

Involve Men and Improve Birth Control :A Study Conducted in Lady Willingdon Hospital

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Pakistani population is on a constant rise despite all efforts made to improve birth control . In addition to many other factors one identified factor is rigid behavior of the husband toward the family planning methods .A study is conducted on this aspect at out patient department of the Lady Willingdon Hospital ,Lahore on 1000 patients (couples) , interviewing their husbands about family planning practice in reproductive aged females of 15-45 years .Results were then interpreted by filling a Performa containing questionnaire regarding assessing attitude of husbands & family planning workers. This was then compared with international figures .In our population husbands are more rigid towards family planning programs but attitude of the family planning workers is also non inviting husbands in discussions while advising family planning methods to the females. Other associated factors were religion , low or no education , misconception and wrong interpretation of the family planning methods. In conclusion suggestions are offered to change the attitude of husbands & family planning workers to improve birth control in Pakistan.Increasing literacy rate, employment & allaying apprehensions of the husbands .In addition encouraging the users to use the method of their choice.

Key words: Birth control, men

Our Government & health workers in collaboration with W.H.O. & UNICEF are extending their efforts to control population. But unfortunately the output is not proportionate to the input. There are many factors responsible for this like illiteracy, religious & social behavior, need of a male child and health messages not conveyed at villages (70% of our population). But one important factor is husband & family's wish against family planning & to have more children.

Pakistani population is male dominant. Males are the decision-makers in all affairs and size of the family and gap in pregnancy is no exemption to it. In addition our family system is joint more so in villages which makes 70% of our population .In this system again couple is dependant on parents & need of the more children is also decided by them. My study is focused on efforts to sort out factors for rigid husband's behavior towards family planning or whether they feel unwelcome in these programs.

Aims and Objective

1. To see the attitude of the husbands towards family planning programs.
2. To look for the reasons responsible for rigid attitude by the husbands in these programs.
3. To conclude some suggestions in an effort to improve birth control.

Material and Methods

Study conducted in one year, April 98-99 on 1000 couples in their reproductive age 15-45 years presenting in out patient department of the Lady Willingdon Hospital, Lahore .A questionnaire filled, containing information regarding the husbands attitude towards family planning.

Questionnaire

- 1.Age of the patient-----Age of husband,-----

- 2.Parity -----No. of male children -----
No. of alive children. -----

- 3.Husbands view towards family planning,

*Favored,

*Un favored

Why?

Religious reason

Social reason

Need of a male child,

Misinformation.

Mis conception,

Side effects,

Others.

- 4.Knowledge about family planning ? Yes/No.

- 5.Do they use any method of contraception?

Yes, which one

No, why not

6. Behavior of the family planning workers toward husbands,

Welcoming

Involving in the discussion

Educated about the method

Encouraged to the users

7. Size of family sole decision of the,

Couple

Husband,

Wife,

Parents,

- 8.Education levels of husbands,

No education

Primary education

Secondary education

Results

In our study out of 1000 patients 45% were above 35 years of age while 55% were between 15-35years, among these 20.6% were of 15-25 years of age & 35.9% were of 25-35

years age. Only 27.1% had parity 1-2 while 73% were above parity 3, 54.2% had parity 3-4 and 44.5% were having parity five or above.

Family planning was favored only by 20% of the couples while 80% were against it because of different reasons, few of these are religious reasons & social reason, need of a male child 10%, misinformation 2%, misconception 3%, sides effects 22%, others 45%.

Knowledge about the family planning was negated by 5.6% while 94.4% knew it. Only 220 patients were using any method of contraception while 780 were not practicing it.

Three hundred and fifty one husbands were welcomed, in these 289 were involved in the discussion & 245 were educated about method use. Only 115 husbands were encouraged on the method of their choice, which they were using currently.

Husbands are the most important determinant for the decision making for size of the family 81%, wives alone have very little role to play 2% while couple commulatively decides about the pregnancy gap in just 6%. Here parents are decision-maker in 11% cases. Our majority of the population is uneducated 70.1%, 17.9% had primary education & 12% have secondary education¹.

Discussion

Out of 1000 patients in our one year study 45% were between 35-45 years & 20% between 15-25 years, while 35% of 25-35 years of age. In our population marriages at younger age are common so they attain ideal family size of 2-3 with in 5-6 years after marriage which is at an age even lesser than 25 years. So if they are put on contraceptive methods there are still 20 years more of fertility.

Although trend is progressively being changed in urban areas but still persisting in rural areas. First baby should be at the age between 25-30 years there should be a gap of at least 2 years between pregnancies. Twenty seven percent had parity between 1-2 & 73% were having parity above 3, which is sufficiently high. We are facing even patients having parity 10 or more almost twice weekly which shows no good control on population.

In this study only 20% husbands favoured family planning while 80% had opinion against it although religious factors (28%) had significant role but majority 45% were un-explained. This seems to be due to the un-welcoming attitude of the family planning workers towards the husbands. They are not properly briefed about the facts & figures regarding the contraceptive method.

Their apprehensions were not allayed, as shown in the study that 25% were against the family planning practice due to misconception or disinformation, this stresses the change in family planning worker's attitude to involve the husbands actively in family planning program & educating.

Sixty five percent were not welcomed in the family planning clinics. 70% were not involved in the discussion

75% were not encouraged while 80% were not educated about the method. Husbands say that use of contraceptive method for delay in first baby may lead to fertility difficulty. In a study by Singh S. 1991², it was argued that postponement of first birth and marriage appears to be the most viable means for continuing fertility decline in Brazil & Latin America.

Population resources have been invested primarily in family planning programmes rather than creating the conditions that facilitate proper use of these programmes³. As far as knowledge about the family planning is concerned 95% knew it this explains the active successful role played by the media. But only 20% are practicing any method of contraception which explains failure of changing attitude of the husbands.

Since husbands is the decision maker as in the study 80% is the figure and parents deciding about the further need of children in 11% cases, females alone have very little role to play just 2%. Our efforts cannot work a lot till we will not focus on the husbands as well.

Most of family planning methods and programmes are focused on women⁴. Men often feel unwelcome & uncomfortable in family planning clinics which are women oriented. Focusing on men as well as women is crucial to meet the unmet need. Since family planning decisions are usually made either by the couple or husbands alone⁵.

In Kenya 12% women stopped using contraception as when forced by their husbands⁶. Preference of the husbands usually prevails when husband wants to have more children⁷. Religious objection & fear of side effects of contraceptive method were men's reasons in addition to having more children⁸.

That is why in a village in Gambia women preferred injectable contraceptives to keep contraception secret from their husbands⁹. The 1985 Ghana DHS found that 775 of the couples had some opinion about family planning but 39% of wives either did not know their husbands attitude or mistook them¹⁰. Sterilization is one procedure for permanent contraception, done with the consent of couple. But it is mostly female who under goes this procedure, which again shows male dominance.

Forty three percent is figure depicted by the Salvatierre and Izaba 1995¹¹, while other methods of contraception were pill & IUCD 16% each, injectables 13% & other methods 12%.

No alive issue or need of a male child tailors husbands response towards family planning as depicted by the study. Seventy percent of the husbands are uneducated while 18% primary & 12% had secondary education. Illiteracy is important factor in non understanding family planning messages which lead to the rigid behaviour of the husbands. Fortunately we are getting very good response from our educated couples for ideal family size & pregnancy gap. But a decade or more later this will lead to low literacy rate. Because one who are educated and able to educate their babies are producing 2-3

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children while uneducated who are already in majority, they are producing illiteracy unemployment & malnourishment in excess. Jejeebhoy S¹², conducted a survey data in 1991 from countries of Asia Africa & Latin America, having consistently showing that rural women with few economic resources and little schooling have specially low levels of contraceptive use. Same opinion was by Castro Martin 1995¹²

Education of the husbands makes them able to understand health messages from media & changing their attitude positively towards betterment of the community. Like developed countries primary education must be free for all.

Conclusion

- Involve husbands actively in the family planning programmes.
- Educate about the different methods of contraception.
- Encouraging the use of the method of choice by the couple for contraception.
- Allaying their apprehensions about the family planning programmes.
- Daughters are equally blessing of Allah as the sons.
- Making efforts toward changing attitude of husbands.
- Improving literacy rate of Pakistani population.
- Strategies toward improving employment.
- Completing family till the age of 30 years with ideal size of two or three babies.
- Implementing these efforts in illiterate population as well.
- For encouraging our poor population for ideal family size additional tax implementation on kids beyond 5.

References:

1. James E. and Shanti R.C.: Pakistan population program, a challenge

- ahead. Population Action International, Country Study Series 1995, 3 : 10-15.
2. Wulf D. & Singh S.: Sexual activity, union & child bearing among adolescent women in America International family planning perspectives, 1991, 17(4):137-144.
3. Adrienne G. Sia N. & Hruin H.P. "Setting a new agenda, sexual & reproductive health and rights in population policies reconsidered: health improvement and rights. eds. Cambridge M.A Harvard University Press, 1994 : 27-46.
4. Wegener M.N, "Man as a partner in family planning. AVSC. News Spring 1996, 34(1):4-5.
5. Ford NS & Malagrit A. B "Social factors associated with abortions related morbidity in the Philippines. Br. J. Obstet. & Gynaecol, Oct 1994, 20 (3): 92-95.
6. Ferguson A G, "Fertility and contraceptive adoption and discontinuation in rural Kenya. Study Fam. Plann. July -August 1992, 23 (4): 257-267.
7. Mason K O., Taj AM: Differences between women and men's reproductive goals in the developing countries. Population and development Review 1987, 13(4):611-638.
8. Dhermalingam. The social context of family planning in a South Indian Village. International Family Planning Perspectives, Sep. 1995, 21(3):98-103.
9. Caroline B et al, "Constructing natural fertility. The use of Western contraceptive technologies in rural Gambia" .Population & development Review 1994, 20(1):81-114.
10. Salway S: How attitude toward family planning & discussion between wives & husbands effect contraceptive use in Ghana. International Family planning perspective, June 1994, 20(2):44-47
11. Salvaticra Izaba B. et al, perfil epidemiologico y grados de marginacion del estado de chipas, Mexico El colegio de la Frontera shy(ECOSUR), 1995.
12. Castro Martin: Women's education & fertility results from 26 demographic & health survey. Study in the family planning, 1995, 26(4): 187-202.