INVOLVEMENT OF MEN IN FAMILY PLANNNG: USE OF CONTRACEPTION BY MEN IN INDIA.

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ABSTRACT:

Men often play the dominant roles in decisions crucial to reproductive health of women. However, family planning programs and policies often assume that men take minimal interest in matters that concern reproduction. The National Population Policy, 2000 of India underscores the need to facilitate increased participation of men in planned parenthood. It aims at popularizing male methods of contraception. This paper studies the involvement of men in family planning particularly the factors influencing male contraceptive use in two northern and two southern states of India. The study makes use of National Family Heath Survey II data (1998-99). Multivariate logistic regression results show spousal communication as the significant factor increasing the likelihood of using condoms in Kerala by 4.5 times and in Punjab and Bihar by 3.5 times. Younger and educated men are more likely to use condoms in the backward states. In case of sterilization there is not set pattern.

INTRODUCTION:

Traditionally most family planning programs had focussed only on women. The basic assumption was since women are the ones who bear children it will be enough to concentrate on women only to bring down the fertility levels. However, childbearing is the outcome of a participation of both partners in a conjugal union and men together with women play key roles in reproductive health decision-making including family planning. In fact, men not only take decisions about themselves but also often play the dominant roles in decisions crucial to the reproductive health of women, especially in developing countries. Childbearing has an impact on men's lives too. For in most socio-economic setup they are the ones who provide for the wife and children financially. Emotionally as well men play crucial role by caring for the health of the child and also that of the mother.

The evolved focus on men's participation in family planning stems from valid concerns. Firstly, as already indicated, women of many cultures seek the approval of their husbands to use contraception and do not use if the husband has not agreed to its use. Even educated and motivated women may not use contraception due to opposition from husbands as a survey in Sudan shows (Bankole and Singh, 1998). Involving men in matters related to reproductive health is an indispensable strategy to contain the incidence and spread of RTIs, STDs and HIV/ AIDs which are evidences of men's risky sexual behaviour (Riley, 1997). Involving men actively in reproductive decision- making will also reduce the incidence of unwanted pregnancies.

Realization of the need to focus on men had resulted at the 1994 International Conference on Population and Development (ICPD) in Cairo as well as at the 1995 World Conference on Women in Beijing. The Program of Action endorsed at the Cairo conference calls for the need to recognize men as equal partners with women in all matters relating to reproductive health and family planning. Taking the cue from the ICPD, the National Population Policy of India, 2000 recognizes men as the under-served population. It sees the exclusion of the men from the family planning programs as a shortfall of the past for in a patriarchal society like India men play the critical role in all matters relating to the family. Therefore it aims at focusing attention on men in the information and education campaigns and to promote the small family norm. It also aims at re-popularizing male contraception especially no-scalpel vasectomy as a simple and painless procedure, more convenient and acceptable to men (MOHFW, 2000).

The movement to involve men in reproductive health has many names, including men's participation, men's responsibility, male motivation, male involvement, men as partners and men and reproductive health (Ghosh, 1999). They all broadly refer to a complex process of social and behavioral change that is needed for men to play more responsible roles in reproductive health (Population Reports, 1998). The involvement of men in reproductive health encompasses activities at many levels. It involves planning the number of offspring and their structure with the partner, approving of contraceptive use and using them, taking special care of wives and partners when they are pregnant, seeking skilled health care, taking care after the baby is born, and being responsible fathers.

Encouraging men to use contraception is one of the ways by which men can actively take part in family planing. In such a scenario the low use of contraception by men becomes a matter of serious concern. In this paper we analyze the various social, economic and demographic and behavioral factors that influence contraceptive use by men in India. For the purpose we have selected the states from north and south of India given the north -south dichotomy that exists as regards to various social, economic and demographic and autonomy aspects (Dyson and Moore, 1983).

USE OF MALE METHODS IN INDIA:

In India there is a definite bias towards prevalence of female methods of contraception over male methods. According to National Family Health Survey (NFHS) II data, 42. 2 percent of the women reported the use of any female modern method as against only 9.0 percent of using any male method. Table 1 presents the percentage distribution of the use of contraception by men. Among the major states the use of any modern male method is highest in Punjab, followed by Haryana, and them Maharashtra and Gujarat. It is lowest in the southern state of Karnataka. Sterilization is highest in Andhra Pradesh, followed by Maharashtra and then by Kerala. The percentage is lowest in Karnataka and second lowest in Uttar Pradesh and low in Bihar and Tamil Nadu. As

regards the use of male temporary methods, it is again highest in Punjab, followed by Haryana, Uttar Pradesh and Maharashtra and lowest in Bihar.

As the table shows among the northern state Punjab is the best performing state as regards to use of male methods of contraception and Bihar is poor performing. In the south, Kerala is the best performing state and Karnataka a poor performer. These four states have been selected for the study.

CONCEPTUAL FRAMEWORK:

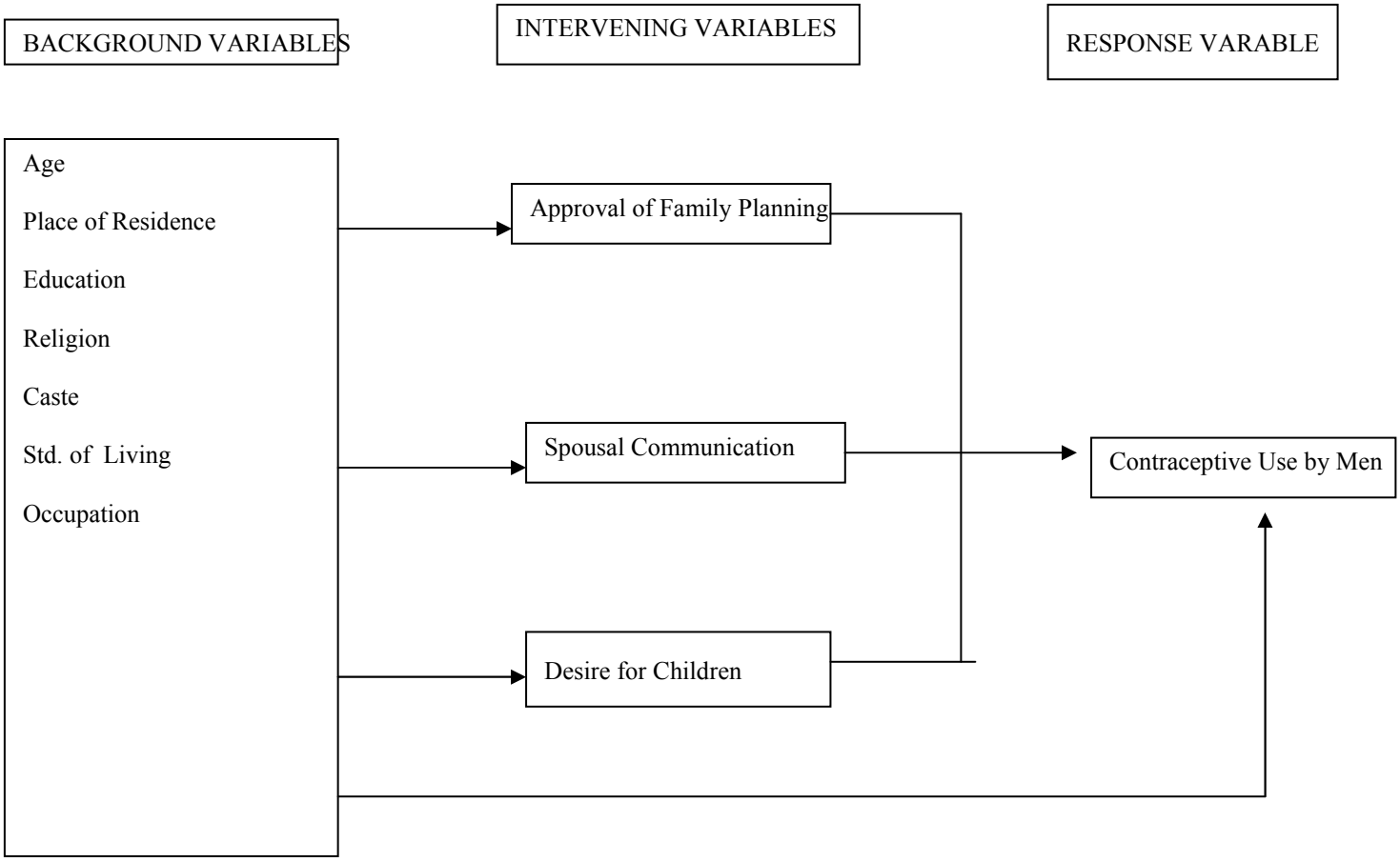
Figure 1 shows the conceptual framework used to analyze the relationship between the use of contraception by men and the various factors. A set of background variables influences contraceptive use through a set of intervening variables. The background variables can be classified as demographic, social, and economic variables. The demographic variables involved are age of men and their place of residence. The social variables include educational level, religion they belong to and their caste, and the economic variables are standard of living and occupation they are involved in whether primary or non-primary activities. The intervening variables are the behavioral aspects of approval of use of family planning, spousal communication and desire to have one or more children.

Age of men influences the method to be used by them. It plays a preferring role in the choice of spacing of terminal methods with younger men opting for the spacing method and older men going for sterilization as they are more likely to have attained their desired family size (Ringheim, 1993). Urban men are more likely to us contraception than rural men as they are exposed to more modern ideas due to greater exposure to media. Moreover, they have better access to information of contraception and contraceptive methods.

The positive effect of education is documented in literature (Brachett, 1978). Education forebears modern ideas of small family size as it means better standard of living. It also ensures greater knowledge about various methods and their effectiveness. Religious affiliations determine customs and practices regarding norms about childbearing and family planning. The current attitude of a particular religion influences even the method to be used. For instance, sterilization is not a popular method among Muslims and Roman Catholics (Ringheim, 1993, Caldwell et. al., 1987). Contraceptive behaviour tends to differ across social groups and in the social and economic hierarchy of India; traditionally the scheduled castes and tribes are the most deprived and backward. The unfavorable and traditional circumstantial settings of these social groups translate into low use of modern contraceptive methods.

Men with better standard of living are likely to be educated, exposed to mass media and thus have better knowledge of contraceptive methods and therefore they are more likely to be contracepting. Occupation determines the economic status of men and

Figure 1. A CONCEPTUAL FRAMEWORK FOR THE ANALYSIS OF MALE CONTRACEPTIVE USE



thus the affordability to purchase contraceptives. Caldwell et al. (1987) report that user's satisfaction from the use of condoms is related to his ability to pay for better quality.

Ina patriarchal society like India, the role of husband's views about the timing, spacing, sex composition of children and the family size is crucial to not only the wife's contraceptive behaviour but the husband's too. Approval of use of family planning is important to make a person use a method.

Spousal communication help couples to be aware of each other's perspective about family size and composition so that consensus can take place about contraceptive use. Those who communicate with their wives will be more predisposed towards use of contraception. The relationship between desire for children and use of contraception is quite clear. If the men desire more children they will not be contracepting and if they want to space children they will be using the spacing methods.

DATA AND METHODS:

The data for the present paper has been obtained from the National Family Health Survey (NFHS), 1998-99. It interviewed a representative sample of more than 90,000 ever-married women age 15-49 years from 26 states. It provides national and state level estimates of fertility, infant and child mortality, family planning practice and maternal and child health. This study uses information from three sections of the Women's Questionnaire — respondent's background, contraception and husband's background. However the data corresponding to the variable 'desire for more children' could not be used due to unavailability of data.

Multivariate logistic regression analysis has been used to see how each of the background and intervening variables independently influence the dependent variable of use of condoms or sterilization by men, while controlling for other variables. The method has also been used since the dependent variables are dichotomous — whether using contraception or not using contraception. The logistic analysis provides the natural logarithm of the odds of use of contraception by men (dependent variable) as a set of predictor or independent variables. Two sets of equations are estimated for each state-one, each for use of condoms and sterilization. The Exp. (B) is the odds ratio representing proportional increase (if greater than 1.0) or decrease (if less than 1.0) for the likelihood of use of contraception.

RESULTS OF MULTIVARIATE ANALYSIS:

Before we present the results of the multivariate logistic analysis, we consider the prevalence of male contraceptive use in the selected states. Among the selected

states Punjab has the highest percentage of condom users (13.8 percent), followed by Kerala (2.9 percent) (Table 2). The table also indicates that the use of condoms has increased markedly in Punjab in the intervening period of NFHS-I (1992-93) and NFHS-II (1998-99); it has also increased in Kerala. In the other two states it has declined.

Sterilization of males is highest in Kerala followed by Punjab and it is lowest in Karnataka. The use of sterilization has dropped in all states. In Kerala, overall use of male methods has declined: though there is a marginal increase in condom use, the percentage of sterilized men has dropped by 4.0 percentage points.

The result of the logistic regression analysis for the use of condoms has been presented in table 3. Spousal communication is the most important variable that has a positive influence on the use of condoms in all the states. Men who communicate with their wives about family planning are more likely to use condoms. The likelihood is highest in Kerala, where those who communicate are 4.5 times more likely to use condoms than those who do not communicate with their wives. It is also very high in the northern states of Punjab (odds ratio, 3.54) and Bihar (odds ratio, 3.45).

Education is important only in the northern states of Punjab and Bihar. In Punjab, with increasing levels of education the likelihood of use of condoms increases. In Bihar, only high school education is important, wherein men with who are high school educated are 4.15 times more likely to use condoms than their illiterate counterparts.

Age is a significant variable only in the better performing states. Men who are older than 45 are less likely to use condoms than men below 30, by 56 percent in Punjab and by 76 percent in Kerala. In Kerala, men above 35 are less likely compared to younger men to use condoms. This is as expected as older men have in all probability have achieved their desired family size and are more likely to be sterilized.

Urban men have more chances of using condoms than rural men in the northern states, which are backward as regards to social parameters than the southern states. For instance, in Bihar they are more than 3 times as likely than rural men. Urbanization as explained in the conceptual framework implies greater exposure to mass media and therefore modern ideas. Caste is only important in Karnataka, where scheduled caste, scheduled tribe men and men of other backward classes are less likely to use condoms. Other variables do not have any significant bearing on the use of condoms among men.

Table 4 shows the result of the analysis for the relationship between the background and intervening variables and sterilization. The table shows that no single variable emerges in importance in all the states. Spousal communication, the most significant variable in the case of condoms, is important only in the northern state of Punjab where it increases the likelihood of men being sterilized by 1.28 times.

Unlike educational achievement that is important in the northern states in increasing the use of condoms, in the case of sterilization it is important in Punjab and the southern better performing state of Kerala. In Punjab with increasing level of education since the middle school the chances of men getting sterilization done increases. In Kerala, literates are 1.24 times more likely to be sterilized than illiterates.

Age and standard of living is significant only in Bihar, where with increasing age the likelihood of sterilization increases. For instance men who are above 45 years of age are 37.7 times more likely than men less than 30 to be sterilized. Men with high standard of living are 5. 20 times more likely to be sterilized than those with low standard of living. It must be mentioned her that in Karnataka none of the variables have a statistically significant bearing on the dependent variable of sterilization.

CONCLUSION:

Inspiring men to use contraception is one of the ways to involve them in family planning and reproductive decision making. It is therefore of vital significance to understand the factors that affect male contraceptive use. As this paper has shown among all the factors considered spousal communication regarding family planning is the most consequential to use of condoms. This implies that couples should be encouraged to discuss among themselves. Sometimes when the woman faces problems to use a female method her husband can take the responsibility of contracepting which is only possible if they are communicating. Since younger men are more likely to use condoms as seen in the developed states of Punjab and Kerala, condoms should be made available to younger men. Education too is favorable to use of condoms, which is expected as they are exposed to modern ideas. In the case of sterilization we find that the variables are not significant across the states, so they follow no pattern.

Table 1. Current Use of Male Methods of Contraception by Major States, India 1998-99.

STATES	Percentage of women reporting		
	Condoms	Sterilization	Total
Andhra Pradesh	0.7	4.3	5
Assam	1.8	1	2.8
Bihar	0.7	1	1.7
Gujarat	3.5	2.3	5.8
Haryana	6.8	2.1	8.9
Karnataka	1	0.7	1.7
Kerala	3.1	2.5	5.6
Madhya Pradesh	2.9	2.2	5.1
Maharashtra	4	3.7	7.7
Orissa	0.9	1.7	2.6
Punjab	13.8	1.6	15.4
Rajasthan	3.1	1.5	4.6
Tamil Nadu	1.5	0.8	2.3
Uttar Pradesh	4.2	0.7	4.9
West Bengal	2.9	1.8	4.7
INDIA	3.1	1.9	5
Source: National Family Health Survey, 1998-99.			

Table 2. Percentage Distribution of Male Contraceptive Use in the Selected States.

STATES	Condom		Sterilization	
	NFHS I	NFHS II	NFHS I	NFHS II
Bihar	1.3	0.7	1.3	1
Punjab	8.9	13.8	2.5	1.6
Karnataka	1.2	1	1.5	0.7
Kerala	2.9	3.1	6.5	2.5

Table 3. Result of the logistic regression analysis for use of condoms, 1998-99.

VARIABLES	BIHAR	PUNJAB	KARNATAKA	KERALA
Age				
Less than 30		**		*
30-35	1.89	0.891	0.896	0.678
36-45	1.147	0.9157	0.678	0.405*
45 and above	0.3928	0.435*	0.481	0.235**
Residence				
Rural				
Urban	3.266**	1.743**	1.705	1.484
Education				
Illiterate				
Primary	1.115	1.949*	0.911	0.684
Middle	2.486	1.973*	0.002	1.43
High School+	4.153*	2.742**	3.539	1.659
Religion				
Hindu				
Muslim	0.97	1.062	0.347	0.58
Christian	0.0092	1.219	1.499	0.817
Sikh	0.035	0.939	0.001	0.164
Buddhist	25.79	0.01	1.689	0.032
Jain	0.032		0	
Jew	0.039		0.907	
Caste				
Non SC/ ST/OBC				
SC/ST/OBC	1.081	0.841	0.348**	0.703
Std. Of living				
Low			*	
Medium	2.432	1.366	312.546	1.2026
High	2.725	1.874	1105.684	2.2478
Occupation				
Primary				
Non Primary	1.249	1.1859	2.511	0.711
Spousal Commu.				
Does not commu.				
Communicate	3.547**	3.458**	2.218**	4.494**

** Significant at 1% level
* Significant at 5% level

Table 4. Result of the logistic regression analysis for male sterilization, 1998-99.

VARIABLES	BIHAR	PUNJAB	KARNATAKA	KERALA
Age				
Less than 30	**			**
30-35	11.519*	287.73	0.983	40.25
36-45	19.753**	4403.203	2682.626	646.4
45 and above	37.701**	1027.279	7661.317	1295.14
Residence				
Rural				
Urban	0.861	0.524	1.323	1.257
Education				
Illiterate		*		*
Primary	1.613	2.959	1.716	1.246**
Middle	1.029	3.92*	1.28	0.841
High School+	1.887	4.987**	2.219	0.327
Religion				
Hindu				
Muslim	0.606	0.001	1.744	0.349
Christian	1.557	0.001	1.724	0.599
Sikh	0.004	1.896	0.467	0
Buddhist	0.002	0.006	0	1040576.6
Jain	0.024		0	
Jew	0.012		0.89	
Caste				
Non SC/ ST/OBC				
SC/ST/OBC	0.959	1.379	1.413	0.99
Std. Of living				
Low	*	*		
Medium	1.814	1.286	0.845	1.062
High	5.186**	0.427	0.62	0.817
Occupation				
Primary				
Non Primary	1.061	1.896	1.545	0.896
Spousal Commu.				
Does not commu.				
Communicate	0.599	1.282**	0.005	1.268

** Significant at 1% level

* Significant at 5% level

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