Men's Knowledge, Attitudes and Participation in Family Planning: A Survey in the Urban Communities

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***Abstract*—**The main aim of the study is to investigate the knowledge, attitudes, practices and involvement of men in family planning (FP) in the selected communities in Olongapo City. The researchers used the survey-questionnaire, focus group interview and observation, and the analysis of data utilized descriptive Statistics. The first ten communities with the highest number of population were surveyed under purposive sampling. The knowledge about FP is relatively high among men, which provide them the opportunity to plan the number of children, as well as proper spacing of childbirth. They are familiar with FP methods like pills, condoms, injectables; vasectomy, tubal ligation and abstinence. Other methods like intrauterine device, norplant, spermicidal, and prolonged breastfeeding were also identified. Thus, they use safer FP methods such as pills and condoms in the future. Fewer numbers of children and proper spacing of childbirth were due to lack of money for rearing many children, mother's and child's health. They are using contraceptives such as condoms, pills, and injectables. Possible reasons for stopping them from using such are fear of side effects, and desire to have more children, and religious belief and source of contraceptive. The decision on the use of FP methods is done jointly by the husband and wife through spousal discussion. A condom still ranked number 1 among users. They have heard of information about FP through various media and health professionals. Community health centers and hospitals, pharmacy, and friends are their sources of contraceptives. Moreover, the majority has gone to health care institutions for advice with no gender biases. Some supporters on the use of contraceptives such as partner and society were reported, but they do not know whether their religion is against the use of contraceptives. The level of male participation in the FP programs is good among the communities. The male support to FP practice was encouraging.

***Keywords*—** Urban communities, gender studies, male participation, family planning, mixed method, Olongapo City.

I. Introduction

It is widely acknowledged that the Philippine family planning (FP) program has focused almost exclusively on women and may have missed opportunities to effectively involve men to address these challenges. Research findings from the Philippines show that men are influential gatekeepers for FP acceptance in the household and are an important client group for FP program efforts (Perez, 2000). Due in part to the lack of progress in the Philippine FP program, USAID programs have intensified efforts to include men in FP advocacy and services (Management Sciences for Health, 2003).

For more than a decade, there have been increased efforts to include men in FP programs. This is the result of many factors, including the 1994 International Conference on Population and Development (ICPD) Plan of Action, the global HIV/AIDS pandemic, and high quality quantitative data on men from the Demographic and Health Surveys (Ezeh, Seroussi, & Raggers, 1996). There is evidence that working with men in FP and related reproductive health (RH) areas can result in improved health outcomes (Becker, 1996). USAID's Interagency Gender Working Group (IGWG) has developed resources that document health program justifications for including men in FP as well as compelling program. Studies show that involving men can have significant benefits to FP programs of contraceptive acceptance, continuation, client satisfaction and efficacy (Wang, 1998). Given these encouraging findings, the Philippine FP program may benefit from the implementation of practical and culturally rooted strategies to involve men in FP. Three important issues should be considered in including men in FP (Clark, Brunborg, Rye, Svanemyr, & Austveg, 1999). First, men's participation in FP should be constructive; that is, it should always protect women's interests and not reinforce the traditions of male dominance. Second, involving men may require added expense and may mean competition for scarce resources. Programs include men in FP need to add rather than subtract resources from existing programs for women (AVSC, 1998). Third, efforts to involve men must be cost-efficient in terms of better outcomes in order to justify additional funds.

Building on previous male involvement approaches (Cohen & Burger, 2000), this framework views man as equal partners of women but acknowledges that gender inequities influence fertility behavior. (Badiane, 2005). The framework emphasizes a partnership between men and women in decision making, and encourages human rights for both men and women. It also proposes an educational approach to sensitize men about male and female gender roles and their consequences (Badiane, 2005). Approaches to FP activities to

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involve men can be allocated into three categories: gender exploitative, gender accommodating, and gender transformative. Efforts to involve men should avoid the first two and attempts to use a gender transformative approach. Work with the Population Council Horizons program has shown that programs that help young men reflect on their gender identity and change gender norms can improve knowledge, attitudes and behaviors related to FP and sexually transmitted infections (STIs) (Pulerwitz, Barker, & Segundo, 2004).

For a long time, international FP and reproductive health programs focused exclusively on women (Greene, 1998). As a consequence, population policies were implemented almost exclusively through basic FP programs serving women. If men were involved, it was in a limited way, often to ensure contraceptive continuation and acceptability or to promote the diagnosis and treatment of sexually transmitted infections (Mbizvo et al. 1996). Although, both men and women, have responsibilities and interest in reproductive health and FP, demographic studies on fertility and FP have overwhelmingly focused on women. (Greene and Biddlecom 2000). In practice, the effect that men have on their own and on women's reproductive lives may be more varied. To exclude men from information, counseling, and services is to ignore the important role men's behavior and attitudes may play in the couples' reproductive health choices (Bloom, 2000). For example, in some countries, societal norms, religious practices, and even legal requirements provide men greater influence over decisions that affect their family's reproductive health. Perhaps most importantly, around the world, many women and their partners would like to participate more fully in reproductive health counseling and services (Ringheim, 2002). In response to these factors, programs are increasingly seeking ways to develop strategies that allow men's constructive involvement in FP and other reproductive health services. Studying male involvement, therefore, is important to understand the multiplicity of forces shaping reproductive decisions among women and men (Clark, 2008).

Men are more interested in FP than often assumed, but need communication and services directed specifically at them. Most studies report that men have responded positively to being involved in interventions and that they do in fact care about the welfare of their families (Singh and Arora, 2008). Critics of male involvement have argued that persuading men to view sexual and reproductive health as important and not just women's responsibility will be very difficult (Narayan, 2000). Some fear that resources earmarked for projects targeting women will be reallocated into projects that target men, and that the issue of addressing men will possibly reduce female reproductive autonomy as an unintended consequence (Berer, 1996).

It is also pointed out that couples who talk to each other about family planning and reproductive health can reach better, healthier decisions (Drennan, 1998). Also, involving men in reproductive health is crucial to promote gender equality in all spheres of life and encourage and enable men to take responsibility for their sexual and reproductive behavior and their social and family roles (Bernstein and Hansen, 2006). Successful male involvement is critically dependent on addressing the social and cultural norms that impede health. It is very difficult for men to access accurate, timely and good quality reproductive and sexual health information and services (Pande, 2006).

More recently, however, male involvement in reproductive health has become a popular area among reproductive health program designers, policy makers, and population researchers. Still, the meaning of "male involvement" has divergent interpretations. In the patriarchal culture predominantly prevalent in most of India, husbands have the authority to make legitimate decisions on behalf of their wives, and reviews have suggested that they are also involved in making decisions about their wives' reproductive health, including contraceptive usage, visit to the health facility and family composition and size (Edmeades, 2011). The program to involve men in reproductive health uses many terms, including men's participation, men's responsibility, male motivation, male involvement, men as partners, and men and reproductive health (Finger, 1998). However, there is no consensus about which term best describes this perspective on men (Greene, 2006).

It expounds what male involvement entails at the community level, and how it has been interpreted in program and research efforts, specifically focusing on access to family planning information, services and practices in the selected urban communities in a city

II. Objective Of The Study

The main aim of the study is to investigate the knowledge, attitudes, practices and involvement of men in FP in the selected communities. Specifically, the study aims to: (1) analyze the knowledge and attitudes towards FP; (2) explain the FP practices; (3) assess the involvement of the husband in FP; and (4) analyze the effects of socio-cultural factors in FP utilization.

III. Methodology

This study used both quantitative and qualitative methods to offer different, but complimentary data about the involvement of men in the FP. Using mixed methods, this study is designed as a "concurrent triangulation design. Qualitative and quantitative data were collected at the same time, but separately. The data analysis was also conducted at the same time. Surveys were conducted as the preferred method of quantitative data collection while interviews and focus groups were made to collect qualitative data. The rationale for using mixed methods is to make inferences about the population based upon the sample taken from the selected communities (Creswell, 2003). The researchers considered the four hundred (400) randomly select group of men from various communities to answer the instruments regardless of the actual number of couples in the selected community. Forty (40) participants were taken from each community. This is to gather both quantitative and qualitative data through the survey-instruments, interview and focus group discussions. The research questions were answered by using the researcher-made survey-questionnaire. Interviews were conducted with

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conveniently selected men in order to add a greater depth of understanding than surveys alone. According to Yin (2003), "one of the most important sources of case study information is the interview." The researchers developed interview questions to provide in depth responses. All questions were open ended in nature. One-on-one in-person interviews were conducted by the researcher. Interview questions elicited more in-depth responses than the survey questions. Focus groups were conducted at the community health center. The goal of a focus group was to collect data that are of interest to the researcher-typically to find the range of opinions of people across several groups. The focus group presents a more natural environment than that of an individual interview, because participants are influencing and influenced by others just as they are in life. The researchers served several functions in the focus group: moderator, listener, observer, and analyst using an inductive process. The researchers sought permission from the city health administrator through the community health center officers. The participants were assure of their anonymity, and confidentiality of the information. All quantitative data gathered were tabulated, analyzed and interpreted using descriptive statistical tools.

IV. Results And Discussion

Knowledge and Attitudes towards FP. It is observed that knowledge about FP was relatively high among participants, with a proportion of 98% having ever heard of FP, this can partly be attributed to the aggressive FP campaigns on Radio/ TV and barangays health centers being organized in the city by health professionals and other development partners. Two percent, however, had never heard of any FP methods. To find out the depth of knowledge, 57% said, FP gives couples the opportunity to plan the number of their children (limiting family size), 25% said FP is a strategy designed to avoid unwanted pregnancy, 38% responded that, FP is a way spacing childbirth. From the data, 96% of respondents interviewed said they had ever heard of methods to delay or avoid pregnancy, and 4% responded they never heard any FP method before. Findings reveal that a large proportion (98%) had accurate knowledge about FP by indicating that FP gives couples the opportunity to plan the number and spacing of their children. It is observed, 91% have heard the pills; 71% have heard about the used either the male or the female condoms; 47% had ever heard of injectables; 34% said they have heard vasectomy; 21% heard about tubal ligation; 13% have heard about abstinence. Other FP methods like intrauterine device, norplant, spermicidal, and prolonged breastfeeding were also heard by the participants. The overwhelming proportions that have ever heard of pills and condoms indicated its easy accessibility and relatively moderate price as some of their reasons for use of the method. When participants were asked to find out the importance of FP, the following responses were given: 99% said "Yes" and only 1% said "No". Eighty-five percent (85%) said: they want to use FP methods in the future; 6% answered "No"; and 9% are "unsure". Moreover, it is observed, 60% said that the safest method to use is pills and condoms (52%). Other FP methods considered to be safe are injectable, tubal ligation, abstinence and prolonged breastfeeding. To find out the depth of knowledge relative to the purpose of child spacing or fewer number of children, 56% said, lack of money may not allow rearing many children, 55% said for the mother's health, 35% responded that, for the health of the children, yet, 2% said "I don't know". Thus, FP is a deliberate effort by couples to regulate the number of children and spacing of births. It aims at improving family life at the micro level and contributing to sustainable development at the macro level. This is through fertility decline among other mechanisms. However, variables such as education, religion, socio-economic as well as cultural factors affect the effectiveness of FP programs. One factor that deserves attention is the active involvement of males in FP. Male involvement in FP means more than increasing the number of men using condoms and having vasectomies; male involvement also includes the number of men who encourage and support their partners in contraception and peers to use family planning and who influence the policy environment to be more conducive to developing male related programs. In this context male involvement should be understood in a much broader sense than male contraception, and should refer to all organizational activities aimed at men as a discrete group, which has the effect of increasing the acceptability and prevalence of FP practice of either sex (Toure 1996).

Based on the interviews with both health workers and regular people, the second common method of contraception seemed to be the birth control pill, which has been in use in this area for a while. Although some participants had sufficient knowledge of how to use the pill, a majority of the participants lacked knowledge on this topic or had misunderstood important issues. For example, one participant from a focus group said that pills should be taken twice every day instead of once a day. When asked about the duration of one birth control pill's ability to prevent pregnancy, respondents had different opinions: one pill could prevent pregnancy for three months, six months, eight months, one year, or even three years. Overall, female participants tended to know more about this contraceptive than the male participants, and male participants were more often misinformed. For example, one male participant from one of the focus groups claimed there existed a birth control pill which had the same effect but was used by men. Other male participants believed that birth control pills had the effect of killing the fetus in the third month of pregnancy. Moreover, several male participants in the focus groups reported that they told women that the pills they swallowed did not dissolve in the body and it had bad effects on them and their fetus. Many shared ideas and stories related to how birth control pills accumulated in the body, as described by a male participant: *"The pills accumulated in her stomach. Then she got pregnant. She suffered from a pregnancy complication. She couldn't deliver the baby (in a normal way). Then the family took her to a hospital. The pills she took were not dissolved. They were like stones. The pill didn't work, so she got pregnant. Then a doctor took out both the pills and the baby from her body by surgery. She had 4 children safely before she started to take pills. Then she started to take the pill and that made her unable to have the fifth baby safely. It may have happened due to other causes,*

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*but a pill is generally harmful. "*Many seemed to believe that the pill actually remained in the body, and this caused problems during delivery. The beliefs that the pill could be stored in the body made people fear it, also due to the risk of infertility. Therefore, many participants preferred to use other contraceptive methods than the pill. The health workers, on the other hand, believed: *that low usage of birth control pills was due to the fact that women had to come to get a new supply of birth control pills each month at the health post or other medical facility, which was inconvenient for most women. The health extension workers did not seem to be aware or understand patients' attitudes and fears related to this particular contraceptive method.* Majority of the participants talked about the experiences of contraceptive use and the side effects in a general way, expressing the public or community opinion. Most of the participants said that the attitude towards contraceptive use in the community had changed. Although contraceptives were unpopular when they first arrived, most participants said that the people in the community gradually had accepted the use of contraceptives. They also claimed that their "culture" in general did not prohibit contraceptive use. However, some female participants reported that they were still met with some opposition to contraceptive use, and claimed that women in general did not talk about their own contraceptive use, but took it secretly. A few of the wives of participants said that sometimes their husband's family and relatives insulted them for using contraceptives. However, the majority of participants said the attitude towards women who use contraceptives had been improving, because many seem to have recognized the importance of family planning from an economic point of view. A male participant from one of the focus groups explains his view: *"In the previous period, people begged God to give them many children. But now, it becomes difficult to live a life with many children because of shortage of farmland and children's education. For example, I have five children and my friend has one child. I buy five pairs of shoes for my children, but he buys one. So that's why people are motivated to use contraceptives."* The participants observed positive changes due to FP and recognized the benefit of FP in the household economy. The participant also suggested that the community members had learned and inspired each other due to the visible and practical effects of family planning. Additionally, some participants mentioned that contraceptives often were used by "educated" people who "understood" the advantage of FP. The fact that those who possessed more knowledge than others used contraceptives seemed to have a positive influence on people's perceptions of contraceptives. In general, the findings indicate that negative attitudes towards contraceptives and those who use contraceptives have been decreasing, and that there is a movement in the direction of contraceptives being accepted as a method for FP.

Family Planning Practices. As gathered, 74% of the interviewed participants have used contraceptives. The reasons given were not different from that given by those who do not approve of FP. It is observed, the majority of them (52%) has ever used the condom; 50% have used pills; 25% had ever gone for injectables. Other contraceptive methods like, iud, withdrawal method, tubal ligation, vasectomy, and prolonged breastfeeding were also used by a few. Again, the overwhelming proportions that have ever used condom and pills indicated its easy accessibility and relatively moderate price as some of their reasons for use of the method. Currently, 57% of the respondents are using FP methods. The most common methods used by them are pills (43%) and condom (32%). Some reasons for currently stopping from using contraceptives are fear of side effects (51%); desire to have more children (15%); and the partner does not want it (7%). Other reasons given were the preferred method is not available, religion, source of contraceptive is fair and some do not know any reason. Historically, the traditional method of withdrawal has been used as a contraceptive method since biblical times (PAI, 1991), and use of condom dated back 400 years ago (Ross and Frankenberg, 1993). Despite the pioneering role played by the age-old male methods in the evolution of FP, the present contribution of male methods to the total contraceptive prevalence rate is strikingly low. Worldwide, one-third of the eligible couples using FP rely on methods, which require full male cooperation. In the developing countries, about one-fourth of the contraceptors relied on male methods (Population Report 1986). In the past decade, low use of male methods was likely to remain static in most of the developing countries.

Involvement of Men in the FP. The majority (58%) of them convinced others to use FP methods; while 42% have never convinced others. Moreover, the majority (75%) of them has ever convinced their partner to use FP methods. It means that 75% of the respondents have never opposed their partner by using FP. Thus, accordingly, the decision on the utilization of FP methods is done jointly by the husband and wife (80%). There is discussion (81%) about FP with partner; the same with the discussion as to the number of children (76%) for at least twice a month. Ninety percent (90%) of the participants are aware that there are contraceptives for men. The majority (87%) of them mentioned condom; followed by vasectomy (46%); abstinence (15%) and withdrawal (5%). They even know where FP is given (81%). A question was asked those who had never attended FM clinics to find out the reasons why they do not attend the clinics. The following were their responses: *they do not attend family planning clinics because there is no confidentiality at the clinics, some said they heard stories that, the nurses sometimes mishandle them anytime they visited the facility, and others do not visit the clinics because they claimed the clinics were far away from their residence. A majority of them do not attend family planning clinics because, they claimed too much time are spent at the facility. According to them, male involvement is necessary because men are the breadwinners of many homes; there is the need for their involvement so as to support their partners financially in terms of giving women money to go for FP methods or counseling services.* Again, through discussing FP issues with their partners, women would be in the position to choose the best method to suit them, hence, women who until now would have hidden to practice FP, would instead feel comfortable to consult their husbands in matters relating to FP methods hence, leading to its effective and appropriate use.

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Others also think that involving men in FP would help improve FP coverage, since men are the decision makers in most families. This influence could be used to impress upon their partners to adopt FP methods. Yet others do not agree to men's involvement in FP issues, they contended that, it is a woman's business. Also, just like the above, the majority of the participants in this group, asserted that, giving the man's role in our traditional homes as the head of the family and the fact that, he is the decision- maker in the family, it would not be out of place to involve them in matters bordering FP issues. The husband's support is found to be a good predictor of future practice and continued use. There are studies done in the Philippines, which indicate that the continuation rate among women whose husbands support their contraceptive practice is much higher than those whose husbands do not give support to their wives (IPPF, 1984). Moreover, according to some health workers and interviewees, most reproductive health and FP service delivery systems are almost entirely women oriented and provide little or no information about male contraceptive methods. Health workers are sometimes poorly trained in counseling men about safer sexual practices and male methods and may communicate negative rumors about them. Many FP programs have now recognized that involving men and obtaining their support and commitments in family planning programs are of crucial importance because most decisions affecting family and political life are made by men. Men hold positions of leadership and influence of the family unit right through national level. Men's involvement in family planning matters would accelerate the understanding and practice of family planning in general.

Socio-cultural Factors Affecting FP. One hundred percent of the participants have radio/ TV at home; and 97% ever heard of information about FP through various media such as radio/TV (78%); health professionals (47%); newspapers (37%); and internet (8%). When they were asked where they think they can get contraceptives, the majority (77%) said, from health institutions (barangays health centers and hospitals); 49% said, from the pharmacy. Others mentioned shop and friends. Moreover, the majority (56%) mentioned that they have gone to health care institutions for advice or service for FP and the service providers were friendly (51%). A question was asked those who had never gone to health care institutions for FP to find out the reasons why they do not attend the clinics. The following were their responses; 27% said they did not attend health centers because they lack knowledge about FP; 12% said they lack knowledge about the existence of the service; and 10% do not visit the clinics because they claimed they expect that the health workers may not be friendly; and the place is very far. Furthermore, the participants mentioned that they have no gender preference as a service provider (68%). Some supporters of the use of contraceptives were also reported by them. Some were partner (83%); and society (62%). But they don't know whether their religion (44%) is against the use of contraceptives. Most reproductive health and FP service delivery systems are almost entirely oriented to women and provide little or no information about male contraceptive methods. Health workers are sometimes poorly trained in counseling men about safer sexual practices and male methods and may communicate negative rumors about them (Green et, al. 1995). According to Blau, people might not adopt a behavior if they fear that they are not following social values and norms, and that there will be social sanctions, such as a reproach from family members and community members (Blau, 2010). Therefore, it suggests that what seems to be a positive change in the community in general, is one of the factors which encourage people to use contraceptives. There are some significant differences in reasons for nonuse between married women and men. More men than women mention that they oppose FP. Men are also less likely to cite the reason such as infrequent sex / having no sex than women. Religious prohibition, as the reason of non-use, varies little between men and women. Another reason is that most men want more children because of the socio-economic reasons attached to having more children; hence the use of contraceptive is seen as a hindrance. Furthermore, lack of desired communication between spouses about FP may also be a serious barrier to contraceptive use. Few men said: *they had not discussed with their wives about FP. Of the remaining, while others had discussed it twice or less. Inter-spousal communication about FP was less frequent among men.* Thus, spousal communication indicated an encouraging proportion of men who talks to their wives about FP and any other issue relating to reproductive health.

V. Conclusions And Recommendations

The knowledge about family planning was relatively high, which gave them the opportunity to plan the number of their children (limiting family size) as well as proper spacing of childbirth. Men were familiar with FPmethods like pills, condoms, injectables; vasectomy, tubal ligation and abstinence. Other methods like intrauterine device, norplant, spermicidal, and prolonged breastfeeding were also known to them. Thus, the majority wanted to use safer FP methods such as pills and condoms in the future. Fewer numbers of children and proper spacing of childbirth were due to lack of money for rearing many children, mother's and child's health. They have been using contraceptives such as condoms, pills, and injectables. Some possible reasons for stopping them from using such were fear of side effects, and desire to have more children, and for some were a religion and source of contraceptive. The decision on the utilization of FP methods was done jointly by the husband and wife through spousal discussion. Condom still ranked number 1 among male users. They have radio/ tv at home; and ever heard of information about FP through various media and health professionals. Health institutions (Barangay Health Centers and Hospitals), pharmacy, and friends were their sources of contraceptives. Moreover, the majority has gone to health care institutions for advice or service and the service providers were friendly regardless of gender. Some supporters of the use of contraceptives such as partner and society were reported, but they do not know whether their religion is against the use of contraceptives. The level of male involvement in FP programs has been good among communities in the urban communities. The male support to FP practice was encouraging. Thus, an

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educational module was developed in support to the FP advocacy.

A more intensified advocacy and program should be conducted to further educate men on the use, advantages and disadvantages of various FP methods. Natural FP methods such as abstinence and prolonged breastfeeding should be inculcated in the minds of husbands. Spousal communication, open discussion and decision-making relative to the use of FP methods. A clinic and facilities for men should be established so that they could feel comfortable and visit the clinic to access FP services. The community health management team should provide resources and motivate public health nurses, midwives, community health officers and health volunteers to effectively participate and cooperate in FP programs for men. The policy makers should use the mass media in creating awareness and motivation for FP. Community drama programs should emphasize on "Responsible Fatherhood".

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