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Awareness, Attitude and Participation Rate of Men in Family Planning Programs in Iran

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Abstract

Objectives: The aim of present study was to evaluate the awareness, attitude and participation of men in family planning program in Abyek, Iran.

Materials and Methods: This descriptive study was done on 400 men and women in Abyek, Iran. Data regarding awareness and attitude of men in family planning program and their participation rate were gathered. The descriptive statistics and Pearson correlation test were used for analyzing data.

Results: The mean awareness, attitude and participation score of men in family planning was7.40±2.37, 54.68±6.12 and 8±2.52 respectively. The percentage of awareness, attitude and participation was 52.8%, 84% and 66.6% respectively. A significant relationship was observed between knowledge and participation (r=0.293, p=0.005) and attitude and participation (r=0.328, p=0.005).

Conclusion: Awareness and participation of men in family planning program was not good, however; their attitude was acceptable. It seems that the knowledge and practice of men about family planning should be increased by educational programs.

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Introduction:

Rapid population growth poses a great challenge for social, economical and cultural development of countries. Family planning is the core concept for controlling the rate of population growth. Regular and persistent use of family planning methods requires the participation of both men and women. Men constitute half of the population in a society, and due to the traditional cultural structure of families in Iran, they play a pivotal role in decision making (1). It is essential to identify the requirement of men in order to encourage them to become involved in the family planning program (2). Men's attitude towards family planning has a significant impact on how contraceptive methods are accepted (3). In most societies, men's approval of family planning improves the usage rate of contraceptive services by women (4). On the other hand, men's abstinence from such programs will result in failure of family planning program and uncurbed population growth (1). One challenge of family planning programs is the low rate of participation of men (5). Men's participation does not necessarily mean that; using of male contraceptive methods; it represents their correct understanding of limitations and requirements of using contraceptive methods by women (6). Most studies dealing with family planning tend to focus on women rather than men, and the latter are often neglected as an important target for reproductive health programs. Few studies have addressed men's awareness, attitude and participation in family planning (7-11). Despite the controlling of population, the rate of unplanned pregnancies and induced abortion are still high in Iran. In a study by Erfani in Tehran, Iran, results showed that; the annual general abortion rate was 5.5 per 1,000 women and the general rate of abortion was 11.7 among those aged 30-34. More than two thirds of abortions were related to the failure in the contraceptive methods such as withdrawal, contraceptive pill or condom (12). The primary aim of this study was to evaluate the awareness, attitude and participation of men in family planning in Abyek, Iran.

Material & Methods:

This is a descriptive study on 400 men and women in Abyek (200 man and 200 women). Abyek is one of the cities in the Qazvin province located in the west of Iran. The population of Abyek according to the last census in Iran is around 100,000.

The design of study was approved by Tabriz University of Medical Sciences, Iran. Sample size was estimated through a pilot study. For this purpose, one urban healthcare center was selected to provide 30 couples for the pilot study. Considering the result of pilot study, the estimated sample size was 200 cases for each of men and women with a significance threshold of (0.05) and 80% test power. Then quota sampling was used to determine the number of cases to be recruited by each healthcare center in urban areas.

We divided the total number of cases needed from the city by the total number of women eligible for family planning as extracted from vital documents in healthcare bases. The result was multiplied by the number of eligible women in each block to yield the number of women required from each block. In the next step, families randomly selected to enroll in the study. The inclusion criteria for men and women in our study were: married men whose wives were aged 15-49 years and women that were contraceptive methods users. The written informed consent was obtained from each participant prior to the data collection.

Measures :

Four questionnaires were prepared to assess socio-demographic characteristics, awareness, attitude and participation of men in the family planning program. Male participants have completed the socio-demographic, awareness and attitude questionnaires, while female participants have completed the socio-demographic and participation questionnaires. All questionnaires were completed by male and female interviewers for better response rate. The validity of questionnaires was assessed by content validity.

The reliability of questionnaires was assessed using Cronbach's alpha on 30 subjects that had inclusion criteria for this study. The Cronbach's alpha was 0.97 for

awareness, 0.79 for attitude and 0.91 for participation questionnaires.

The awareness questionnaire consisted 14 questions for assess the men's awareness about family planning programs. Each correct answer was scored 1 and each incorrect answer was scored 0, with the minimum total score being 0 and the maximum of 14. The attitude questionnaire was contained 13 items dealing with men's attitude towards family planning. The items were scored with a Likert scale from "Completely agree" to "Completely disagree", with the scores ranging from 5 to 65. A male interviewer, interviewed men participants and completed the awareness and attitude questionnaire with a prior appointment at their home.

The third questionnaire was evaluated men's participation. This section was consisted of 12 questions addressing men's participation in family planning programs from the point view of women. In this questionnaire, affirmative answers were scored 1 and negative answers were scored 0. The sum of scores for all questions made the participation score, which ranged from 0 to 12. The participation questionnaire was completed by interviewing the women in the health center.

Statistics:

Descriptive statistics was used to describe data while the Pearson's correlation test was used to study the relationship between awareness and attitude on one hand and participation in the family planning program on the other hand, as well as the relationship between some demographic characteristics with awareness, attitude, and participation.

Results:

The mean age of male participants was 36.11±6.97 and the mean age of female participants was 31.45±6.50. The mean number of children was 1.78±1.23. The socio-demographic characteristics of participants are listed in Table 1. Most participants (24.5%) in this study used withdrawal method as contraception and most of women and men were satisfied with their contraceptive methods (Table 2). The mean awareness score of men was 7.40±2.37 and the mean attitude score of men was 54.68±6.12.

The mean participation score of men was (8±2.57). Furthermore, we observed that, awareness, and attitude, were positively and significantly related to men's participation in family planning [($r=0.40$, $p<0.001$) and ($r=0.39$, $p<0.001$)].

Regarding men's awareness about family planning programs, 84.5% of men responded correctly to the question "What is the optimal contraceptive method for a couple with a proper number of children?" Only 13.5% of them could correctly answer the question about the impact of tubal ligation on sexual relationship. Most of male participants (94.5%) were agreed with the statement of; "man and woman discussing family planning together" and "family planning as the basis of family and child health"(91.5%) while only 82.5% of them were agreed with "men should use contraceptive methods" .

The results of participation questionnaire indicated that the greatest participation of men in family planning pertained to "accepting family planning"(96%) while the lowest rate of participation was "talking to the wife when she faces difficulty with the contraceptive method"(22,5%) (Table 3).The Pearson correlation test was indicated the significant relationship between type of contraceptive and participation [$r=0.31$, $p=0.01$]. The number of female and male children was not related to participation.

Discussion:

The findings of the present study indicated that more than half of men (52.8%) had good knowledge about family planning program. However most men (84.1%) had a positive attitude regarding family planning programs and also they had 66.6% rate of participation. It will be noteworthy that attitude is a response that comes from knowledge and experiences. Attitude is consisting of three elements; cognitive, affective and behavioral. An affective domain is related to the bad or good, negative or positive, helpful or not helpful feelings in every individual. Behavioral aspect is the individual's readiness for action. For this reason the good awareness cannot be a predictive factor for high attitude and vice versa (13).

A study conducted by Orji et al. (2007) on 370 married men in urban and rural areas of Nigeria was demonstrated that 83.3% of men in cities were agreed with family planning and believed that decisions on family planning must be made with participation of both men and women. The knowledge of men in the Orji et al's study is more than that in our study (14). The dissimilarity may be due to the fact that; in Iran there is no way to increase public information of men about family planning, especially for men who are not well educated and do not access to the internet.

Azgoli et al. (2002), conducted a descriptive study on 450 individuals in Shiraz, Iran, to evaluate the rate of men' participating in family planning. They found that 93.5% of men believed that discussions and decisions about family planning must incorporate both men and women (11). These results are almost in line with our results, when we found that 84.12% of men had positive attitude toward family planning programs. Furthermore, the study conducted by Ogunjuyigbe et al. (2009), on 600 individuals in Nigeria indicated that 62.7% of men were agreed with family planning (15), which is almost in line with our results.

A study conducted by Garmaznejad et al. (1995), on 400 individuals in Gachsaran, yielded a participation score of 6.19 ± 2.78 for men(7) which is approximately consistent with our study. A study conducted by Yusefi (2002) on 200 couples living in Tabriz regarding their awareness and information sources for family planning demonstrated that; 48.6% of men had poor knowledge about family planning (16), which is consistent with our findings.

In our study, men stated that it is not only women's responsibility to obtain information about family planning, and men are responsible in this regard, as well. This indicates a positive attitude in men towards obtaining data about family planning. Therefore, it provides an opportunity for policy makers to improve men's awareness about family planning through different strategies.

Our findings suggest that men's greatest awareness pertained to type of contraceptive methods and their efficacies, while their lowest knowledge was about the adverse effects of contraceptive methods for women. Poor knowledge about adverse effects may lead to misusing the method or changing it, which will in turn result in discounting the method. This may increase the failure rate, or use of insecure methods such as withdrawal. A study to evaluate the knowledge and attitude of men in family planning program in Zimbabwe showed that; men have a major role in the decision on contraceptive methods and also their knowledge was high. Researchers concluded that; men should be included in the family planning programs and their knowledge and attitude should improve through education and communication programs (17).

Almost half of men did not know what to do in case of condom is ruptured or if an unprotected intercourse occurred. Also our findings corroborate the higher use of withdrawal method among male participants. As it is usually harder for men to access the educational materials regarding family planning, their wives can serve as an important information source for them. Our study showed that participation rate of men in family planning program was not favorable. In a study to assess the effect of women's group counseling on men's knowledge, attitude and participation about family planning showed that; around half of couples who did not use contraceptive methods, started to use one of modern contraceptive methods after counseling ($p<0.001$). Therefore researchers concluded that; wives' counseling could improve men involvement and could improve family planning programs (18). Another study on 53 women who did not use effective methods in family planning in Isfahan Province, Iran, showed that after group training classes (four classes in two months), the rate of knowledge and participation of men in the family planning program improved significantly and 51% of couples used effective contraceptive methods (22% have chosen contraceptive pills, 18% used condom and 5% and 2% were willing to use vasectomy and tubal ligation) (19). It is clear that women's education and empowerment in the family planning program can increase the

knowledge, attitude and practice of men. In addition, direct education of men must not be neglected. Public media can have a particularly important role in improving men's awareness.

This is the first time in Iran that we assess the participation rate of men in family planning program from the women's point of view. The findings of the present study will serve as a guide for surveillance programs to improve the status of men alongside with women in family planning program in order to enhance health of individual as well as public levels. Considering the cultural differences between provinces in Iran, we recommend that similar studies should be conducted in other cities and provinces, as well.

Conclusion :

Results of this study indicated that; awareness and participation rate of men about family planning program was not good, however; their attitude was acceptable. It seems that the knowledge and practice of men about family planning should be increased. Policymakers in family planning can set program for increase the knowledge of men as well as women.

Conflicts of interest:

Authors declare that there is no any conflict of interest.

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Table 1: Socio-demographic characteristics of men and women in the study

Characteristics	**200 men and 200 women**
	Mean ±SD or N(%)
Age	
Men	36.11±6.97
Women	31.45±6.5
Women's Education	
Illiterate	9(4.5)
Primary education	50(25)
Secondary school	65(32.5)
Diploma	56(28)
University education	20(10)
Women's job	
House maker	177(88.5)
Working	23(11.5)
Men's education	
Illiterate	8(4)
Primary	53(26.5)
Secondary education	60(30)
Diploma	61(30.5)
University education	18(9)
Men's job	
Employee	30(15)
Labor worker	74(37)
Farmer	10(5)
Employer	77(38.5)
Jobless	8(4)

Table 2: Contraceptive use and satisfaction among men and women in the study

Contraceptive methods	**200 men and 200 women**
	Mean ±SD or N(%)
Combined contraceptive pills	30(15)
Condom	39(19.5)
Intra uterine device	34(17)
Tubal ligation	25(12.5)
Vasectomy	4(2)
Withdrawal	49(24.5)
Mini-pill	3(1.5)
Depot-medroxy progesterone acetate	16(8)
Others	2(1)
Women's satisfaction with the contraceptive method	
Yes	183(91.5)
No	15(7.5)
Men's satisfaction with the contraceptive method	
Yes	199(99.5)
No	1(0.5)

Table 3: Participation rate of men in the family planning programs from the women's point of view

Participation	n=200 Yes N(%)	No
1. Does your husband agree with family planning program in general?	192(96)	8(4)
2. Has your husband tried to get information about the methods of contraception?	141(70.5)	59(29)
3. Has your husband had the reason for accepting family planning or has he asked you?	150(75)	48(24)
4. Has your husband discussed about the advantages and disadvantages of the methods of contraception?	144(72)	56(28)
5. Has your husband had an idea about the selection of a method of contraception?	136(68)	63(31.5)
6. Does your husband agree with the method you have chosen to use?	168(84)	32(16)
7. Does your husband ask you how the current used method work?	139(69.5)	55(27.5)
8. In case of any problem regarding the type of applied method¸ does your husband talk to you or suggest a solution?	45(22.5)	155(77.5)
9. Does your husband remind you to refer a physician or health –treatment centers to check the applied method?	104(52)	95(47.5)
10. Does your husband cooperate with you in referring to health centers for receiving family planning services?	141(70.5)	59(29.5)
11. If using of female methods be impossible for you¸ does your husband agree the use of male method (condom or vasectomy)?	122(61)	78(39)
12. If it is impossible for you to go to health –clinic centers¸ does your husband agree to refer to health clinic centers?	117(58.5)	83(41.5)

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