



A study on Involvement of Males in Promotion of Reproductive and Child Health in rural Areas of Kadapa district, Andhra Pradesh

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ABSTRACT

"Reproductive Health" implies both men and women. Men are partners in reproduction and sexuality. Men involvement in promotion reproductive health influences the women's reproductive health and children's well-being and society as well. The study is based on primary data and focuses on involvement of Males in Promotion of Reproductive and Child Health in relation to their background aspects. The findings show that men's shared responsibility and active involvement certainly improves the reproductive and sexual health.

Keywords : Men involvement, Reproductive health, Age at marriage, Age difference Compatibility, and women

Introduction

Traditional reproductive health programs focus almost exclusively on women. Reproductive health services are commonly offered at clinics that have limited services for men and are frequented mostly by women¹. One popular view holds that men know little about contraception, do not want their partners to use it, and are not interested in planning their families². Men play critical roles in women's ability to seek health care, yet, more often than not, they are uninformed about women's reproductive health needs or their own. Hence, the International Conference on Population and Development (ICPD) emphasized the need for equity in gender relations with a special focus on men's shared responsibility and active involvement to promote reproductive and sexual health³.

If men are brought into a wide range of reproductive health services in such a way that they are supported as equal partners and responsible parents, as well as clients in their own right, better outcomes are expected in reproductive health indicators such as contraception acceptance and continuation, safer sexual behaviours, use of reproductive health services, and reduction in reproductive morbidity and mortality. This paper focuses on involvement of Males in Promotion of Reproductive and Child Health in relation background aspects.

Methodology

The study is based on primary data collected in rural Areas of Kadapa district, Andhra Pradesh, South India. A total of 600 respondents were selected by adopting random sampling method. The respondents were in the reproductive age of 15-49 years. The objective of the study is to examine the involvement of Males in Promotion of Reproductive and Child Health in relation to their background aspects. Twenty six questions on Reproductive and Child Health (i.e natal care, breast feeding, contraception, sexual activity etc.) were prepared to elicit information from the respondents. A pretested scheduled was used for conducting individual interviews to document problem. Three point scales was used to measure the level of male involvement and grouped into three categories viz, Low, Moderate and High. Before commencing the study, a brief explanation of the purpose of the study was given by the investigators to the respondents individually.

Participation in the study was entirely voluntary. Each participant has maintained privacy in responding to the interview-

ers. The investigators visited the villages twice to contact the respondents who were not available during the first visit. Chi-Square test is carried out to know the association between independent variables and Dependent variable (Involvement of males in Promotion of Reproductive and Child Health).

Results and discussion

Background of the respondents: The respondents were grouped into four categories namely Forward Caste, Backward Caste, Scheduled Caste and Scheduled Tribe. One-third of the respondents were Backward Caste followed by 27.33 percent belongs to Forward Caste, 23.67 percent belongs to Scheduled Caste and rest were Scheduled Tribe (4.67 percent). Age at of marriage females is a key aspect in reproductive life of a woman. One-third (36.33 percent) of respondents wives married at the ages of 19-22 years, 45.00 percent married at below age of 18 years and rest (18.67 percent) married at the age of 23 and above years. Two-fifth (43.67 percent) of the respondents have an age difference of < 3 years; three-tenths (29.33 percent) have 4-6 years and rest (27 percent) have an age difference of 10 and above years. More than four-fifth (82.77percent) of respondents are literates and rest (17.33 percent) illiterate. One-third (32.67 percent) of respondents are in low range compatibility followed by two-fifth in medium range and rest (27.00 percent) in high range. One-third (36 percent) of respondents have low range of perception on women autonomy, another one-third (36 percent) of respondents have medium range of perception and rest (28 percent) have high range of perception.

Caste: - The caste system in India is a system of social stratification, social restriction and a basis for affirmative action. **In general the urban people in India are less strict about the caste system than the rural. To know the influence of caste on Involvement of Males in Promotion of Reproductive and Child Health, data is collected and set in table-1. It can be observed from table-1 that the forward caste respondents have higher proportion (35.37 percent) in high range of involvement in Promotion of Reproductive and Child Health followed by Backward Caste (25.24 percent), Scheduled Caste (16.83 percent) and Scheduled Tribe (7.14 percent).** The chi-square results also reveals significant (p<0.01 level) association between Caste and Involvement of Males in Promotion of Reproductive and Child Health

Table-1: Caste and Involvement of Males in Promotion of Reproductive and Child Health

Caste	Low	Medium	High	Total
Forward Caste	36 (21.95)	70 (42.68)	58 (35.37)	164 (100.00)
Backward Caste	72 (34.95)	82 (39.81)	52 (25.24)	206 (100.00)
Scheduled Caste	70 (34.65)	98 (48.51)	34 (16.83)	202 (100.00)
Scheduled Tribe	14 (50.00)	12 (42.86)	2 (7.14)	28 (100.00)
Total	192 (32.00)	262 (43.67)	146 (24.33)	600 (100.00)

Chi-Square = 27.192 (Significant at 0.01 level) d.f = 6

Age at marriage: Age at marriage is a key aspect in reproductive health aspects. Women who marry at latter ages have greater chance of communication on reproductive health issues with their husbands there by better chance of involvement of Males in Promotion of Reproductive and Child Health. Data on Age at marriage of the Wife and involvement of Males in Promotion of Reproductive and Child Health is set in table-2.

Table-2: Age at marriage of the Wife and Involvement of Males in Promotion of Reproductive and Child Health

Age at marriage	Low	Medium	High	Total
Below 18	114 (42.22)	102 (37.78)	54 (20.00)	270 (100.00)
19-22	52 (23.85)	102 (46.79)	64 (29.36)	218 (100.00)
23 and above	26 (23.21)	58 (51.79)	28 (25.00)	112 (100.00)
Total	192 (23.21)	262 (43.67)	146 (24.33)	600 (100.00)

Chi-Square = 24.727 (Significant at 0.01 level) d. f = 4

It can be seen in table-2 that high as well as medium level of male involvement in Promotion of Reproductive and Child Health is found among wives who married early ages than their counterparts. The Chi-Square result also shows at significant relation between Age at marriage of the Wife and involvement of Males in Promotion of Reproductive and Child Health.

Age difference: In general, respondents who have consanguineous marriages have more age difference than respondents with non- consanguineous marriage. Higher age difference between couples will have lower communication on Reproductive and Child Health. Data on Age difference between spouses and involvement of Males in Promotion of Reproductive and Child Health is set in table-3.

Table-3: Age difference between spouses and Involvement of Males in Promotion of Reproductive and Child Health

Age difference between spouses	Low	Medium	High	Total
Below 3	48 (27.27)	96 (54.55)	32 (18.18)	176 (100.00)
4 - 6	76 (29.01)	104 (39.69)	82 (31.30)	262 (100.00)
7 and above	68 (41.98)	62 (38.27)	32 (19.75)	162 (100.00)
Total	192 (32.00)	262 (43.67)	146 (24.33)	600 (100.00)

Chi-Square = 23.152 (Significant at 0.01 level) d.f = 4

It can be seen in table-3 that the respondents who have lower age difference are having greater involvement in Promotion of Reproductive and Child Health than respondents with higher age difference between spouses. The association between age difference among spouses and involvement of Males in Promotion of reproductive and Child Health is statically significant (p<0.01 level).

Literacy Status:

Literacy acts as a catalyst for social upliftment of enhancing the returns on investment made in almost every aspects of development effort, be it population control, health and hygiene. Moreover, higher level of literacy leads to a greater awareness and also contributes in improvement of economic conditions. To know the relation between Literacy Status of the

respondents and Involvement of Males in Promotion of Reproductive and Child Health, data is gathered and furnished in table-4. It is found from table-4 that illiterate respondents are less involved in Promotion of Reproductive and Child Health (54 percent low level and 46 percent Medium level) than the respondents with college education (35 percent and 58 percent are involved at medium and high level respectively).The association between Literacy Status of the respondent and involvement of Males in Promotion of Reproductive and Child Health is significant (p<0.01 level).

Table-4: Literacy Status of the Respondent and Involvement of Males in Promotion of Reproductive and Child Health

Literacy Status	Low	Medium	High	Total
Illiterate	56 (53.85)	48 (46.15)	0 (0.00)	104 (100.00)
Primary	78 (49.37)	70 (44.30)	10 (6.33)	158 (100.00)
Secondary	46 (28.75)	82 (51.25)	32(20.00)	160 (100.00)
College	12 (6.74)	62 (34.83)	104 (58.43)	178 (100.00)
Total	192 (32.00)	262 (43.67)	146 (24.33)	600 (100.00)

Chi-Square = 204.488 (Significant at 0.01 level) d f = 6

Compatibility: Capable of existing or living together in harmony is one aspect which determines the involvement of Males in Promotion of Reproductive and Child Health. The relation among couples is better; the involvement of Males in Promotion of Reproductive and Child Health would be higher. Data relate to these aspects is presented in table-5.

Table-5: Compatibility and Involvement of Males in Promotion of Reproductive and Child Health

Compatibility	Low	Medium	High	Total
Low	116 (59.18)	72(36.73)	8 (4.08)	196 (100.00)
Medium	58 (23.97)	130 (53.72)	54 (22.31)	242 (100.00)
High	18 (11.11)	60 (37.04)	84 (51.85)	162 (100.00)
Total	192 (32.00)	262 (43.67)	146 (24.33)	600 (100.00)

Chi-Square = 165.475(Significant at 0.01 level)df = 4

It is evident from table-5 that higher proportion (59 percent) of low level involvement is found for respondents who have low level of compatibility than the respondents with high level compatibility. There is significant (p<0.01level) association level of compatibility and involvement of Males in Promotion of Reproductive and Child Health.

Perceptions on autonomy of women: Men who are more aware about women's autonomy in terms of outside mobility, access to economic resources and involvement in household decisions and their association with fertility and contraceptive behavior have better involvement in Promotion of Reproductive and Child Health. Data relate to these aspects is presented in table-6.

Table-6: Perceptions on autonomy of women and Involvement of Males in Promotion of Reproductive and Child Health

Autonomy of women	Low	Medium	High	Total
Low	138 (63.89)	74 (34.26)	4 (1.85)	216 (100.0)
Medium	40 (18.52)	112 (51.85)	64 (29.63)	216 (100.0)
High	14 (8.33)	76 (45.24)	78 (46.43)	168 (100.00)
Total	192 (32.00)	262 (43.67)	146 (24.33)	600 (100.00)

Chi-Square = 199.162(Significant at 0.01 level) d.f = 4

It can be observed from table-6 that men who have low perceptions on autonomy of women are involved least (64 percent) in Promotion of Reproductive and Child Health than men who have involved with high perception on autonomy of women (45 percent and 46 percent medium as well as high level). Perceptions on autonomy of women and involvement of Males in of Promotion Reproductive and Child Health is significantly (p<0.01 level) differ.

Conclusion

The level of male involvement is better in forward caste, backward caste than scheduled and scheduled tribe. With increase in age at marriage of spouse, level of involvement of Males has been increasing. The age difference of couple is negatively related to male involvement in Promotion of Reproductive and Child Health. The level of involvement of Males is increasing with an increase in educational status. The aspects like the level of compatibility and Perceptions on autonomy of women have negatively related to involvement of Males in Promotion of Reproductive and Child Health.

Recommendations

To ensure promotion of male involvement in health issues especially reproductive health, relevant agencies could take various steps to:

1. Design more reproductive health programs that involve men and educate them about sexual and reproductive health, their own responsibilities, and that address men's own needs especially weaker sections.
2. Community-based services with trained providers on Family Planning/Reproductive Health needs are to be increased for currently married couples.
3. Ministry of Health and non-governmental organizations have to develop counseling centers for couples to educate on reproductive health matters.
4. Separate clinic for males; improved services at existing clinics; Workplace services and increase contraceptive choice for men are suggestive measures to involve males in Promotion of Reproductive and Child Health.

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