

## Research Paper

## Social Science



## Men involvement in promotion of Spouse reproductive health - A study

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### ABSTRACT

*Reproductive health programmers should encourage men to have better communication with their partners so as to decide mutually on reproductive health issues, should educate men to dissociate sexual risk taking behavior from masculine pride, help diminish gender bias and stereotype to men and provide sexual and reproductive health information's and services to men to prevent unimpeded pregnancies and STD's. Therefore, the present study examines some aspects of male involvement in promotion wife reproductive health. The results show that majority of respondents involved either fully or partially involved in promotion of their spouse's reproductive health aspects.*

**Keywords :** Men involvement, concentration use, birth spacing, household chores, and anti-natal care

### Introduction

Man can play an important role in family planning and reproductive health by various ways concerning development of new safe and effective contraceptives, increasing awareness about the available contraceptive services and sex by men. Men can also share the responsibility of safe motherhoods by providing care and remaining faithful to their partners and respecting the sexual and reproductive rights of women. Further, men play a critical role in determining the level of education, the age at marriage, health, nutrition, employment as well as access to and utilization of family welfare services. However, the population stabilization programmers of our country excluded men from the programmers. The major reasons are men considered reproductive to be "a women's domain" lack of proper trained staff, have little to offer to male client, lack of financial resources and limited reach on men's sexual and reproductive health. The active involvement of men is called in for planning families, supporting contraceptive use, helping pregnant women study healthy, arranging skills care during delivery, avoiding delays in seeking care during delivery and in helping offer the baby is born including Breast feeding, immunization, nutrition etc.,. In short, the active co-operative and participation of men is vital for encouraging programmed acceptance. Moreover, male view on contraception and fertility preferences deserve more attention than they have received. The 1994 International conferences on population and development and support the use of family planning, information's on essential for developing and strengthening communications involving men in health promotion of the couple and the family as a whole. Therefore, the present study examines some aspects of male involvement in promotion wife reproductive health.

Research showed that men not only acted as "gatekeepers", restricting women and children access to health services, but also through abuse or neglect, men actions had direct bearing on the health of their partners and children (Gallen et al; 1986). National Family Health Survey (NFHS)-III (IIPS and Marco, 2007) reveals that husband's presence in ANC markedly increases the chance of wife's institutional delivery in India. Men's knowledge and positive gender attitude definitely enhances maternal care and women's health care decision making. An all Indian study by Sharma (2002) on sharing Reproductive Health Responsibilities: Men's perspectives revealed that all the participants agreed on the need of family planning; most participants' endorsed the idea that family planning should be a joint responsibility.

### Methodology

The data for the present study 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 males having wives 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 aspects. Twelve questions on Reproductive and Child Health (i.e maternal care, birth spacing, number of children, contraception, nutrition, and sexual activity etc.) were prepared to elicit information from the respondents. A pretested schedule 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 interviewers. 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

The characteristics of respondents and male involvement aspects are discussed hereunder.

**Table-1: Characteristics of respondents**

S. No	Particular	Frequency	Percent
<b>Caste</b>			
1	Forward caste	164	27.3
2	Back ward caste	206	34.3
3	Scheduled caste	202	33.7
4	Scheduled tribe	28	4.7
5	Total	600	100.0
<b>Religion</b>			
S. No	Particular	Frequency	Percent
1	Hindu	548	91.3
2	Non-Hindu	52	8.7

3	Total	600	100.0
Age gap			
S. No	Particular	Frequency	Percent
1	≤3 years	176	29.3
2	4-6 years	262	43.7
3	7+ years	162	27.0
4	Total	600	100.0
Type of marriage			
S. No	Particular	Frequency	Percent
1	Consanguineous	376	62.7
2	Non- consanguineous	224	37.3
3	Total	600	100.0
Type of family			
S. No	Particular	Frequency	Percent
1	Nuclear family	302	50.3
2	Joint family	298	49.7
3	Total	600	100.0
Literacy level of Husband			
S. No	Particular	Frequency	Percent
1	Illiterate	104	17.3
2	Primary	158	26.3
3	Secondary	160	26.7
4	College	178	29.7
5	Total	600	100.0
Work pattern			
S. No	Particular	Frequency	Percent
1	Throughout the year	456	76.3
2	Only some times	138	23.0
3	Once a while	4	0.7
4	Total	600	100.0

It can be observed from table-1 that 34.3 percent of respondents belongs to back ward caste, 33.7 percent belongs to scheduled caste, 27.3 percent belongs to forward caste and rest (4.7 percent) belongs to scheduled caste. An overwhelming proportion (91.3 percent) of respondents belongs to Hindu religion and rest is Non-Hindus. Majority (43.7 percent) of respondents are having an age gap of 4-6 years followed by 29.3 percent and 27.0 percent are having an age gap of ≤ 3 years and 7+ years respectively. Majority (62.7 percent) of respondents has consanguineous type of marriage and rest (37.3 percent) has non-consanguineous type of marriage. Half of the respondents (50.3 percent) belong to joint families. About 26 percent of respondents each are having primary education and secondary education, 30.0 percent are having college education and 17.3 percent are illiterate. Regarding work pattern, majority (76.3 percent) are having throughout the year followed by 23.0 percent are having work only some times and a marginal (0.7 percent) are having once a while.

It can be observed from table-2 that 41.6 percent of respondents said that the use of contraception should be joint decision, 40.7 percent said that family planning practice would be women exclusive decision and rest (17.7 percent) opined that the contraceptive use is men's exclusive decision. About 42.0 percent of respondents said that the women should use temporary methods of contraceptives, 24.7 percent of respondents said that men should use temporary methods of contraceptives, while, 28.6 percent of respondents opined that both men as well as women should be used and 4.7 percent of respondents said that no one should use.

**Table-2: Men involvement aspects in promotion of family welfare matters.**

Decision on concentration use			
S.NO	Particular	Frequency	Percent
1	Men exclusive decision	106	17.7

2	Women exclusive decision	244	40.7
3	Joint decision	250	41.6
4	Total	600	100.0
Who should use temporary methods of contraceptives			
S.NO	Particular	Frequency	Percent
1	No one	28	4.7
2	Women	252	42.0
3	Men	148	24.7
4	Both	172	28.6
5	Total	600	100.0
Who should use permanent methods of contraceptives			
S.NO	Particular	Frequency	Percent
1	No one	24	4.0
2	Women	426	71.0
3	Men	50	8.3
4	Both	100	16.7
5	Total	600	100.0
Discussion on number of children need			
S.NO	Particular	Frequency	Percent
1	Never	182	30.3
2	Occasionally	240	40.0
3	Many times	178	29.7
4	Total	600	100.0
Ever discussion on birth spacing with wife			
S.NO	Particular	Frequency	Percent
1	Never	170	28.3
2	Occasionally	290	48.4
3	Many times	140	23.3
4	Total	600	100.0
Ever respect your wife view during sex			
S.NO	Particular	Frequency	Percent
1	Never	104	17.3
2	Occasionally	288	48.0
3	Many times	208	34.7
4	Total	600	100.0

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Contrary to this, 71.0 percent of respondents said that women should use permanent methods of contraceptives, 16.7 percent said that both men and women should use, only 8.3 percent said that men should use and 4.0 percent opined that no one should use permanent methods of contraceptives. It can be observed from table-2 that 41.6 percent of respondents said that the use of contraception should be joint decision, 40.7 percent said that family planning practice would be women exclusive decision and rest (17.7 percent) opined that the contraceptive use is men's exclusive decision. About 42.0 percent of respondents said that the women should use temporary methods of contraceptives, 24.7 percent of respondents said that men should use temporary methods of contraceptives, while, 28.6 percent of respondents opined that both men as well as women should be used and 4.7 percent of respondents said that no one should use. Contrary to this, 71.0 percent of respondents said that women should use permanent methods of contraceptives, 16.7 percent said that both men and women should use, only 8.3 percent said that men should use and 4.0 percent opined that no one should use permanent methods of contraceptives. About 40.0 percent of respondents discussed occasionally on number of children they need, 29.7 percent of respondent's discussed many times and 30.3 percent have never discussed. Nearly half (48.4) of respondents have discussed occasionally on spacing of birth with their wives, 23.3 percent discussed many times and 28.3 percent of respondents have never discussed. About 48.0 percent of respondents have respected occasionally wife view during sex, 34.7 percent have respected many times and 17.3 percent of respondents have never respected wife view during sex. Men involvement aspects in promotion of wife reproductive health are furnished in table-3. Over (53.0 percent) of men shared household chores during wives recent pregnancy, 41.3 percent shared many times and rest (5.7 percent) have never shared.

**Table-3: Men involvement aspects in promotion of wife reproductive health.**

Sharing household chores during wives recent pregnancy			
S.NO	Particular	Frequency	Percent
1	Never	34	5.7
2	Occasionally	318	53.0
3	Many times	248	41.3
4	Total	600	100.0
Providing nutrition food to wife during recent pregnancy			

S.NO	Particular	Frequency	Percent
1	Never	110	18.3
2	Occasionally	196	32.7
3	Many times	294	49.0
4	Total	600	100.0
Providing nutrition food to wife during recent child lactation period			
S.NO	Particular	Frequency	Percent
1	Never	106	17.7
2	Occasionally	228	38.0
3	Many times	266	44.3
4	Total	600	100.0
Attended for anti-natal care to wife's last pregnancy			
S.NO	Particular	Frequency	Percent
1	Never	46	7.7
2	Occasionally	292	48.6
3	Many times	262	43.7
4	Total	600	100.0
Attended for post-natal care to wife's recent pregnancy			
S.NO	Particular	Frequency	Percent
1	Never	46	7.7
2	Occasionally	304	50.7
3	Many times	250	41.6
4	Total	600	100.0
Presence during delivery of recent child			
S.NO	Particular	Frequency	Percent
1	Never	74	12.3
2	Partially	274	45.7
3	Fully	252	42.0
4	Total	600	100.0

Further, 49.0 percent of respondents provided nutrition food to wife during recent pregnancy, 32.7 percent provided occasionally and 18.3 percent of respondents never provided. About 44.3 percent of respondents have providing nutrition food many times to their wife during recent child lactation period followed 38.0 percent have occasionally provided and rest (17.7 percent) have never provided. Similarly, 43.7 percent of respondents have accompanied many times for anti-natal care to wife's last pregnancy followed by 48.6 percent occasionally accompanied and a small proportion (7.7 percent) have never accompanied. Moreover, 50.7 percent of respondents have attended many times for post-natal care to wife's recent pregnancy, 41.6 percent have accompanied occasionally and a minimum proportion (7.7 percent) has never attended. About 42.0 percent of respondents have fully presented during their wife delivery of recent child, 45.7 percent have partially presented and rest (12.3 percent) have never presented.

### Conclusion

The results show that majority of respondents involved either fully or partially involved in promotion of their spouse's reproductive health aspects, thereby having a better reproductive health of wives. In order to enhance the participation of men in the welfare of their family, Policy makers should emphasize the four "E"-s – Education; Empowerment; (of women and men with quality services); Enhancement of men's participation and Employment as strategy for better reproductive health results.

### REFERENCES

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