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Perceptions of the role of the man in family planning, during pregnancy and childbirth: A qualitative study with fifteen Nepali men

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Abstract

Introduction: In Nepal, by tradition, family life and marriage are generally controlled by patriarchal norms, sanctions, values and gender differences. Women in Nepal have limited possibilities to make decisions regarding their sexual and reproductive health, as the husbands and other elders in the family make most of the decisions regarding family planning, pregnancy and childbirth. **Aim:** To describe the perceptions of Nepali men regarding the role of the man with respect to family planning, pregnancy and childbirth. **Methods**: A qualitative study was conducted with 15 Nepali men in both urban and rural areas. The material was analyzed through inductive content analysis. **Findings:** One main category and two generic categories were identified. One generic category contained six subcategories and the other five subcategories. The main category was labeled: “He leads – She follows” and the generic categories were labeled: “Supporting women in family planning, during pregnancy and childbirth” and “Withdrawal from supporting women in family planning, during pregnancy and childbirth”. **Conclusion:** The role of the Nepali men with respect to family planning, pregnancy and childbirth, was identified as a conflicted approach. This study highlights the importance of understanding the influence of culture and tradition when developing strategies for promoting sexual and reproductive health during family planning, pregnancy and childbirth among families in Nepal.

Keywords: Family planning, pregnancy, childbirth, men’s role, qualitative research

Introduction

Nepal has a rich culture and tradition where family life and marital relationships are generally controlled by patriarchal norms, sanctions, values, religious caste levels, ethnic groups, financial status and gender differences. [1-3] Women in Nepal have lower social standing compared to men, which negatively impacts a woman's ability to claim rights and to make decisions regarding her sexual and reproductive health.[4-5] However, efforts are being made, through empowerment training, to increase the acceptance of contraception among married women in their reproductive years.[6] Furthermore, efforts are being made to improve the availability, quality and utilization of emergency obstetric care services in public health facilities. The evidence shows that a partnership between the government and private donors has been important with regard to successfully decreasing the fatality rate among pregnant women[7].

A girl in Nepal usually enters an arranged marriage in her teens. This marriage is usually with someone of her own caste and ethnic group.[2] Women in Nepal give birth at an early age; data from 2011 shows that 39 % of women aged between 15-19 were either pregnant with their first child or had already become mothers. Nepal still records a high maternal mortality ratio with 258 deaths per 100,000 live births registered in 2013.[3,8] Despite the increase of institutional births in Nepal, many women give birth at home. Some home births are performed with the assistance of family or neighbors while a substantial number of women simply deliver alone.[9]

In order for maternity services to improve and contribute to an increase in the Nepalese maternal and neonatal survival rates, maternity care providers must demonstrate sincere cooperation with women, show respect for local cultural beliefs, and provide locally based primary maternity care.[9] Antenatal care improves the safety of birth for both the mother as well as the child and also increases the likelihood of receiving assistance from a trained professional during childbirth[10]. In Nepal, the joint family structure may mean that the mothers-in-law influences whether daughters-in-law can receive antenatal care or not. In 2011, 22% of the pregnant women in Nepal did not receive antenatal care.[8, 10]

Pregnancy and childbirth are milestones in a woman's life and each woman's experience is different. The experience a woman has is strongly tied to the society and culture in which she lives.[9, 11] According to the United Nations, women have the right to make decisions regarding pregnancy and childbirth. Women also have the right to control and

decide freely and responsibly about matters which relate to their reproductive health.[12] In many cultures around the world, women are denied access to reproductive health and care. It is often the case that men play an important role in decisions regarding a woman's reproductive health. The support and concern of a partner during pregnancy can positively impact a woman's pregnancy.[13] In Nepal, the husbands and the other elders in the family make most of the decisions. These decisions may reflect the interests of the male members of the family rather than the interests of the pregnant woman.[1, 14,15] The aim of this study was to describe the perceptions of Nepali men regarding their role with respect to family planning, pregnancy and childbirth.

Method

Study design

Interviews with open ended questions were conducted in order to obtain a comprehensive description of the role of men with regard to the issues of family planning, pregnancy and childbirth. The data were analyzed using content analysis.[16]

Participants

It was important to have a diverse group of participants in order to obtain a comprehensive description of men's roles. The participants were recruited using the technique known as snowball sampling. Snowball sampling is a type of convenience sampling where referrals for potential participants are made by those already in the sample.[17] Prior to the commencement of the formal interview, each participant signed an informed consent stating that they understood the purpose of the study, how the data gathered during the interview would be used and that they could withdraw at any time. Fifteen men with differences in caste, religion, domestic and socioeconomic situations were interviewed. They varied in age, ethnicity and education level. (See Table 1). They were interviewed between January and May 2014 by the principal investigator (KE), a female researcher. The participants were informed, both verbally and in writing, about the study.

The Helsinki Declaration of 1975, as revised in 2008 was followed by all the researchers involved in this study. [18] The study was approved by the Minister of Education.

Table 1: Details of participating men

ID	Age in years	Education level	Religion	Occupation[1]	Marital status	No. of children and family situation
M1	19-24	University	Hindu	Professional	Unmarried	Lives in extended family situation/no children
M2	25-30	University	Hindu	Professional	Arranged marriage	Lives with wife and one daughter
M3	19-24	10th grade	Buddhist	Student	Unmarried	Does not live in extended family situation/no children
M4	30-35	10th grade	Hindu	Professional	Arranged marriage	Lives in extended family situation/one daughter and one son
M5	40-45	University	Hindu	Professional	Arranged marriage	Lives in extended family situation/one daughter and one son
M6	30-35	10th grade	Buddhist	Non-professional	Unmarried	Lives in extended family situation/no children
M7	30-35	10th grade	Hindu	Professional	Unmarried	Lives in extended family situation/no children
M8	40-45	University	Buddhist	Professional	Arranged marriage	Lives in extended family situation/one daughter and one son
M9	25-30	University	Hindu	Non-professional	Unmarried	Lives in extended family situation/no children
M10	40-45	University	Buddhist	Professional	Arranged marriage	Lives in extended family situation/2 children
M11	40-45	No education	Hindu	Professional	Arranged marriage	Lives in extended family situation/2 children
M12	35-40	10th grade	Hindu	Professional	Arranged marriage	Lives in extended family situation/ 2 children
M13	45-50	No education	Buddhist	Non-professional	Arranged marriage 2 wives	Lives in extended family situation/one son
M14	20-25	10th grade	Buddhist	Non-professional	Love marriage	Lives in extended family situation/no children
M15	30-35	10th grade	Hindu	Professional	Love marriage	Lives with wife/two children

Setting and data collection

This study was conducted in rural and urban areas in Nepal. The interview questions were pilot tested by interviewing one male participant who was later included in the study. An open

[1] Examples of an occupation labeled professional might include an engineer. There were also non-professional participants such as volunteers.

interview allows the interviewee to talk freely about topics related to the research goal. The participant continues without interruption unless he deviates from the topic.

When an eligible participant expressed his willingness to participate, the time and place for the interview was mutually agreed upon. A comfortable setting included a private room at home or a separate room in a workplace, a comfortable spot outside or in a separate corner in a café or restaurant. The principal investigator reviewed the written information with the participant before the interview. The aim of the study, the method and the purpose of making an audio recording of the interview were again explained to the participant. The interview was conducted in English and knowledge of spoken English was therefore an inclusion criterion. One man from rural Nepal who agreed to participate was subsequently excluded due to language issues.

The initial interview question was: I would like to know more about men's role with regard to family planning, during pregnancy and childbirth in Nepal. Please tell me: what is the role of men according to what you know, have seen and experienced? When the participant became silent or hesitant, the most frequently used follow up question was: Please tell me more about…and thereafter the interviewer relied on a set of questions that were designed to assist the interviewer in asking the follow up questions. This was done in order to increase the amount of diversity in the interviews. Hence, no structured interview guide was used. The interviews lasted between 30 and 72 minutes, an audio recording was made of each interview and each interview was transcribed verbatim. Identifiable data, such as names were stored separately from the transcripts. All identifiable data were stored in computers accessible only by the researchers.

Data Analysis

The process for data analysis was based on that of Elo and Kyngäs' (2008) for inductive content analysis.[19] The transcribed material from the 15 interviews was divided into three domains: family planning, pregnancy and childbirth. The first stage of the analysis was familiarization. In order to become immersed in the data, the transcripts were read several times until the researchers became familiar with the content. In stage two, all of the text that referred to the participants' perceptions regarding the role of a male in the areas of family planning, pregnancy and childbirth were extracted into a table. The extracted data or "meaning units" were then condensed into vernacular language. In total, 85 meaning units were identified. In stage three, the condensed texts were given individual headings (codes). In stage four, the meaning units were sorted based on similarities and differences. Stage five

involved reading each meaning unit along with a condensed version of each meaning unit and the units' respective codes were read aloud and discussed by the group of researchers. During this stage, the data were sorted and resorted until it was finally condensed into 11 subcategories. This resulted in the creation of one main category and multiple subcategories. The main category was divided into two generic categories, one containing six subcategories and the other containing five sub categories (Table 2). The final main category, `He leads – She follows´, captured the main theme identified within the text as a whole. Table 2 shows the analysis process identifying subcategories, generic categories and the main category.

Table 2: Subcategories, generic categories and main category

<table>
<tr><th colspan="2">Main category
`He leads – She follows´</th></tr>
<tr><td>Generic Category 1
Supporting women in family planning, during pregnancy and childbirth</td><td>Generic Category 2
Withdraw from supporting women in family planning, during pregnancy and childbirth</td></tr>
<tr><td>Subcategories
1. Taking pressure off of the woman (6 units)
2. Sharing responsibility with the woman (5 units)
3. Delegating his responsibility to others (9 units)
4. Letting the woman decide within the cultural framework (2 units)
5. Taking on his responsibility as a man (9 units)
6. Make the whole family engaged in decision-making (8 units)</td><td>Subcategories
1. Leave the responsibility to the woman (13 units)
2. Preserve the patriarchal system (8 units)
3. Restrain from women's issues (3 units)
4. Let the woman get all the blame (11 units)
5. Preserve sexuality as a private area in life (11 units)</td></tr>
</table>

Findings

The findings from the interviews captured the main theme: "He leads – She follows". The role of the man in family planning, during pregnancy and childbirth provided a picture of a conflicted approach in which the man initially offers support to the woman and then rescinds that offer of support.

Generic category 1: Supporting women in family planning, during pregnancy and childbirth

The overall theme of a man offering support to a woman with regard to family planning, during the pregnancy and the birthing process is composed of six subcategories: *`Taking the pressure off of the woman´, `Sharing responsibility with the woman´, `Delegating his*

responsibility to others´, `Letting the woman decide within the cultural framework´, `Taking on his responsibility as a man´, and `Allowing the entire family to contribute to the decision-making process´.

Subcategory 1: Taking the pressure off the woman

The men reduced the amount of pressure on the women by alleviating the women of the responsibility for family planning contraceptive methods. Men thought that it was the man who should be responsible for family planning. *The decision to use a condom is definitely the male's responsibility" (Man 4).*

If complications developed during the pregnancy, the men could allow the women to receive antenatal checkups by a doctor. If the pregnancy was free from complications, the man usually kept the woman at home, gave her proper food and made her do less work in the household. In some families and ethnic groups, women were not allowed to go for antenatal checkups.

> *"Women can go for checkups when they are pregnant because the law allows that. But in some families and cultures this is not allowed. But a man can also decide that his wife should go for checkups even when the culture or his family says she should not" (Man 7).*

Subcategory 2: Sharing responsibility with the woman

The men described shared responsibility with the women regarding contraceptive knowledge and use. Knowledge about contraceptives and their use was an equal decision between partners. Among educated couples, both men and women were involved in taking the responsibility as the men used the condoms but the women made sure condoms were available. *Men need to understand what equality is and need to respect women because men also come from a woman's stomach" (Man 8).*

Subcategory 3: Delegating his responsibility to others

The men described how a husband supports his wife during pregnancy. Female sexuality and childbearing is a topic that is not easily communicated between husband and wife. A husband will often support his wife by delegating his responsibility to his mother. The mother-in-law cares for and transfers knowledge to her son's pregnant wife. *"Obviously the pregnancy is more related to the girls or women" (Man 5).*

Subcategory 4: Letting the woman decide within the cultural framework

Within the Nepalese culture, the man's role in family planning, during pregnancy and during the childbirth process was described as limited if the man and the woman were not married. For example, if a woman was unmarried and became pregnant, it was not the man who decided about an abortion, it was the woman. *"If the woman is unmarried she gets to decide herself about an abortion" (Man 2).*

The men reported that Nepal was a culture in change; old traditions were alive in parallel with new influences. Open minded and educated men enhance their wife's decision making power and allow the wife to decide, on her own, if she would rather deliver in hospital or at home. *"Today the woman can decide herself if she wants to give birth at hospital or at home" (Man 4).*

Subcategory 5: Taking on his responsibility as a man

Due to the expense of raising a child in Nepal, Nepali men have started to take responsibility and carefully consider the number of children their family can support. Many men were pleased with only one child, regardless of the child's gender. *"I´m sure you can find many men who are ok with only one child. It is irrelevant if that child is a daughter or son, their main concern is the cost of raising a child" (Man 2).*

Subcategory 6: Allowing the entire family to contribute to the decision-making process

According to the participants, many men allow the entire family to contribute to the decision-making process with regard to the wife's health. For example, the man, with input from his family, decided if his wife required checkups during pregnancy. The men in this study indicated that the man was, so to speak, the dominant decision maker with regard to his wife's pregnancy; however when his mother was involved, she became the major decision maker regarding her daughter-in-law.

> *"A woman has to deliver at home but in case something happens, if she gets really sick the man can try to bring her to the hospital. If he brings her in time, she might survive, but if not she sometimes dies" (Man 6).*

Some men stated that they would involve the entire family, including the husband's mother, when deciding such issues as whether the wife should give birth at home or in a hospital. In these cases, the entire family contributed to the discussion and the final decision was made jointly. *"So actually, in the family, the decision is made by the husband or his mother. The mother-in-law wields significant power within the family" (Man 11).*

Generic category 2: Withdraw from supporting women in family planning, during pregnancy and childbirth

This category comprised five subcategories: *`Leave the responsibility to the woman´, `Preserve the patriarchal system´, `Refrain from women's issues´, `Let the woman get all the blame´, and `Preserve sexuality as a secret area in life´.*

Subcategory 1: Leave the responsibility to the woman:

The men in this study thought some men left the responsibility for family planning to the women. Specifically some men did not enjoy sex as much when they used a condom as when they did not. Other men had no knowledge of how to prevent pregnancy and in that way left the responsibility to the women. The responsibility for unwanted pregnancies was also left to the women. *"The women drink some kind of rat poison that will kill the baby (fetus). They drink the rat poison and they get really, really sick and sometimes they (the women) die" (Man 6).*

Subcategory 2: Preserve the patriarchal system:

The decision to use a condom, or in the event of a pregnancy, to obtain an abortion, remained with the man. The reasons given for excluding women from the family planning decision-making process were that women were not as educated as men, men earned more money than women and women were content to be housewives. *That´s why women are thinking, it´s good enough if my husband is working and we have money" (Man 8).*

Subcategory 3: Refrain from women's issues:

Men refrained from involvement in what were considered to be women's issues. It would be considered odd for a man to stay in the hospital together with his wife during childbirth. That is the reason a man would let the woman give birth without any involvement of the man. His role was to avoid any involvement in women's issues. *"I don´t want to be in hospital when my wife delivers the baby" (Man 3).*

Subcategory 4: Let the woman get all the blame:

The men in this study reported that if the married women did not give birth within 2 years of marriage, her husband would obtain a divorce and marry another woman. Men in some ethnic groups forced their wives to endure sex selective abortions. In these cases, an ultrasound was performed in order to determine the gender of the child. If the findings indicated that the fetus was female, the wife would be forced to undergo an abortion. The woman was blamed for carrying a female fetus. The man would deny any responsibility for the fact that the fetus was

female. *"The woman can be hit because she delivers a girl….men think a son is better and it´s the woman´s fault if they have a girl" (Man 4).* While another participant expressed, *"Men think that they won´t have a heavenly life if they don´t get a baby boy" (Man 7).*

Subcategory 5: Preserve sexuality as a private area in life:
The men in this study noted that men often have limited knowledge of how the fetus grows and develops in the womb. The men claimed that people in Nepal are not usually open about sexuality. In this way, sexuality remains an extremely private part of one's life. *"The majority of men do not know that they may be the cause of a couple's inability to have children." (Man 11).*

Discussion

"He leads-She follows" was the main theme in describing the role of the man with regard to family planning, pregnancy and childbirth. Overall, the man was seen to lead the family. A wife, typically, followed her husband, his family and their traditions. While this view dominated the findings, there was also evidence of a conflicted approach to providing support for women. Sometimes the man's self-interest served the collective family interest, which could be potentially beneficial for the woman. Some men chose to go against their family, culture and their own interests in order to support women.

Our findings indicate that the man is, traditionally, in charge of decisions regarding family planning. The woman is not autonomous. Sometimes, a woman may be denied the use of contraceptives by her husband. The lack of autonomy to choose whether to use contraceptives could lead to negative consequences for women's sexual and reproductive health because it may prevent them from having access to reproductive health care.[9,20-21]

Some men in this study thought that women could decide about family planning for themselves or that they could decide together as a couple in an atmosphere of respect and equality. The possibility for the woman to have an impact depended on many factors such as the education level of the couple, the type of family (joint, extended or nuclear) and whether the woman was working. In a joint family where the parents and the families of brothers live together, the power lies with the parents-in-law. In a nuclear family, the couple shares power for deciding the family size and whether contraception should be used. For childbirth, the mother-in-law or other elder women take charge. They are usually summoned to help the couple during pregnancy and childbirth, even in a nuclear family. It is possible that a

woman's lack of decision making power regarding reproduction within joint and extended families may contribute to the high maternal mortality ratio in Nepal.[8]

The men described conflicting views and actions where support and withdrawal of support both took place during the vulnerable time of pregnancy and birth. In order to keep themselves clean and not be considered odd by others, the men sought to escape any sense of responsibility by avoiding knowledge regarding care and the signs that a woman or fetus could be in danger. This is consistent with previous research that found a lack of knowledge about antenatal care among Nepalese men and reliance on their peers for information on contraception and pregnancy.[22, 23, 24] Men in these studies described Nepali men as being supportive when it came to giving the woman proper food, letting her do less work in the household, and taking responsibility for the family budget. Some men in this study delegated responsibility to his mother and other female relatives. Other studies show also that female relatives play a central role in the decision making process when they act as guardians for the pregnant and child bearing woman.[2,25] It is vitally important to understand these cultural and traditional systems and social values in order to develop a culturally sensitive reproductive health services. Failure to gain such an understanding will probably result in an inability to improve the present and future situation for Nepalese women.

Strengths and Limitations

The men who participated had an interest in sharing their perceptions of the man's role with regard to family planning, pregnancy and childbirth. The researchers faced no difficulties in recruiting participants or tape recording the interviews. In qualitative studies, "there is always something more to find out" but the overall structure of our findings did not vary among the participants.[17,19] The study was strengthened by the fact that the 15 men had different experiences, life circumstances, ages, levels of education, and were from different ethnic groups. While it is not possible to generalize all men in Nepal, we think these findings can be transferred to groups of men in similar settings with similar backgrounds. The participating men talked in general terms about men's roles which give meaning and voice to men other than themselves.

It is important to identify limitations of our study since they might be a threat to trustworthiness[17]. Our sampling strategy did result in some limitations. Although we tried to recruit participants from different backgrounds, the snowball sampling meant that relatively highly educated men recruited others who were similarly well educated. Since higher education influences knowledge, attitudes, and perceptions, it could be that these men were

married to women with higher education which could influence the way they perceived the role of the man in family planning, during pregnancy and childbirth.

The fact that this research was conducted in English and that English ability was an eligibility requirement for inclusion in the study adds a level of trustworthiness to the research as the use of English eliminated the need to translate between multiple languages. However, the reliance on English language use limits transferability since those without English ability were excluded.

The principal investigator (KE) was a female and not native; this may have imposed limits on the extent to which interviewees talked freely and openly about sensitive topics. The participants may have felt some pressure to respond to questions in a specific way because the interviewer was a woman from a different culture. Conversely, it may have been easier to discuss sensitive topics with a woman familiar with but not part of Nepali culture.

The analysis phase involved all of the authors to ensure credibility.[17] In order to verify the interpretation of the data; the authors discussed the findings within the group of researchers. By placing the text within its cultural context and by cross-checking with the principal investigator (KE), the analysis was ensured not to be distorted. To complete the analysis, the researchers read through all of the transcripts and in naive reading validated the description of findings in this study against the original transcripts.

Conclusion

"He leads-She follows" captured a picture of men's conflicting views and actions regarding family planning, pregnancy and childbirth. The role of the man in Nepal was described as supportive yet there was a tendency to withdraw that support for various reasons. This study highlights the importance of understanding the influence of culture and traditions when developing education and information regarding sexual and reproductive health.

Recommendations for further studies

Several researchers point out that in order to increase the general population's knowledge of reproductive health and improve the use of family planning services, joint decision-making by couples should be encouraged. [10,21,26] This study can be used as a basis for a larger cross-sectional survey using sampling procedures reflecting the larger male population. Such an approach can reveal differences within sub-groups that may assist program planners to take

account of men's beliefs and values about contraception, pregnancy and childbirth which are strongly related to women's choices and feelings of empowerment.[17,19]

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Conflict of Interest
None declared.

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