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A cross sectional study on gender bias in Fertility and Family Planning choices in a Rural Area of Patan District of Gujarat, India

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Abstract

Family planning is often regarded as the woman's responsibility, but there is growing recognition of the need to involve men in family planning programs. The objective of the study was to determine the role of men in family planning decision-making and to assess men's attitude towards family planning. A cross sectional survey was carried out in Kungher, rural area of Patan district of Gujarat, India and 610 eligible couples were interviewed using a pre-tested, semi-structured interviewer based questionnaire to collect information pertaining to the couple's socio-demographic data, fertility intentions & attitude towards contraception. It was seen that 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%). 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. It was concluded that 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 a positive manner. Family planning programmes should involve men at all levels of the programme.

Keywords: Men role in FP, Eligible couple, Family planning, Family size, Attitude

Introduction

Family planning is often regarded as the woman's responsibility, but there is growing recognition of the need to involve men in family planning programs.

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 programmes 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.

Methodology

The study was conducted in Kungher, rural area of Patan district of Gujarat having a population of 12000(approx).

Rural training health centre of GMERS Medical College, Dharpur Patan has situated in Kungher village.

The target population for the study included all married couples residing in this village wherein the wife was in 15 -45 years age group.

Out of 680 eligible couples identified 610 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 '12 to March '13. 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.

Statistics

Data collected was analysed by proper software and expressed as percentages.

The chi-square test was used and statistical significance was accepted at p values of less than 0.05.

Results

Demographic Profile (Table-I): A total sample of 1220 respondents (605 men and 605 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% were illiterate 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. Regarding employment status, at the time of survey, 98.9% of males and 30.9% of females were employed for salary or were self-employed.

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. This difference 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 from among the women whose spouse did not approve/disapproved of their contraceptive usage, 87.9% were not using any form of contraception.

Thus male education and inclusion in family planning programs shall probably correct their negative attitude towards family planning.

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. ($p < 0.001$).

Women who had frequent discussions were more likely to use contraceptives than those who had no discussion concerning family planning issues with their spouses.

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 Ghana⁸, that greater approval and more frequent discussion among couples enhanced contraceptive use by women in the Ghanaian families.

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 4). 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 5 shows the key fertility indicators observed in the study and its comparison with Gujarat 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 Gujarat state and National level⁹.

The desire for a male child in this West 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.

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.

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.

Discussion

It is widely acknowledged that our FP program has focused almost exclusively on women and may have missed opportunities to effectively involve men to address these challenges.

In a study in Tanzania⁶, 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.

In a study in Tigray⁷ region of Africa, only 36.5% of women having frequent discussions with their partners were found to be using some method of contraception.

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 Kenya¹¹ 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 likely¹²⁻¹⁴. 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 use¹⁵.

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.

Conclusions and Recommendations

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 apposite manner. The first is the need for health education programmes to bring to the consciousness of men the impact of small family size. The second policy implication brings about the need to design effective information, education and communication strategies to reach men in every part of the federation on the need to actively participate and allow their wives to use contraceptives. Family planning programmes should involve men at all levels of the programme

References

1. Yalley Dolma Chankapa, Ranabir Pal, DechenlaTsering. Male behaviour toward reproductive responsibilities in Sikkim. *Indian Journal of Community Medicine* Jan-Mar 2010; Vol 35(15).
2. Adusumilli S. Knowledge, attitude and practice surveys in family planning-A review. *NIHAE Bull* 1977;10: 51 – 60.
3. Das N C. Some aspects of practice of family planning as revealed in the NSS survey. *Sarvekshana* 1979;2:119-28.
4. United Nations (UN). *The International conference on population and Development (Cairo)*. New York, UN, 1995 ICPD.
5. KapilYadav, Bir Singh, KiranGoswami. Agreement and concordance regarding reproductive intentions and contraception between husbands and wives in rural Ballabgarh, India. *Indian Journal of Community Medicine* Jan-Mar 2010; Vol 35(65).
6. Mwangeni EA, Ankomah A, Powell RA. Attitudes of men towards family planning in Mbeya region, Tanzania: a rural –urban comparison of qualitative data. *J. Biosoc.Sci.*30(3): 381-392.
7. GebrekidianMesfin. The role of men in fertility and family planning program in Tigray region. *Ethiop. J. Health Dev.* 2002;16(3): 247 – 255.
8. Ezeh, Chika A. Contraceptive practice in Ghana: Does partner's attitude matter? Paper presented at the annual conference of the population association of America, Denver, Colorado, 19th April – 2nd May 1992.
9. National Family Health Survey (NFHS-3), India, International Institute for population sciences (IIPS) and macro International (Online) 2007; Vol 1, P 192-122. Available from: <http://www.nfhsindia.org>.
10. National population commission and ORC Macro. *Nigeria demographic and Health survey (2003)*. Calverton (Maryland): National population Commission and Macro International.
11. Dodoo FN. Men matter: Additive and interactive gendered preferences and reproductive behaviour in Kenya. *Demography* 1998; 35: 229 -42.
12. Robey B, Drennan M. Male participation in reproductive health. *Network* 1998;18: 11-5.
13. Terefe A, Larson CP. Modern contraceptive use in Ethiopia: Does involving husbands make a difference? *Am J Public Health* 1993;11: 1567-71.
14. Karra MV, Stark NN, Wolf J. male involvement in family planning: A case study spanning five generations of a south Indian family. *studfam Plan* 1997;28:24-34.
15. Joesoef MR, Baughman AL, Utomo B. Husbands approval of contraceptive use in Metropolitan Indonesia: Program implications. *Stud FamPlann* 1988;19:162-8.

Tables:**Table 1: Comparative Socio-demographic profile of currently married couples**

Characteristics	Men(<i>n</i> =610)	Women(<i>n</i> =610)
	No. (%)	No. (%)
Age (Years)		
• < 20	04(0.7)	04(0.7)
• 21 – 24	16(2.6)	58(9.5)
• 25 – 29	102(16.7)	134(22.0)
• 30 – 34	134(22.0)	130(21.3)
• 35 – 39	154(25.2)	190(31.1)
• 40 – 45	200(32.8)	94(15.4)
Education		
• Illiterate	14(2.3)	46(7.5)
• Primary	108(17.7)	146(24.0)
• Secondary	356(58.4)	276(45.2)
• Higher secondary and above	132(21.6)	142(23.3)
Employment status		
• Employed	420(68.8)	90(14.8)
• Self employed	184(30.1)	98(16.1)
• Unemployed	06(1.1)	422(69.1)

Table 2: Current use of contraceptives by women according to spouse's attitude

Spouse's attitude	Currently married women(n = 610)			P -value
	Currently using Contraceptive (%)	Not using Contraceptive (%)	Total (%)	
Spouse approves	170(41.3)	242(58.7)	412	< 0.001
Spouse disapproves	14(12.1)	102(87.9)	116	
No opinion	46(56.1)	36(43.9)	82	
Total	230(37.7)	380(62.3)	610	

Table 3: Current use of contraceptives by women versus frequency of discussion with spouse

Level of discussion	Currently married women(n=610)		P -value
	Currently using Contraceptive No.(%)	Not using Contraceptive No.(%)	
Discussed more often	196(79.7)	50(20.3)	< 0.001
Infrequently discussed	14(4.8)	280(95.2)	
Never discussed	20(28.6)	50(71.4)	
Total	230	380	

Table 4: Couple's perception of Ideal family size

Ideal family size	Wives: desired no. of children			Total
	1	2	3	
Husbands: desired no. of children				
1	112(9.2)	146(12.0)	10(0.8)	268(22.0)
2	86(7.0)	638(52.3)	54(4.4)	778(63.7)
3	22(1.8)	64(5.2)	88(7.2)	174(14.3)
Total	220(18.0)	848(69.5)	152(12.5)	1220(100.0)

Table 5: Key fertility indicators

Key fertility indicators	Study population % (95% CI)	*Gujarat %	*India %
Married women with two living children wanting no more children(n = 508)	76.4 (66.9-85.9)	92.1	84.6
<ul style="list-style-type: none"> • Two sons (n = 108) • One son, One daughter(n = 272) • Two daughters (n = 128) 	97.1 97.6 34.2 (25.8 – 42.6)	96.6 95.4 43.4	89.9 87.0 61.4

*(NFHS-3)⁹