

## Original Research Article

# Challenges in involvement of male spouse in family planning program in rural areas of Varanasi

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### ABSTRACT

**Background:** Globally, men have not shared equally with women the responsibility for fertility regulation. While family planning efforts have been directed almost toward women, the lack of male involvement may also reflect the limited options available to men. Current methods for men are condom, withdrawal, or permanent, such as vasectomy. The success of family planning depends on the involvement of couples but this hardly happen especially in rural areas. It is the belief, though erroneously among most males that the practice of family planning should be the sole responsibility of the female. The present study was a community based cross sectional study with the objective to assess challenges in involvement of male spouse in family planning program in rural areas.

**Methods:** This is a community based and cross-sectional study was undertaken in randomly selected 4 villages of Kashi vidyapeeth block, Varanasi. Total enumeration of women from the selected villages delivered within last 3 years was done and their husbands were interviewed by using a pre-designed, pre-tested interview schedule. Chi-square test was applied to find out any association between the variables.  $P < 0.05$  was considered to be statistically significant, data was analyzed with statistical package for the social sciences (SPSS) 20 trial version.

**Results:** These preliminary findings are part of thesis shows that out of 130 interviewed respondents, majority (89.5%) had aware about family planning and two third (66.2%) of the respondents said that either they or their wives are using family planning. More than half of the respondents were aware about male sterilization but none of them were using male sterilization. Majority (77.7%) of the respondents said that human immunodeficiency virus-acquired immune deficiency syndrome (HIV-AIDS) and 45.4% were said that sexually transmitted diseases or sexually transmitted infections (STDs/STIs) can be prevented by use of condom. More than half (53.8%) of the respondents were sole of the decision maker regarding the use of family planning.

**Conclusions:** The present study concludes that the majority of the respondents were awareness about the family planning but practices of family planning is low in the study area. Health workers should educate the eligible couples for use of contraceptive methods. Promotion of male contraceptive usage should be done by intense awareness campaigns.

**Keywords:** Awareness, Family planning, Male spouse, Practices

### INTRODUCTION

A population growth is a burden on the resources of many developing countries like India.<sup>1</sup> Currently, India is the second most populous country in the world, contributing about 20% of births worldwide.<sup>2</sup> Uncontrolled fertility,

can compromise the economic development of a country. Many international institutions and organizations have strongly advocated family planning for uncontrolled births.<sup>3</sup> Men and women are equal partners in public and private life, so it is essential to improve communication between couple on issues of sexual and reproductive health

and the understanding of their joint responsibilities.<sup>4</sup> Male involvement in family planning is a challenge in many countries where there are traditional and rigidly defined gender roles. Male's sexual and child health behavior have implications for female's health.<sup>5</sup> The use of any method of family planning by women is often influenced by their partner.<sup>6</sup> Male have rarely been involved in sexuality, reproductive health or child gap. They have also been ignored in one way or the other from participating in many family planning programs as family planning is viewed as a woman's affair.<sup>7</sup> At least 1 in 5 newly married women the countries surveyed and they want to stop or delay childbearing but are not using contraception.<sup>8</sup> The International conference on population and development (1994) placed a clear emphasis on the need to view family planning decision-making within the context of a male and female (couple). Over the years, several studies have examined the role that couple communication plays in reproductive decision-making and family planning.<sup>9</sup> The national process of preparing poverty reduction strategy papers has provided another important opportunity to call for male involvement in reproductive health and development. The document mentions the low percentage of men with an awareness of their responsibility in family planning, and proposes to develop proper policies to encourage men in applying contraceptive methods.<sup>10</sup> Family planning is essential to improve sexual and child health through preventing unwanted pregnancies, reduction of unsafe abortion and the promotion of child spacing. Male involvement positively influences uptake and use of family planning methods and services, which in turn could improve maternal and reproductive health.<sup>11</sup> There is a dearth of research that has focused on cultural, social and economic factors associated with men's sexual and reproductive behaviors in India. Specifically, literature on male understanding or conceptualization of family planning is currently missing. There are few studies on the influence of other extended family members on the couple's choice of family planning methods. The present study was a community based cross sectional study with the objective to assess challenges in involvement of male spouse in family planning program in rural areas.

## METHODS

This is a community based cross-sectional study was undertaken in randomly selected 4 villages of Kashi Vidyapeeth block, Varanasi. The periods of the study was January 2019-February 2020. Total enumeration of

women from the selected villages delivered within last 3 years was done and their husbands were interviewed by using a pre-designed, pre-tested interview schedule. Informed consent was taken to all the respondents. Data on socio-economic and demographic characteristics, awareness and practices of various aspects of family planning were collected.

Following respondents were included in the study: eligible couples in the reproductive age group (20-54 years) having at least one child below 3 years of age.

Following respondents were excluded from the study: if there were two or more couples with child less than 3 years in a family, only one was selected by lottery method; and eligible respondents, who refused to participate in the study.

## Ethical approval

Institutional Ethics Committee approval was obtained for the study.

Data generated from quantitative survey were analyzed with the help of statistical package for the social sciences (SPSS) version 20th software (trial version). Logistic regression was done for the analysis.  $P < 0.05$  was considered to be statistically significant.

## RESULTS

Awareness of the respondents about family planning is depicted in Table 1.

It is noted (Table 1) that majority of respondents (88.5%) had awareness about family planning out of which two third (65.2%) told that small family is a family planning followed by birth control (20.0%). Some respondents were not aware about the name as family planning but when they were asked another question related to family planning, they were able to answer. Majority (93.9%) of the respondents had knowledge about male condoms, 66.0% knew about female sterilization, 55.6% had knowledge about male sterilization, half (56.0%) knew about oral contraceptive pills, 22.6% knew about copper-T (Cu-T)/intrauterine device (IUDs), 12.1% had knowledge about injectables, only 6.9% had knowledge about rhythm method 10.4% know about some other method of family planning.

**Table 1: Incidence of different types of asterion.**

Variables	N	%	
Awareness of family planning	Yes	115	88.5
	No	15	11.5
Definition of family planning (N-115)	Small family	75	65.2
	Birth control	23	20.0
	Two child	9	7.9
	Others	8	6.9

Continued.

Variables	N	%	
<b>Awareness about methods of family planning (N-115)**</b>	Do not know	6	5.2
	Female sterilization	76	66.0
	Male sterilization	64	55.6
	Cu-T/IUDs	26	22.6
	Oral pills (OCPs)	56	56.0
	Rhythm method	8	6.9
	Male condom	108	93.9
	Injectables	14	12.1
	Others	12	10.4
<b>Awareness about prevention of HIV-AIDS by use of condoms</b>	Yes	101	77.7
	No	6	4.6
	Do not know	23	17.7
<b>Awareness about prevention of RTI/STIs by use of condoms</b>	Yes	59	45.4
	No	5	3.8
	Do not know	66	50.8
<b>Awareness about benefits of family planning</b>	Avoid early and late pregnancy	85	65.3
	Limits the number of pregnancy	26	20.0
	Child gap	17	13.1
	Do not know	2	1.5

\*\*Multiple answers.

When they were asked whether human immunodeficiency virus-acquired immune deficiency syndrome (HIV-AIDS)/sexually transmitted infections (STIs)/pregnancy can be prevented by use of condoms. Majority (77.7%) of the respondents said that HIV-AIDS can be prevented with use of condoms, 4.6% said no and 17.7% did not know about it. Regarding STIs prevention, about half (45.5%) of the respondents said that STIs can be prevented with use of condoms, 3.8% said no and 50.8% did not know about it. When they asked about the benefits of family planning, more than two third (65.4%) of the respondents said that family planning is being used to avoid early and late pregnancy followed by limiting the number of pregnancy (20.0%), 13.1% gap in child and 1.5% were do not know about benefits of family planning (Table 2).

Table 2 shows the involvement of the respondents in family planning, when the respondents asked about the use of contraceptive, two third (66.2%) of the respondents said that either they or their wives are using any form of contraceptive methods, out of which more than half (56.9%) of the respondents were using of male condoms and 2.3% were using withdrawal method. When they were enquired about the reason for not using male contraceptive, more than one fourth (27.8%) of the respondents reported that they were worried about the side-effects of contraceptive methods followed by afraid of sterilization (22.7%) and 18.9% reported wife opposed because who will earn for family during recovery time post sterilization procedure, 13.9% family members or in-laws opposed to it, 8.8% were using other family planning, another 7.5% could not adopt any contraceptive methods because they were not comfortable to use any

contraceptive. More than half (54.6%) of the respondents did not discuss with their wives about family-planning.

Figure 1 depicted that more than half (53.8) of the respondents were sole of the decision maker regarding the use of family planning followed by husband and wife both (36.2%), only wife (8.5%) and parents (1.5%).

Figure 2 shows the source of information of the respondents regarding family planning, when they asked about the sources of information, one third (30.7%) of the respondents were told that health worker of the main source of information followed by television (27.6%), and friends and neighbors (23.0%), internet (11.5%), books and newspaper (11.5%) and family (3%).

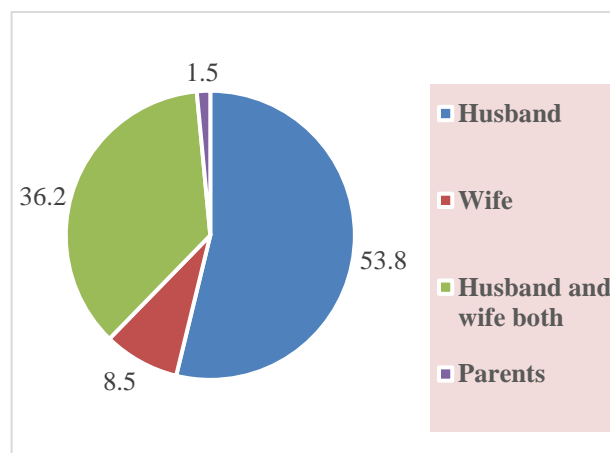
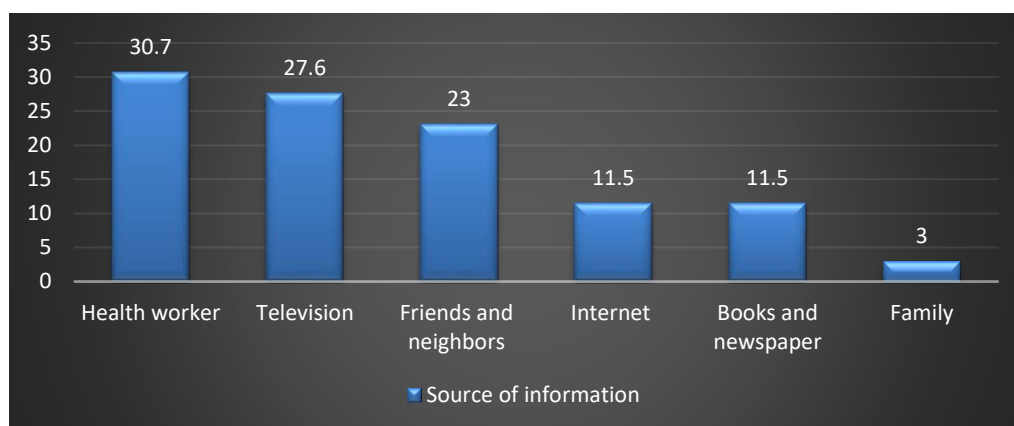


Figure 1: Decision making in contraceptive use.

**Table 2: Involvement of the respondents in family planning.**

Variables		N	%
<b>Use of any contraceptive method (by either respondent or wife)</b>	Yes	86	66.2
	No	44	33.8
<b>Type of male contraceptive method being used</b>	Male condom	49	56.9
	Withdrawal	2	2.3
<b>Reason for not using male contraceptives (N-79)</b>	Wife opposed because who will earn for family during recovery time post sterilization procedure	15	18.9
	Other family members/in laws opposed	11	13.9
	Afraid of sterilization	18	22.7
	Worried about side-effects	22	27.8
	Not comfortable	6	7.5
<b>Discussion with wife for family planning</b>	Using other family planning	7	8.8
	Yes	59	45.4
	No	71	54.6

**Figure 2: Source of information regarding family planning.****Table 3: Regression analysis of likelihood of awareness and practices regarding family planning.**

Variable	Awareness		Practice	
	OR (95 % CI)	AOR (95 % CI)	OR (95 % CI)	AOR (95 % CI)
<b>Age (years)</b>				
20-30	REF	REF	REF	REF
31-40	2.21 (0.59-8.30)	2.73 (0.63-11.81)	6.47*** (2.32-18.00)	7.83** (2.41-25.40)
<b>Caste</b>				
General	REF	REF	REF	REF
OBC	1.15 (0.28-4.75)	1.02 (0.13-7.85)	0.87 (0.30-2.46)	2.50 (0.53-11.70)
SC/ST	0.12 (0.12-1.98)	0.22 (0.04-1.22)	0.57 (0.24-1.33)	1.30 (0.40-4.18)
<b>Education</b>				
Illiterate	REF	REF	REF	REF
Upto high school	2.02 (0.30-13.51)	4.55 (0.27-75.78)	7.42** (1.93-28.466)	3.59 (0.49-26.20)
Intermediate	1.61 (0.31-8.18)	3.63 (0.32-40.93)	1.90 (0.63-5.78)	1.13 (0.19-6.50)
Graduate and above	1.27 (0.16-9.97)	2.29 (0.14-37.32)	1.33 (0.32-5.45)	1.33 (0.19-9.03)
<b>Occupation</b>				
Laborer	REF	REF	REF	REF
Farm owner	1.28 (0.14-11.30)	0.46 (0.03-6.93)	2.41 (0.62-9.37)	1.56 (0.22-10.97)
Business	4.33 (0.38-48.61)	3.53 (0.20-62.56)	1.83 (0.31-10.57)	1.16 (0.12-10.68)
Service	1.36 (0.23-23.48)	2.79 (0.19-39.67)	1.10 (0.22-5.28)	1.59 (0.23-10.69)

<b>Type of family</b>				
Joint family	REF	REF	REF	REF
Nuclear family	0.92 (0.27-3.13)	1.32 (0.29-5.95)	0.21*** (0.09-0.49)	0.21** (0.07-0.64)
<b>Economic status**</b>				
Lower class	REF	REF	REF	REF
Middle and lower middle class	0.73 (0.14-3.75)	0.91 (0.11-1.08)	0.98 (0.27-3.52)	0.94 (0.16-5.27)
High class	0.21 (0.01-2.68)	0.36 (0.02-6.11)	1.20 (0.27-5.15)	0.83 (0.11-6.05)

For the analysis purpose some variables were merged: \*Educational status - primary and middle, graduate and post graduate and above; \*\*Socio-economic status of the respondents was classified according to B.G. Prasad classification, lower middle and middle, upper middle and high class; \*p value <0.05, \*\*p value <0.01, \*\*\*p value <0.001; REF - reference group for the test.

Table 3 depicts the result of logistic regression analysis for predicting the likelihood of having awareness and practices regarding family planning with socio-economic and demographic factors i.e. age, caste, education, occupation and type of family. The unadjusted and adjusted (adjusted with age, caste, education, type of family, occupation and socio-economic status) ratio are separated displayed in the table. The respondents belong to higher age group were significantly more likely to involve in family planning. With regard to caste, the respondents belong to OBC category, were more likely of having awareness regarding family planning although the difference was not found statistically significant. The educational level was found to be one of the important contributory factors in explaining the likelihood of having awareness and involvement in family planning.

In the study, the respondents who were highly educated (educated up to high school, intermediate, graduate and above) were more likely of having awareness as well as involved in family planning. As concerned with occupation of the respondents, no statistical difference was observed with awareness or involvement in the family planning. With regard to type of family, the respondents belong to nuclear families, were significantly more likely of having involvement in family planning.

## DISCUSSION

The present study reveals that majority of respondents had aware about family planning, out of which two third told that small family is a family planning followed by birth control (20.0%). This is almost similar with the study Adelekan et al.<sup>12</sup> Some respondents were not aware about the name as family planning but when they were asked another family planning related question they were able to answer. Majority of respondents (93.9%) had knowledge about male condoms, 66.0% knew about female sterilization, 55.6% had knowledge about male sterilization, 56.0% knew about oral contraceptive pills, 22.6% knew about Cu-T/IUDs, 12.1% had knowledge about injectables, 10.4% know about some other method only 6.9% had knowledge about rhythm method of family planning. This is almost similar to the study conducted by Lakshmi.<sup>13</sup> In a study done in urban area, 52.2% were having awareness about contraceptive methods which

shows that awareness is good in rural areas compared to urban areas as reported by Prateek.<sup>14</sup>

The findings shows that, majority of the respondents said that HIV-AIDS and about half of the respondents said that STIs can be prevented with use of condom. When they asked about the benefits of family planning, more than two third of the respondents said that family planning is being used to avoid early and late pregnancy followed by limiting the number of pregnancy, 13.1% gap in child and 1.5% were do not know about benefits of family planning. This is similar to the study conducted by Sushma et al.<sup>15</sup>

In the present study, when the respondents asked about the use of contraceptive, two third of the respondents said that either they or their wives are using any form of contraceptive methods, out of which more than half of the respondents were using male condom and 2.3% were using withdrawal method. This is high as compared to the study conducted by Singh et al the difference in the findings could because of different literacy rates and socio-demographic profile of respondents of the research area.<sup>16</sup>

Some respondents were not aware about the name as family planning but when they were asked another question they were able to answer. When they were enquired about the reason for not using male or any other contraceptive, more than one fourth (27.8%) of the respondents reported that they were worried about the side-effects of contraceptive methods followed by afraid of sterilization (22.7%) and 18.9% reported wife opposed because who will earn for family during recovery time post sterilization procedure, 13.9% family members or in-laws opposed to it, 8.8% were using other family planning, another 7.5% could not adopt any contraceptive methods because they were not comfortable to use any contraceptive. This is almost similar to the study conducted by Sushma et al.<sup>15</sup> It can be seen from this study that though knowledge among men about condoms, as well as female and male sterilization was adequate but the proportion of males adopting vasectomy and using condoms was low. The percentage of men who had undergone vasectomy in the study area was 0.0% which was no different than reported in National family health survey-4 (NFHS-4) (2015-16).<sup>17</sup>

In this study, main reason for not using contraceptive that they were worried about the side-effects (38.6%) of contraceptive methods followed by using other family planning, 11.3% said that their wives opposed because they were worried about who will earn for the family during the recovery period if the males underwent sterilization procedure, another 11.3% could not adopt any contraceptive methods because they were not comfortable to use any contraceptive, 9.9% family members or in-laws opposed to it, 5.4% said that they were afraid of sterilization. This is similar to finding of the present study, fear of side-effects emerged as an important impediment to contraceptive use which is also a recurrent theme in many studies conducted in developing countries including Pakistan, Bangladesh, India and Ethiopia by Azmat et al and Tilahun et al.<sup>18,19</sup> More than half of the respondents were sole of the decision maker regarding the use of family planning followed by husband and wife both. This is almost similar to the study conducted by Sushma et al and Jayalakshmi.<sup>15,20</sup> When they asked about the sources of information, one third of the respondents were told that health worker of the main source of information followed by television (27.6%), friends and neighbors, internet, books and newspaper and family. This is similar to the study conducted by Sushma et al revealed that health worker was the main source of information which was followed by television and newspaper.<sup>15</sup>

The respondents belong to higher age group were significantly more likely to involve in family planning. With regard to caste, the respondents belong to OBC category, were more likely of having awareness regarding family planning although the difference was not found statistically significant. The educational level was found to be one of the important contributory factors in explaining the likelihood of having awareness and involvement in family planning. In the study, the respondents who were highly educated (up to high school, intermediate and graduate and above) were more likely of having awareness as well as involved in family planning. As concerned with occupation of the respondents, no statistical difference was observed with awareness or involvement in the family planning. With regard to type of family, the respondents belong to nuclear families, were significantly more likely of having involvement in family planning.

## CONCLUSION

The present study concludes that the majority of the respondents were awareness about the family planning but practices of family planning is low in the study area. The main reason for not using male contraceptive methods was due to fear of side effects and afraid of sterilization. More than half of the respondents were sole of the decision maker regarding the use of family planning. Therefore, there is a strong need to promote male contraceptive usage by intense awareness campaigns. The mass media should also be encouraged in community to the benefits of modern and easily available contraceptive methods and health

workers should also educate the eligible couples for use of contraceptive methods.

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