

Male's Attitude towards Women's Involvement in Reproductive Decision Making and Contraceptive Use Behaviour in Peshawar, Pakistan

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Abstract

This paper is developed in the backdrop of a study conducted on the contraceptive use behavior and male's attitude towards women involvement in reproductive decision-making. A total sample size of 613 respondents from five bazaars randomly selected out of 15 bazaars through cluster sampling procedure from old Peshawar city. Likert and Semantic differential scales were used for independent and dependent variables respectively while constructing interview schedule. Dependent variable (Contraceptive use behavior) was indexed and reliability analysis was carried out through Cronbach's alpha test. Both dependent and independent variables were cross-tabulated to conduct bi and multi-variate analysis while taking family system and literacy as control variables. All males in the study area were well aware about pre and post delivery complications and favored provision of necessary health coverage like medical facilities for mother-child health, antenatal check up during pregnancy, food supplements during pregnancy and maternal vaccination before birth. On the other hand women's involvement in reproductive decisions making was strongly ($P < 0.05$) opposed by the respondents in the joint family setup and literate ones. Efforts shall be made to educate respondents especially the literate ones and those in joint family setup to give due importance to women involvement in reproductive decision making to overcome the problem of high growth rate in the study area.

Key words: Male's attitude, Women's involvement, Contraceptive, Pakistan

Introduction

Male attitude is of crucial importance with respect to contraceptive use and reproductive health (Kamal and Fowler, 1991). Spouses may have different reproductive goals, and data from both partners are necessary to ascertain differences.

Fertility and family planning programmes and research should continue to expand information on men's attitudes and behavior (Bankole & Singh, 1998). Ravindran (1993) also stated that despite the fact that women living in urban areas having higher family income and better access to health services than rural women who lived in a caste community, lack of decision power was the main cause of low contraception rate (27%) in Southern India. However, on overall basis negative association of contraception adoption was found with predominant rural population. According to the UN charter regarding women status, woman should have an equal access to knowledge, economic resources and political power as well as their personal autonomy in the process of decision making (Anonymous, 1991). Women were far from achieving equal participation in decision making and leadership and or had small share in decision making and leadership in most parts of the world (UNDP, 1996). This idea was also supported by Shah (1986), Manzoor (1991) and Zafar (1993) stating that subordinate position of wives dictated lack of husband/wife communication regarding contraceptive use and other important matters indicating women to be the most neglected agent in the society.

Materials and Method

The study was carried out in Peshawar city, NWFP Pakistan. Five bazaars out of 15 were randomly selected for data collection by adopting cluster-sampling procedure. All married males aged (15-49 years old) were thoroughly interviewed. A comprehensive interview schedule was devised covering almost every aspect of study. Independent and dependent variables were framed with likert and semantic scales respectively. Dependent variable was indexed and equally divided into three categories with an interval of four i.e inconsistent ($n=52$), moderately consistent ($n=443$) and consistent ($n=118$) to get the desired purposes of making analysis of responses. Cronbach's alpha test was used for working out reliability. The reliability coefficients ranged from 0.7 to 0.8. The data were analyzed using, bivariate and multivariate analysis. Cronbach's alpha

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was measured through the following formula (Georg & Mallery, 2000).

$$\alpha = Kr/1+(K-1)r$$

Bi-variate analyses were carried out to study the association between dependent and independent variable. Chi-square test was used to ascertain the association. However, Fisher Exact Test was used instead of chi-square when the expected frequency in a cell was less than 5. (Baily, 1982).

Gamma was used to measure association between dependent and independent variables, both at the bi and multivariate levels. It is further added that the multivariate analysis in this study was carried out to establish whether the relationship between two variables is spurious or non-spurious. Important socio-economic variables namely, respondents' literacy and family type were kept control for those variables showing significant relationship at bi-variate level to investigate spurious or non-spurious relationship (Nachmias and Nachmias, 1992).

Results and Discussion

Association between contraceptive use behavior and male's attitude toward women's involvement in decision making on reproductive matters

As depicted in Table 1, positive and non-significant relationship ($\gamma = 0.055$) existed between male's attitude towards women's involvement in deciding the number of children and contraceptive use behavior. Similar, relationship ($\gamma = 0.137$) was found between male's attitude towards getting benefits of smaller family and contraceptive use behavior (Table 1). On the other hand positive but significant ($p < 0.05$) relationship ($\gamma = 0.117$) was found between male's attitude towards women's involvement in decision making on contraceptive use and contraceptive use behavior (Table 1). The positive signs of the relationship suggested that improvement in male's attitude towards women's involvement in decisions made on the reproductive matters would further improve contraception. This was also evident from the findings of Tavakoli (1993) who reported higher influence of women decision making power on family planning. Contrary, Ravindran, (1993) reported that lack of decision-making power in women on reproductive matters was the primary cause of lower rate of contraception adoption.

Positive and non-significant relationship ($\gamma = 0.406$) was found between male's attitude towards women getting modern medical facilities of mother-child health and contraceptive use behavior. Similar relationship was found between; male's attitude towards women getting regular antenatal checkup during pregnancy and contraceptive use behavior ($\gamma = 0.373$) and women getting food supplement during pregnancy and contraceptive use behavior ($\gamma = 0.252$; Table 1). Relationship between male's attitude;

towards women's post delivery complications and contraceptive use behavior ($\gamma = 0.122$) and women getting maternal vaccination before birth ($\gamma = 0.241$) was also non-significant (Table 1). The findings suggested that respondents in the study area had more positive response towards women's getting modern medical facilities and other maternal care during pregnancy or prior to conception leading to better adoption of contraception as improvement in the attitude of males towards women's health and using better facilities for pregnancy was followed by an improvement in contraceptive use behavior.

Association between contraceptive use behavior and male's attitude towards woman involvement in deciding contraceptive use (Controlling literacy)

Approach of illiterate men to decision on contraceptive use and contraceptive use behavior was positive ($\gamma = 0.128$) and non significant (Table 2). On the contrary, among literates, the relationship between women involvement in decision on contraceptive use and contraceptive use behavior was negative ($\gamma = -0.163$) and significant ($p < 0.05$). The relative gamma values, showed a relationship of non-spurious nature. The findings suggested that literate respondents were not eager to involve their wives in decision making on contraceptive use. Probably, the literate respondents were of the view that their wives wouldn't be having better knowledge of contraceptives than themselves. This indicated a clear domination of the literate men on the decision making on contraceptive use which was also evident from the findings of Storey *et al.* (1997) who stated that man mostly dominated family planning decision making and rarely involved women in contraceptive decision making.

Association between contraceptive use behavior and male's attitude towards women involvement in decision on contraceptive use (Controlling family)

Mildly positive relationship ($\gamma = +0.089$) existed between contraceptive use behavior of the male respondents in nuclear family setup and their attitude towards women's involvement in decision on contraceptive use (Table 3). The association between these variables was not significant. Conversely, the relationship contraceptive use behavior and male's attitude towards women's involvement in decision on contraceptive use was negative ($\gamma = -0.262$) but significant ($P < 0.05$). The respective gamma values for both joint and nuclear family setup revealed spuriousness in relationship worked out at bi-variate levels for the aforementioned variables. The negative association between the two variables in the joint

Male's Attitude towards Women's Involvement in Reproductive Decision Making

family setup revealed that men were reluctant to involve women in the decisions made on reproductive matters. This could be due to the rigid social structure in the joint family setup where elder usually make decisions. Similar, findings have been

observed in a study conducted in Nepal, where elder members of the family were making most of the decisions (Anonymous, 1991).

Table 1: Relationship between male's attitude towards women's involvement in reproductive decision making and contraceptive use behavior

Male's attitude towards women involvement in reproductive decision making	Attitude	Contraceptive use behavior			Total	Statistics
		Inconsistent	Moderately consistent	Consistent		
Woman involvement is important in deciding the number of children	Agree	37 (6.0)	360(58.7)	86 (14.0)	483(78.8)	$\chi^2 = 7.498$ (0.112) $\gamma = +0.055$
	Undecided	1 (0.2)	12 (2.0)	6 (1.0)	19 (3.10)	
	Disagree	14 (2.3)	71 (11.6)	26 (4.2)	111(18.1)	
Woman involvement is important in decision on contraceptive use	Agree	26 (4.3)	320(52.4)	80 (13.1)	426(69.7)	$\chi^2 = 14.881$ (0.005) $\gamma = +0.117$
	Undecided	5 (0.8)	31 (5.1)	14 (2.3)	50 (8.20)	
	Disagree	21 (3.4)	90 (14.7)	24 (3.9)	135(22.1)	
Woman involvement is important in financial benefits of fewer children	Agree	39 (6.4)	37 (60.5)	100(16.3)	510(83.2)	$\chi^2 = 4.292$ (0.368) $\gamma = +0.137$
	Undecided	2 (0.3)	11 (1.8)	5 (0.8)	18 (2.90)	
	Disagree	11 (1.8)	61 (10.0)	13 (2.1)	85 (13.90)	
Woman involvement is important in getting modern medical facilities for mother child health	Agree	48 (9.8)	415(67.7)	116(18.9)	579(94.5)	$\chi^2 = 8.419$ (0.077) $\gamma = +0.406$
	Undecided	1 (0.2)	3 (0.5)	2 (0.3)	6 (1.0)	
	Disagree	3 (0.5)	25 (4.1)	–	28 (4.6)	
Woman involvement is important in having regular antenatal checkup during pregnancy	Agree	52 (8.5)	425(69.4)	111(18.1)	588(96.1)	$\chi^2 = 7.341$ (0.119) $\gamma = +0.373$
	Undecided	–	2 (0.3)	3 (0.5)	5 (0.8)	
	Disagree	–	15 (2.5)	4 (0.7)	19 (3.1)	
Woman involvement is important in taking food supplement during pregnancy	Agree	51 (8.3)	435(71.0)	117(19.1)	603(98.4)	$\chi^2 = 2.15$ (0.708) $\gamma = +0.252$
	Undecided	–	3 (0.5)	1 (0.2)	4 (0.7)	
	Disagree	1 (0.2)	5 (0.8)	–	6 (1.0)	
Woman involvement is important in about post delivery complications	Agree	52 (8.5)	423(69.0)	114(18.6)	589(96.1)	$\chi^2 = 3.55$ (0.47) $\gamma = +0.122$
	Undecided	–	5 (0.8)	2 (0.3)	7 (1.1)	
	Disagree	–	15 (2.4)	2 (0.3)	17 (2.8)	
Woman involvement is important in about maternal vaccination before birth	Agree	49 (8.0)	423(69.0)	115(18.8)	587(95.8)	$\chi^2 = 7.098$ (0.131) $\gamma = +0.241$
	Undecided	2 (0.3)	5 (0.8)	3 (0.5)	10 (1.6)	
	Disagree	1 (0.2)	15 (2.4)	–	16 (2.6)	

* Values in the table present frequency while values in the parenthesis represent percentage proportion of the respondents

Table 2: Association between male’s attitude towards a woman involvement in deciding the contraceptive use and contraceptive use behavior (controlling literacy)

Statement	Education	Attitude	Contraceptive use behavior			Total	Statistics
			Inconsistent	Moderately Consistent	Consistent		
A woman involvement is important decision on contraceptive use.	Illiterate	Agree	8(6.5)	56(45.2)	9(7.3)	73 (58.9)	$\chi^2 = 2.547$ (0.636) $\gamma = +0.128$
		Undecided	–	13 (10.5)	3 (2.4)	16 (12.9)	
		Disagree	4 (3.2)	25 (20.2)	6 (4.8)	35 (28.2)	
		All	12 (9.7)	94 (75.8)	18 (14.5)	124(100)	
	Literate	Agree	18 (3.7)	264 (54.2)	71 (14.6)	353(72.5)	$\chi^2 = 20.737$ (0.000) $\gamma = -0.163$
		Undecided	5 (1.0)	18 (3.7)	11 (2.3)	34 (7.0)	
		Disagree	17 (3.5)	65 (13.3)	18 (3.7)	100(20.5)	
		All	40 (8.2)	347 (71.3)	100 (20.5)	487(100)	

* Values in the table present frequency while values in the parenthesis represent percentage proportion of the respondents

Table 3: Association between male’s attitude towards a women involvement in decision on contraceptive decision and contraceptive use behavior (Controlling family type)

Statement	Family Type	Attitude	Contraceptive Use Behavior			Total	Statistics
			Inconsistent	Moderately Consistent	Consistent		
A woman involvement is important in decision on contraceptive use.	Nuclear	Agree	17(6.9)	126(51.2)	26(10.6)	169 (68.7)	$\chi^2 = 4.277$ (0.370) $\gamma = +0.089$
		Undecided	2 (0.8)	13 (5.3)	7 (2.8)	22 (8.9)	
		Disagree	7 (2.8)	37 (15.0)	11 (4.5)	55 (22.4)	
	Joint	Agree	9 (2.5)	194 (53.2)	54 (14.8)	257 (70.4)	$\chi^2 = 19.313$ (0.001) $\gamma = -0.262$
		Undecided	3 (0.8)	18 (4.9)	7 (1.9)	28 (7.7)	
		Disagree	14 (3.8)	53 (14.5)	13 (3.6)	80(21.9)	

* Values in the table present frequency while values in the parenthesis represent percentage proportion of the respondents

Conclusions and Recommendations

All males in the study area were well aware about pre and post delivery complications and favored provision of necessary health coverage like medical facilities for mother- child health, antenatal check up during pregnancy, food supplements during pregnancy and maternal vaccination before birth. However, literacy was discovered not a major factor positively influencing men behavior regarding women’s reproductive rights. In addition, joint family system was also found a major barrier to take women consent about their reproductive problems. Efforts are needed to properly convince educated and males from join families to give due importance to involving women in reproductive matters to overcome the problem of high growth rate in the study area.

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Male's Attitude towards Women's Involvement in Reproductive Decision Making

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