



Original Research Article

Male Involvement in Contraceptive Use among Tharu People Residing In Dang District of Nepal

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ABSTRACT

Objective: To assess the status of male Tharu involvement in contraceptive use and find out the spousal communication in decision making process of contraceptive use.

Materials And Methods: This was a community based, cross-sectional study conducted in Rampur VDC of Dang District among 98 married Tharu women of reproductive age (15-49 years) currently living with their husbands for the period of three weeks. The data collection technique and tool was face-to-face interview and self-made semi-structured questionnaire. The collected data was entered into SPSS version 16 and analysis was done by using simple descriptive statistics like percentage, frequency, mean and standard deviations. The Chi-Square test was applied for establishing the association between the variables at 5% level of significance.

Results: The mean and standard deviations of age at marriage of the respondents was 18.46 and 2.08 while that of husbands was 19.84 and 2.44 respectively. Out of 98 respondents, 88% were using the contraceptives of different types, among them only 34.9% were male contraceptive users. In almost 75% of the family planning discussion between husband and wife, the final decision was taken by common consensus between them. The media exposure of couples, and educational status of husband were not found to be statistically significant factors (p-value = 1 and 0.48 respectively) for high and low involvement of male in contraceptive use.

Conclusion: This study concludes that almost one-third of contraceptive users were male, low level of male involvement. Hence it is recommended that male involvement in contraceptive use should be increased so that contraceptive use will no longer remain as a women' business.

Key words: Contraceptive use, Male involvement, Nepal, Tharu.

INTRODUCTION

The Contraceptive Prevalence Rate (CPR) of Nepal of 2011 is 49.7% which is higher than the previous decade, it is still

low. Of the various methods of contraceptives, female sterilization and Depo-Provera are the mostly used contraceptive. [1] That means women are

mostly bearing the burden of contraceptive use. As Nepal is the patriarchal country, men are the primary decision maker of the families regarding reproduction and family size. So, men's active involvement is important not only for increasing acceptance of contraception but also of its effective utilization and continuation. [2] The International Conference on Population and Development (ICPD), 1994 and Fourth World Conference on Women (WCW), 1995 had emphasized the importance of reproductive rights and reproductive health for both men and women and highlighting the need of greater involvement of men in reproductive health. [3] Male involvement in various decisions about sex, contraceptive use and child rearing practices has a direct influence on reproductive and sexual behavior. [4] The Tharu community is the largest and oldest ethnic groups of inner terai valleys of Nepal [5] which constitute 6.6% of the total population. [6] It is one of the marginalized ethnic groups of Nepal whose overall health indicators are quiet low. For that reason researchers are interested to know one of the aspects of reproductive health of these communities. Hence, this study was conducted to assess the status of male involvement in family planning and find out the spousal communication in family planning decision making process.

MATERIALS AND METHODS

This was a cross-sectional, non experimental study conducted in Rampur VDC of Dang District, one of the 75 districts of Nepal where Tharu community reside. The Tharu community is one of the marginalized ethnic groups of Nepal having lower social, economic and educational status. The study area was selected purposively as it contained higher proportion of Tharu people among various VDCs of Dang district.

All married Tharu women of reproductive age (15-49 years) currently living with their husbands was taken as the study population and information was drawn of both husband and wives. The exclusion criteria for the study were those married women who have never used the contraceptives, women who were willing to have the child and have undergone uteroclectomy. The sample size was 98 as calculated by formula z^2pq/d^2 . Where, prevalence was taken as 50% (NDP, 2002 and PPN, 2003) and at 95% level of confidentiality, the z value was taken as 1.96. The desirable error (d) was taken as 10%. The data was collected by face-to-face interview with the help of semi-structured questionnaire. The first sample for the interview was selected by spin the bottle method and rest of the samples were chosen purposively from that point. The interview was stopped immediately after the required numbers of samples were collected. The ethical clearance for the study was taken from Thesis Review Committee of Nepal Institute of Health Sciences (NIHS), Jorpati, Kathmandu, Nepal. The written authority letter to carry out the field work was obtained from NIHS. While in field, the verbal consent was taken from VDC office, Rampur for getting the secondary data as well as to collect the data from that VDC. For interview process, verbal consent was taken from each participant prior to start up the interview process. The anonymity of the respondents and the confidentiality of their data were maintained strictly.

The collected data was checked and organized for its completeness and accuracy. The coding of the independent as well as dependent variables was done and data was entered into SPSS version 16. The analysis was done by using simple descriptive statistics like percentage, frequency, mean and standard deviations. The Chi-Square test was applied for establishing the association

between the variables. The p-value less than 0.05 (5% level of significance) was considered to be statistically significant. The analyzed data was presented in tables and narrative forms.

RESULTS

Table 1: Demographic characteristics of the respondents and their husbands

Variables	Frequency(n=98)	Percent
Type of family		
Joint	63	64.3
Nuclear	33	33.7
Extended	2	2.0
Total	98	100.0
Age at marriage (Wife)		
15-20 years	79	80.6
>20 years	19	19.4
Total	98	100.0
Age at marriage (Husband)		
15-20 years	63	64.2
>20 years	35	35.8
Total	98	100.0
Main Occupation of the husband		
Agriculture	69	70.5
Business	5	5.1
Office Jobs	5	5.1
Foreign labour	16	16.3
Local labour	3	3.0
Total	98	100.0

All of the respondents followed Hindu religion. About 64% of the respondents were living in joint family. Almost 81% of the respondents were married at the age of 15 to 20 years while, only 64% of men (husband) were married at that age. The mean and standard deviations of age at marriage of the respondents was 18.46 and 2.08 while that of husbands was 19.84 and 2.44 respectively. The literacy status of husbands was found to be 91%. All of the respondents were housewives and 70.5% of the husband's occupational involvement was found to be agriculture. Majority of them (37%) belonged to extremely poor family (Table 1).

Out of 98 respondents, 88% were using the contraceptives of different types,

among them only 34.9% were male contraceptive users (Table 2). Among the couple using contraceptives, 28% have used it before also and changed for several reasons. Exactly 40% of the couples had changed the contraceptive methods due to emergence of side effects while 60% had left using older contraceptive methods in order to switch to permanent contraceptive methods (Table 3).

Table 2: Information about contraceptive users

Responses	Frequency (n=86)	Percent
Women contraceptives users (wives)	56	65.1
Men contraceptive users (husbands)	30	34.9

Table 3: Reason for changing previous contraceptive method of respondents

Reasons	Frequency (n=25)	Percent
Due to side effects	10	40
In order to switch to permanent method	15	60

Majority of the couples were exposed to information related with contraceptives through radio (73.4%) followed by TV (40.8%) (Table 4). Regarding spousal communication, almost 82%, 23% and 44% of the couples had discussed with each other in family matters, health related matters and general household matters respectively (Table 5). All couples used to discuss about family planning. During their discussion about family planning topics they usually talked about the future of the family, birth spacing in between two children and choice of contraceptive methods (Table 6). Moreover, in almost 75% of the family planning discussion between husband and wife, the final decision was taken by common consensus between them while 19% were taken by husbands only and 6% decisions were taken by the wives only.

Table 4: Exposure of couples to mass media for contraceptives' information

Responses	Frequency of responses(n=98)	Percent of cases
Radio	72	73.4
TV	40	40.8
Telephone/ Mobile	23	23.4
Newspaper	2	2.0

Table 5: Discussion of topics by couples

Topics discussed between couples	Frequency of responses (n=98)	Percent of cases
In family matters	80	81.6
In health related matters	23	23.4
In general household matters	43	43.8

Table 6: Discussion of family planning topics by couples

Topics discussed about FP	Frequency of responses (n=98)	Percent of cases
Future of the family	59	60.2
Birth spacing in between two children	40	40.8
Choice of contraceptive methods	9	9.1

Table 7: Cross tabulation showing association between exposure to mass media/ education status of husbands with male involvement in the use of contraceptive

		Level of Male involvement		Total
		High	Low	
Exposure to mass media of couples (p value= 1)	Yes	15 (26.8%)	39 (69.6%)	54 (96.4%)
	No	0 (0.0%)	2 (3.6%)	2 (3.6%)
Total		15 (26.8%)	41 (73.2%)	56 (100.0%)
Education status of Husband (p value= 0.489)	Literate	13 (23.2%)	38 (67.8%)	51 (91.0%)
	Illiterate	2 (3.6%)	3 (5.4%)	5 (9.0%)
Total		15 (26.8%)	41 (73.2%)	56 (100.0%)

The study hypothesis about association of mass media and male involvement in contraceptive use was tested by cross-tabulation at degree of freedom, (df)=1 at 95% confidence level, the chi-square value was calculated to be 0.79 and the P value was 1, that was greater than the cut off value of 0.05. So, no relationship was established between exposure to mass media and male involvement in contraceptive use.

Similarly, the next study hypothesis about the relationship between education status of husbands and their involvement in use of contraceptive showed that P value being 0.48 (>0.05) and the calculated chi-square value was 0.489 at df=1, confidence interval 95% and that indicates the no relationship between education status and male involvement in contraceptive use (Table 6).

DISCUSSION

According to this study male contraceptive user among contraceptive users is only 34.9% which is similar with the findings of contraceptive use of 34.2% to 56.5% in a study conducted in Indonesia [7] but contrast with the finding of 0.2% of male's ever using contraceptives. [8] This

might be because of gender norms affecting men's contraceptive knowledge and practice. Among the couple using contraceptives, 28% have used it before also and changed for several reasons. Exactly 40% of the couples had changed the contraceptive methods due to emergence of side effects while 60% had left using older contraceptive methods in order to swift to permanent contraceptive methods. The main sources of family planning information were TV/radio, followed by friends and newspapers/magazines that are consistent with the findings of this study. [9]

All couples used to discuss about family planning. During their discussion about family planning topics they usually talked about the future of the family, birth spacing in between two children and choice of contraceptive methods. Moreover, in almost 75% of the family planning discussion between husband and wife, the final decision was taken by common consensus between them which is positive thing. However, a study conducted in the Jhapa district in eastern Nepal found that 66% of wives and 70% of husbands claim that family planning decisions are made jointly. [10]

A study conducted as “Changing Men's Attitudes and Behavior: The Zimbabwe Male Motivation Project” in Zimbabwe found that the use of condom increased from 5 to 10 % in 18-55 years old married men, by the multimedia intervention campaign. ^[11] This reveals that multimedia do effect in the men’s involvement in the contraceptive use in order to control the family size. While in our case, no significant relationship was seen between male’s involvement in the use of contraceptive and exposure to mass media. Similar study done in Bolivia has also found that the mass media campaign was associated with contraceptive adoption for individuals and may substitute for personal network influences and speed social change by accelerating the behavior change processes. ^[12] In this study the education of men has shown no significant relationship with their involvement in contraceptive use. This might be due portrayal of strong gender norms by Tharu people in Nepal which is not influenced by any mass media campaign and education status.

CONCLUSION

This study concludes that almost one-third of contraceptive users were male, low level of male involvement. Majority of the couples were exposed to information related with contraceptives through radio and TV. Regarding spousal communication, almost eight in one of the couples had discussed with each other in family matters. All of the couples used to discuss about family planning. During their discussion about family planning topics they usually talked about the future of the family, birth spacing in between two children and choice of contraceptive methods. In almost four-fifth of the respondents while discussing about family planning between husband and wife, the final decision was taken by common consensus between them. The

media exposure of couples and educational status of husbands were not playing significant role in contraceptive use in men.

Hence it is recommended that male involvement in contraceptive use should be increased so that contraceptive use will no longer remain as a women’ business. In order to increase male involvement in contraceptive use effective family planning policies should be made in Nepal focusing in male methods.

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