

# Married Men's Involvement in Family Planning – A Study from Coastal Southern India

REKHA T<sup>1</sup>, UNNIKRISHNAN B<sup>2</sup>, PRASANNA P MITHRA<sup>3</sup>, NITHIN KUMAR<sup>4</sup>, RAMESH HOLLA<sup>5</sup>, VISHAL RAINA<sup>6</sup>, HISHAM HASHIM<sup>7</sup>, PRAKHAR SINGH<sup>8</sup>

## ABSTRACT

**Background:** Over the years, India has emerged as one of the most populous countries in the world, next only to China. Unregulated fertility can compromise the economic development and political stability of a country. Family planning was always thought to be a woman's prerogative, especially in a male dominant society like India. Consequently, most of the studies on family planning focused on women as the subject of interest.

**Purpose:** To assess the knowledge, attitude and practices of family planning amongst men who have been married for at least five years.

**Materials and Methods:** A cross-sectional study was carried out in the teaching hospitals of Kasturba Medical College (Manipal University), Mangalore; India among 156 men who had been married for at least five years. They were selected using

non-random sampling method and were interviewed using a pretested semi structured validated questionnaire. Chi-square test was used for statistical analyses.

**Results:** Overall, 75.6% were aged between 26 and 34 years, 41.7% had one child, 92.3% subjects from upper and 86.9% from lower socio-economic status were aware about the male family planning services available in the market. Most husbands preferred that their spouse should be sterilized (53.8%). Family planning methods were actively practiced by 71.2 %.

**Conclusion:** Most of the studies on family planning have focused mainly on females. This study throws light on the male perspective of family planning. Our study subjects were well aware about various family planning services and their attitude towards family planning was favorable, but the number of men practicing family planning was not high.

**Keywords:** Attitudes, India, Knowledge, Male

## INTRODUCTION

A rapid population growth is a burden on the resources of many developing countries like India [1]. Currently, India is the second most populous country in the world, contributing about 20% of births worldwide [2]. Unregulated fertility, can compromise the economic development and political stability of a country. Many international institutions and organizations have strongly advocated family planning for controlling the unregulated births. Even though many studies have been conducted in this field, the demographic research has focused on the determinants of contraception used by women [3].

Despite India being the first country to launch a National Family Planning Program in 1952, there are still 13% of married women with unmet needs in regard to family planning (NFHS III). Family planning was always thought to be a woman's prerogative, especially in a male dominant society like India and most of the studies on family planning in developing countries have long focused on women as the subject of interest. Very little work in this area has focused on men. But the fact is that both men and women are equally responsible for planning and regulating the family size. It is now increasingly recognized that the actions required to achieve improvements in family planning should also encourage the active participation of men, hence exploring the role of husband's contraceptive practices is particularly important [4]. Male involvement also includes the number of men who encourage and support their partner and peers to use family planning and who influence the policy environment to be more conducive to developing male-related programs [5].

The male involvement includes not only male contraception but also all the other national program activities which works towards

increasing the awareness, acceptability and prevalence of family planning methods among the males. The usage of modern methods of contraception offer many advantages to the health and economy of both the couple and the country. The primary aim of family planning enables women and men to plan their families and space their children through the use of modern contraceptives. However, family planning also embraces activities such as infertility, genetic counseling, contraception, abortion and sterilization. Of late, with an increasing awareness about HIV/AIDS, there has been a rise in condom promotion and usage which in turn leads to family planning. This usage in turn is influenced by the awareness and attitudes of the people of reproductive age group and in particular the male partners. But this has been rarely studied and given importance to [1]. Hence, in this study we assessed the knowledge, attitude and practices of family planning amongst men who have been married for five years.

## MATERIALS AND METHODS

This cross-sectional study was carried out in the teaching hospitals of Kasturba Medical College, Mangalore (Manipal University) in the month of February 2012 among men who had been married for at least 5 years. The sample size was calculated as 156, with an anticipated level of men following family planning methods as 55% [1], 85% power, 15% absolute precision, 95% confidence interval and 10% non-response error. After obtaining clearance from the Institution Ethics Committee, the hospitals were visited on a pre-informed date.

The subjects were selected using convenient, non-random sampling technique. Those eligible subjects who were present in the hospital during the time of data collection as by-standers for

their spouses and children or seeking health care for themselves were approached. They were explained the nature and objectives of the study in a language which they could clearly understand and written informed consent was obtained from each of them. Those who refused to give consent were excluded from the study. Subjects were approached till the required sample size was achieved.

## STATISTICAL ANALYSIS

The data collection was done using a pre-tested semi structured validated questionnaire which consisted of sections on knowledge, attitude and practices of family planning of the men. The collected data was coded and entered in SPSS version 11.5. Comparison across the groups was done using chi-square test and  $p < 0.05$  was considered as statistically significant.

## RESULTS

The study included 156 men attending the study hospitals. The socio demographic details are depicted in [Table/Fig-1]. Most of the study subjects were Hindus (80.1%) followed by Muslims (9.6%). Majority (75.6%) was between the age group of 26-34 years and 39.1% of the men were educated up to middle and high school and those who attended college and above were 45.4%. Illiterates accounted for 1.9%. Skilled and semiskilled workers accounted for maximum number (42.4%), followed by unskilled workers (25.6%). High socio-economic status subjects were only 16.6% while middle and low economic status accounted for 45.5% and 37.8% respectively. Also, 41.7% of men had one child at the time of the interview, followed by 32.7%, who had none. [Table/Fig-2] describes the knowledge and perceptions of the study subjects about family planning with respect to the Socio-economic status (SES).

Self-perceived knowledge regarding family planning was good among the study subjects with majority of them stating that they had good knowledge, both among the upper and lower Socio-economic status. Compared to the upper class, where all of them heard of vasectomy, only 59.2% of the lower Socio-economic status had heard of vasectomy. This difference was found to be statistically significant ( $p < 0.0001$ ). Most of the subjects were of the opinion that frequent pregnancies lead to health problems.

Most of the subjects were of the opinion that special family planning services for men would encourage the utilization of male contraception. Also, 92.3% subjects from upper and 86.9% from lower Socio-economic status were aware about the male family

Characteristics	No. (%)	
Age Group	< 25 y	23 (14.7)
	26-34 y	118 (75.6)
	> 35 y	15 (9.6)
Religion	Hindu	125 (80.1)
	Muslims	15 (9.6)
	Others	16 (10.3)
Education	Graduate and above	48 (30.8)
	Secondary education	84 (53.8)
	Up to Primary School	24 (15.4)
Occupation	Business and Professionals	50 (32.0)
	Semi & skilled worker	66 (42.4)
	Unskilled workers	40 (25.6)
Socio-Economic Status	High	26 (16.6)
	Middle	71 (45.5)
	Low	59 (37.8)
Number of Children	0	51 (32.7)
	1	65 (41.7)
	≥2	40 (25.7)

[Table/Fig-1]: Socio-demographic profile of the study subjects (n = 156)

Characteristics		Socio-economic status		Total No. (%)	p-value
		Upper	Lower		
		No. (%)	No. (%)		
Heard about vasectomy	Yes	26 (100)	77 (59.2)	103 (66.0)	<0.0001
	No	00 (00.0)	53 (40.8)	53 (34.0)	
Think that frequent pregnancies lead to health problems	Yes	21 (80.8)	79 (60.8)	100 (64.1)	0.052
	No	05 (19.2)	51 (39.2)	56 (35.9)	
Ideal spacing between two children	< 2 y	02 (07.7)	17 (13.1)	19 (12.2)	0.742
	≥ 2 y	24 (92.3)	113 (86.9)	137 (87.8)	
Aware about male family planning services are available in the market	Yes	24 (92.3)	113 (86.9)	137 (87.8)	0.742
	No	02 (07.7)	17 (13.1)	19 (12.2)	
Think family planning is prerogative of females	Yes	00 (00.0)	25 (19.2)	25 (16.0)	0.015
	No	26 (100)	105 (80.8)	131 (84.0)	
Family planning leads to permanent infertility in women	Yes	03 (11.5)	18 (13.5)	21 (13.5)	1.00
	No	23 (88.5)	112 (86.5)	135 (86.5)	
Total		26	130	156	

[Table/Fig-2]: Knowledge and perception regarding Family Planning among the study subjects (n= 156)

Characteristics		Socio-economic status		Total No. (%)	p-value
		Upper	Lower		
		No. (%)	No. (%)		
Thought of sterilization	Yes	15 (9.6)	24 (15.3)	39 (25.0)	<0.0001
	No	11 (7.05)	106 (67.9)	117 (75.0)	
Prefer spouse to be sterilized	Yes	5 (3.2)	67 (42.9)	72 (46.2)	0.003
	No	21 (13.4)	63 (40.38)	84 (53.8)	
Desire to know more about family planning	Yes	13 (8.3)	89 (57.05)	102 (65.4)	0.071
	No	13 (8.3)	41 (26.28)	54 (34.6)	
Approve male family planning methods	Yes	25 (16.0)	103 (66.02)	128 (82.1)	0.048
	No	1 (0.6)	27 (17.3)	28 (17.9)	
Willing to motivate others towards male family planning methods	Yes	15 (9.6)	74 (47.4)	89 (57.1)	1.00
	No	11 (7.05)	56 (35.9)	67 (42.9)	

[Table/Fig-3]: Attitude towards Family planning among the study subjects (n=156)

Characteristics		Socio-economic status		Total No. (%)	p-value
		Upper	Lower		
		No. (%)	No. (%)		
Currently practicing Family planning (n=156)	Yes	21 (80.8)	90 (69.2)	111 (71.2)	0.236
	No	5 (19.2)	40 (30.8)	45 (28.8)	
Discussion with spouse regarding Family planning (n=156)	Yes	26 (100)	101 (77.7)	127 (81.4)	0.005
	No	0 (0.00)	29 (22.3)	29 (18.6)	
Satisfaction with sex life after Family planning use (n=111)	Increases or remains the same	7 (29.2)	47 (54.0)	54 (48.6)	0.031
	Decreases	17 (70.8)	40 (46.0)	57 (51.4)	
Satisfaction with current Family planning method (n=111)	Yes	23 (95.8)	80 (92.0)	103 (92.8)	1.00
	No	1 (04.2)	7 (08.0)	8 (07.2)	

[Table/Fig-4]: Practices of Family Planning among the study participants (n= 156)

planning services available in the market. None of the upper class and 19.2% of the lower class thought that family planning is the prerogative of females. In total, 11.5% and 13.5% of the upper class thought that use of family planning methods leads to permanent infertility in women.

Out of 156 study subjects 75% had never thought of sterilization of which 7% belonged to upper SES and 67.9% belonged to the lower Socio-economic status. Most husbands preferred that their spouse should be sterilized (53.8%). But almost an equal number of

subjects (46.2%) did not prefer so. Majority (82.1%) of the subjects approved male family planning methods of which 66.2% belonged to the low Socio-economic status while remaining belonged to upper Socio-economic status. More than half of subjects (57.1%) were willing to motivate others but 42.9% subjects were not willing to do so [Table/Fig-3].

Out of 156 study subjects 71.2 % were actively practicing family planning methods. Out of the 130 subjects who belonged to the lower Socio-economic status, 69.2 % practiced family planning methods. Most of the participants (81.4%) agreed that they discussed family planning with their spouse. Out of the 111 subjects who answered the question almost half (51.4%) of them felt that after usage of family planning methods, the satisfaction reduced. But 92.8% subjects believed that current family planning methods were satisfactory [Table/Fig-4].

## DISCUSSION

The present study was conducted among men who were visiting the study hospitals. The mean age of the study population was 29.4 y and average income was less than Rs 5000 per month for 46% of them. This was similar to a study conducted in Pondicherry [1] where the mean age was 28.8 y and their average monthly income was Rs 3800 while in a study done in Haryana, most of the husbands who responded were aged between 25–39 y [6]. In Pakistan, average age of the respondents was 40.67 y with average age of marriage being 23 y [3] and in Nigeria, 70% of the respondents were between 35–49 y [7]. Majority of the subjects were Hindus (80%) and 26% each were unskilled and skilled workers respectively. In our study, 53% of them got married between 26-30 y of age. Seventy two percent of the subjects had an age difference of 6-12 months in between husband and wife and 41.7% of them had one child at the time of the study while in Nigeria, majority i.e. 36% had 3-4 children [8]. This difference could be because of the fact that in our study, we have taken only subjects who have been married for the past five years.

In our study 70% of the subjects stated that their most common source of information about contraception was from friends (72%) followed by radio and television (70%). In a study conducted in Nigeria, majority (45.1%) had heard of contraception from friends/partner followed by 25.5% who had heard it from hospitals [8]. In another study in West Bengal 53%, (India) gained the information through friends and 56% from health workers [9]. This is in concordance to our study findings and implies that health care providers and modern means of communication and media have established greater awareness in the public.

Most of the men (87.8%) were aware of male contraception in the market with those from the lower Socio-economic status (86.9%) having almost equal awareness as compared to upper Socio-economic status (92.3%). This could be due to active awareness programs held in the community and also information about contraceptives. Similarly 97.5% of the men in a study in Maharashtra [4] were aware of male contraception; namely condoms. Amongst those belonging to upper Socio-economic status 92.3% subjects knew about ideal spacing and interestingly, even in the low Socio-economic status, 86.9% subjects knew about the same. These findings suggest a requirement of further awareness program across different Socio-economic strata. Nearly equal percentage of subjects in the upper Socio-economic status (100%) and low Socio-economic status (80.8%) felt family planning was not primarily a woman's prerogative.

Almost 75% of the subjects had not thought about getting sterilization done. Out of these 7% subjects belonged to upper Socio-economic status while 67.9 % belonged to low Socio-economic status. In a study done in Nigeria it was noted that 48.5% of the subjects did not agree to vasectomy at all while only 23.5%

approved of it [8]. In New York 49% of men were willing to consider vasectomy as an option [10]. Almost all subjects from upper Socio-economic status had heard of vasectomy compared to only 59.2% in low Socio-economic status. In Nigeria [8] only 13.2% subjects had adequate knowledge about vasectomy while 24.3% had low level of knowledge. Rest had no knowledge regarding vasectomy. While only 53.8% subjects in our study did not prefer their spouse to be sterilized, an equal number (46.2%) preferred to do so. From low Socio-economic status 40.3% did not prefer so while in the upper Socio-economic status 13.4% did not prefer so. In contrast to this finding, 40% of the men and 44% of women in New York preferred men being sterilized if opting for permanent method of contraception [10]. These findings show that there is a need to create awareness and motivate the males for vasectomy as a method of family planning.

Most of the males (82.1%) in our study approved of male family planning methods that were available in the market. Similar study in Ethiopia showed that 77.5% of men approved of family planning [5] and in Uttar Pradesh 85% approved (high 77%, middle-61%, low-66%) [11]. Almost half of our study subjects (42.9%) resented from motivating others towards male FP methods. This could suggest a social stigma that might be associated with it.

When asked about contraceptive methods they were aware of, 91% were aware of condoms, 72% about pills, sterilization (56.4%) and IUD (30.8%). Other methods were not very familiar like spermicides (8.3%) or natural methods (6%). A study in Maharashtra showed that 97.5% were aware of condom, IUD 92.5%, pills 94%. Other methods were not as familiar with men similar to our study [4]. In West Bengal, 87.3% of subjects were aware about sterilization but only 1% about pills and 1.7% about IUD's [9] while in Uttar Pradesh; only 46% had correct knowledge about vasectomy, 41% about pills and 18% about IUDS.

With regard to current method of practice 49% subjects from middle Socio-economic status, 35% from high Socio-economic status and 16% from low Socio-economic status used condoms. In Uttar Pradesh only 10% subjects used condoms [11]. More than half the subjects from middle SES used pills and only 25% from low Socio-economic status used them. Whereas in Uttar Pradesh only 3% of the couples used pills [11].

Almost 70% of the subjects actively practiced family planning methods. Contrary to this 20% subjects in a study in Uttar Pradesh reported of practicing sterilization. 50% of middle Socio-economic status and 18% of high Socio-economic status people used Copper-T IUD. On the other hand, 1% of the subjects in Uttar Pradesh used IUD [11]. Condoms and pills were most commonly used by most of the subjects as they were convenient (53%), affordable (48%) and readily available (47%). A study conducted in Pakistan showed that condom was the most known method of contraception (27.3%) followed by withdrawal, injection and pills [3]. Most of our study subjects (92%) were satisfied with the currently available methods of family planning but it was importantly noted that satisfaction with sex life decreased for 57% of the subjects after using family planning methods.

Studies have suggested that men can play an important role in family planning either by their active use of contraceptives or by supporting their partner's use of contraceptive methods [3]. Therefore, males supporting their partners will also help in better acceptance, correct use and compliance to family planning methods by the females. Family planning has a direct impact on the health of women, foetus, infant and children which in turn influences the health status of families, communities and ultimately the society [12]. The study area has high literacy rate (94.03%) and it is one of the rapidly developing cities in the country [13]. Though the level of awareness, attitude and practice of our study subjects towards family planning is favourable

as compared to the rest of the country, a continuous effort needs to be put in to sustain and improve the existent scenario, in addition to advocating policy changes.

## CONCLUSION

The study population had high level of awareness towards family planning methods. The males had more preferences for temporary methods of contraception. The awareness about ideal duration of spacing between the pregnancies among the study participants was low. There was also a difference across the Socio-economic status and there is a need to strengthen the awareness and practices of males about their role in family planning.

## REFERENCES

- [1] Reddy R, Premarajan KC, Narayan KA, Mishra AK. Rapid Appraisal of Knowledge, attitude and practices related to family planning methods among men within 5 years of married life. *Indian J Prevsoc Med.* 2003;34(1,2):62-67.
- [2] Varma GR and Rohini A. Attitude of Spouse towards Family Planning: A Study among Married Men and Women of a Rural Community in West Godavari District, Andhra-Pradesh. *Anthropologist.* 2008;10(1):71-75.
- [3] Nasir JA, Tahir MH, Zaidi AA. Contraceptive attitude and behavior among university men: a study from Punjab, Pakistan. *J Ayub Med Coll Abbottabad.* 2010;22(1):125-28.
- [4] Balaiah D, Ghule M, Naik DD, Parida RC, Hazari KT. Fertility attitudes and family planning practices of men in rural community of Maharashtra. *The Journal of Family Welfare.* 2001;47(1):56-67.
- [5] Deresse D, Adamu A, Abraham W. The involvement of men in family planning application of transtheoretical model in Wolaita Soddo Town South Ethiopia. *Asian Journal of MS.* 2010;2(2):44-50.
- [6] Yadav K, Singh B, Goswami K. Unmet family planning need: differences and levels of agreement between husband-wife, Haryana, India. *Indian Journal of Community Medicine.* 2009;34(3):188-91.
- [7] Dogo B. A survey of the knowledge, attitude and practice of family planning among the military personnel in the Rukuba cantonment of Kaduna. *Journal of Environmental Sciences.* 1998;1(2):124-32.
- [8] Onasoga OA, Edoni EER, Ekanem J. Knowledge and attitude of men towards vasectomy as a family planning method in Edo state, Nigeria. *Journal of research in nursing and midwifery.* 2013;2(1):12-21.
- [9] Basu S, Kapoor AK, Basu SK. Knowledge, attitude and practice of family planning among tribals. *The Journal of Family Welfare.* 2004;50(1):24-30.
- [10] James M and Hoff T. A new national survey on men's role in preventing pregnancy: women and men think men need to be more involved in contraceptive choice and use. Available at URL- <http://kaiserfamilyfoundation.files.wordpress.com/1997/02/1252-nr-another-gender-gap.pdf>. [Accessed on 19.6.2014].
- [11] Khan ME, Patel BC. Male involvement in family planning-A KABP study of Agra district- Final report. *Population council of New Delhi.* June 1997.
- [12] Evaluation of Family planning in health services. WHO technical report series [online]. 1975; Available from: URL:[http://whqlibdoc.who.int/trs/WHO\\_TRS\\_569.pdf](http://whqlibdoc.who.int/trs/WHO_TRS_569.pdf) [cited 2015 Mar 16].
- [13] The demographic details of Mangalore city from Government of India Census 2011. Available from URL: <http://www.censusindia.net> [Cited 2015 Mar 16].

### PARTICULARS OF CONTRIBUTORS:

1. Associate Professor, Department of Community Medicine, Kasturba Medical College (Manipal University), Mangalore, India.
2. Professor & Head, Department of Community Medicine, Kasturba Medical College (Manipal University), Mangalore, India.
3. Associate Professor, Department of Community Medicine, Kasturba Medical College (Manipal University), Mangalore, India.
4. Assistant Professor, Department of Community Medicine, Kasturba Medical College (Manipal University), Mangalore, India.
5. Assistant Professor, Department of Community Medicine, Kasturba Medical College (Manipal University), Mangalore, India.
6. Medical Officer, Civil Secretariat, Jammu and Kashmir Health Services, Jammu, India.
7. Tutor, Department of Community Medicine, Kasturba Medical College (Manipal University), Mangalore, India.
8. Intern, Department of Community Medicine, Kasturba Medical College (Manipal University), Mangalore, India.

### NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Rekha T,  
Associate Professor, Department of Community Medicine, Kasturba Medical College (Manipal University),  
Mangalore – 575001, India.  
E-mail : rekha.thapar@manipal.edu

Date of Submission: **Nov 17, 2014**

Date of Peer Review: **Jan 31, 2015**

Date of Acceptance: **Mar 16, 2015**

Date of Publishing: **Apr 01, 2015**

FINANCIAL OR OTHER COMPETING INTERESTS: None.