

ROLE OF MEN IN FERTILITY AND FAMILY PLANNING IN A PERI-URBAN COMMUNITY IN PUNJAB, INDIA

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ABSTRACT

Background: It is a well-documented fact that men's general knowledge and attitudes concerning the ideal family size, sex preference of children, ideal spacing between child births and contraceptive method use greatly influence women's preferences and opinions. However, fertility and family planning research and programmes have ignored men's role in the past, focussing their attention on women's attitudes and behaviours in matters concerning reproduction.

Aims & Objective: To assess men's attitude towards family planning & to compare in which ways and to what extent the men's attitude differs from their wives and its implications for future family planning programs.

Material and Methods: A cross sectional survey was carried out in 305 eligible couples in Shahid Bhagat Singh Colony of Rajpura, Punjab. Information pertaining to the couple's socio-demographic data, fertility intentions & attitude towards contraception was collected.

Results: It was observed that among the women whose spouse approved of their contraceptive usage, 41.3% of the women were using contraceptives and 58.7% were not using any contraceptive. 79.7% of the women who had frequent (more often) discussions with their partners were currently using contraceptives and 20.3% did not use any form of contraceptives despite frequent discussions. As regards perception of ideal family size it was observed that in 68.7% (95 % CI: 63.2 – 74.2%) of cases there was agreement between husband and wife about the number of children that they should ideally have.

Conclusion: Men's fertility intentions, reproductive preferences and their attitude towards family planning seem to influence the fertility behaviour of their wives and their attitude towards the use of contraceptives. Therefore an attempt to promote reproductive health through increasing use of contraceptives needs to be made and family planning programmes need to target men specifically at all levels of the programme.

KEY-WORDS: Eligible Couple; Family Planning; Family Size; Attitude

Introduction

Men play an important role in reproduction. Reproduction calls for commitment from both partners but all too often in much of the world it is seen as wholly being the woman's responsibility.^[1] Traditionally, women have been the respondents in most knowledge, attitude, and practice surveys related to family planning, contraceptive prevalence, and demographic and health surveys; the role of men has been limited to providing information only on household or demographic characteristics and to granting permission for interviewing the women.^[2,3]

Since the 1994 International Conference on population and Development (ICPD), and the 1995 UN World Conference on women, interests in men's involvement in reproductive health has

increased. The ICPD document recognizes the couple as a unit by referring frequently to couples and individuals and further states that the 'aim of family planning programs must be to enable couples and individuals to decide freely and responsibly on the number and spacing of their children....'^[4]

Available studies show that in many developing countries males often dominate when important decisions are taken in the family, such as on reproduction, family size, and contraceptive use.^[5] In India, the roles and responsibilities of men in family planning and fertility regulations have been ignored, understudied and underutilized.

It is a well-documented fact that men's general knowledge and attitudes concerning the ideal family size, sex preference of children, ideal

spacing between child births and contraceptive method use greatly influence women's preferences and opinions.

However, fertility and family planning research and programs have ignored men's role in the past, focusing their attention on women's attitudes and behaviors in matters concerning reproduction. As a result, the family planning services were traditionally presented within the context of Maternal and child health.

Demographers and program managers now realize that programs focused exclusively on either men or women may fail in their purpose if both the partners are not involved in decision making.

The implication of the concept of reproductive health is that men, women and young people have the right to be informed and have access to safe, effective, affordable and acceptable reproductive health services.

Materials and Methods

The current study was conducted in Shahid Bhagat Singh colony, a Peri-urban area of Rajpura, Punjab having a population of 1875 (approx.). The said colony is situated approximately 15 km from Gian Sagar medical college and Hospital, Banur, Patiala, Punjab. The target population for the study included all married couples residing in Bhagat Singh colony wherein the wife was in 15 - 45 years age group. Out of 330 eligible couples identified 305 eligible couples were contacted and consented to be part of the study.

This is a cross sectional study carried out over the period of Sept '11 to March '12. Data was collected using a pretested semi structured interview schedule by a team of Medical Social workers working in the area. Female interviewers questioned female respondents and male interviewer questioned the husband. Both were interviewed separately and on the same day. Information was collected on socio-demographic status, reproductive and marital history and perception of men about fertility and family planning.

Data collected was analysed and expressed as percentages. The chi-square test was used to test for association between discrete variables on the contingency tables and statistical significance was accepted at p values of less than 0.05.

Results

A total sample of 610 respondents (305 men and 305 women) was studied. Majority of the males were in the age group of 40 - 45 years (32.8%) and females were in the age group of 35 - 39 years (31.1%). Respondent's educational status showed that among the females, 7.5% had no education as compared to 2.3 % of the male partners. 58.4% of males and 45.2% of females were educated up-to Secondary level of education. As regards employment status, at the time of survey, 98.9% of males and 30.9% of females were employed for salary or were self-employed. In the study area, 65.2% of the respondent couples were Sikhs, and 34.7% were Hindus. (Table-1)

Table 2 shows the Current use of contraceptives by women according to spouse's attitude. It was observed that among the women whose spouse approved of their contraceptive usage, 41.3% of the women were using contraceptives and 58.7% were not using any contraceptive. At the same time from among the women whose spouse did not approve/disapproved of their contraceptive usage, 87.9% were not using any form of contraception.

The data on discussion with partner and use of contraceptives by currently married women (Table 3) showed that, 79.7% of the women who had frequent (more often) discussions with their partners were currently using contraceptives and 20.3% did not use any form of contraceptives despite frequent discussions. Among those who never discussed these issues with their partners 71.4% of the women were not using any contraceptives. The current use of contraceptives was found to be strongly associated with the frequency of discussion which married women had with their partners in the last one year ($p < 0.001$). Cross tabulation for perception of ideal family size showed that in 68.7% (95% CI: 63.2 - 74.2%) of cases there was agreement between

husband and wife regarding the number of children that they should ideally have (Table 3). In 14% of cases, the husband wanted more children than the wife did, while in 17.2% of cases the wife wanted more children than the husband did.

Table 4 shows the key fertility indicators observed in the study and its comparison with Punjab state and National level. 76.4% of married women having two living children were not desirous of having more children as compared with 92.2 % and 84.6% at Punjab state and National level.⁶ The desire for a male child in this North Indian population was apparent from the observation that among married women with two living children, 65.8% of women having two daughters wanted to have another child in the hope of a male child. In the present study 67.5% of the men have a positive attitude and seemed to encourage their wives to adopt some form of contraception.

Table-1: Comparative Socio-Demographic Profile of Currently Married Couples

Characteristics		Men (n=305) No. (%)	Women (n=305) No. (%)
Age	< 20	02 (0.7)	02 (0.7)
	21 – 24	08 (2.6)	29 (9.5)
	25 – 29	51 (16.7)	67 (22.0)
	30 – 34	67 (22.0)	65 (21.3)
	35 – 39	77 (25.2)	95 (31.1)
	40 – 45	100 (32.8)	47 (15.4)
Education	Illiterate	07 (2.3)	23 (7.5)
	Primary	54 (17.7)	73 (24.0)
	Secondary	178 (58.4)	138 (45.2)
	> Secondary	66 (21.6)	71 (23.3)
Employment Status	Employed	210 (68.8)	45 (14.8)
	Self employed	92 (30.1)	49 (16.1)
	Unemployed	03 (1.1)	211 (69.1)
Religion	Hindu	106 (34.7)	106 (34.7)
	Sikh	199 (65.2)	199 (65.2)
	Muslim	0	0
	Others	0	0

Table-2: Current Use of Contraceptives by Women According to Spouse's Attitude

Attitude	Use of Contraceptive (n = 305)			P-value
	Yes (%)	No (%)	Total (%)	
Approves	85 (41.3)	121 (58.7)	206 (100.0)	< 0.001
Disapproves	07 (12.1)	51 (87.9)	58 (100.0)	
No opinion	23 (56.1)	18 (43.9)	41 (100.0)	
Total	115 (37.7)	190 (62.3)	305 (100.0)	

Table-3: Current use of Contraceptives by Women versus Frequency of Discussion with Spouse

Level of Discussion	Use of Contraceptive (n = 305)		P-value
	Yes (%)	No (%)	
More often	98(79.7)	25(20.3)	< 0.001
Infrequently	07(4.8)	140(95.2)	
Never	10(28.6)	25(71.4)	
Total	115	190	

Table-4: Couple's Perception of Ideal Family Size (Desired No. of Children)

Husbands' Desired	Wives' Desired			Total
	1	2	3	
1	56 (9.2)	73 (12.0)	5 (0.8)	134 (22.0)
2	43 (7.0)	319 (52.3)	27 (4.4)	389 (63.7)
3	11 (1.8)	32 (5.2)	44 (7.2)	87 (14.3)
Total	110 (18.0)	424 (69.5)	76 (12.5)	610 (100.0)

Table-5: Key Fertility Indicators

Indicators	Study Population %	*Punjab %	*India %
Married women with two living children wanting no more children(n = 254)	76.4	92.2	84.6
• Two sons (n = 54)	97.1	96.5	89.9
• One son, One daughter (n = 136)	97.6	95.3	87.0
• Two daughters (n = 64)	34.2	43.3	61.4

* (NFHS-3)⁶

Discussion

The study findings showed that men differ from their wives concerning their socio-demographic characteristics. Men showed a higher employment status and were found to have better educational achievements as compared to their wives. The difference observed in the use of contraceptives by women according to spouse's attitude suggests that motivation and education of the women is equally essential for fertility planning in spite of spouse's approval. It also implies that more efforts are required in terms of research to find the social, cultural and religious factors that limit the ability of women to access these services.

At the same time, the finding that in couples where husbands did not approve of contraceptive usage by their wives, 87.9% of women did not use any. In a similar study in Tanzania⁷, men were found to be suspicious of the modern methods, doubted their safety and feared that women will be unfaithful, if allowed to use contraceptives. Thus male education and inclusion in family planning programs shall probably correct their negative attitude towards family planning.

It was also observed that women who had frequent discussions were more likely to use contraceptives than those who had no discussion concerning family planning issues with their spouses. In a study in Tigray⁸ region of Africa, only 36.5% of women having frequent discussions with their partners were found to be using some method of contraception.

This data demonstrates the influence of the partners' attitude and discussion between couples on matters like fertility planning. Husband's approval of family planning promotes family planning method use. Discussion between a couple on matters like fertility is also strongly associated with current use of contraceptives ($p < 0.001$). Hence, partner's approval of family planning, the extent and frequency of discussion among couples concerning fertility and family planning appear to be an important determinant and predictor variable of current use of family planning methods. A similar association was observed by the study carried out in Ghana^[9], that greater approval and more frequent discussion among couples enhanced contraceptive use by women in the Ghanaian families.

Family planning through contraception tries to achieve the principal objective to have only the desired number of children. It is known that particularly men's attitude about contraception may influence their partners attitudes and eventual adoption of a contraceptive method (International institute for population sciences and ORC Macro, 2007).^[10] Available studies show that in many developing countries, males often dominate in decision making in the family, particularly in issues related to reproduction, family size and contraceptive use. Research in Kenya^[11] suggests that contraception is 2 – 3 times more likely to be used when husbands rather than wives, want to cease childbearing. Male involvement not only helps in making a contraceptive more acceptable, but also makes its effective use and continuation likely.^[12-14] On the other hand, even if the wife wants to use a contraceptive, she may not be able to use it or may be forced to discontinue the method if the husband disapproves of contraception. In a study conducted in Indonesia, husbands' approval was the most important determinant of contraceptive use.^[15]

Current family planning programs should not only focus on women but also specifically target men. Men should be encouraged to apply their decision making power to influence their wives in the promotion of family planning use and hence to make the right decision for better health of their family.

Family planning method use by men can be improved by mobilizing men to deliver service to other men. Men who are convinced and satisfied users can serve as peer motivators to reinforce use of family planning methods by other men. Moreover involving men along with women in encouraging communication and joint decision making on issues like family size and reproduction can help exercise their responsibility and address their concerns towards family planning within their family. The need for men's involvement in family planning cannot be over emphasised.

Conclusion

Men's fertility intentions, reproductive preferences and their attitude towards family planning seem to influence the fertility behaviour of their wives and their attitude towards the use of contraceptives. Therefore an attempt to promote reproductive health through increasing use of contraceptives, family planning programmes need to target men specifically at all levels of the programme. Men should be actively involved at knowledge, supportive and acceptor level, so that their decision making role can be utilised for promotion of contraceptives in appositive manner.

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