

# Knowledge of men about Reproductive Health Issues and Factors Affecting them in Selected Districts of Bangladesh

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## Abstract

<b>Introduction</b>	Male involvement initiatives in the reproductive health programme of Bangladesh got momentum after ICPD in 1994. To enhance the reproductive health status of couples in developing countries, the knowledge, attitudes and behaviour of men must be investigated extensively, especially where women depend on men for decision to seek care. Few interventions that addressed the needs of men's reproductive health have focused on the promotion of male contraception, safer sexual practices and separate clinic hours for males. Studies on male reproductive health related issues have narrowly focused.
<b>Objectives</b>	The study was conducted to ascertain knowledge, perception and practice of married men on some selected reproductive health issues, such as their involvement on reproductive health care services and factors affecting it.
<b>Methods</b>	It was a cross sectional study. A total of 615 married men were interviewed for this purpose. Data were collected through an interview schedule. The study was conducted in Dhaka (Agargaon), Narayanganj, Narsingdi, Tangail, Narail and Gaibandha of Bangladesh from January to June 2002.
<b>Results</b>	The findings show that mass media and interpersonal communications were the main sources of knowledge of reproductive health issues. The analysis of data shows that 19 percent, 51 percent and 37 percent men had access to newspaper, radio and TV respectively. Results of the study showed that more than 90 percent of the men approve family planning and among them 63 percent are currently using family planning methods. A little more than 60 percent of them mentioned they discuss about reproductive health matters with their wives. Surprisingly, 59 percent of the men reported that they visit clinic with wife and they stay with wife during delivery. Over 80 percent men reported that they take care of foods during gestation. There is an association between education and spousal discussions on reproductive health issues. The logistic regression analysis on male involvement in reproductive health shows that education, occupation, number of children and monthly income are the important determinants of male involvement in reproductive health.
<b>Conclusion</b>	Regardless of their level of knowledge about reproductive health issues, men were the important decision-makers. Programs and interventions to improve the use of reproductive health services should address the information needs of men. There is a need to orient service providers about the role of men in improving family health, to increase their knowledge of prevention and management of reproductive health problems.
<b>Key words</b>	Communication, Reproductive Health, Bangladesh.

## Introduction

Recent fertility and family planning literature has suggested that men play an important role in decision making related to reproduction and family planning<sup>1,2,3,4,5</sup>. The importance of integrating men into reproductive and family planning programs was given a further boost at the International Conference on Population and Development (ICPD) held in Cairo in 1994 and the Fourth World Conference on Women held in Beijing in 1995 where researchers and governmental agencies were called upon to

involve men both in reproductive and sexual health. There is growing need and understanding in the international and national communities regarding the role of men in the decision making process, which affects the use of family planning methods, and reproductive health matters. Moreover, studies based on clients and service providers show that many women want men to be involved in reproductive health matters. A first step toward increasing men's participation in reproductive health is to understand their knowledge, attitudes and practices regarding a range of issues.

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Unfortunately, perspectives on male involvement are often rooted in negative assumptions. Program planners view men as gatekeepers, potential obstructionists who, if involved in decision-making, will defeat women's efforts to regulate fertility. Yet, the limited evidence to date suggests that most successful family planning programs target men as well as women<sup>6,7,8</sup> and promote communication about contraception between spouses<sup>9</sup>. In Bangladesh, where husbands are the main decision-makers in the family, their attitudes and practices regarding contraception have become a major concern, which has begun to consider a strategy of targeting men for family planning services. In Bangladesh research on men's involvement in reproductive health is limited. The purpose of this article is to assess men's views regarding their involvement in reproductive health matters and contraceptive use.

## Methodology

The study was carried in some selected NGOs both in urban slums and rural areas of Bangladesh. Currently married males who used to attend the evening clinic constituted the sampling frame. A total of 615 men were randomly selected for the study. The sample size was determined using the statistical

technique. Six study sites were taken randomly from NGOs working both urban slums and rural areas were Dhaka (Agargoan), Narayanganj, Narsingdi, Tangail, Narail and Gaibandha. From each of these six sites, one hundred sample men interviewed employing systematic sampling technique. The questionnaire was designed to collect the information on socio-demographic, psychosocial, cultural factors, opinion and use of family planning, ante-natal and post-natal care, male involvement in reproductive health and information on extra-marital sex exposure was also collected. Data were analyzed by using SPSS/PC software. Associations between variables were measured using chi-square analysis. Multivariate logistic regression analysis was applied to assess the effects of the risk factors on the reproductive health.

## Results

Table 1 shows the distribution of male respondents by their socio-demographic and economic characteristics. The mean age of the married men is 35 years; mean income is Taka 3,438 (US\$ = 60) and mean amount of land is 37.5 decimal.

**Table-1: Socio-demographic & economic characteristics of the respondents.**

Variables	Number	Percent
<b>Age (in years)</b>		
≤ 25	84	13.7
26-30	146	23.7
31-35	150	24.4
36-40	118	19.2
41-45	72	11.7
46+	45	7.3
(Mean age = 35 yrs)		
<b>Education</b>		
Illiterate	272	44.2
Up to class Five	132	21.5
Up to HSC Pass	201	32.7
Graduate and Above	10	01.6
(Mean Education = 3.7, SD=4.12)		
<b>Occupation</b>		
Farming	56	9.1
Day labor	72	11.7
Service	91	14.8
Rickshaw puller/Driver	206	33.5
Business	169	27.5
Others	21	03.4
<b>Land Holding (in decimal)</b>		
No land	171	27.8
≤ 49	314	51.0
50-149	84	13.7
150+	46	7.5
(Mean = 37.5, SD=±82.8)		

<b>Monthly Income in Taka*</b>		
≤ 1500	54	08.8
1501-3000	302	49.1
3001-4500	134	21.8
4501-6000	76	12.4
6001+	34	05.5
Don't know	15	02.4
(Mean income 3438, SD = ±1787.7)		
<b>Access to Electricity</b>		
Yes	450	73.2
No	165	26.8
<b>Access to Media</b>		
<b>Read Newspaper</b>		
Yes	118	19.2
No	497	80.8
<b>Listening Radio</b>		
Yes	315	51.2
No	300	48.8
<b>Watching TV</b>		
Yes	227	36.9
No	388	63.1

- Local Currency (1 Taka = 0.017 US\$)

Table 2 shows the percentage of men who approve of family planning and who are currently using family planning methods, by selected characteristics. Approval and currently use of family planning methods were relatively high. For the total

sample, 66 percent of the men indicated they discussed with their wives about reproductive health matters. Men alone or jointly with their wives were involved in nearly 68 percent of the decisions to use family planning methods.

**Table 2: Distribution of respondents by their approval of family planning and current use status and reasons for non-use.**

Variables	Number	
Percent		
<b>Approved Family Planning</b>		
Yes	585	95.1
No	24	3.9
Not stated	6	1.0
<b>Reasons for approving family Planning *</b>		
Family small	577	98.6
Poverty	82	14.1
Build future of the children properly	93	15.9
Not stated	25	4.2
<b>Reasons of disliking</b>		
Religions	937.5	
Want more children	833.3	
Harmful for wife	312.5	
Not enjoyable	1	4.2
Not stated	312.5	
<b>Who decided to use FP Method</b>		
Husband	234	38.0
Wife	185	30.1
Both	166	27.0
Others	30	4.9
<b>Currently using FP Methods</b>		
Yes	388	63.1
No	219	35.6

Not stated	8	1.3
<b>Reasons for not using Family planning methods *</b>		
Want more children	62	28.3
Wife is pregnant	62	28.3
Religions	8	3.7
No need	11	5.0
Fear of side effects	8	3.7
Maintains natural Methods	7	3.2
Others	75	34.2
<b>Discuss about Reproductive Health</b>		
Yes	406	66.0
No	197	32.0
Don't Know	12	2.0

- Multiple responses allowed

Table 3 indicates that 59 percent of the married men visit clinic with their wives and 59 percent of the respondents stay with wife during delivery.

**Table 3:** *Distribution of respondents visits to clinic and whether stay with wife during delivery.*

Variables	Number	Percent
<b>Visit clinic with wife</b>		
Yes	362	58.9
No	253	41.1
<b>Reasons for not visit clinic *</b>		
Husband did not give importance	223	88.1
Husband doesn't like to visit	17	6.7
Lack of money	11	4.3
Husband feels shy to visit clinic	10	3.9
Wife goes alone	3	1.2
Don't know	22	8.7
<b>Stay with wife during delivery</b>		
Yes	359	58.4
No	154	25.0
Not Applicable	102	16.6
<b>Place of last delivery</b>		
Home	419	81.6
Hospital/clinic	71	13.8
Others	23	4.6
<b>Reasons for not taken to Hospital/clinic during delivery *</b>		
Not Necessary	412	80.3
Financial Problem	65	12.7
Clinic was far away	29	5.6
Family does not likes it	14	2.7
Other reasons	29	5.6
Not stated	10	2.0
<b>Whether Delivery attended by trained TBAs</b>		
Yes	185	36.0
No	328	64.0
<b>Checkup at clinic during last delivery</b>		
Yes	297	57.9
No	216	42.1
<b>Number of times taken to hospital for Ante natal care</b>		
1	23	7.7
2	92	31.0
3	92	31.0
4+	90	30.3
(Mean =2.9, SD =±0.89)		

- Multiple responses allowed

The percent distribution of the respondents according to their responsibility during pregnancy period is shown in table 4.

**Table 4: Distribution of husbands' by their responsibility during the pregnancy of wife.**

Variables	Number	Percent
<b>Husbands responsibility *</b>		
Take of care foods during gestation	417	81.3
Take of care health during gestation	282	55.0
Advise her to avoid heavy work	264	51.5
Assist her in daily chores	93	18.2
Take care of children during the Pregnancy of wife	51	10.0

\* Multiple responses allowed

Table 5 shows that 54 percent men reported that their involvement can be emphasized by increasing awareness (only valid opinions are analyzed).

**Table 5: Distribution of respondents by their opinion on male participation in reproductive health.**

Opinion	Number	Percent
Increased publicity/awareness	143	53.5
Recruit Male Field worker and placement of the health facility	76	28.5
Maintain confidentiality in Reproductive Health matters of the couple	20	07.5
Include Health Education Program	27	10.1
Don't know	1	0.4
<b>Total</b>	<b>267</b>	<b>100.0</b>

The bivariate table 6 indicates that discussion between husband and wife increases with the increase of education of the couples (husbands & wives).

**Table 6: Respondents discuss about reproductive health by education.**

Discuss about RH Educational Status	Always discuss about reproductive health matters			Total
	Yes	No	Don't know	
No Education	144	123	5	272
Primary Education	81	47	4	132
Up-to HSC Pass	173	26	2	201
Graduation and Above	8	1	1	10
<b>Total</b>	<b>406</b>	<b>197</b>	<b>12</b>	<b>615</b>

Table 7 data suggests that there is an association between involvement of men in reproductive health matters and some selected characteristics of the husbands such as occupation, education, number of living children and monthly income.

**Table No. 7:** *Association between independent variables and reproductive health matters and male involvements.*

Background characteristics	Male involvement in RH		$\chi^2$ Significance
	No	Yes	
<b>Age of respondent</b>			
≤ 30	30	200	$\chi^2 = 1.61$
31-40	28	240	$p < 0.44$
41+	16	101	
<b>Education Level</b>			
No education	42	230	$\chi^2 = 9.11$
Primary	18	114	$p < 0.05$
Secondary +	14	197	
<b>Occupation</b>			
Agriculture	14	42	$\chi^2 = 15.6$
Day laborer	41	258	$p < 0.01$
Service	5	86	
Business	14	155	
<b>Number of living children</b>			
None	23	79	$\chi^2 = 13.62$
1	13	145	$p < 0.01$
2	18	137	
3+	20	180	
<b>Monthly income in Taka</b>			
≤1500	14	40	$\chi^2 = 17.20$
1501-3000	42	260	$p < 0.01$
3001-4500	9	125	
4500 +	9	116	
<b>Wife work outside</b>			
Yes	5	49	$\chi^2 = .43$
No	69	492	$P < 0.57$
<b>Total</b>	<b>74</b>	<b>541</b>	

Table 8 shows the logistic regression analysis on male involvement in reproductive health care services. The results show that education, occupation, number of living children and

monthly income are important determinants of the involvement of men in reproductive health.

**Table 8: Logistic regression on male involvement in Reproductive Health Matters. (Involvement of men in reproductive health matters is considered here as dependent variable)**

Background characteristics	B	OR
<b>Age of respondent</b>		
≤ 30	Ref.	1.00
31-40	.32	1.37
41+	-.03	.96
<b>Education level</b>		
No Education	Ref.	1.00
Primary	.34	1.41
Secondary +	.93**	2.53
<b>Occupation</b>		
Agriculture	Ref.	1.00
Day laborer	.73*	2.08
Service	1.74**	5.72
Business	1.31**	3.69
<b>Number of living children</b>		
None	Ref.	1.00
1	1.15**	3.14
2	.75*	2.11
3+	.93**	2.55
<b>Monthly income in Taka</b>		
≤ 1500	Ref.	1.00
1501-3000	.80*	2.22
3001-4500	1.60**	4.97
4500 +	1.41**	4.09
<b>Wife work outside</b>		
Yes	Ref.	1.00
No	-.27	.75

OR = Odds Ratio

\*p<.01; \*\* p<.001

## Discussion and conclusions

Ever since the ICPD in 1994, efforts have been made to involve men in reproductive health. The aim is to explore and help them communicate and create support for reproductive health needs of their wives, and make them more responsible for their own reproductive behavior. Programs have so far found very limited approaches in involving men for reproductive health care matters. To date, the role of husband in reproductive health care services has not been defined clearly. It is obvious that providing information on reproductive health matters both husband and wife. Past studies have observed that women in Bangladesh have a tendency to use contraception only when they perceive that their husbands do not object<sup>10</sup>.

The analysis shows that, knowledge of men about family planning was high, with 95 percent of the men generally approved family planning. Nearly 63 percent of them are currently using a method. The dominant reason for practicing a family planning method is for a small family. Apparently knowledge, approval

and use of family planning lead to limiting the number of children at their desired level. The high approval of family planning and use, couple communication over reproductive health may be the reason for high use of contraception. The logistic regression analysis shows that education and partner's discussion about reproductive health issues are important correlates of contraceptive use.

There, is a need to involve Bangladeshi men in reproductive health to make the family planning program a success. The one-stop services will not only provide FP methods but will also include other aspects of reproductive health, child care, nutrition and common illness. However, no specific measures have been taken to increase the use of male methods of contraception or to increase spousal support for female users, or to provide more information to them.

Understanding the influence of gender and portraying positive images of shared responsibility in the mass media is urgent. To provide spousal support, men may be asked to accompany women when they visit health centers so that the management and side effects of the modern contraception can also be explained to them. A successful couple may also be assigned to new users to enable

frequent consultation on a one-to-one basis in the absence of field workers or satellite clinics. Along with husband, wives also need more information on the needs and availability of health services. Program needs to be designed where men will be motivated to provide more attention and support to their wives for making decisions on their own health and use of services.

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