Knowledge, Attitude and Practice (KAP) of Men in Contraceptive Decision Making and Use in Chapagaun.

A term paper submitted for partial fulfillment of the requirements for Bachelor of Public Health (BPH), sixth semester (Family Health, FH307.3)

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Abstract

Male involvement in family planning (FP) means more than increasing the number of men using condoms and having vasectomies and also encourages and supports their partner and their peers to use FP. Men hold positions of leadership and influence from the family unit right through the national level. Men are frequently described as the forgotten reproductive health clients, part in FP services and perinatal care. Since most men hold the most prominent position in households and decision making, neglecting to provide information and services for men can detract from women's overall health.

a descriptive cross-sectional study was carried out on 30 men to assess their knowledge, attitude and practice on contraceptive decision making and use among men in Chapagaun. Greater access to health care services, high literacy level, high media coverage and modernization has increased the sharing of knowledge, needs and practice on FP services. The benefit of small family size is a factor for increase in the utilization of FP services. The increased availability of condom is also the factor for the better understanding about temporary family planning device.

The increase understanding about family planning is linked to the increase in practice of contraceptive devices. Share in decision making about FP promotes better family relationship and healthy family environment.

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CHAPTER I

Introduction

1.1 Background

Short description of study site:

Chapagaun is considered as one of the rural areas of Lalitpur district though it consists of modern facilities like transport, communication, health, electricity, education, etc along with its natural beauty. It is because it consists of many back warded areas where the people are still to see all those modern facilities.

Male involvement in family planning (FP) means more than increasing the number of men using condoms and having vasectomies; male involvement also includes the number of men who encourage and support their partner and their peers to use FP and who influence the policy environment to be more conducive to developing male-related programs. In this context “male involvement” should be understood in a much broader sense than male contraception, and should refer to all organizational activities aimed at men as a discrete group which have the objective of increasing the acceptability and prevalence of family-planning practice of either sex.

In the past, family-planning programs have focused attention primarily on women, because of the need to free women from excessive child-bearing, and to reduce maternal and infant mortality through the use of modern methods of contraception. Most of the family-planning services were offered within maternal and child health (MCH) centers, most research and information campaigns focused on women. This focus on women has reinforced the belief that family planning is largely a woman’s business, with the man playing a very peripheral role.

Involving men and obtaining their support and commitment to family planning is of crucial importance in the Africa region, given their elevated position in the African society. Most decisions that affect family life are made by men. Most decisions that affect political life are made by men. Men hold positions of leadership and influence from the family unit right through the national level (IPPF, 1984). The involvement of men in family planning would therefore not

only ease the responsibility borne by women in terms of decision-making for family-planning matters, but would also accelerate the understanding and practice of family planning in general

Before the sexual revolution initiated by the pill, men were a more integral part of family planning and other reproductive health concerns than they are today. If a couple wished to use contraception, their options were limited primarily to methods requiring a man's participation i.e. withdrawal, periodic abstinence or condoms.

Hormonal methods for women, beginning with the first oral contraceptives in 1960, and the subsequent development of intrauterine devices and modern surgical sterilization, led to the development of a FP services commonly focused on women, often to the exclusion of men.

Men are frequently described as the forgotten reproductive health clients, part in FP services and perinatal care. In effect, men's involvement in reproductive health care system often stops at the door to the clinic when they accompany their partner to a facility. Men may find to participate in FP and perinatal counseling and services.

Yet to exclude men from information, counseling and services is to ignore the important role of men's behavior and attitude may play in couple's reproductive health choices e.g. in some countries, societal norms, religious practices and even legal requirements gives men great influence over discussions that effect their family's reproductive health.

In addition, as many as 30% of couples worldwide use a contraceptive method i.e. vasectomy, condoms, withdrawl, or periodic abstinence that requires the active cooperation or participation of men. Perhaps most importantly, around the many women and their partners have said that they would like both partners to participate more fully in reproductive health counseling and services.

In response to these factors, facilities are increasingly seeking ways to develop program that allow men's constructive involvement in FP and other reproductive health services. The challenge is to develop initiative that reach out to men during their often brief contacts with the reproductive health care system that address men's unique concerns, and that increase access to counseling and services for couples who want joint participation without at the same time compromising women's autonomy or their independent access to these services.

New perspectives on men come from evolution in thinking about reproductive health rather than from a revolution in attitudes. Interest in men has waxed and waned over the past several decades. Although reproductive health programmes have never given as much emphasis to men as to women, in the 1980, many began workplace programs and condom social marketing to reach out to men. These programs, which have continued in the 1990s, often have increased condom use among some key groups of men.

Many providers and program designers have concluded that neglecting their men and their reproductive health is a losing strategy with adverse consequences for both men and women. As a result, interest in and commitment to involving men in reproductive health has intensified during the 1990s.

The reason for more attention to men includes:

- Growing concern about the spread of HIV/AIDS and other STDs, such as Chlamydia and gonorrhea.
- Evidence of the ill effects of some men's risky sexual behavior on the health of women and children.
- Survey findings that many men approve FP.
- Greater recognition that in many cultures, men make decisions that affect women's reproductive health as well as their own.
- Increasing awareness that gender – men's and women's differing social roles and the power associated with these roles – effects sexual behavior, reproductive decision making and reproductive health in many different ways.
- Demands from female health care clients that men become more involved and included in FP and other reproductive health care.

Men's participation is a promising strategy for addressing some of the world's most pressing reproductive health problems. Men can help slow the spread of HIV/AIDS and other STDs; prevent unintended pregnancies and reduce unmet need for FP; foster safe motherhood and practice responsible fatherhood.

1.2 Statement of problem

In Nepal, however, family planning program seems to focus primarily on women via maternal and child health programs. Policies and programs regarding men's involvement in reproductive health services have not been formulated in both private and government sectors. Limited seminars are the only means that seems to address the issue.

As in other developing countries, men in Nepal exercise preponderant power in nearly every sphere of life, ranging from personal decisions regarding the size of families to the policy and program decisions taken at all levels of government. Men play important, often dominant roles in the decisions crucial to women's reproductive health. Thus inclusion of men in reproductive health services including FP becomes a crucial aspect for the success of such services.

Family planning programs in those days have focused on women instead of men for several reasons:

- Women bear the risks and burdens of pregnancy and childbearing;
- Most modern contraceptives are for women;
- Many providers have assumed that women have the greatest stake and interest in protecting their own reproductive health.
- Reproductive health services can be offered conveniently as part of maternal and child health services.

Thus, these programme have generally ignored men, and have been designed to maintain gender norms dictating that reproduction and fertility control are women's responsibility.

1.3 Objectives:

General objective:

To access men's knowledge, attitude and practice on contraceptive decision making and use among men in Chapagaun village of Lalitpur district.

Specific objective:

- To assess knowledge of men on various types of family planning methods.
- To assess the attitude of men on contraceptive use.
- To assess the contraceptive usage pattern among couples.
- To assess the spousal communication on contraceptive use.

Chapter II

Literature Review

Communication variables such as decisions about family size and family planning as well as spouse's perception of partner's approval of family planning all have significant impact on the current use of contraceptives. This study revealed that marital partners who discuss and take joint decisions on what to do to delay or stop childbearing are more likely to use contraceptives than their counterparts who have not discussed the issue. (Ogunjuyigbe and Ojofeitimi, 2008)

Family planning can influence nearly all of the aspects of quality of life, according to FHI, Women's Studies Project (WSP) research conducted in 10 countries. The degree to which family planning has an impact, however, is often influenced by beliefs and practices that define gender roles, religious norms that may discourage contraceptive use, and economic and political conditions. (Women's Studies Project, 2002)

Most contraceptive methods are designed for use by women, and as a result, most family planning programs target their information, counseling and service to women of reproductive age. However, their limited focus ignores an important reality in women's live: Women often are not the sole decision-makers about contraceptive use. Some make decisions about family planning and family size is collaboration with their husbands or partners. Others have little or no autonomy in the home, and husbands, parents or in laws decide for them. And others use contraception clandesincity relative will disapprove. (Irishsan, 2004)

Health program providers need to recognize that family planning is often a family decision. Providers should look for ways to inform, involve and educate relative, who may have tremendous influence on whether contraceptive use begins, when it begins, whether it continues, who uses contraception and what methods are used. The influence of husbands and other family members was one of the topics explored by researchers in the Women's Studies Project (WSP) at FHI. In analyzing results from 10 countries in the project; researchers concluded that family members, particularly husbands, play a critical role in women's family members, particularly husbands, play a critical role in women's family planning use and continuation. When partners or other relatives are opposed to family planning, women can face severe consequences, including

divorce or abandonment, and violence, ridicule or disapproval from family, friends or their partners. (Women's Studies Project, 2003)

A study carried out in one district in Sri Lanka among a group of 440 males employed in middle level employment, assessed men's knowledge and opinion on three areas relevant to RH – household chores (HHC), contraception and child rearing. Their participation was assessed one month before the survey, by interviewing their wives5. The study revealed that knowledge, favourable opinion (having an opinion that both husband and wife should participate in contraception and child rearing) and participation was lowest in the area of contraception and highest in child rearing. Patri-local family relationships (families living with husband's parents) had the lowest male participation in decision making and child rearing. Level of knowledge on contraception among men has a positive relationship with participation in contraception. (Sri Lanka Health and Demographic Survey, 2000)

About 80 percent of the respondents had heard of family planning. The family planning methods best known to respondents were: condoms, female and male sterilization, oral pills and IUDs. Nine in 10 respondents had ever heard of or seen a condom. Fewer than 10 percent were aware that condoms could be used to prevent HIV/AIDS and STIs. Of those respondents who had ever seen or heard of a condom, nearly three in five had obtained condoms from pharmacies. (CEDPA, 2003).

Chapter III

Methodology

Study area: The study area was Chapagaun village of Lalitpur district.

Study type: The study was conducted as descriptive cross-sectional study.

Study population: The study population was married man whose wife's age lies in reproductive age group i.e. 15-45 years.

Universe population: The frame of the study was the households in the Chapagaun village.

Sampling size: Altogether 30 households were visited and 30 married men were interviewed simultaneously in Chapagaun village.

Data collection technique: The technique used for collection of data was interview.

Data collection tool: The tool used for collection of data was questionnaire.

Data processing, analysis and interpretation: The data was processed through ms-word, excel. The data was analyzed and interpreted by presenting in tables, bars, pie-charts, etc.

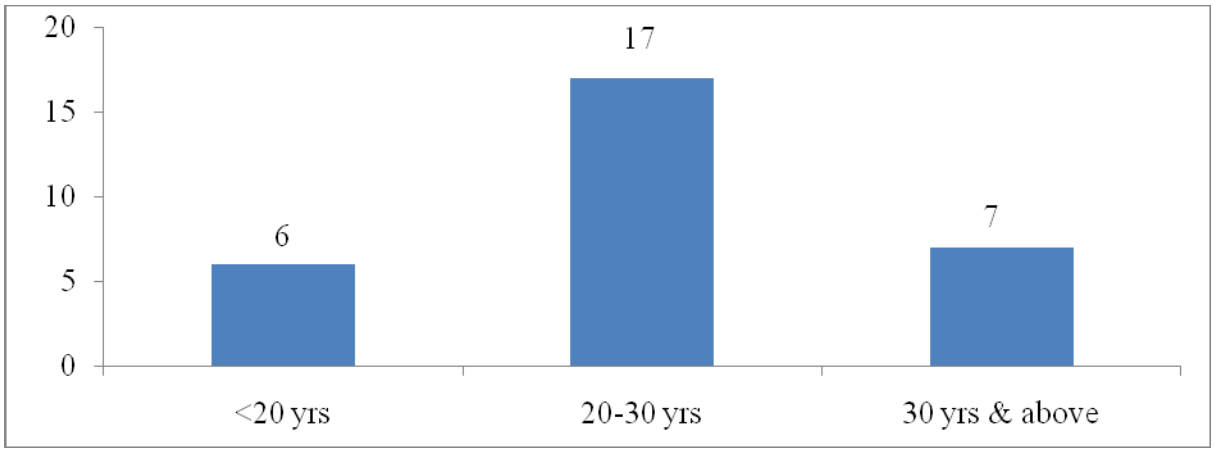
Limitation of the study: Due to small sample size, the data may not represent the whole population and lack of time and resources.

Chapter IV

Findings

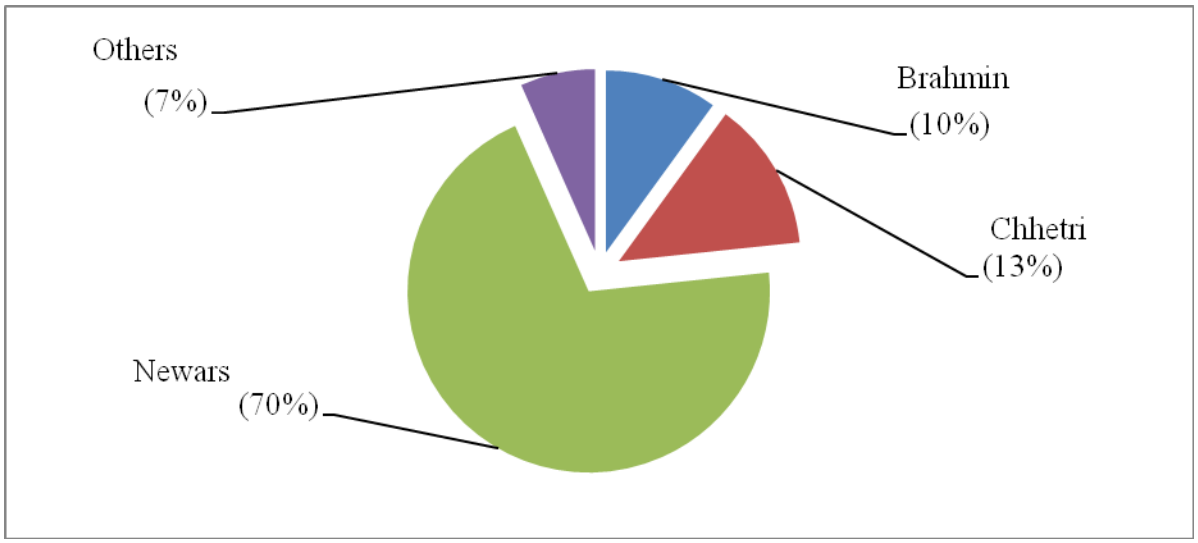
Socio- demographic characteristics

Fig.1: Age distribution.



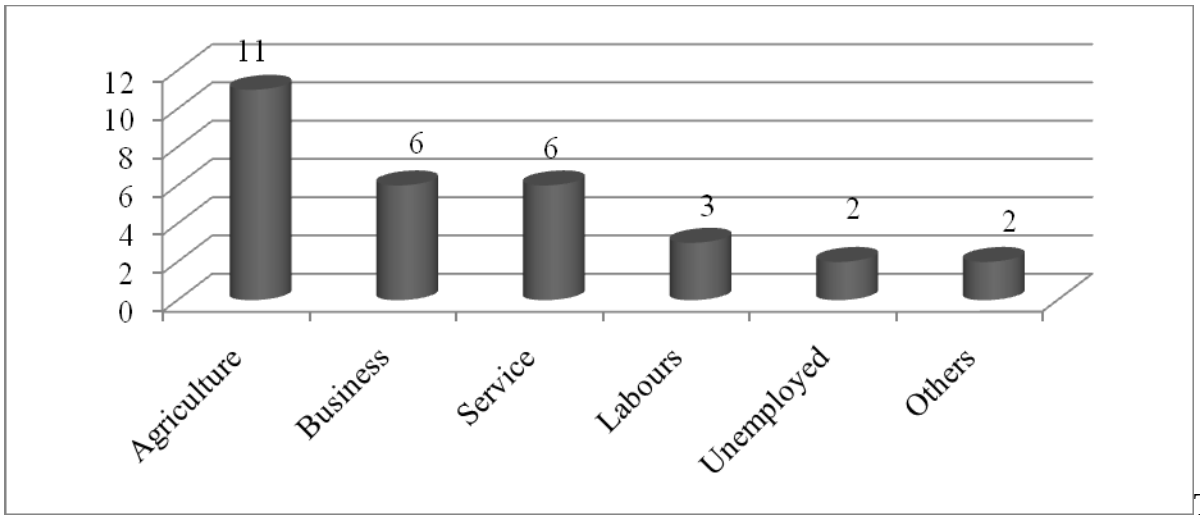
The above bar diagram shows the age distribution of the respondents where maximum i.e. 17 respondents were of 20-30 yrs of age; 6 and 7 respondents were of <20 yrs and 30 yrs and above respectively.

Fig.2: Caste distribution.



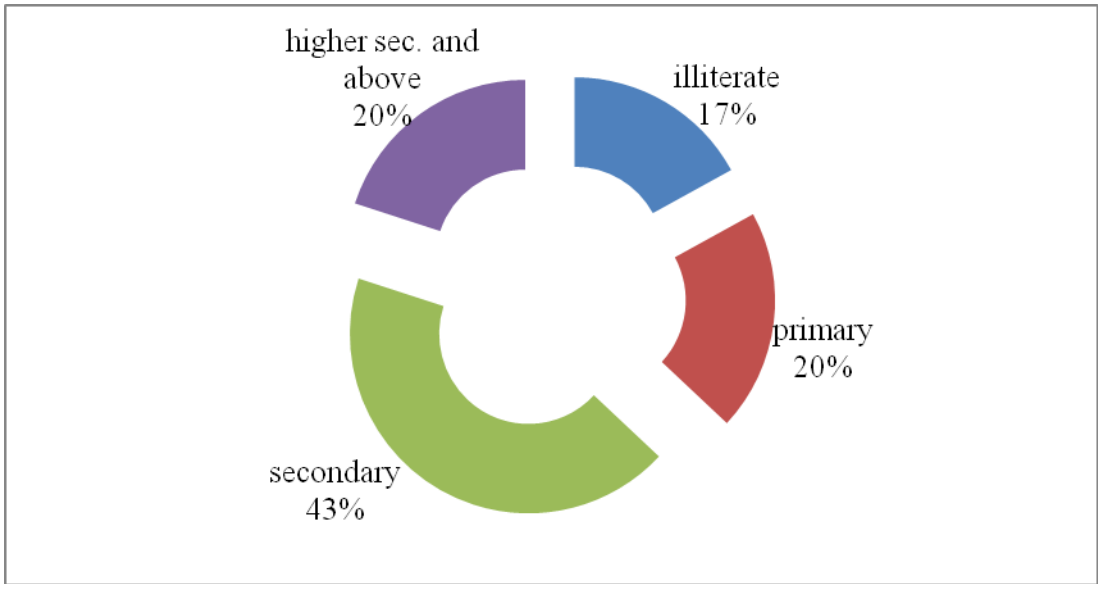
The above pie- chart reveals the caste distribution of the respondents. Among them 21 respondents (70%) were Newars, 4 respondents (13%) were Chhetri, 3 respondents (10%) were Brahmin and 2 respondents (7%) were Others.

Fig.3: Occupation.



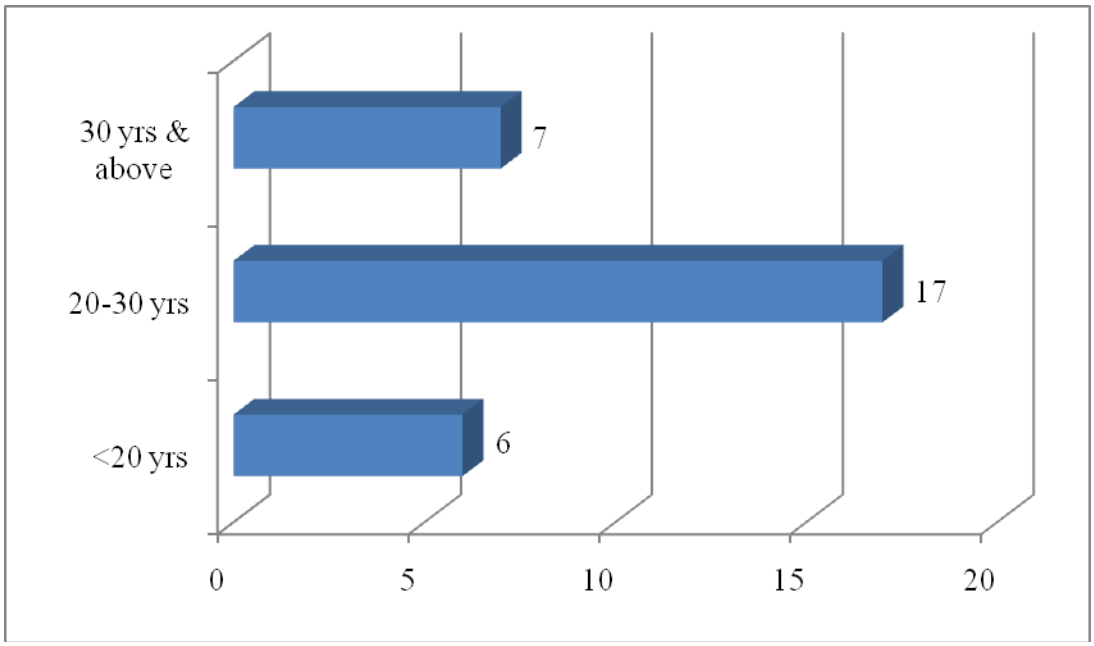
The above bar diagram shows occupation of the respondents. Majority of the respondents i.e. 11 respondents were involved in Agriculture. Similarly, 6, 6, 3 and 2 respondents were involved in Business, Service, Labour Others respectively and 2 respondents were Unemployed.

Fig.4: Education.



The above chart shows the educational attainment of the respondents in which 17% (5 respondents) were illiterate; primary, secondary and H. secondary & above were 20%, 43%, 20% respectively.

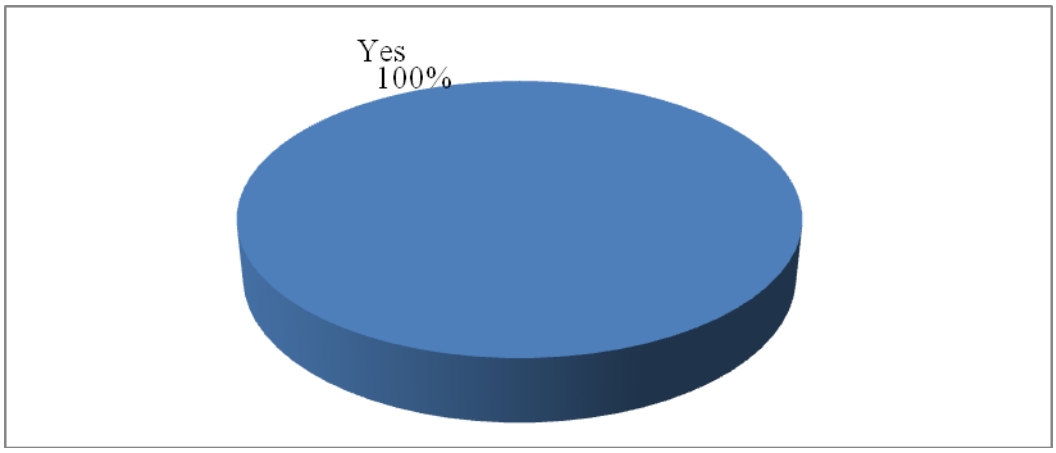
Fig.5: Age at marriage.



The above bar diagram shows the respondent's age at marriage. Maximum respondents were married between the age of 20 and 30 yrs. Similarly, 7 and 6 respondents were married 30 yrs & above and below 20 yrs respectively.

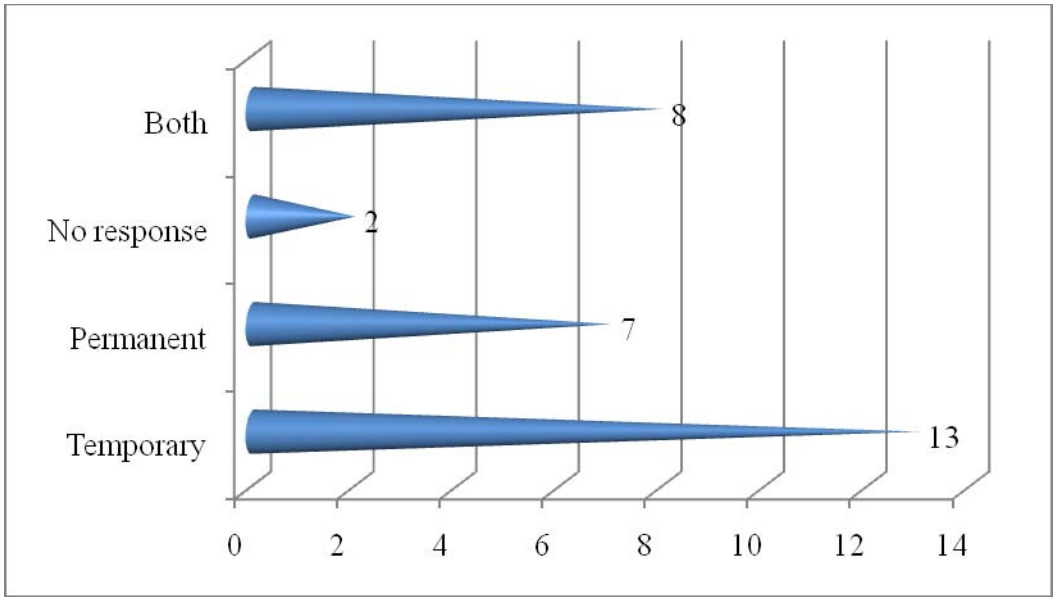
Knowledge assessment

Fig.6: have heard about different contraceptive methods.



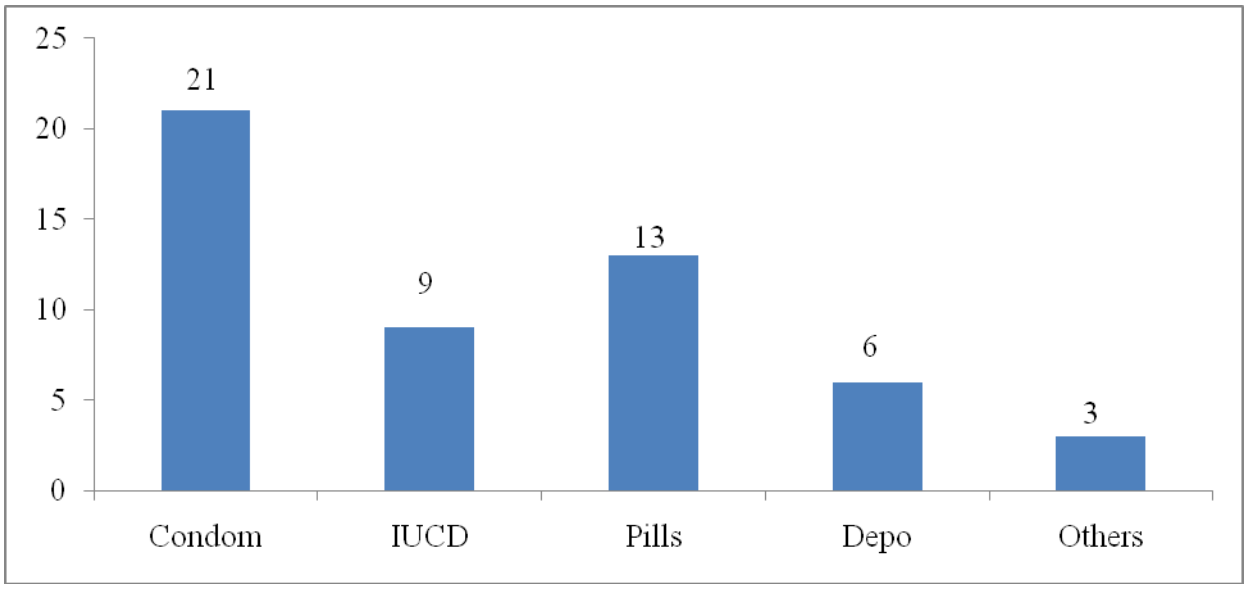
The above pie- chart shows whether respondents had heard about FP contraceptive methods or not. In which all the 30 respondents had heard about it.

Fig.7: Different types of FP contraceptive.



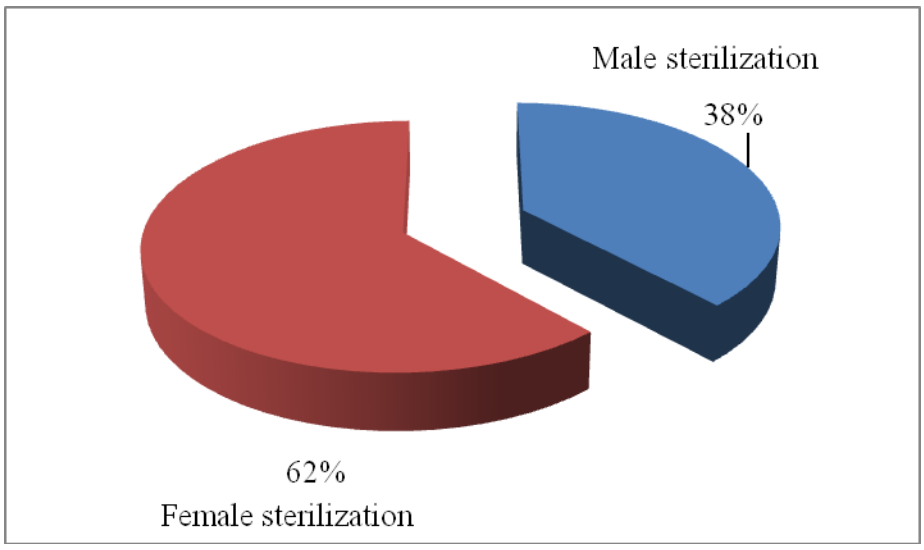
The above diagram shows that 13 respondents had heard about different temporary FP contraceptive methods and 7 respondents had heard about permanent methods only, 8 respondents had heard about both of them and 2 were non-respondents.

Fig.8: About different temporary FP Contraceptives.



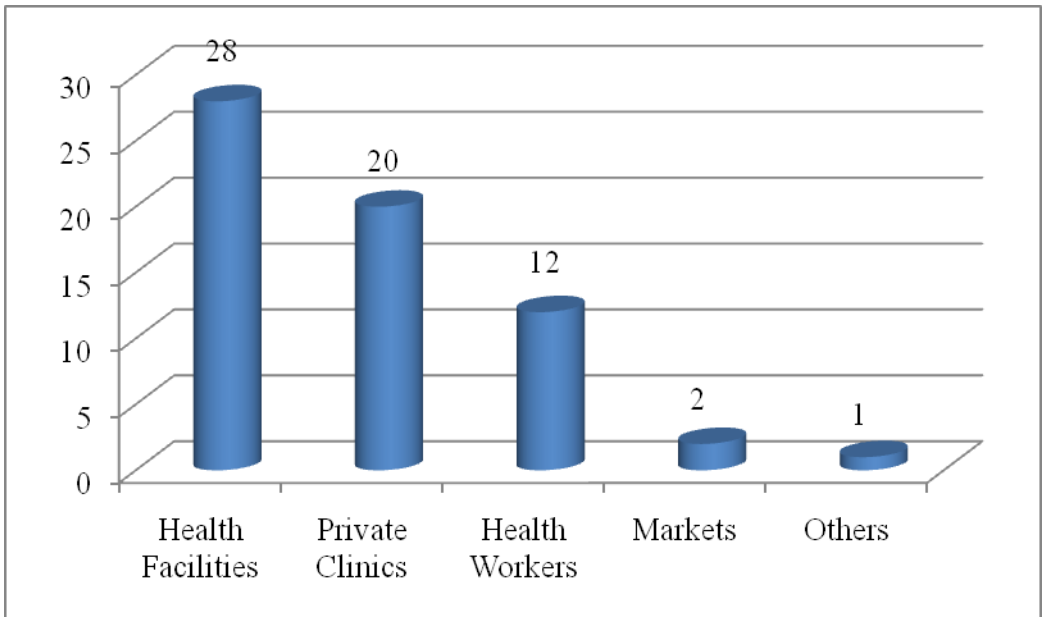
In above diagram, among the respondents who were known about the various temporary methods, maximum respondents (21respondents) were known about condom. Similarly, 9,13 and 6 respondents were known about IUCD, Pills and Depo respectively and 3 respondents were known about others.

Fig.9: About different permanent FP methods.



In above chart, among the respondents who were known about the various permanent methods, 62% i.e. 13 respondents were known about female sterilization and 38% i.e. 8 respondents were known about male sterilization.

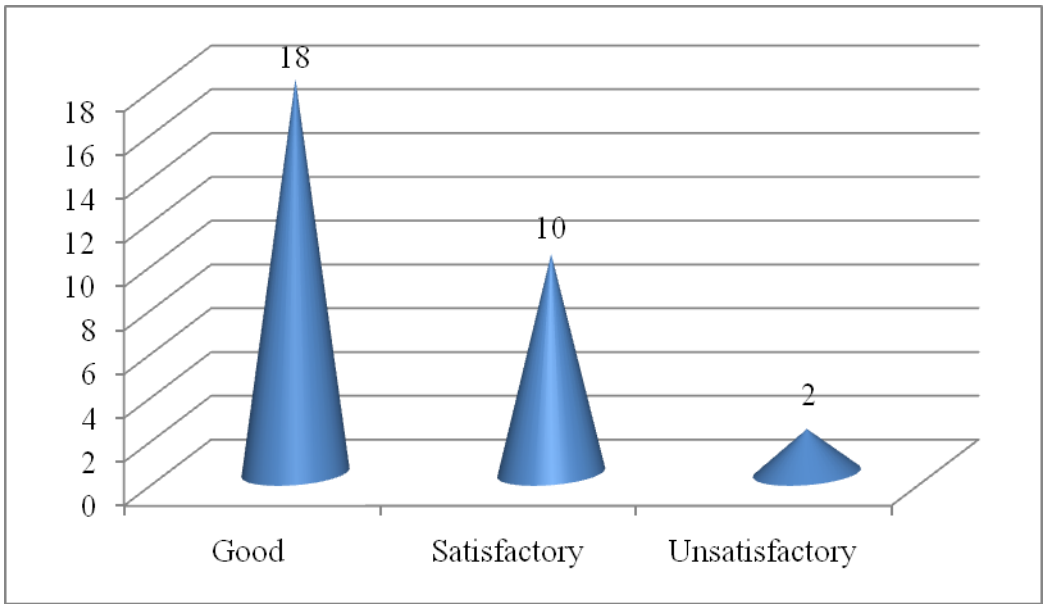
Fig.10: Different sources of FP devices.



The above bar diagram shows the knowledge of respondents about the different sources of FP methods where 28 respondents answered H. facility, 20 respondent answered private clinic and similarly, health workers, market and other sources.

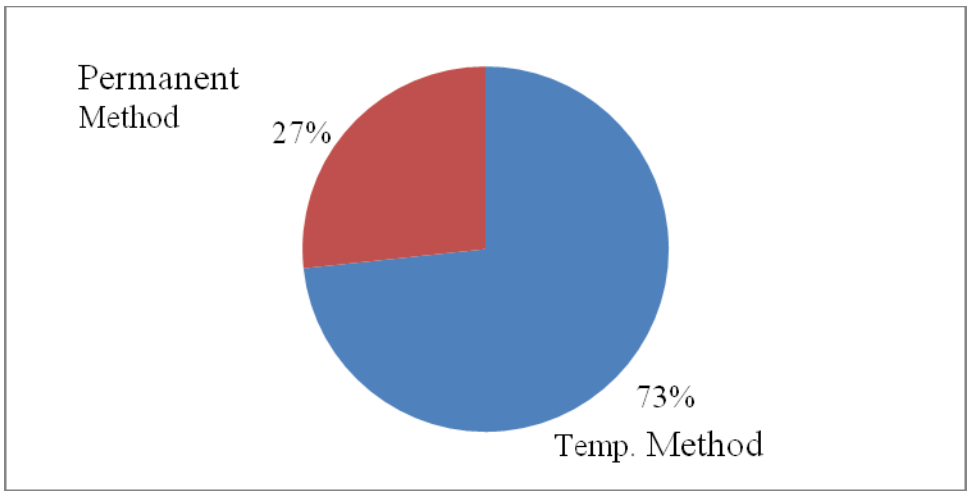
Attitude assessment

Fig.11: Attitude towards contraceptive methods.



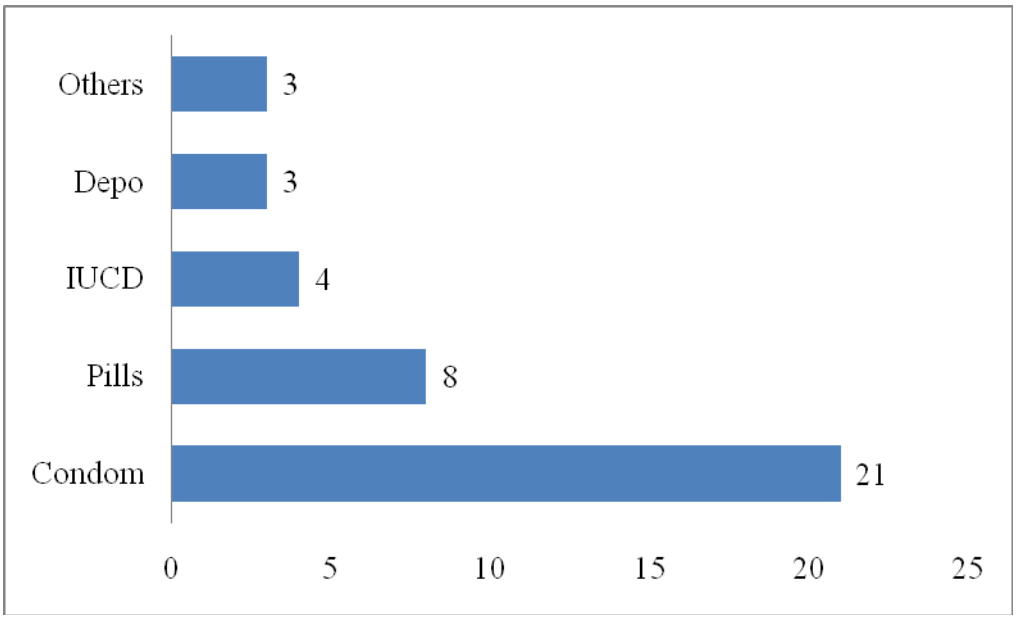
The above diagram reveals the attitude of the respondents towards contraceptive method in which 18 respondents were good, 10 were satisfactory and 2 were unsatisfactory.

Fig.12: Respondents preference towards the best way for contraception.



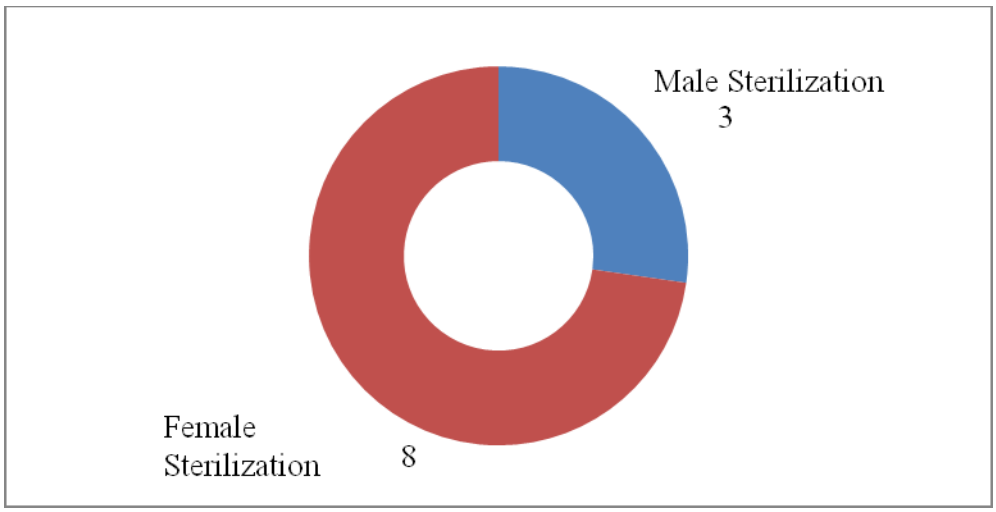
The above pie- chart shows that 73% i.e. 22 respondents preferred temporary methods and 27% i.e. 8 respondents preferred permanent methods.

Fig.13: Respondents preference among temporary contraceptive methods.



The above diagram shows the preference of respondents among temporary contraception methods in which maximum 21 respondents preferred condom and simultaneously, pills, IUCD, depo and others.

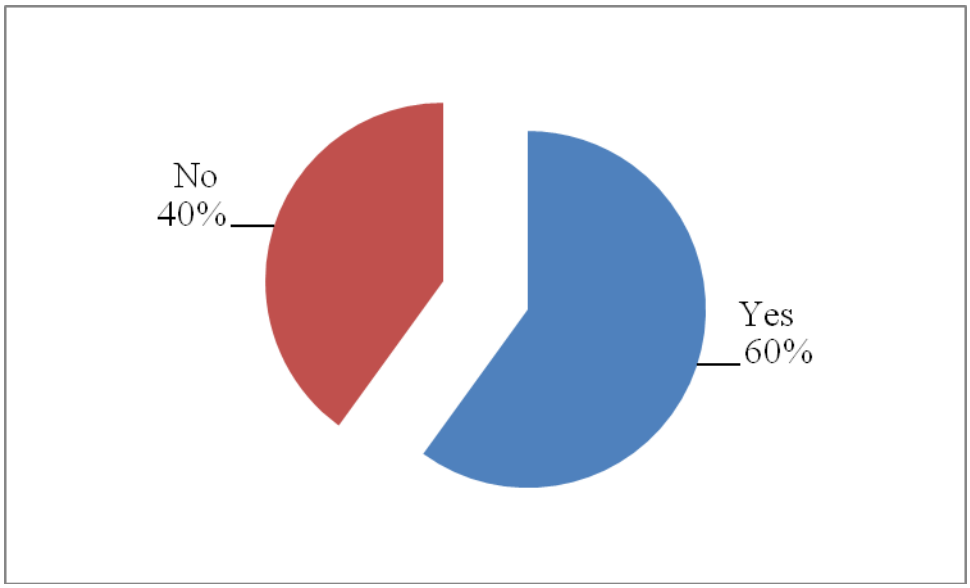
Fig.14: Respondents preference among permanent contraceptive methods.



The above chart shows the preference of respondents among permanent contraception methods in which 8 respondents preferred female sterilization and 3 respondents preferred male sterilization.

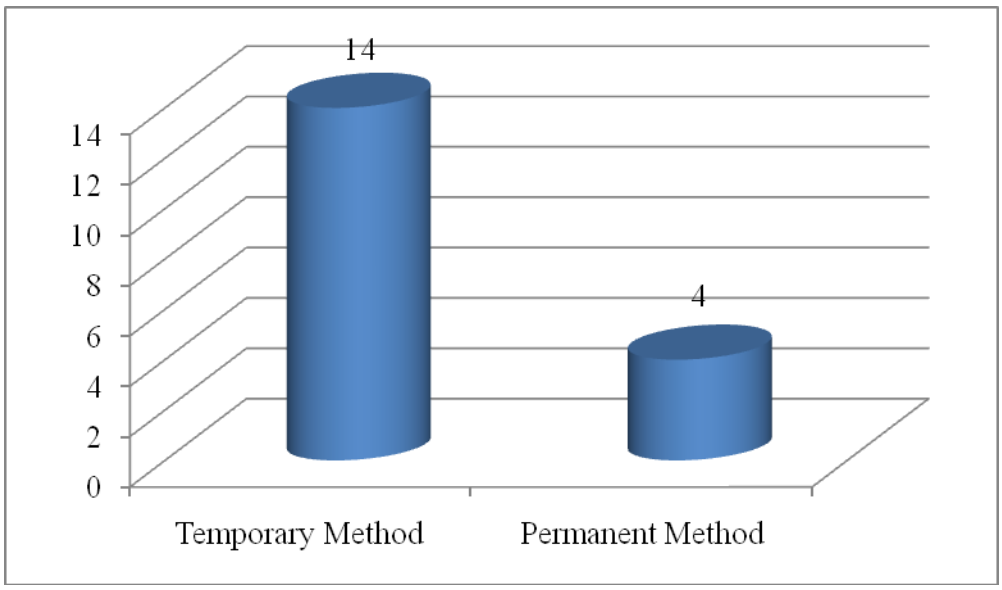
Practice assessment

Fig.15: Respondents currently using FP Contraceptive devices.



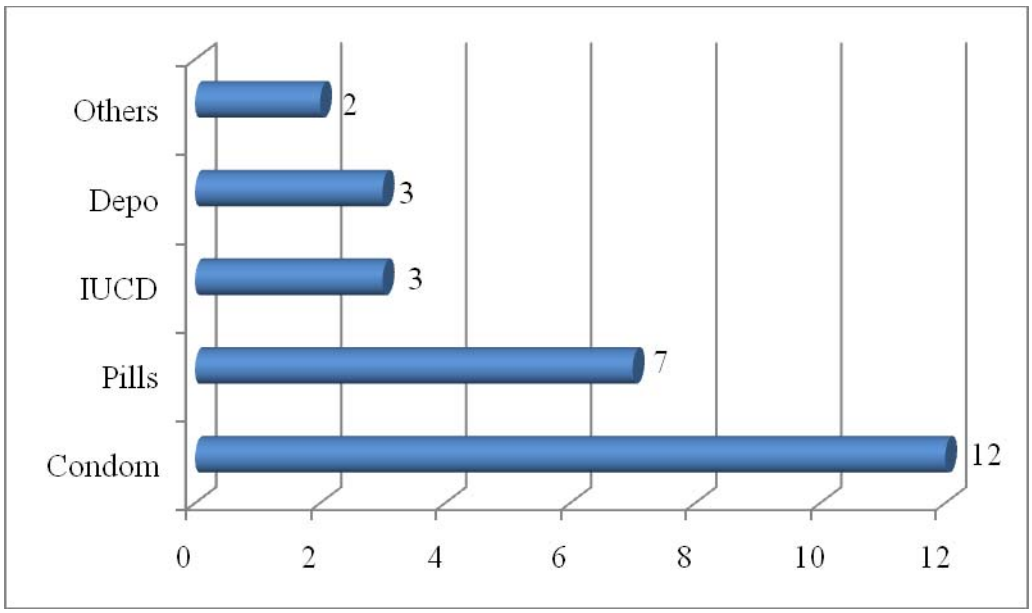
The above pie- chart reveals that 60% i.e. 18 respondents are currently using and 40% i.e. 12 respondents are currently not using FP Contraceptive devices.

Fig.16: Type of Contraceptive method currently using.



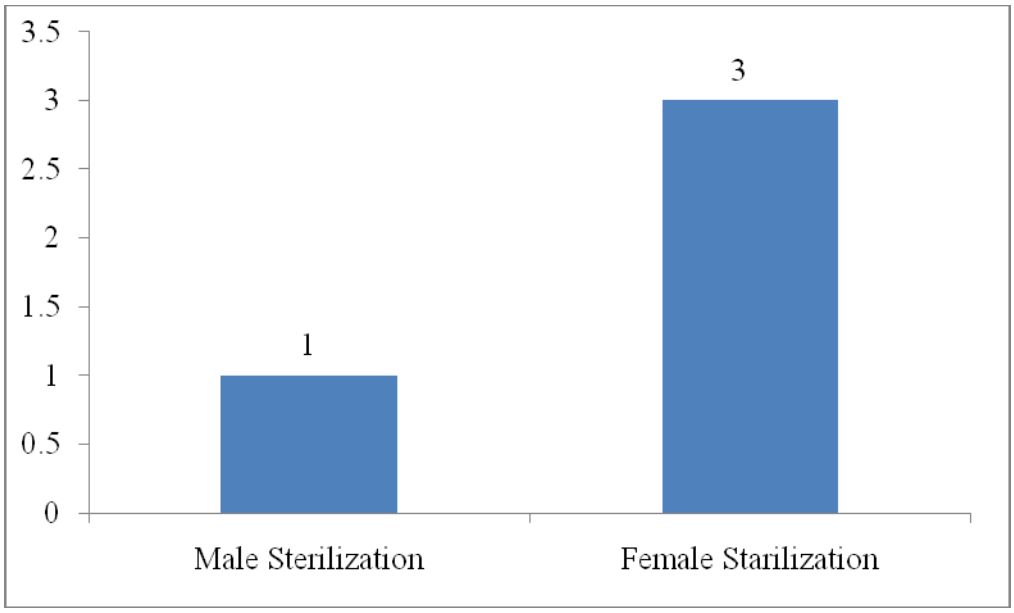
The above diagram shows that among the respondents currently using contraceptive methods, 14 respondents were using temporary methods and 4 respondents were using permanent methods.

Fig.17: Type of temporary method currently using.



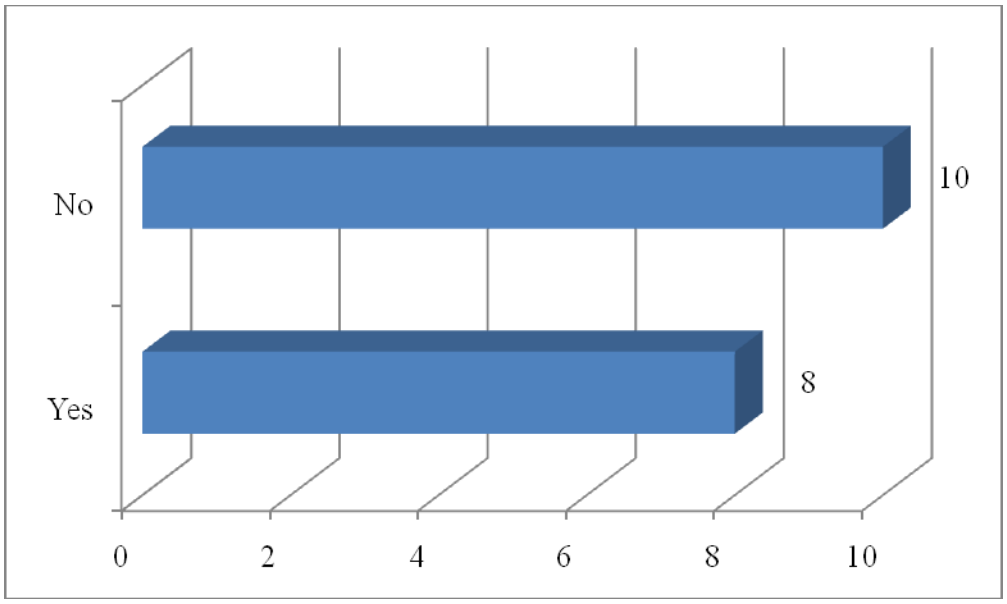
The above diagram shows that among the respondents currently using temporary contraceptive methods, maximum respondents n i.e. 12 were using condom and similarly, 7,3 and 3 respondents were using pills, IUCD and depo respectively and 2 respondents were using other methods.

Fig.18: Type of permanent method currently using.



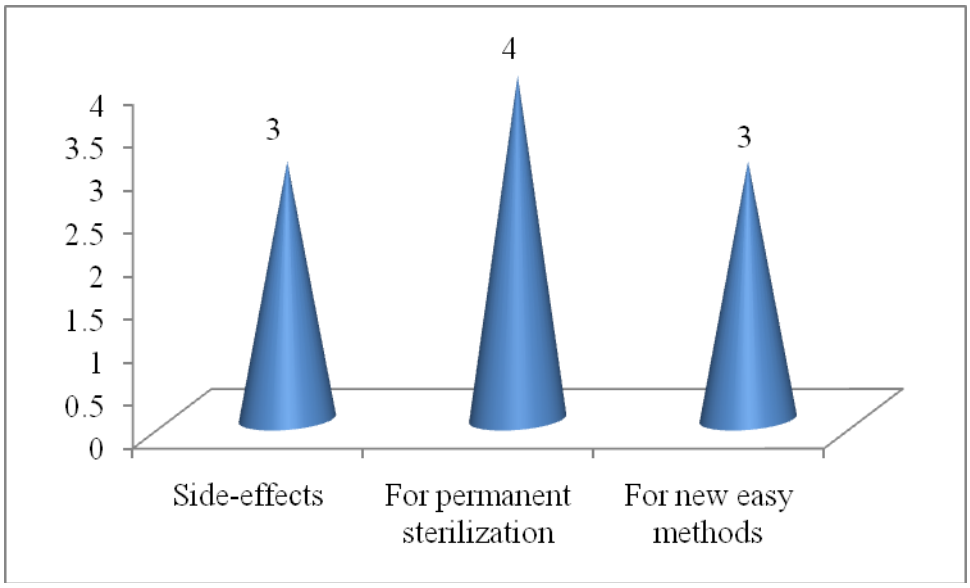
The above diagram shows that among the respondents currently using permanent contraceptive methods, 3 respondents had done female sterilization to their wife and 1 were using male sterilization.

Fig.19: Previously used contraceptive methods.



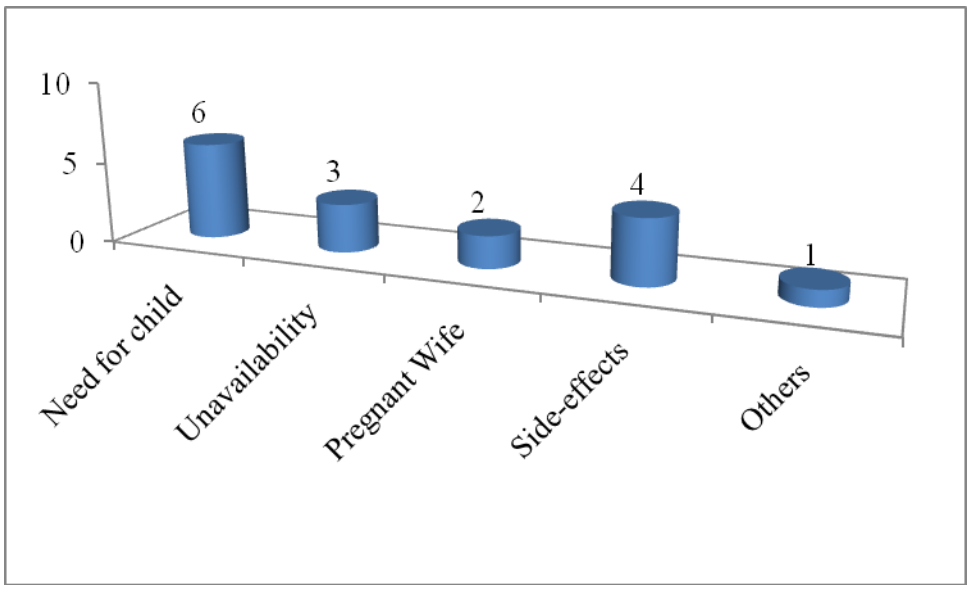
The above bar diagram shows that 8 respondents used different contraceptive method that changed it currently and 10 respondents never used before.

Fig.20: Reason for changing methods.



The above diagram shows that 3, 4 and 3 respondents changed the new method due to side effects, for permanent sterilization and new easy methods respectively.

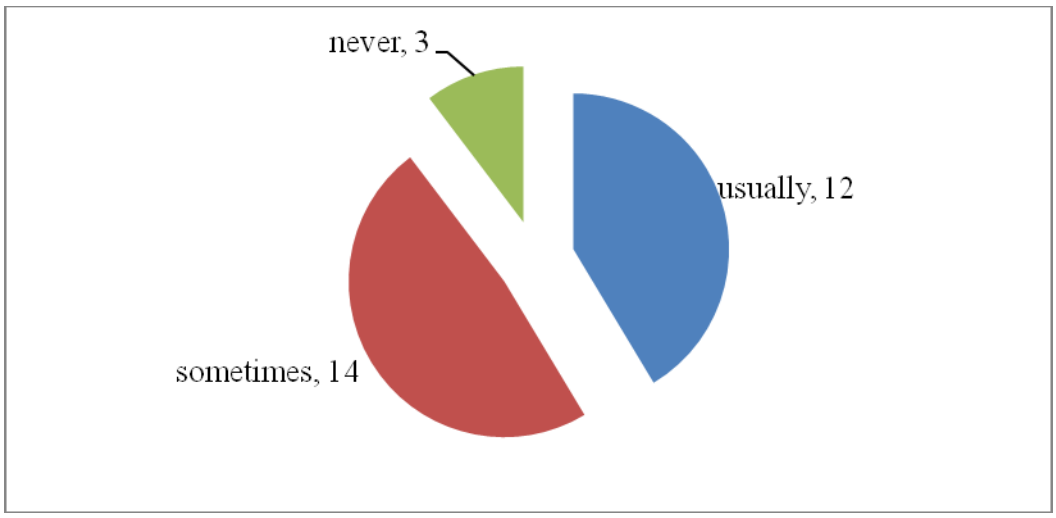
Fig.21: Reason for not using contraceptives.



The above diagram shows that 6, 3, 2 and 4 respondents did not use contraceptive methods due to need for child, unavailability, pregnant wife and side effects and 1 respondent due to other reason.

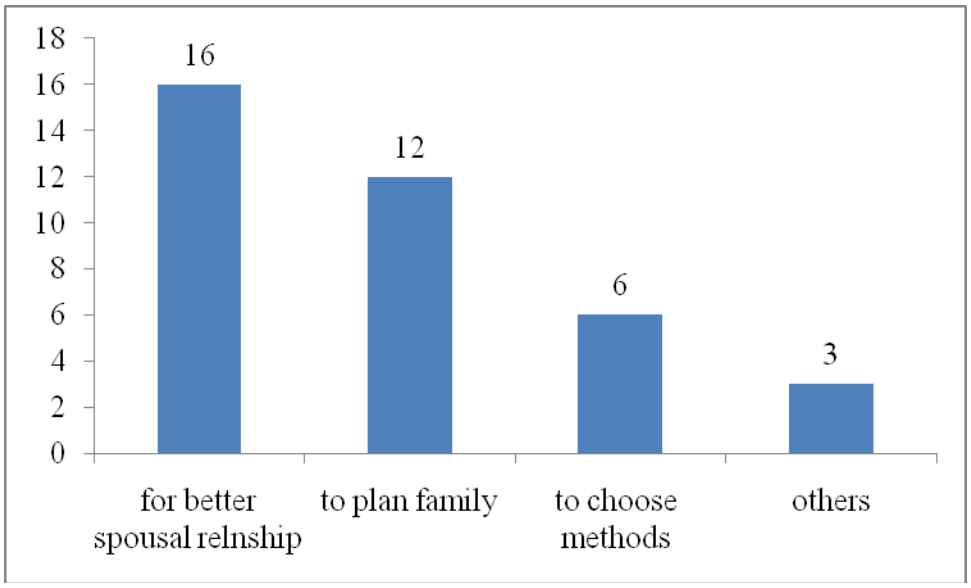
Spousal communication on contraceptive use

Fig.22: Extent of communication with spouse about contraceptive use.



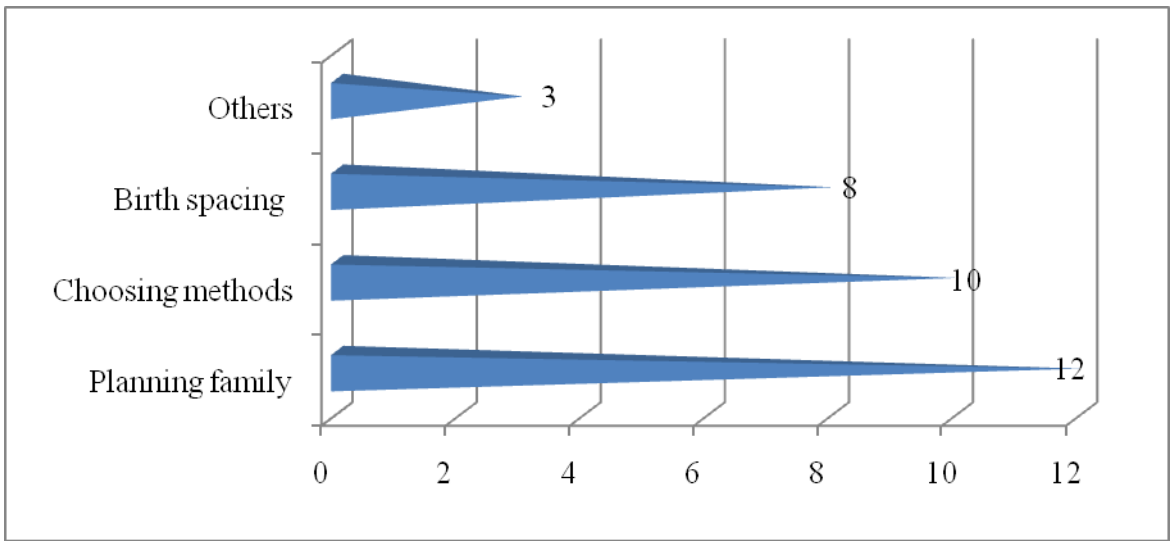
The above chart shows that 12 respondents discuss usually, 14 respondents discuss sometimes and 3 respondents never discuss with their wife about contraceptive use.

Fig.23: Reason for discussion.



The above diagram shows that, 16, 12 and 6 respondents discuss with their wife for better spousal relationship, to plan family and to choose methods respectively and 3 respondents discussed for other reasons.

Fig.24: Topic of discussion with spouse about contraceptive methods.



The above diagram shows that 12, 10 and 8 respondents discussed with their wife about planning the family, choosing methods and birth spacing respectively and 3 respondents discussed in other topics.

CHAPTER V

Discussion

As in context of Nepal, most of the family-planning services were offered within maternal and child health (MCH) centers, most research and information campaigns focused on women. This focus on women has reinforced the belief that family planning is largely a woman's business, with the man playing a very peripheral role. The involvement of men in family planning would therefore not only ease the responsibility borne by women in terms of decision-making for family-planning matters, but would also accelerate the understanding and practice of family planning in general.

As the study area was nearby the city people have greater access to health care services and also from the findings we found that most of the respondents are literate, they have better knowledge about different types of family planning methods and various temporary and permanent FP devices. Also the greater access of media has enhanced their knowledge about different FP methods. The modernization has also increased the sharing of knowledge, needs and practice on FP services. The benefit of small family size has also encouraged people to increase their understanding about family planning. The increased availability of condom is also the medium for the better understanding about temporary family planning devices.

Most of the respondent's attitude towards family planning methods is positive because of the reason that the FP devices are more effective and easy to use with less side effects. As most of the respondents age is below 30 years and the age at marriage is around 30 years or less so the preference towards temporary family planning method is high. being the age at marriage around 30 years and less they might thought that they want to have more children in future and also if anything happens to their children for the sake of secure the respondents are using temporary FP devices. The increased availability, cost effectiveness with no side effects of condom has resulted their attitude towards preference of temporary FP devices. As being the male dominated society and the religious belief defines that FP services are for the women and female sterilization prevents unwanted pregnancies there is greater preference towards female

sterilization. As for the sake of convenience and no need of child in future some of the respondents are using permanent FP devices.

The increasing participation of women in different activities has encouraged the women involvement in decision making about family planning. Our study result shows that there is greater extent of communication between husband and wife on contraceptive use which is similar to the other studies. Share in decision making about FP promotes better family relationship and healthy family environment.

CHAPTER VI

Conclusion

Family planning can influence nearly all of the aspects of quality of life. The objective of 'small family happy family' can only be achieved through family planning. Involving men and obtaining their support and commitment to family planning is of crucial importance. The involvement of men in family planning would therefore not only ease the responsibility borne by women in terms of decision-making for family-planning matters, but would also accelerate the understanding and practice of family planning in general.

In response to these factors, facilities are increasingly seeking ways to develop program that allow men’s constructive involvement in FP and other reproductive health services. Many providers and program designers have concluded that neglecting their men and their reproductive health is a losing strategy with adverse consequences for both men and women.

The increase understanding about family planning is linked to the increase in practice of contraceptive devices. Share in decision making about FP promotes better family relationship and healthy family environment.

Recommendation:

- Providing information, education and communication(IEC) about reproductive health is key to gaining their support
- IEC campaign and FP programmes should encourage couple communication and help to foster joint decision-making about reproductive health.
- More men should be informed about condoms and vasectomy. Provider needs to offer counseling to men.
- Family planning programmes should be designed and strategies should be developed such that it can convince men that mothers have no role in determining sex of a child and girl child should not be discriminated.
- Providing male audience with appropriate messages regarding FP should be given the utmost priority.
- Mass media are the best ways to reach and inform men hence they should be used and made more available in strategic ways to give men important information about reproductive health.

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Annex

Questionnaire:

Name_____ Age_____

Caste_____ Occupation_____

Education_____ Age at marriage_____

Knowledge assessment:

1) Have you heard about Family Planning Contraceptive methods?

Yes ( ) No ( )

1.1) If Yes, What are the different types of Contraceptive methods?

a. Temporary ( )
b. Permanent ( )
c. Both ( )
d. No response ( )

2) What are the different sources that provide family planning services?

a. Health facility ( )
b. Private clinics ( )
c. Health workers ( )
d. Others ( )

Attitude assessment:

3) What is your attitude towards the use of Contraceptive methods?

   a. Good ( )
   b. Satisfactory ( )
   c. Unsatisfactory ( )

4) What do you think that which method of contraception would be the best way for your couple?

   a. Temporary method ( )
   b. Permanent method ( )

   4.1) If a, then which devices;

      i. Condom ( )
      ii. Pills ( )
      iii. IUCD ( )
      iv. Depo. ( )
      v. Others ( )

   4.2) If b, then which method;

      i. Male sterilization ( )
      ii. Female sterilization ( )

Practice assessment:

5) Are you currently practising any FP contraceptive methods?

   Yes ( ) No ( )

5.1) If Yes, What type of method are you currently using?

a. Temporary method ( )

b. Permanent method ( )

5.1.1) If a, then which devices;

i. Condom ( )

ii. Pills ( )

iii. IUCD ( )

iv. Depo ( )

v. Others ( )

5.1.2) If b, then which method;

i. Male sterilization ( )

ii) Female sterilization ( )

6) Have you ever used any other contraceptive method before? (Different than you are using nowadays)

Yes ( ) No ( )

6.1) If Yes, What are the reasons for changing the methods?

a. Side effects ( )

b. For Permanent methods ( )

c. For new easy methods ( )

6.2) If No, What are the reasons for not using the methods before?

a. Need for child ( )

b. Unavailability ( )

c. Pregnant wife ( )

d. Side effects ( )

e. Others ( )

Spousal communication on contraceptive use:

7) To how some extent do you communicate (discuss) with your spouse about contraceptive use?

a. Usually ( )
b. Sometimes ( )
c. Never ( )

8) What are the different topics you discuss with your spouse about use of contraceptives?

a. To Plan family ( )
b. Choosing methods ( )
c. Birth spacing ( )
d. Others ( )