

KAP STUDY

CONTRACEPTION AND FERTILITY DECISION MAKING AMONG MEN ATTENDING GENERAL PRACTICE CLINICS IN KARACHI, PAKISTAN

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ABSTRACT

Background: Men are the leading decision-makers in our society, thus it is prudent to involve them in the reproductive health desires of the families. This study aimed to identify the practices, perceptions and attitude regarding contraception and fertility decision-making among men attended general practice clinics in Karachi, Pakistan.

Methods: This cross sectional study included 245 married men. Data was collected by a pre-tested questionnaire.

Results: Overall, number (52%) of study men never used any method of contraception. While those who do not practiced contraception stated the advantages of more children as supportive to their parents in old ages number (80%) and sons inherit to father's number (50%).

Furthermore, number(71%) participants believed that it's only the men's responsibility to make decision about family size and number (59%) it's only women's responsibility to use contraceptive method.

Conclusion: The study concluded that men in general have misconceptions and poor attitude towards contraception and fertility. To improve men's practices of contraception and encourage them to share contraception responsibility and decision about family size with their wives, public health practitioners can play an important role.

KEYWORDS: Contraception, Fertility, Men.

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INTRODUCTION

Pakistan, the sixth most populous country of the world, is facing huge challenge of poverty where 65% of the population is living in rural area from which 45% is having lack of access to health services¹. Apart from this approximately 28,000 women die annually in Pakistan due to preventable pregnancy related complications. Pakistan, in the year 2008, was voted amongst the six countries contributing to more than 50% of maternal deaths worldwide. 33% neonates die due to maternal

infections and problems related pregnancy and delivery complications². The poor health of women is contributing to maternal and child mortality and morbidity rate². Family planning programs are considered as useful intervention for reducing growing population³. Family planning programs are also helpful in protection from unwanted pregnancies (ultimately linked with unsafe abortions), cancers, HIV/ AIDs and other sexually transmitted disease^{4,5}. It is observed that the ineffectiveness of family planning program is linked with the concerns regarding usage of contraceptives that have been raised in

Pakistan in last two decades⁶. Contraceptives can improve the survival of the child and can maintain good physical and emotional health for the whole family due to child spacing³. Regardless of many awareness programs there are many factors which affect the continuity of these programs in long run^{7, 8}. However, these programs have given little attention to the decision making role of men in fertility matters⁹. Most of the family planning programs provide awareness on methods that could be utilized by females, not focusing on methods involving males¹⁰. Other studies also confirm that contraceptives methods and services are often geared towards women, although men are the primary decision maker on family size and their partner's family planning methods¹¹. The study conducted in Lahore Punjab indicated two important obstacles impacting on the use of contraceptives. First was the woman's perception of affecting relationship with husbands and the other was the negative attitude of husbands regarding family planning¹². Men could be utilized positively in the family planning programs¹³. It is evident by research study that there are many ways to include men positively, such as involvement in awareness session, paying for transportation fares of their partner¹³. The main issue is that men are never involved in family planning awareness programs with females. There is need to develop community programs for the sensitization of men along with females¹⁴. Mustafa et al. conducted a qualitative assessment aimed to explore knowledge, attitudes, and practices regarding family planning and factors that influence the need for and use of modern contraceptives. The study concluded by addressing issues regarding access, affordability, availability, and sociocultural barriers about modern contraception as well as involving men to meet the needs and ensure couples fulfill their childbearing and reproductive health goals¹. In a qualitative study the misinformation and lack of knowledge regarding contraceptives among men was prevalent, furthermore, usage of contraceptives by men is thought as against their pride. The study recommended that there is need to design community programs to debunk myths and misinformation and to encourage spousal communication regarding family planning, use and appropriate selection of contraceptives¹⁵. This study aimed to identify the practices and attitude regarding contraception and fertility decision-making among men.

METHOD

This cross sectional study was conducted at a private teaching hospital of Karachi, Pakistan. The sample size was 245 married men between the ages of 18 to 50 years attending the general practice clinics of a teaching hospital in Karachi, Pakistan. Purposive non probability sampling method was used to approach the subjects. Subjects were recruited after a written consent. Participants were assured to maintain confidentiality of the data. Permission was granted from the teaching hospital. Self-administered questionnaire was used to assess the practices and attitude towards contraception and fertility decision-making.

RESULTS

Table 1 states the socio-demographic characteristics of the study participants. Out of 245 total participants, 140 (57%) were between the ages of 30 to 45 years, 76 (31%) were above 45 years and 29 (12%) were below 30 years of age. The educational status of the participants was assessed. 118 (48%) of the participants were either illiterate or had education till primary level, 78 (32%) had educated till higher secondary and 49 (20%) had completed their graduation and post-graduation studies. There were 90 (37%) participants who had their own business, 71 (29%) were professionals, 59 (24%) were laborers and 25 (10%) participants were retired or jobless males.

Table 2 reveals the attitude of male towards family planning practices, 46% of male were in favor, 52% of male had sometimes used it, 71% of participants endorsed that male are responsible to make decision, 65% of participants thought had enough information about family planning. 78% participants thought that family practitioners are good means to provide information regarding family planning methods.

Figure 1 describes the advantages of more children. Approximately 80% of the participants replied that more children are supporter for parents when they grow older. 50% of the participants also marked that they prefer sons as continuity of their inherent.

The study results highlighted that there was negative association of high level of education and the use of contraceptives. Furthermore, there was also negative association between the high level of education and favor of using contraceptives.

TABLE 1: SOCIO-DEMOGRAPHIC CHARACTERISTICS

CHARACTERISTIC	NUMBER (%) (N = 245)
AGE GROUPS	
- < 30 YEARS	29 (12)
- 30 – 45 YEARS	140 (57)
- > 45 YEARS	76 (31)
EDUCATIONAL STATUS	
- ILLITERATE/PRIMARY	118 (48)
- SECONDARY/HIGHER SECONDARY	78 (32)
- GRADUATION/POST-GRADUATION	49 (20)
WORKING STATUS	
- PROFESSIONAL/OFFICE WORK	118 (48)
- BUSINESS	78 (32)
- MANUAL WORKER/LABOR	49 (20)
- JOBLESS/RETIRED	25 (10)

TABLE 2: ATTITUDE OF STUDY PARTICIPANTS TOWARDS FAMILY PLANNING

VARIABLES	RESPONSE (YES %)
DO YOU FAVOR OF FAMILY PLANNING?	113 (46)
HAVE YOU EVER USED ANY FAMILY PLANNING METHOD?	127 (52)
DO YOU BELIEVE THAT IT IS ONLY MEN'S RESPONSIBILITY TO MAKE DECISION ABOUT FAMILY SIZE?	173 (71)
DO YOU BELIEVE THAT IT IS ONLY WOMEN'S RESPONSIBILITY TO USE FAMILY PLANNING METHODS?	145 (59)
DO YOU THINK THAT THERE IS NEED FOR MORE INFORMATION ON FAMILY PLANNING?	159 (65)
DO YOU THINK THAT FAMILY PRACTITIONERS ARE GOOD MEAN TO PROVIDE INFORMATION REGARDING FAMILY PLANNING?	191 (78)

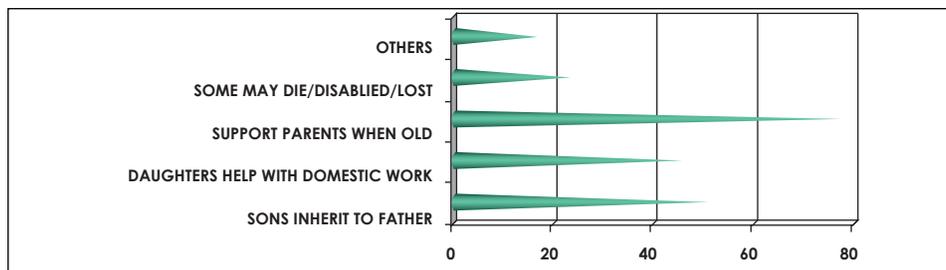


FIGURE 1: ADVANTAGES OF HAVING MORE CHILDREN

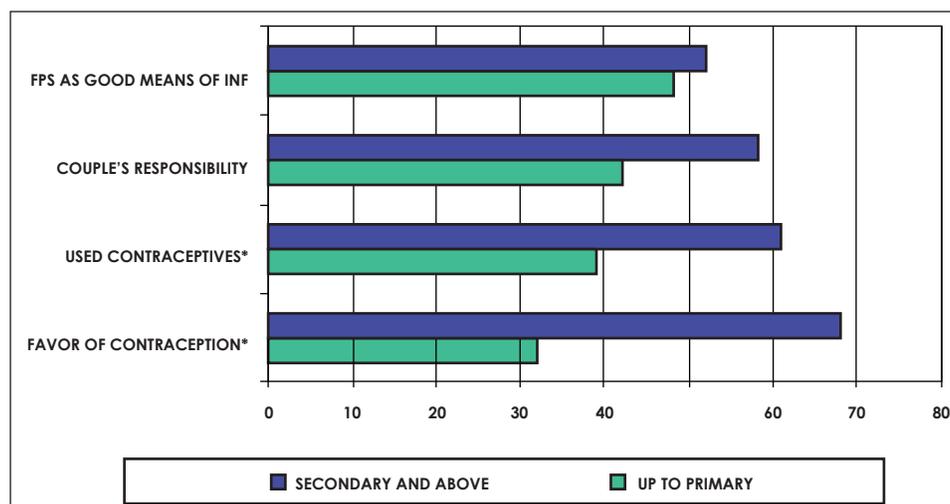


FIGURE 2: ATTITUDE ABOUT CONTRACEPTION BY EDUCATIONAL STATUS

DISCUSSION

The study results highlighted the aspect that males consider themselves of being in power for making decisions regarding family planning methods. The results of the study are consistent with the study conducted in Mozambique¹⁶. Researchers endorsed that this belief is leaving a negative effect on women's intention of using contraceptives. The researcher highlighted that there is need to design family planning program to improve positive aspect regarding use of contraceptive¹⁶. The study results indicated that most of the men thought that they have lack of knowledge regarding family planning¹⁷. These are consistent with the study conducted in the India, Char stated that, men on one hand are willing to participate in the reproductive health and family planning programs but lacked sufficient knowledge regarding family planning programs and services¹⁷. This study recommends that government should make policies involving men regarding family planning awareness programs. The study results also indicated that male think that decision making regarding contraceptives use is their responsibility. The results are consistent with the study conducted by the Kabagenyi et al. who concluded that it is important to make men realize that they should share the responsibility regarding contraceptives use with their spouses¹⁸. Soremekun further endorsed that involvement of men in family planning programs will be sensitive to socio-cultural norms that determine gender relations. There is need to plan strategies to create awareness on men's positive involvement¹⁹. Nasir et al. also recommend that educated men should involve more in awareness sessions because they could realize benefits of small family more than the uneducated men²⁰.

CONCLUSION

The study concluded that majority of men in the study had poor practices and attitude regarding use of contraceptives and decision making of family planning. There is need to develop community awareness through sessions intervening to provide correct information and reduce myths regarding family planning. The study also recommends that men should involve in practice sessions of contraceptives. In this regards health care providers can play an important role in the development of family planning services.

REFERENCES

1. Mustafa G, Azmat SK, Hameed W, Ali S, Ishaque M, Hussain W, Ahmed A, Munroe E. Family planning knowledge, attitudes, and practices among married men and women in rural areas of Pakistan: Findings from a qualitative need assessment study.

Int J Reprod Med. 2015. 15(1):1-9

2. National Institute of Population Studies (NIPS) and ICF International, Pakistan Demographic and Health Survey 2012-13, National Institute of Population Studies (NIPS), Islamabad, Pakistan; ICF International, Calverton, Md, USA, 2013

3. Tuloro T, Deressa W, Ali A, & Davey G. The role of men in contraceptive use and fertility preference in Hossana Town, Southern Ethiopia. *Ethiop J Health Sci* 2006;20(3) 152-9.

4. Matthews LT, Crankshaw T, Giddy J, Kaida A, Smit JA, Ware NC, Bangsberg DR. Reproductive decision-making and periconception practices among HIV-positive men and women attending HIV services in Durban, South Africa. *AIDS Behav* 2013; 17(2):461-70.

5. Moronkola OA, Ojediran MM, Amosu A. Reproductive health knowledge, beliefs and determinants of contraceptives use among women attending family planning clinics in Ibadan, Nigeria. *African Health Sci* 2006; 6(3): 155-9.

6. Agha S. Intentions to use contraceptives in Pakistan: implications for behavior change campaigns. *BMC Public Health* 2010; 10: 1-13.

7. Nanda, G., Schuler, S. R., & Lenzi R. (2013). The influence of gender attitudes on contraceptive use in Tanzania: new evidence using husbands' and wives' survey data. *J Biosoc Sci* 2013; 45(3): 331-44.

8. Ijadunola MY, Abiona TC, Ijadunola KT, Afolabi OT, Esimai OA, OlaOlorum F. Male Involvement in Family Planning Decision Making in Ile-Ife, Osun State, Nigeria. *Afr J Reprod Health* 2010; 14(3):45-52.

9. Vouking MZ, Evina CD, Tadenfok CN. Male involvement in family planning decision making in sub-Saharan Africa- what the evidence suggests. *Pan Afr Med J* 2014; 19:49.

10. Steinfeld RL, Newmann SJ, Onono M, Cohe C, Bukusi EA, Grossman D. Overcoming Barriers to Family Planning through Integration: Perspectives of HIV-Positive Men in Nyanza Province, Kenya. *AIDS Res Treat*. 2013; 2013:861983.

11. Moshia I, Ruben R, Kakoko D. Family planning decisions, perceptions and gender dynamics among couples in Mwanza, Tanzania: a qualitative study. *BMC Public Health* 2013; 13: 523.

12. Casterline JB, Sathar ZA, ul Haque M. Obstacles to contraceptive use in Pakistan: a study in Punjab. *Stud Fam Plann* 2001; 32(2): 95-110.

13. Adelekan A, Omoregie P, Edoni E. Male involvement in family planning: challenges and way forward. *Intl J Population Res* 2014; <http://dx.doi.org/10.1155/2014/416457>

14. Hvidman HW, Petersen KB, Larsen EC, Macklon KT, Pinborg A, Nyboe Andersen A. Individual fertility assessment and pro-fertility counseling; should this be offered to women and men of reproductive age? *Human Reprod* 2014;30(1):9-15.

15. Azmat SK, Mustafa G, Hameed W, Ali M, Ahmed A, Bilgrami M. Barriers and perceptions regarding different contraceptives and family planning practices amongst men and women of reproductive age in rural Pakistan: a qualitative study. *Pak J*

Public Health 2012; 2:1.

16. Mboane R, Bhatta MP. Influence of a husband's healthcare decision making role on a woman's intention to use contraceptives among Mozambican women. *Reprod Health* 2015; 12: 36.

17. Char A. Male involvement in family planning and reproductive health in rural central India; 2011.

18. Kabagenyi A, Jennings L, Reid A, Nalwadda G, Ntozi J, Atuyambe L. Barriers to male involvement in contraceptive uptake and reproductive health services: a qualitative study of men and women's

perceptions in two rural districts in Uganda. *Reprod Health* 2014; 11:21.

19. Soremekun O. factors that influence male involvement in family planning: A qualitative study of men of reproductive age in Ibadan North East and North-West: *Eur J Public Health* 2014; 24(2): 1.

20. Nasir JA, Tahir MH, Zaidi AA. Contraceptive attitude and behaviour among university men: a study from Punjab, Pakistan. *JAMC* 2010; 22(1):125-8.

