

# Barriers to Male Involvement in Contraceptives Uptake in Machhapuchhre Rural Municipality, Kaski, Nepal

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## ABSTRACT

**Introduction:** Awareness towards the importance of proper family planning has been increasing in the big cities, however there are still some communities in rural areas of Nepal where use of contraceptive methods is not very common. Literature in the field suggests, involvement of males in contraception uptake to be relatively low in rural areas. The aim of the present study was to assess the involvement of men in family planning and the barriers related to it.

**Methods:** A descriptive, cross-sectional study was conducted among 293 women of reproductive age group (15-49 years), and data was collected using a semi-structured questionnaire through interview. A convenient sampling technique was used for the data collection. Data were entered and analysed using SPSS V20. Results were presented in frequencies and percentages.

**Results:** The study showed that 83% of the respondents had a supporting and encouraging husband. 56% of the respondent's husbands were using contraceptives. 5.3% had a vasectomy and 32.1% used a condom. The major identified barriers were fear and concern relating to vasectomy (93.5%) followed by limited choices of available male contraceptives (92.8%), perceived side-effects (91.8%), and distance from health facilities (86.3%).

**Conclusions:** This research showed major barriers to male involvement in contraceptives in Machhapuchhre Rural Municipality of Kaski District. Family planning related programs as well as more research should be done. Authorities are recommended to increase the accessibility of FP services, and the development of skilled and motivated health workers to increase male involvement in contraceptive uptake.

**Keywords:** *Barriers, Contraceptives, Family planning services, Health care services, Nepal.*

## INTRODUCTION

Male involvement in contraception refers to inclusion of men in FP programs as clients of FP services, as supportive partners, and as agents of change in the family & community.<sup>1</sup> Male involvement in contraception strategies are employed as a means to support women to access care, address the influence of gender inequality and promote men's positive involvement as partners.<sup>2</sup>

Nepal is a patriarchal society where boys are given opportunities and girls are expected to be homemakers. Women have neither the freedom of marital choice nor they have the fertility choice, many women go through

unwanted pregnancy and childbirth due to lack of choice and decision making.<sup>3,4</sup> In a study conducted in Tharu people, dang district of Nepal, only 34.9% were male contraceptive users.<sup>5</sup> This study aimed to update the knowledge on involvement of men in family planning and barriers related to it.

## METHODS

A descriptive cross-sectional study was conducted among 293 women of reproductive age group (15-49 years) of Machhapuchhre Rural Municipality of Kaski District. Prior to the data collection, we obtained an

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ethical approval letter from Nepal Health Research Council (Ref no. 2607). A written informed consent was taken from the participants before collecting the data.

All reproductive age-group (15-49) married females were included in this study. Women who had listening problems, language problems, who had undergone hysterectomy, who were not willing to give information, and who were not available during the study period, were excluded from this study.

Sample size was calculated by using the following formula:

$$n = \frac{z\alpha^2pq}{e^2}$$

where,

Zα = value of Z at α level of significance

p = 0.5 (50% prevalence was taken as there wasn't any relevant study done in Nepal)

q = (1-p) = (1-0.5) = 0.5

e = sampling (non-response) error ±6% or 0.06

Thus,

$$n = \frac{z\alpha^2pq}{e^2} = \frac{(1.96)^2 \times (0.5) \times (0.5)}{0.06^2} = \frac{3.84 \times 0.5 \times 0.5}{0.0036} = 266$$

Sample size (n) = 266

Taking a non-response rate of 10%, the total sample size was 293. The study participants were selected conveniently.

We conducted a face-to-face interview using a semi-structured questionnaire. The questionnaire consisted of socio-demographic factors, reproductive factors, communication and service-related factors and male involvement in family planning. The questionnaire was prepared by reviewing literature and was translated into Nepali language for administering to the participants.

The collected data was checked for completeness and consistency. The collected data was entered and analysed in SPSS version 20. Descriptive analysis was done and presented using frequency and percentage.

## RESULTS

### Knowledge on Family Planning and Male Involvement in Contraceptive Uptake

Table 1 shows, almost all (99%) of respondents knew about family planning. Higher proportion of the respondents (23.9%) used injectables as a family planning method. Majority (83.3%) of the respondents reported that their husbands were supportive towards them. More than half (56%) of respondent's husbands were using contraceptives. Almost one-third (55.9%) of the respondent's husbands were using a condom as a method of contraception. Majority reported fear and concern relating to vasectomy (93.5%) was found to

be as a barrier to male involvement in contraception, followed by other major barriers which are limited choices of available male contraceptives (92.8%), perceived side effects (91.8%), and distance from health facility (86.3%). More than half of the respondents (52.6%) reported there was no such negative perception that only women should be concerned with the matters of contraceptives uptake in the community.

Slightly more than a half of the respondents (50.9%) do not take approval from a partner before using any contraceptive methods. More than three-fourth (77.8%) reported that male family planning services were accessible and a skilled family planning service provider was available. Slightly more than two out of five (40.6%) of the respondents reported that it took over 1 hour to reach the health facilities.

**Table 1. Family planning and male involvement in contraceptives uptake related results.**

Variables	n (%)
<b>Family planning Knowledge (n=293)</b>	
No	3 (1)
Yes	290 (99)
<b>Having supporting and encouraging partner (n=290)</b>	
No	46 (15.7)
Yes	244 (83.3)
<b>Currently used or have ever used method (n=287)</b>	
Female sterilisation	49 (16.7)
IUCD	28 (9.6)
Implants	34 (11.6)
Pills	41 (14.3)
Withdrawal	54 (18.4)
Rhythm method	11 (3.8)
Injectable	70 (23.9)
<b>Husband using contraceptive (n=290)</b>	
No	126 (43)
Yes	164 (56)
<b>Male contraceptive users (n=168)</b>	
Condom	94 (55.9)
Vasectomy	74 (44.1)
<b>Barriers (n=290)</b>	
Limited choices of available male contraceptives	272 (92.8)
Fear and concern relating to vasectomy	274 (93.5)
Negative perception/Misconception	189 (64.5)
Accessibility/Availability of skilled service provider	32 (10.9)
Behaviour of health service provider	35 (11.9)

Variables	n (%)
Distance from health facility	253 (86.3)
Perceived side effects	269 (91.8)
Women's unwillingness	141 (48.1)
Lack of awareness	132 (45.1)
Shyness and discomfort	103 (35.2)
<b>Negative perception in Community</b>	
No	154 (52.6)
Yes	136 (46.4)
<b>Contraceptives uptake freely discussed</b>	
No	44 (15)
Yes	246 (84)
<b>Have to take approval from partner</b>	
No	149 (50.9)
Yes	141 (48.1)
<b>Decision maker in the family</b>	
You	66 (22.5)
Husband	94 (32.1)
You and your husband	125 (42.7)
<b>Accessible/availability of FP</b>	
No	62 (21.2)
Yes	228 (77.8)
<b>Distance to the Health Facility</b>	
Less than 30 minutes	45 (15.4)
Approximately 1 hour	102 (34.8)
Above 1 hour	119 (40.6)
More than 2 hour	27 (9.2)

### Socio-demographic Characteristics

The data in Table 2 shows, Majority (43.4%) of respondents were within the age group of 20-29 years. The average age (mean) of the respondents was 29.85. Majority (46.4%) of the respondents were Dalit and Brahmin/chhetri (40.3%) followed by Adibasi/Janajati (13.3%). Out of 293 respondents, 247 were Hindu representing the majority (84.3%) of respondents. Majority (80.2%) of respondents were not self-employed. It was found that the majority (35%) of respondent's husbands had income less than or equal to NRs 20,000.

**Table 2. Socio-demographic characteristics of the respondent (n=293)**

Variables	n(%)
<b>Age group (in years)</b>	
< 20	48 (16.4)
20-29	127 (43.3)
30-39	31 (10.6)
40-49	87 (29.7)

Variables	n(%)
Mean age	29.85
<b>Literacy</b>	
Illiterate	50 (17.1)
Literate	243 (82.9)
<b>Religion</b>	
Hindu	247 (84.3)
Buddhist	36 (12.3)
Christian	10 (3.4)
<b>Ethnicity</b>	
Brahmin/Chhetri	118 (40.3)
Adibasi/Janajati	39 (13.3)
Dalit	136 (46.4)
<b>Self-employed</b>	
No	235 (80.2)
Yes	58 (19.8)
<b>Monthly income of husband (in NRs)</b>	
≤ 20,000	105 (35.8)
20,000-40,000	89 (30.4)
40,000-60,000	99 (33.8)

### DISCUSSION

Involvement of male in family planning and the barriers related to it was assessed in this cross sectional study. This study showed that 99% of the respondents knew about family planning which was consistent with the study conducted in urban Somali refugees in Kenya, where 97% knew about family planning.<sup>6</sup> However in the same study, more than half (58%) of the respondents were self-employed,<sup>6</sup> which contradicts with the findings of this study where only (19.8%) were self-employed, which may be due to urban and rural differences and also due to the difference in gender of the respondents.<sup>5</sup>

In an analytical study conducted in urban Somali refugees in Kenya, the average monthly income was above Rs.40,000 in only (10.4%).<sup>6</sup> Whereas in this study 33.8% had above Rs.40,000, which is comparatively higher, this could be attributed to the main occupation of husbands in this study being business after agriculture.

In the context of currently used or had ever used method of family planning, our study reported Injectables as a most commonly used, whereas Pills was found as commonly used method in another similar study.<sup>6</sup>

In the present study, having a supporting and encouraging partner is found to be (83.3%) which showed a positive attitude of men towards their partner. This was due to counselling of service providers and FCHVs.<sup>8</sup> In a study conducted in Nepal total vasectomy users were found to be 12% and condom users 7%<sup>9</sup> which is inconsistent

with the findings of this study, where total vasectomy users were found to be 25.3% and condom users were found to be 32.1%, it may be due to efficient counselling in this area.

In the study conducted in Tharu people of dang district, the barrier to male involvement in contraception due to side effects was found to be 40%<sup>5</sup> here in this study it was found to be 91.8% which shows inconsistency in result.

The major barriers to male involvement in contraception in our study were revealed to be fear and concerns relating to vasectomy, followed by limited choices of available male contraceptives, and perceived side effects of contraception, while FP not being male friendly was found to be the major barrier in the study conducted in Nigeria.<sup>7</sup> In the study conducted in Nairobi Kenya about half of the respondents (53.6%) indicated that decisions about healthcare were made jointly with the partner<sup>6</sup> and in this study joint healthcare decision makers were found to be 42.7%.

## CONCLUSIONS

This study showed that more than half of the respondent's husbands used contraceptives but there were various reasons triggering involvement of men in contraception. Based on the findings of this research, concerned stakeholders in this field are recommended to focus more on reproductive issues like perceived side effects, fear and the availability of the choices of male contraceptives. In addition, authorities are recommended to increase the accessibility of FP services, and development of skilled and motivated health workers to increase male involvement in contraceptive uptake.

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Not applicable

## CONFLICT OF INTEREST

None

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