Original Article

MALE PARTICIPATION IN CONTRACEPTION AMONG COUPLES USING FAMILY PLANNING METHODS

Lubna Javed¹, Fareeha Farooq², Nosheen Naveed³

ABSTRACT:

INTRODUCTION:

Males are an equal component of family planning but they are considered to be un-co-operative in this respect. Most family planning programs focus mainly on women as part of maternal and child health programs keeping in mind that they are the direct sufferers of reproductive issues. Success of any family planning program requires involvement of both males and females. So special efforts have to be made to involve males actively in reproductive health issues and emphasize their responsibility in sexual and reproductive behavior including family planning, maternal and child health and prevention of unwanted pregnancies.

OBJECTIVES:

The objective of the study was to assess the

Javed L1

Assistant Professor Dept of Obstetrics & Gynaecology, KEMU/ Lady Willingdon Hospital, Lahore.

Faroog F^2

Associate Professor Dept of Obstetrics & Gynaecology Akhtar Saeed Medical College, Lahore.

Naveed N³

Assistant Professor Dept of Obstetrics & Gynaecology Akhtar Saeed Medical College, Lahore. male contraceptive method usage among couples practicing contraception.

MAIN OUTCOME MEASURES:

Male participation in family planning methods among couples using contraceptives.

STUDY DESIGN:

Cross sectional study.

STUDY SETTING:

Outpatient department of Akhtar Saeed Medical and Dental College, Lahore.

SUBJECTS & METHODS:

500 couples of child bearing age using contraceptive methods were interviewed regarding their contraceptive practices according to a pre-designed proforma during period from September to December 2010. Demographic data was gathered from the respondents. Frequency tables were generated for male and female contraception method choices.

RESULTS:

500 respondents were interviewed for their contraceptive practices. 39.6% of women were below 30 years of age and the rest were older. Majority (41.4%) of women were P2-3 Among these couples, male contraceptive methods prevalence was 42.4 % including condoms and withdrawal methods. The prevalence of other contraceptive methods usage was intrauterine contraceptives devices 23.6%, injections were used by 14.6%, COCs

were used by 5.8% and 11.6% of females had undergone bilateral tubal ligation, 1.2% used emergency contraceptive pills while none of the males had undergone vasectomy in our study.

CONCLUSION:

Male participation in contraception is not as low as is generally thought. Male involvement is reasonably high (42.4 %) among contraceptive users in our study.

KEY WORDS:

Male Contraception, reproductive health, Contraception.

INTRODUCTION:

Males are the most important members and care-takers of the family but they are considered to be un-co-operative when it comes to usage of family planning methods. At the same time most family planning programs have ignored men as their major clients. Traditionally, family planning programs have focused primarily on women and most of the methods are designed for women considering that it is the women who become pregnant and it is easy to deliver reproductive health services as part of health programs.¹ maternal and child International Conference on Population and Development (ICPD) held Cairo in recommends that special efforts are required to actively involve men in reproductive health programs and emphasize their responsibility towards sexual and reproductive behavior, family planning and prevention of unwanted pregnancies if we have to control population.²

Majority of the women have complaints of men being un-co-operative and untrustworthy regarding usage of birth control methods and they think that it is the responsibility of females, so a very small percentage of men is using the existing male methods. However, numerous studies have shown that these beliefs are not grounded in fact. Historically, coitus interruptus has been practiced for birth

control since biblical time and condoms have been in use for more than 400 years. In developing countries, although contraceptive prevalence has increased, low use of male methods has still remained static in most of them. 3

Male methods have played a greater role in population control than female methods in western countries and Japan . The use of coitus interruptus or withdrawal method in past centuries in Europe has contributed greatly to the demographic transition³. The modern family planning programs have ignored the needs of men while focusing mainly on women. Since 1950s and 1960s when most family planning programs started in Asia, injections and implants have been developed and oral pills and IUDs improved.⁴ Efforts were directed primarily towards improvement of maternal health. 5 But now there is expansion of fertility and family planning research to involve other issues regarding reproductive health such as sexually transmitted diseases on which data from both men and women is needed.6 Demographic and Health Surveys (DHS) now collect comparable data about family planning practices from men, in addition to a longstanding practice of interviewing women. ⁷ As more information, researchers obtain stereotypes are giving way to a more factual portrait of men.8

In Pakistan, men play an important role in household decision making process and it becomes extremely important when it is related to family planning because it includes desirable family size, use of family planning methods and much more. So this study was conducted to assess the frequency of male contraceptive method usage among couples in our population.

OBJECTIVES:

The objective of the study was:

• To assess the frequency of male contraceptive methods usage among couples practicing contraception.

MATERIAL & METHODS:

500 couples of reproductive age meeting the inclusion criteria were interviewed according to a pre designed pro-forma.

DESIGN:

Cross sectional study.

STUDY SETTING:

Out-patient department of Akhtar Saeed teaching hospital Lahore.

SAMPLING TECCHNIQUE:

Non probability consecutive.

Inclusion Criteria:

- Age 18 –45 years.
- Using contraception actively for more than 6 months.

Exclusion Criteria:

- Couples practicing contraception for less than 6 months.
- Couples practicing not any contraceptive method.
- Couples on irregular contraceptive usage.

DATA COLLECTION PROCEDURE:

500 respondents, those fulfilling the inclusion criteria were interviewed regarding their Detailed contraceptive practices. demographic information was collected from them. Contraceptive practices were explored from respondents. Type and frequency of use regarding male contraceptives was also asked. All the information was collected on a structured questionnaire. Permission was asked from ethical committee of hospital.

DATA ANALYSIS PROCEDURE:

Data was entered in SPSS ver: 16.0. Frequency tables and percentages for sociodemographic variables and contraceptive usage were calculated. Prevalence of male contraceptive methods was compared with other methods like intrauterine contraceptive devices (IUCD), hormonal methods and permanent sterilization.

RESULTS:

500 respondents who fulfilled the inclusion criteria were interviewed for their contraceptive practices. 39.6% of women were below 30 years of age and the rest were above that (Table no: 1). 41.4% of women were P2-3 and 10.6% Of women had 6 or more children (Table2)

TABLE NO: 1 AGE OF RESPONDENTS RESULTS AND MAIN FINDINGS:

Age	Frequency	Percent		
20 - 30 years	198	39.6		
31 - 40 years	257	51.4		
41 - 45 years	45	9		
Total	500	100		

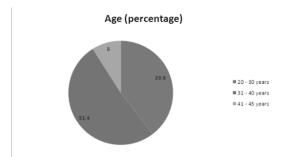
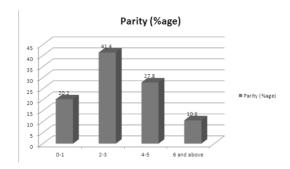


TABLE NO: 2 **PARITY** OF THE **RESPONDENTS**

Parity	Frequency	Percentage
0-1	101	20.2
2-3	207	41.4
4-5	139	27.8
6 and above	53	10.6
Total	500	100



EDUCATION OF **TABLE** NO: 3 RESPONDENTS

	Education of husband		Education of wife	
Education	Frequency	Percent	Frequency	Percent
Illiterate	135	27.0	206	41.2
Primary	119	23.8	111	22.2
Secondary	100	20.0	104	20.8
Graduation	75	15.0	50	10
Masters	71	14.2	29	5.8
Total	500	100	500	100

Regarding educational status of husband and respondents, 27.0 % of the husbands were illiterate, 23.8 % were with primary education, 20.0% were having secondary education, 15.0% were graduate, and 14.2 % were having master degree (Table no: 3). Amongst the females 41.2% were illiterate, 22.2 % were with primary education, 20.8% were having secondary education, 10.0% were graduate, and only 5.8 % were with master degree.

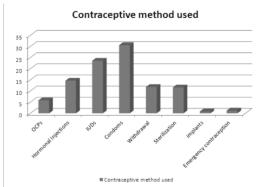
As far as socioeconomic status was concerned 43.2% of our respondents belonged to poor class, 38.2 % to lower middle class and 18.6 % of the respondents were from upper middle class (Table no: 4).

TABLE NO: 4 SOCIOECONOMIC STATUS OF RESPONDENT

Socioeconomic Status	Frequency	Percent
Poor (<10,000Rs/month)	216	43.2
Lower Middle(11,000-30,000)	191	38.2
Upper Middle(31,000-50,000)	93	18.6
Total	500	100.0

Regarding contraceptive method usage, 30.6 of couples % were using condoms as method of contraception, 11.8 % were practicing withdrawal method, 23.6 % of women had IUD's and 5.8 % were using oral contraceptive pills, 14.6 % of the respondents using injections method as contraception, implants were used by 0.8% and 1.2% used emergency contraceptive pills. 11.6 % of women had their tubes ligated. None of the males had undergone vasectomy. (Table no: 5).

TABLE NO: 5 CONTRACEPTIVE METHOD **USAGE BY COUPLES**



1		
Method	Frequency	Percentage
OCPs	29	5.8
Hormonal Injections	73	14.6
IUDs	118	23.6
Condoms	153	30.6
Withdrawal	59	11.8
Sterilization	58	11.6

DISCUSSION:

The population of Pakistan is >19 million making it worlds 6th most populous country with growth rate of 1.6%⁶. The contraceptive usage has been more than doubled in last two decades, from 11.9% in 1990-91 to 27.6% in 2000–01 and to 29.6% in 2012-13. 8,10,11,12 The recent data of the Pakistan Demographic and Health Survey (PDHS) showed that the percentage of couples using any contraceptive method was 29.6 % and those using any modern methods were 21.7 %. Among these couples pills were used by 2.1 %, injections by 2.3 % and IUCD was used by 2.3 %.

Condom usage was 6.8 %, Use of traditional methods including withdrawal and rhythm method was 7.9 %, female sterilization was 8.2 % and other methods including male sterilization and implant was 0.5 %. 12. This data shows a reasonable involvement of males in contraception.

Our study is about couples who are using one or the other method of contraception and it shows overall male participation of 42.4%. Majority of men used condoms (30.6%) and 11.8% used withdrawal method for family planning which is reasonable involvement on part of males contrary to general impression males are not co-operative contraceptive usage. None of the males had undergone vasectomy in our study which is probably due to lack of proper counseling. The higher rate of usage of male family planning methods in our study may be due to inclusion of urban population to whom contraceptive methods are available doorsteps and men are more involved in family welfare.

The prevalence of contraceptive use in Bangladesh has reached to 61% in 2011.¹³ According to a study conducted Bangladesh, out of total couples (61.2%) practicing contraception, 29.3% were using male methods including condoms, traditional methods and male sterilization.¹⁴In our study among contraceptive users, male factor prevalence was 42.6 %. The proportion of male involvement is not as low as thought before. The increase rate of male involvement is partly due to increased literacy rate and partly due to influence of mass media to promote contraceptive methods.

In most countries as in sub-Saharan Africa, there has been modest decline in fertility rates over the last decade. According to a study conducted in Hossana Town, Southern Ethiopia, the use of male contraceptive methods was only 7%, whereas majority used (58%).¹⁵ injections Other contraceptive methods included pills (27.5%)

Norplant/IUCDS (7.5%). 15 This difference of results, when compared to our study where male participation was quiet high, is because of the fact that men, especially in Africa, are dominant and are the major decision-makers in family affairs, preferring a bigger family size and female participation is part of the maternal and child health care programs. 16

Education also influences contraceptive behavior. A study conducted in Bahawalpur, showed that condoms were the most commonly used (27.3%)contraceptive method, followed by withdrawal (6.7%) and then hormonal methods (6.0%) including pills and injections in participants whose literacy rate was 80%. ¹⁷ The literacy rate of males was 73% and females was 59% in our study and male participation is reasonably high. This reveals that when men had a higher level of education, their involvement in reproductive healthcare is more.

Recent surveys and studies have shown that males are more interested in reproductive health as is generally thought and they contradict popular views that most men know little about contraception, they do not want their partners to use it and are not interested in planning their families. 18

The involvement of men in reproductive healthcare matters should be seen as an important measure for controlling population explosion and achieving the Millennium Development Goals that includes reduction of maternal mortality and prevalence and impact of HIV/AID. 19 Hence there is need to enhance the marital use of condoms. ²⁰ So if programs could find better ways to reach men as individuals and as members of couples, contraceptive use might rise considerably. 5, 20

CONCLUSION:

Male involvement in contraception is not as low as is generally portrayed. Larger studies are required to involve rural population also. More comprehensive programs are required to increase the involvement of men in reproductive health matters for better reproductive health care for women, as well as for themselves.

REFERENCES:

- 1. Ross A, Frankenberg E, 1996. Findings from Two Decades of Family Planning and Sexual Health. The Population Council, New York. International Family Planning Perspectives. December-1996: 175.
- 2. Hopflinger F, Kuhne F.1984. Contraceptive: Answers of Wives and Husbands Compared in a Survey of Swiss Couples. Journal of Biosocial Science 16, 2:259-268. ICPD Declaration 1994, International Conference on Population and Development, held in Cairo, 1994.
- Population Reports 1986.Men-New Focus for Family Planning Programmes. Population Information Programme, Vol. 14, No 5, Baltimore: Center for Communications Programmes, The Johns Hopkins University.
- 4. Potts, 1985. "Coitus Interruptus" In Fertility Control, Eds. Corson SL, Derman RJ, Tyrer LB. Boston, MA: Little, Brown and Company: 299-305.
- Ezeh, Chika A, Seroussi M, Raggers H, 1996. Men's Fertility Contraceptive Use, and Reproductive Preferences, DHS Comparative Studies No. 18, Calverton, MD: Macro International.
- 6. Becker S. 1996. Couples and Reproductive Health: A Review of Couple Studies, Studies in Family Planning 27, 6: 291-302.
- 7. Green CP et.al. 1995. Male Involvement in Reproductive Health, Including Family Planning and Sexual Health. Technical Report 28, New York.
- 8. Hakim A, Sultan M, Uddin F. 2001. Pakistan Reproductive Health and Family Planning Survey 2000–01: Preliminary report. Islamabad: National Institute of Population Studies.
- 9. Nasir JA, Akhter M, Salim R. 2007. Measuring and modeling the domestic empowerment of rural women in Pak J Stat 14: 20-30.
- Shelton J, Bradshaw L, Hussain B et al. 1999.
 Putting unmet need to the test: community-

- based distribution of family planning in Pakistan. International Family Planning Perspectives 25: 191–5.
- 11. Fikree F, Khan A, Kadir MM, Sajan F, Rahbar M. 2001. What influences contraceptive use among young women in urban squatter settlements of Karachi Pakistan? International Family Planning Perspectives 27: 130–6.
- National Institute of Population Studies (NIPS) [Pakistan] & Macro International Inc. 2008. Pakistan Demographic and Health Survey 2006-07. Islamabad: NIPS and Macro International Inc.
- 13. The World Bank. Contraceptive Prevalence (% of women ages 15-49). http://data.worldbank.org/indicator/SP.DYN.CONU.ZS (accessed June 2013)
- Islam MS. 2013. Determinants of contraceptive method choice in Bangladesh. South East Asia Journal of Public Health 3, 1:50-56
- 15. Tuloro T, Deressa W, Ali A, Davey G. 2006. The role of men in contraceptive use and fertility preference in Hossana Town, southern Ethiopia 20, 3: 152-159.
- 16. Shahjahan M, Mamu SJ, Afroz A, Chowdery HA. 2013. Determinants of male participation in reproductive healthcare services: across-sectional study. Reprod Health 10, 1:27.
- 17. Randall E.2012. Family Planning Programmes Review. London. Population Matters.
- Koenig, Michael A., George B. Simmons, and B. D. Misra, 1984. "Husband-Wife Inconsistencies in Contraceptive Use Responses." Population Studies 38, 2: 281-298.
- 19. Nasir JA, Tahir MH, Zaidi AA.2010. Contraceptive attitude and behavior among university men: A study from Punjab, Pakistan.J Ayub Med Coll Abbottabad 22, 1:125-8.
- 20. Merson MH, Black RE, editor.2012. Global Health Diseases, Programs, System and Policies. Third. Canada: Jones & Barlett Learning.