was 8,701,300 on 1 November 2000. This had increased by 504,200 (6.15 per cent) compared to 8,197,100 women of reproductive age in 1990 in Guizhou Province (GSB 1991). The forecast for the next ten years after the year 2001 shows that the total number of women of reproductive age will increase dramatically if the mechanical fluctuation, which refers to the change of population size caused by migration, is not taken into account. From the years 2006 to 2010, the numbers of women in the reproductive ages between 20 to 29 years are expected to increase in Guizhou. Apart from the fact that the number of reproductive age women increased by 31,700 in 2006, it is estimated that the number will rise further from 120,000 to 160,000 after 2007 (GSB 2003). If there is no external factor that can affect the population, then the birth rate

of the women of reproductive age (15 to 49 years) will revert to the higher rate of the past. In short, there is a bigger opportunity to test reducing the population size with effective contraceptive usage in Guizhou province now than in other provinces in China simply because these provinces no longer have similar contraceptive patterns like in Guizhou.

### **1.2.3 The New Family Planning Policy and Its New Elements**

Since the implementation of the family planning policy in the whole of China in the 1970s, the birth rate has decreased rapidly. Even when there is a minus increase rate of population in Shanghai (defined as the rate of death being higher than the rate of birth during the same time and in the same area) Guizhou province still has a high birth rate. The question of how to implement an effective family planning programme in the Guizhou province has been much discussed by policy makers and scholars.

The 1994 International Conference on Population and Development (ICPD) held in Cairo was a watershed in family planning. It saw a shift in family planning policies and programmes in many countries including China. Reproductive health, which is a wider concept than family planning, has gradually become a component of China's family planning programmes. Several nationwide projects have been sponsored by the Chinese authorities since the mid-1990s focusing on the provision of quality reproductive health services (Peng 2007). The new programme has a broader focus with an emphasis on integration with new features. These new family planning systematic projects indicate that the rural family planning programme should integrate with community development and family income generation with an assumption that this can lead to a happy and prosperous family life. It seems that

the “new “policy does recognize the need to pay attention to the enabling conditions for people to practice family planning.

The other feature of this new family planning is the quality of family planning services in China giving importance to. If this is done, individual health and wellbeing will definitely be improved since it is supposed to be people-centered and service-oriented in its approaches. Individuals are supposed to enjoy more freedom in contraceptive choices with more humane treatment and high quality technical services of reproductive health. The new family planning systematic project also pays special attention to girls and this is done through its "Girl Care Project". This project ought to be seen as a way to foster more respect and concern for women and girls, particularly in the context of son preference as it is in China.

The new family planning systematic projects started in the year 2000. However it came late to the people in Guizhou province compared to other parts of China. Currently pilot projects are being implemented in three areas in Guizhou. Given this development this study also attempts to discover whether or not the implementation of the new family planning systematic project in the three trial areas of Guizhou province affect contraceptives usage by married women in these areas. This was done mainly through qualitative analysis.

#### **1.2.4 Rationale for Multivariate Analysis**

Contraceptive prevalence is affected by many factors such as demographic and socio-economic characteristics. Although quite a number of articles have reported contraceptive usage since the development of the family planning programme in the mid-1970s in China, very few studies used multivariate analyses to examine factors that affect contraceptive usage in China. To the best knowledge of the researcher no such

study has been done in Guizhou.

Choe and Tsuya (1991) performed two multivariate analyses using 1985 data to determine factors affecting contraceptive use and sterilization of 5399 women aged 15 to 60 in the Jilian province, China and found that the attempt to achieve an ideal family size was associated with sterilization. Other factors affecting contraceptive use included duration of marriage, number of children, ethnicity, having at least one son and having had an induced abortion. Cotton and Stanback et al (1992) found that knowledge of modern methods and source of methods were related to the use of the contraceptive method chosen.

More studies have been done to determine factors affecting male sterilization, especially in China's Sichuan area where the 34 per cent male sterilization rate is by far the highest in the country. Winckler (2002) mentioned that the factors of strong leadership, complete information, and quality service were essential for such sterilization rate. Xiao and Zhao (1997) stated that men's higher sterilization rates were achieved because of accessibility to adequate information, high quality service, and lesser fear of surgery on their genitals. Wu Junqing (2006) found that IEC (information, education and communication) activities had significantly increased subjects' level of contraceptive knowledge, thus enabling them to make informed choice.

Other studies indicated that failure rates of traditional methods such as withdrawal and rhythm methods were much higher than that of modern birth control methods. With regard to modern contraceptive methods, sterilization is the most effective, followed closely by hormonal implants such as Norplant, hormone injections and the progestin oral contraceptive known simply as "The pill." These studies seem to show that the efficacy of the methods was a factor influencing the choice of methods. The use of condoms in the fight against reproductive tract

infection and Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) has also been shown by many researchers (Poulin 2001; Fonck 2001; Tsunoe 2000) to influence use.

However, the general picture is that there are very few studies about factors affecting contraceptive acceptance in this part of China. This study will help to determine the factors that increase contraceptive usage rates in general and examine the differences in the usage of several contraceptives. This study is different because it focuses on Guizhou Province which has not been studied before and more variables will be tested against the contraceptive preference. Moreover, the analysis is more complete than those in previous studies in that it will determine many factors affecting contraceptive usage while controlling other factors being studied, thus providing information on the magnitude and relative importance of each of the factors affecting contraceptive usage in the Guizhou area.

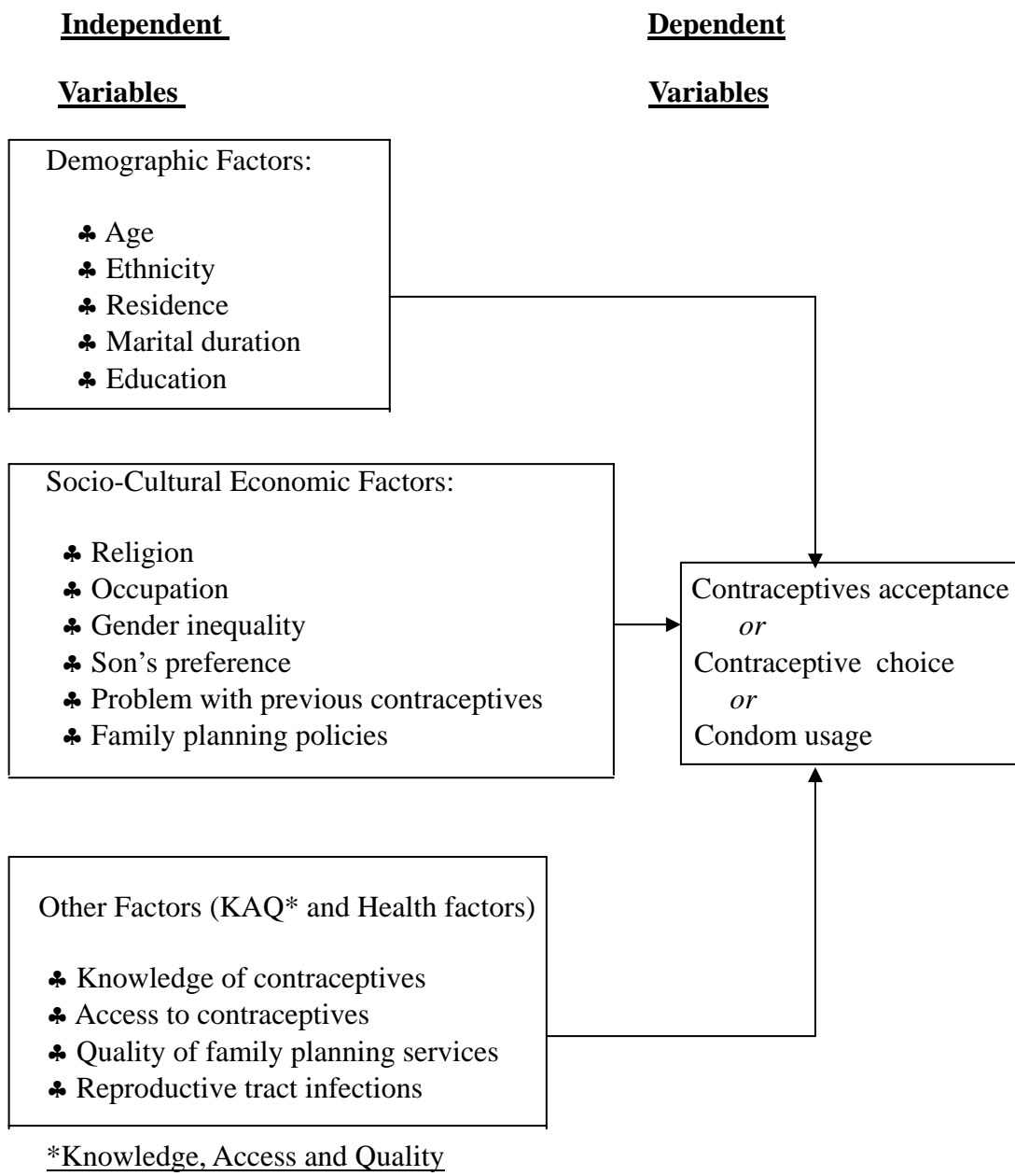
### **1.3 Research Framework**

The contraceptive choice and use among reproductive married women are influenced by many factors. For this study, three sets of factors (i.e., demographic, socio-economic and other factors) are considered as major factors influencing contraceptive use. Demographic factors include age, ethnicity, residence, marital duration and education. Religion, occupation, gender inequality, son preference, problems with previous contraceptive and family planning policies are categorised as socio-cultural economic factors. Control variables including price of contraceptives, trust between a wife and her husband and number of living children are also discussed in this study. This study expects to show that contraceptive choice and use are influenced by demographic and socio-cultural economic factors, knowledge of



contraceptive, access to contraceptives, quality of family planning services, reproductive tract infections and control variables. The schema as illustrated in Figure 1.1 shows the relationship between the independent and the dependent variables

The conceptual framework between dependent and independent variables is presented in Figure 1.1. All independent variables including control variables are expected to directly influence a woman's choice and eventual use of contraceptives. There is no intervening variable.



Control Variables: *price of contraceptives, trust between husband and wife and number of living children.*

Figure 1.1 The Conceptual Framework For Determining Contraceptives Acceptance, Choice and Condom Usage

## **1.4 Objectives**

The primary objective of this study is to determine factors influencing contraceptive choice among married women in Guizhou province. The secondary objective is to obtain information concerning the factors affecting contraceptive acceptance and use of condom.

To achieve those objectives, this study will explore among others the determinants of contraceptive choice in Guizhou and, specifically it will focus on how women decide for or against a particular contraceptive method, how much they know about their chosen methods and other contraceptives, and what they think of using contraceptives.

The general hypothesis in this study is that there are specific biological, social, economic, legal, and attitudinal factors that affect the odds of accepting contraceptives such as: age, gender, ethnicity, number of living children, age of marriage, occupation, education, urban or rural residence, attitude about contraceptives, encouragement for accepting contraceptive, advice from family planning staff about contraceptives, and many others. In this study, some specific hypotheses regarding expected positive or negative relationships between the rate of contraceptive use and demographic, social and economic factors will be discussed in greater detail in Chapter Four.

The results from this study will be communicated to the appropriate officials. Factors affecting the acceptance of contraceptives and those that may inhibit women from choosing contraceptives will be useful for family planning health officials to plan and implement contraceptive-related programs and policies to meet the needs of the people.

This research concentrates on married women due to the fact that, in reality, the society has always placed the burden of contraception responsibility largely, if not entirely, on women. This is often reinforced by family planning policies and programmes. Women are the ones who feel the impact of these policies and programmes. It is hoped that through this research, the underlying factors which contribute to the current unhealthy phenomenon of unequal sharing of responsibility in family planning practices between women and men will be scrutinized and recommendations be made to equalize the situation. The researcher is fully aware that family planning issues also affect unmarried women, but has decided to focus on married women because of the huge implications of family planning programmes on this group given that the policy targets this segment of the society.

## **1.5 Research Hypotheses**

This study tried to generate a comprehensive theoretical framework of contraceptive decision making among married women by identifying factors which impinge on women's contraceptive choices. To guide the conceptualisation of the study and data analysis, a combination of bounded rational choice theory and non-rational choice theory (Bulatao 1983; Becker 1981) was used to analyze factors that influence married women's decision in choosing certain contraceptive methods. This means that people would either take into account the optimization strategy or the non-rational factors when they choose their contraceptives. The optimization strategy is namely to get the most profits with the least cost, such as the most "quantity of children" with expected income with the least expected costs of education and related

"quality prices" of children. The no-rational factors simply means no logical actions which relate to the value of the view that one holds, belief, feelings, custom, policy and so on.

The analysis is based upon four hypotheses keeping in view the conceptual model:

1) The Null hypotheses ( $H_0$ ) is based upon the assumption that: there is no difference in contraceptive acceptance or contraceptive choice or condom usage due to specific biological, social, economic, legal, and attitudinal factors among married women using contraceptives.

The Non-directional alternative hypothesis ( $H_1$ ): contraceptive acceptance or contraceptive choice or condom usage differs by specific biological, social, economic, legal, and attitudinal factors.

The Dependent Variable is contraceptive acceptance or contraceptive choice or condom used by reproductive married women. The Independent Variables are age of women, age of husband, ethnicity, residence, marital duration, education of women and education of husband.

2) The Null hypothesis ( $H_0$ ) is based upon the assumption that: there is no difference in contraceptive acceptance or contraceptive chosen for use or condom usage due to age of women, age of husband, ethnicity, residence, marital duration, education of women and education of husband.

The directional alternative hypothesis ( $H_1$ ) is based upon the assumption that there is an expected positive relationship between contraceptive acceptance and age of married reproductive women and educational level; older and rural women and those from minority groups who have been married for a longer time and who are more affected by family planning policies are more likely to use modern

permanent contraceptive methods; young women and women who have been married recently, women with higher education and those who have higher social status prefer modern temporary contraceptive methods.

The Dependent Variable is the type of contraceptive acceptance or contraceptive chosen for use by reproductive married women. The Independent variables are religion, occupation, gender inequality, son preference, problem with previous contraceptives, family planning policies and family planning service.

3) The Null hypothesis ( $H_0$ ) is based upon the assumption that: there is no difference in contraceptive acceptance or contraceptive choice or condom chosen for use due to religion, occupation, gender inequality, son preference, problem with previous contraceptives, family planning policies and family planning service.

The directional alternative hypothesis ( $H_1$ ) states that there is an expected positive relationship between contraceptive acceptance and labour force participation; there is also a positive relationship between the use of condoms and the awareness of effective methods for prevention of STDs and HIV/AIDS and husband's approval; the relationship between the use of male sterilization and approval of husband is positive; there are negative relationships between son preference and contraceptive acceptance, or between problems with a previous contraceptive method and the acceptance of contraceptive method

The Dependent Variable is contraceptive acceptance or the type of contraceptive chosen or condom chosen for use by reproductive married women. The Independent Variables are knowledge of contraceptives, access to contraceptives, quality of family planning services and having reproductive tract infections.

4) The Null hypotheses ( $H_0$ ) is based upon the assumption that: there is no difference in contraceptive acceptance or contraceptive choice or condom chosen

for use due to knowledge of contraceptives, access to contraceptives, quality of family planning services and reproductive tract infections.

The directional alternative hypothesis ( $H_1$ ) is that there is an expected positive relationship between contraceptive acceptance or contraceptive choice or condom chosen for use and level of knowledge in contraceptive methods, as well as service outlets availability;

In short, this study aimed at assessing the strength of two potential explanations for determining contraceptives chosen by reproductive married women in Guizhou province, China. These are the structural quality of family planning services hypothesis and the life circumstances hypothesis. The structural quality of family planning services hypothesis posits that the quality of family planning services influences women's contraceptive options. The quality of family planning services is characterized by adopting people-centred and services-oriented approaches and more freedom in method choice, more humane treatment and high quality technical services. The life circumstances hypothesis examines how the demographic characteristics of individual women affect the contraceptive choices that they make. Beyond the structural-level factors that influence the acceptance and choice of contraceptive methods, the life circumstances of women may also affect their contraceptive decision-making at an individual level. The norm is that, given the space to choose, a woman is the one who has to choose the type of contraceptive that she wants to use. Individual level factors which can impinge on her choice include factors such as age of married reproductive women, educational level, labour force participation, approval of husband and others.

## **1.6 Expected Outcomes of the Study**

As mentioned earlier this study uses multivariate analyses to identify factors affecting contraceptive choices with the belief that the findings will give a better understanding of the dynamics of contraceptive choices among married women in Guizhou province. Eventually this study will contribute to the advancement of knowledge on contraceptive usage in China. The outcome of this study will also point to a better direction in the planning and the implementation of family planning programmes in Guizhou, which will better meet the needs of women thus ensuring better quality of services offered. In short, women will be able to choose freely the most effective contraceptive according to their needs thus enhancing their health. Finally, this study will help us to better understand the existing contraceptive prevalence scenario in Guizhou. This could mean a more tailored family planning programme in order to increase contraceptive use in the future. The findings of this study will also give valuable information for improving the contraceptive choice to people in areas similar to Guizhou.

## **1.7 Organization of the Thesis**

This thesis is organized into 7 chapters. Chapter One essentially introduces the study and the rationale as to why the study is important and the importance of the research site and the research hypotheses developed within a conceptual framework showing the relationships between the Independent variable and Dependent variables. Chapter Two covers the literature review, which describes the results of previous studies on the factors influencing contraceptive method usage. The literature review also touches on the factors that contribute to the differences in



the prevalence of contraceptive usage between Guizhou province and developed areas like Beijing and Shanghai and between Guizhou province and the rest of China. There is also a section on the theoretical or the conceptual framework used in the past studies.

In Chapter Three the focus is on China's Family Planning Policy. Given that China's policy has been shown to shape programmes and services, it is important that a chapter be dedicated to it since it serves as the context to the study. The chapter covers the history, development, and the current as well as the future of family planning policy in China. In particular, it is important to note the changes in the current Family Planning Policy in China, post the International Conference on Population and Development, 1994. Chapter Four explains the design and the methodology of this study. It includes the conceptual and the theoretical framework chosen for this study, general outline, and criteria for the selection of subjects, study area, data management, and operational definitions of concepts and variables as well as the data analysis.

The explanation as to why the samples have been confined to Guizhou province China for this study is presented in Chapter Five. This chapter also presents the findings of the study which are explained in four sections. The first section shows a profile of the data showing the total percentages of women in every category of every independent variable in the selected samples in the three study areas of Guizhou province. The second section describes the bivariate analysis of contraceptive choice and discusses the bivariate relationships between contraceptive choices and every independent variable in the study in each study area. This serves as a preliminary test to identify variables with relationships to the dependent variable. It also tests for differences in the distributions of independent variables by study area

and to determine if the differences are significant as a basis for explaining the contraceptive choice in the three study areas.

The multivariate and qualitative analyses of factors related to contraceptive choice are discussed in the third section. This section shows a multivariate analysis using logistic regression performed to determine the effect of each independent variable on contraceptive usage while controlling all other variables included in each model. The qualitative method shown in the fourth section is also used to develop a better understanding of the contextual issues of women's use of contraception and to explore women's experiences and perspectives on specific methods. Chapter Six includes the discussions of the analyses. The last chapter is Chapter Seven, which presents the summary, conclusion and recommendations for future research.

Chapter One has described the study focusing on the reasons for the need of this study and the expected outcomes of the study. It also sets the research site and the rationale for the choice of the site. The chapter also argues for multivariate analyses to be done in order to tease out the complex factors influencing the dynamics of contraceptive choices. Chapter Two further supports the point on the importance of this study by presenting a literature review, which describes the results of previous studies on the factors influencing contraceptive method usage as well as the conceptual or the theoretical frameworks previously used in relevant past studies.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

Contraception and contraceptives are always controversial subjects either at the global level or in China. This is reflected in the many previous articles which focused on contraceptive usage. This chapter reviews previous papers related to contraceptive issues and covers several subjects such as overpopulation, unintended pregnancy, effect of contraceptives on controlling overpopulation and unintended pregnancies, theories of contraceptive choice, relationship between contraceptive and feminism and demographic, socio-economic, socio-cultural and policy factors affecting contraceptive choice.

Global population which stood at 2.5 billion in 1950 has risen to 6.6 billion today. It was suggested that the world will have 9.1 billion inhabitants by 2050, when growth will be approximately 34 million a year (United Nations 2005a). Henshaw (1999) also noted that increasing population size in the world especially in developing countries seemed to be linked to increasing unintended pregnancies and abortions taking place in the world today.

There is some common understanding on how to control fertility, especially reducing the rate of unintended pregnancy in the world. It is claimed that the use of contraceptives and the practice of contraception has a strong impact on the average number of children and, especially in the case of reliable contraception, on the low average number of abortions (Leridon 2006).

Literature reviews revealed various previous articles trying to explain the reasons of contraceptive choice with different theories. For example, Nathanson (1983), Heckman (1975) and Newman (1988) explained how women make their decisions to adopt and continue using modern contraception through the theory of 'contraceptive behaviour'. Noone (2004) has suggested a model for contraceptive decision making in women which involves three steps that are consistent with and complementary to the Theory of Planned Behaviour. Since Becker's framework of modern economic theory was used on the analysis of fertility, the literature known as the 'New Family Economics' has developed considerably which has been used to interpret partly human contraceptive behaviour (Ahn 1995). Bird and Rieker took a step further by using 'constrained choice theory' to explain contraceptive choice (Bird et al 2008). More discussions will be presented in the later part of this chapter.

However, some of the former theories only focused on 'contraceptive behaviour' when they analyzed contraceptive decision making. Others mainly insisted on using the rational choice theory entirely in explaining decisions in choosing contraceptives (Becker 1981). In this study the researcher would like to see the use of the bounded rational choice theory together with the no-rational choice factors as well as the constrained choice theory, which is the latest relevant theory in the literature, in analysing contraceptives choice and use by married women in Guizhou.

This chapter also shows the relationship between feminism and contraceptive use discussed in previous papers. Feminism is best of all an ideology opposing inequalities and discrimination against women in every area. Contraceptive seems to be a good way of liberating women from reproductive