Men's Involvement in Reproductive Health: A study among the Khairwar Tribe of Central India

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Abstract

The objective of the study is to reach sexually active married males in disadvantaged tribal group for understanding their ideas in reproductive and sexual health, popularity of Government health services among them and to identify the issues for developing a broad communication strategy for better male participation in the same. The survey was conducted among 260 males and broadly the issues covered are knowledge, suffering and treatment seeking behaviour pertaining to reproductive tract infections, knowledge of HIV/AIDS, knowledge and utilization of family planning and antenatal care services, and their perception of sexual problems. The study highlighted that Khairwar men have no proper knowledge of reproductive health matters. Over and above Government health services are less popular among them leading to underutilization of the same. The study points to the fact that it is the high time to generate a demand among male, for reproductive health services both for their own problems and also for their partners by using a need based IEC strategy. Also it suggests strengthening health delivery system by incorporating male oriented reproductive health services in remote areas of their habitation.

Introduction

In recent years, many family planning and other reproductive health programs have become interested in the topic of men and reproductive health. These programs recognize that men's reproductive health directly affects that of their partner's health. Men play a key roles in supporting women's and children's health, preventing unwanted pregnancies, slowing the transmission of sexually transmitted infections, making pregnancy and delivery safer, reducing gender-based violence and also have distinctive reproductive health needs of their own (PAI, 2004). It is shown in some studies that men also may serve as gatekeepers to women's access to reproductive health services (RHO, PATH, 2003). However, reproductive health programs have traditionally focused on women. The exclusion of men from such programs considerably undermine it's own effectiveness.

The International Conference on Population and Development (ICPD), held in Cairo, Egypt in 1994 and fourth World Conference on Women, held in Beijing, China in 1995 recognized the importance of the role of men in promoting their own and their partner's sexual and reproductive health. Even after a decade of these landmark conferences, still today no proper effort has been made to improve men's involvement in reproductive health in India. The only exception was the draft National Population Policy (1994), which suggests adoption of a holistic approach to family welfare program and bringing gender equity as an important focus of programmatic interventions. Since 2000, two important documents, National Population Policy (2000) and Tenth Five year Plan (2002-07) have specifically mentioned the importance of male involvement in Planned Parenthood, promotion of male contraceptives and control of STI/RTI (Khan & Panda, 2004). As men are dominant decision maker in the society, they exert a strong influence over their partners, determining the timing and conditions of sexual relations, family's

social well-being and access to health care. Their distance from reproductive health programs debarred female from their sexual rights coupled with lesser utilization of reproductive health services. As a matter of fact, not only male, but also a large proportion of ill health suffered by females. Such gender inequalities in access to health care create a wide gap between facilities available and its utilization and pose a challenge to reproductive health services to overcome the deficiency.

It is high time to develop service programs for men and also design effective strategies to improve their constructive involvement in reproductive health matters. Since Indian population comprises of diverse ethno-cultural groups with varied economic level, a macro planning with centralized programs will not be successful as experienced from the national family planning programme, which failed to achieve its goal in-spite of more than fifty years of its inception. For any micro planning it is essential to have baseline information on community level. The present study is a humble attempt in this direction and tried to reach men to generate information on knowledge, attitude and extent of participation of men in reproductive health matters among one of the disadvantaged ethnic group- Khairwars of central India. Vary scanty literature is available on the same. The study is an attempt to bridge up the gap and takes care to venture into the tribe's understanding of the problems, recognizes the difficulties and remedies taken pertaining to reproductive morbidities, family planning, anti-natal care and sexual problems of their wife and themselves. It also tried to assess the popularity of the Government health services. The study also identified and suggests certain vital points to design a broad communication strategy for improving men's involvement in reproductive health for a better tomorrow.

Material and Methods

Community under study and sample- The Khairwar tribe is distributed in different parts of central India. The major concentrations are in the district of Panna, Sidhi and Shahdol of present Madhya Pradesh and Sarguja district of newly formed state of Chhattisgarh. Most of their villages are located in very remote areas. The projected population could be around 1, 82,425 (refer endnote) based on figures of 1961-71 supplied by Tribal Research Institute, Bhopal, India. The community is stigmatized to contribute a sizeable number of infertile couples and also designated to be dwindling during 90's. A good number of cases of reproductive tract infection (RTI) are also reported among the Khairwar, particularly in the district of Sidhi (Chakma, et al, 1999). Keeping in view the operational convenience, time and resource, a sample of 260 currently married Khairwar male in the age group 15-40 years distributed in 13 villages located in Kushmi and Waidhan blocks of Sidhi district of Madhya Pradesh has been interviewed by door to door survey in the year 2002-03 by canvassing a pre-designed interview schedule. Self reported symptoms of RTI were also recorded. The targeted age group is considered to be sexually active group and is used by many Demographic Health Surveys (DHS) conducted in different countries.

Outline of the study- Men's involvement in reproductive health has been studied by examining men's supportive role to their wives in reproductive health and also their concern for their own health problems. The broad aspects covered can be mentioned as attitude towards sexual problems, awareness and practices related to RTI/STI/HIV/ AIDS, family planning and antenatal care.

Results

Household and individual profile

The mean household size is found to be 5.34± 2.35 with most of them (66%) belonging to nuclear families. The tribe with a sex ratio of 922 comprises of young group of people with mean age of population to be 21.4 years. A look into the respondent's profile reveals that age at marriage among the community is lower than mean age at first marriage. Mean age at marriage for males is 17.9±3.04 and for females 16.2±10.04 years suggesting a very narrow inter spouse age difference at marriage among them. About 69% of them were literate and among them 17% were non-formally educated. Most of them studied up to primary level. The main occupation was agricultural labourer (84%). The community, by and large, appears to be culturally homogenous.

Men's perception towards sexual problems

Not less than19% of the male prefer multiple sex partners in life and an equal proportion of male also preferred higher coital frequency (i.e. more than 30 sexual encounter per month). Though commercial sexual activities are still lower among the community today, but pre and extramarital sex relationship is widely prevalent among them. Masturbation is a mean to discharge the sexual desire without any health hazards and also it help the individual to an extent to control the risk behavior of seeking the services of Commercial Sex Workers (CSW)/ multiple sex partners. About 26% of the respondent's firmly believe that masturbation is a disease and not to be practiced. Little more than one fourth of the respondents are of the opinion that there is no cure for sexual weakness/ problems, so the question of health seeking does not arise at all for them. The faulty perception of the male also made them to understand that it is only women who are responsible for the spread of any disease. The basic survey results on reproductive health are shown in Fig. 1 and are described below:

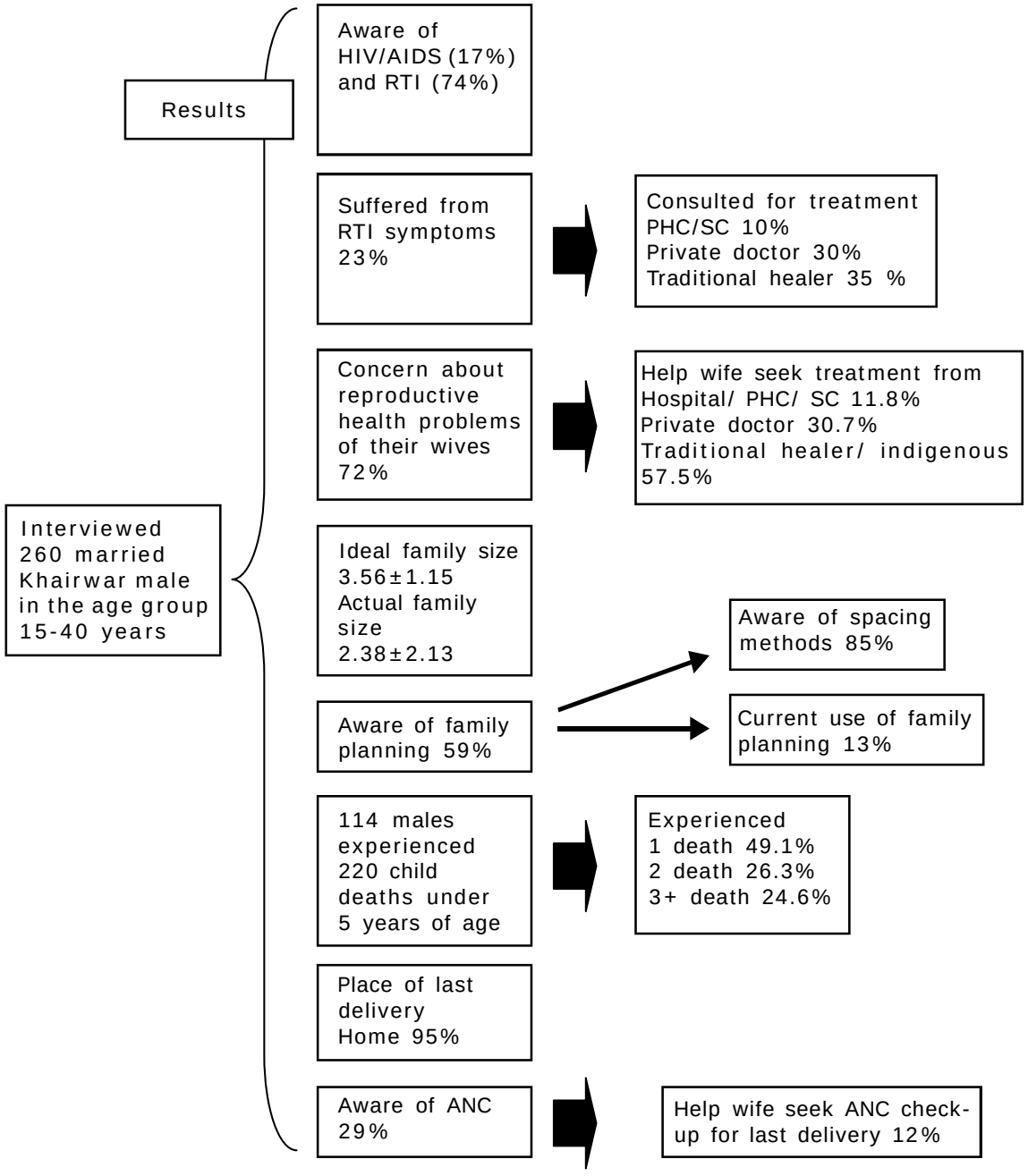
1. Men's awareness to HIV/AIDS/ RTI

Handful of respondents, only 17% are aware of HIV/AIDS and most of them have no proper information about its transmission and prevention. However, 74% of the respondents have some knowledge about reproductive tract infection (RTI). Out of total sample males 23% reported suffered from one or the other symptoms of RTI. Among them only 10% consulted primary health center for treatment. More people prefer traditional healer (35%) or private health practitioners (30%) for treatment of such symptoms.

2. Concern about reproductive health problem of spouse

A good number of males (72%) reported that they were particular about any reproductive health problem of their spouse. Among this group almost all of them reported that their wife suffered from some reproductive health problems during last three months preceding the survey. Among them only 12 % actually helped wife seeks treatment from any Government health posts. Majority of them prefer private doctor and traditional healer/ indigenous practices for curing. Since not satisfied with the local traditional healing system, few among them also consulted multiple sources for treatment.

Fig. 1: Basic survey results on reproductive health



Family planning, fertility preference and experience of under five child mortality

The mean ideal family size concept of male 3.56 exceeds the actual children born and living 2.38. The preference for higher fertility is encouraged in the community. Further a good number of respondents, 114 (44%) reported experienced one or more child mortality

under 5 year of age. About 49% of them experienced one child death till survey date. The remaining experienced multiple deaths. Death of male child was experienced slightly higher in the community. The preference for higher fertility in the tribe could be a feeling of insecurity among them to save their child to adult hood.

About 59% of the males were aware of one or the other methods of family planning. Among them 85% of them heard of spacing methods in addition to terminal methods. Mostly they were aware of condom as spacing method. However, current use of family planning among them was only 13% and that too almost all, female sterilization. The lesser utilization of family planning particularly the use of spacing method could be a result of joint effect of preference for higher fertility, higher under five mortality, no proper knowledge on use effectiveness of family planning and its unavailability. Further myths pertaining to male sterilization force female to go for terminal methods. So it is evident that even there is a little use of family planning methods within the tribe, but men's participation in the same is minimal.

Antenatal care

Pregnancy and its care are considered by men as women's affair and it is usually taken care of by women themselves. Only 29% of males had heard about antenatal care services and most of them had insufficient knowledge about the type of services provided and the number of such visits in different trimester of pregnancy. Further they had an indifferent attitude towards it. Among this group a handful of males (12%) help their wife to avail antenatal care services during their last delivery. Most of the deliveries (95%) were made at home. So this clearly shows men's negligible participation in antenatal care services among the tribe.

Popularity of Government health services

About 92% of the male did not avail any Government health services during three months preceding the survey. The main reasons are mentioned in Fig. 2.

Fig. 2: Reasons for non utilization of Government Health Services



Discussion

The result clearly points to the fact that faulty perception, ignorance compounded with a culture of repression towards sexual problems of Khairwar male not only exposed them to risk behaviour but also equally endanger the opposite sex. Similarly some studies conducted in Latin America shows that how the gender specific perception on sexuality or on sexual problems shapes the sexual behaviour risking the community health (WHO, 2004). It thus point to a need to promote easier access to sexual and reproductive health information and services and to encourage free discussion of sexual issues.

Little less than one-fourth of them had reported suffered from one or the other symptoms of reproductive tract infections and most of them were not bothered to avail treatment from Government health posts or trained health professionals. They linger with the morbidity and in the process infect their unsuspecting wives. Dudgen (2004) in his article mentioned that men's sexual behaviour (including their use of barrier contraceptives) have major implications for the transmission of STIs, including bacterial, viral and parasitic agents that can lead to acute and chronic conditions in both men and women as well as pregnancy associated diseases that affects the well-being of offspring. Condom (including the female condom) is the only effective contraceptives that not only prevent unwanted pregnancy but also protect against the transmission of most STIs for both women and men during penile-vaginal intercourse (Davis and Weller, 1999). But men must cooperate in order for condoms to be used effectively during sex. Thus, much emphasis has been placed on condom use as men's contraception. The refusal to wear condoms has been seen by some feminist writer as a sign of hegemonic, heterosexist masculinity (Potter, 1994). In the present study it is observed that with the rise in the spread of HIV/AIDS and other STIs in the country, the Khairwar man are still unaware of it. Restriction on free use of forest products, poverty and their indebtedness push these men outside their locality, hitherto isolated from mainstream, in search of livelihood. So today Khairwars are not completely isolated from the outside world even though they reside in remote areas. As a result the tribe is exposed to the risk of infection from outside. In this situation their poor level of awareness to HIV/AIDS coupled with negligible use of condom appears to be a matter of concern. Further the literature available on the Khairwar and the people close to the tribe reported high prevalence of pre-marital and extramarital sex relationship among them. It is anticipated that the chance of spread of infection will be rampant in the community. Unless proper motivational programmes on these issues are taken care of, immediately, the consequences will be disastrous for the tribe in the days to come.

As far as family planning is concerned contraception use and effectiveness depends directly on men's involvement. Several studies examine the ways in which culture and social organization may influence contraceptive patterns and men's influence on those patterns. For example, the studies at Ghana (Ezch, 1993) and Nigeria (Bankole, 1995) suggest that men may have significant influence over women's contraceptive decisions, while the converse may not be as true. In the present study it is evident that even though more than 50% of the male members in the tribe are aware of one or the other methods of family planning but the current use is only 13% and that too all female sterilization. Further these sterilizations are done only after achieving the desired family size as decided by the male. Since men are the main decision maker in the family their preference gets predominance in life in all respect. It is observed in the study that men's ideal family size concept exceeds the actual children born and surviving. Beside

many other factors, the formation of men's favourable attitude towards higher family size is well guided by the higher under five mortality reported in the tribe. So for them higher fertility is a kind of replacement for higher mortality. Thus they are not bothered to use the methods of family planning. The study by Bonkole (1995) also supports the above findings. Further other reasons reported by Khairwar men not using family planning are not having proper knowledge of the methods use and its effectiveness, not easy availability of methods, spouse does not prefer it's use and other minor reasons includes fear of side effects, economically not viable and sexual dysfunction. These reasons are also supported in by the data presented in the Population Report (2004). Further from the study it is clear that even though men keep themselves away from the family planning, the method use by the females were at the discretion of their husbands. In a study at Zimbabwe, men report making final decisions in contraceptive use, even while women are held responsible for obtaining contraceptives (Mbizvo, et al, 1991). A number of other studies also demonstrate discordance within couples for contraceptive use (Becker, 1999; Bongaarts et al, 1995; Casterline et al, 1997; Casterline et al, 2000; Klijzing, 2000; Ngom, 1997; Wolff et al, 2000; Yebei, 2000).

The study also reveals that Khairwar men keep themselves away from being supportive partners to their wives in seeking anti-natal care services. The general awareness to antenatal care is low among the male and their lesser involvement in the same, render underutilization of existing services. The tribe, by and large, live in with higher fertility and child mortality, neglected pregnancy care and unsafe delivery, reproductive morbidities, risk of infection to HIV/AIDS and other STIs. It is urgently required to generate a demand for health services among man particularly the married male in the age group 15-40 years such that indirectly their wives will also be benefited of the same. At the same time it is also necessary to strengthen the health delivery system in terms of quality services, affordability and accessibility, to make it popular among the members of the tribe. Further lack of programmatic interest in addressing male involvement is also reflected among the health officials and other workers. So far the program related to male involvement means increase in acceptance of NSV OR condom use. Most of them believe that it is difficult to achieve as it is difficult to change mindset of men who believe vasectomy affects manhood, reduces sperm count, and makes men weak and few believe it is difficult but should be tried. However, to bring about a positive change in this direction rigorous round the year IEC activities is necessary with the following issues at priority.

- Educate young men about sexual responsibility and eradicate faulty attitude towards sexual problem.
- Encourage planned families where both parents provide for their children. Motivate man towards use of spacing methods of family planning particularly the use of condom for the duel role it performs.
- Involve man in maternity care.
- Widening outreach services in difficult terrains and its sustenance.
- Train health professionals to counsel couples.
- Design IEC strategy to raise men's awareness of reproductive health to generate a demand for health services.

- Provide male oriented holistic services, including condom education and treatment of RTI/STD.

It is suggested that a concerted effort/ sensible planning on the part of health planners, person responsible for health delivery and positive attitude of man towards gender equality can improve men's participation in reproductive and sexual health for a healthy tomorrow.

Endnote

The current Khairwar population is estimated by adopting the exponential formula $P_t = P_o e^{rt}$, where, Pt is the estimated population, P_o is the last population available, r is the rate of growth of population and t is the duration between two populations and e is the natural logarithm. Growth rate r is assumed to be constant and is also estimated by the above formula based on 1961 and 1971 population available on the tribe.

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