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Research Article

Gender roles and practice of decision making on reproductive behavior among couples of Syangja district, Nepal

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ABSTRACT

Background: Reproductive behavior and its decision making practices are generally exercised in one of the three ways – mutual, dominance of husband or dominance of wife. Gender norms and roles prevalent in society affect the practice of reproductive decision making among couples. The aim of this study was to identify the practice of decision making on different reproductive behavior among couples and to examine the associated factors of decision making.

Methods: Descriptive cross sectional study was conducted in four Village Development Committee (VDCs) of Syangja district of Nepal by using structured interview schedule. The couples of reproductive age (15-49 years) having at least children of one year were the study population.

Results: Decision making on the use of contraceptives and plan for pregnancy was mostly mutual (62.1% and 74.8% respectively). Regarding the birth spacing, majority (42.4%) of couples had made no decision followed by mutual decision (41.4%). While 72.0 % couples had gone through mutual discussion to maintain the family size, 27.7% discussed not at all regarding the concerned matter. Only 37.7% of husbands had provided adequate time for nurturing and caring their children. Association was found between decision maker on pregnancy and times of pregnancy ($P<0.05$), decision maker on birth spacing and interval between children ($P<0.05$), and employment status of husband and time provided by husband for nurturing and caring of baby ($P<0.05$).

Conclusion: Mutual decision making on reproductive behavior like pregnancy, birth spacing and family size symbolizes the initiation transformational gender norms and roles in Nepalese rural societies.

Keywords: Reproductive behavior, Gender, Couples

INTRODUCTION

Good reproductive health is the right of all individual including couples and requires responsibility sharing by both men and women.¹ The International Conference on Population and Development (ICPD) – 1994 embraced a broader concept of reproductive health and rights including involvement of both men and women in all the matters of reproductive health and urged actions to ensure that men actively participate with women in concerned behavior.² Gender norms and roles existing in particular society determine the access to or control over resources, power or decision making and roles and responsibilities between

men and women which directly or indirectly affect the health status of both. Thus understanding gender provides insights into men's and women's behavior, relationship and reproductive decisions.³ Gender roles are reflected in virtually every society and its institution. Often males are more closely identified with the public world, waged work and the rights and duties of citizenship⁴ and females more closely associated with household chores with some sorts of agricultural works.

Male dominance is prevalent in societies of most of the developing countries, the result of which as shown by different studies, men are found to be primary decision

maker on different reproductive behaviors such as sexual activity, fertility, birth spacing and family planning, whereas married women lack control over decision related to sexual and reproductive behavior.⁵⁻⁷ Reproductive behaviors viz. contraceptive use, family size, breastfeeding habit, and prenatal care, when taken together were effective in predicting the relationship and decision making among couples.³ Traditional cultural and religious practices to a larger extent figure the gender norms and roles in every society. In Nepal, especially in rural areas and in some ethnic and religious communities, the prevalent of such norms and roles are preventing young girls and married women from making decisions about their reproductive lives.⁸ Moreover, men are in favor of their stereotypical behavior and inequitable gender norms and their attitude towards contraception is not positive.⁹

The objective of this study was to identify the practice of decision making on contraception, pregnancy, birth spacing, family size and nurturing & caring of children; and to examine the factors associated with the practice of such decision making among couples.

METHODS

The study adopted a descriptive cross sectional design of quantitative approach. Four Village Development Committee (VDCs) viz. Phedikhola, Bhatkhola, Setidobhan and Faparhum, of Syangja district located in western hilly region of Nepal were selected for study. Further, proportionate sampling was done to identify the sample from each VDCs and finally systematic random sampling was adopted to identify the ultimate respondents. The couples of reproductive age (15-49 years) who had at least a child of one year were included in the study. The study period was ten months starting from July 2012 to April 2013. Interview schedule was used to collect related data and information. Interview schedule was made more practicable and convenient and confidentiality was maintained as high as possible. Data thus obtained was entered and analyzed using Statistical Package for Social Science (SPSS).

This study was approved by Research Committee of School of Health and Allied Sciences, Pokhara University. The purpose of study was clearly informed to the respondents and verbal consent was taken prior to interview. All the information collected was utilized only for the study purpose. Validity and reliability of the study was ensured through pre-testing of the interview schedule, trained enumerators involved in data collection and constant monitoring and supervision of their work.

RESULTS

A total of 440 participants who fit the selection criteria took part in study. The analysis performed was

categorized in different groups under the headings as described below which includes – pattern of decision making on five reproductive behavior viz. contraception, pregnancy, birth spacing, family size and nurturing & caring of children.

Contraception – Of the 440 participants, 65.5% (288) had ever practiced any types of contraception, out of which 40.2% (177) were current users. Majority (45.2%) of respondents were using condoms followed by pills (42.9%), female sterilization (4%), male sterilization (3.4%), Depo and Implant (2.3%). Decision maker of the currently used contraceptive device was made mostly by mutual decision (62.1%) followed by husband's decision (24.3%) and wife's decision (13.6%) (Table 1).

Table 1: Contraceptive use and decision making practice.

Contraception practice	Frequency	Percentage
Current user (n=440)		
Yes	177	40.2
No	263	59.8
Currently used contraceptives (n=177)		
Condom	80	45.2
Pills	76	42.9
Depo	4	2.3
Implant	4	2.3
Male Sterilization	6	3.4
Female Sterilization	7	4.0
Decision maker of current contraception (n=177)		
Husband	43	24.3
Wife	24	13.6
Mutual decision	110	62.1

Pregnancy – The majority of respondents (33.6%) were found to have 2 pregnancies, followed by 1 pregnancy (32.5%) and 3 pregnancies (23.4%). In general, the decision making of pregnancy was done by mutual decision (74.8%) (Table 2).

Birth Spacing – The interval between two children was found to be 2 years in most of the cases (28.0%). Majority (42.4%) of couples had made no decision regarding birth spacing followed by mutual decision to be 41.4% (Table 3).

Table 2: Pregnancy status and decision making practice (n=440).

Characteristics	Frequency	Percentage
<i>Times of Pregnancy</i>		
One	143	32.5
Two	148	33.6
Three	103	23.4
Four	23	5.2
Five	20	4.5
Six	3	0.7
<i>Decision Maker of Pregnancy</i>		
Husband	67	15.2
Wife	44	10.0
Mutual decision	329	74.8

Table 3: Birth spacing and decision making practice.

Characteristics	Frequency	Percentage
<i>Birth interval between two child (latest) (n=297)</i>		
1 year	39	13.1
2 years	83	28.0
3 years	64	21.6
4 years & more	111	37.3
<i>Decision maker of birth spacing</i>		
Husband	24	8.1
Wife	24	8.1
Mutual decision	123	41.4
No decision for this/casual	126	42.4

Family size – While 72.0 % couples had gone through mutual discussion to maintain the family size, 27.7% said that they didn't discuss about maintaining family size. In case of debate between husband and wife in maintaining the family size, 40.5% respondents argued that they will re-discuss and decide what to do; and in case of single decision maker, the study revealed that wife had dominancy over husband's decision (Table 4).

Nurturing and Caring of Children – While majority (70.2%) of the respondents thought that it is not the sole responsibility of female spouse in nurturing and caring for children, it was found that only 37.7% of husbands had provided adequate time for nurturing and caring their baby. Majority (61.5%) of husbands expressed that they

had confidence in taking over the responsibility of caring children and send their wives out for work. In contrast, only 39.0% wives expressed confidence in handing over the responsibility of caring children to husband and go out to work (Table 5).

Table 4: Family size and decision making practice.

Characteristics	Frequency	Percentage
<i>Discussion between couple to maintain family size</i>		
Yes	318	72.3
No	122	27.7
<i>Decision on family size if the spouse are in oppose with each other</i>		
It will be as the wife wants	127	28.8
It will be as the husband wants	52	11.8
Both will discuss and decide	178	40.5
The condition has not come yet	83	18.9

Table 5: Practice on nurturing and caring of children.

Characteristics	Frequency	Percentage
<i>Respondent's view on sole responsibility of female in nurturing & caring of children (n=440)</i>		
Yes, female are solely responsible	131	29.8
No, it's not the job of female only	309	70.2
<i>Time provided by husband for child care (n=440)</i>		
Adequate time	166	37.7
Some time	128	29.1
Least time	59	13.4
No time at all	87	19.8
<i>Husband's confidence to take over the responsibility of caring children and send wife for outwork (n=135)</i>		
Yes I can	83	61.5
No I can't	52	38.5
<i>Wife confidence to handover the responsibility of caring children to husband and go for outwork (n=305)</i>		
Yes I can	119	39.0
No I can't	186	61.0

Association between variables – Analysis showed that educational status plays a significant role in the use of contraceptives ($P=0.00$). Association was found between decision maker on pregnancy and times of pregnancy ($P<0.05$), decision maker on birth spacing and interval between two latest children ($P<0.05$), employment status of husband and time provided by husband for nurturing & caring of children ($P<0.05$) (Table 6).

Table 6: Association between different variables.

Independent variable	Dependent variable	χ^2	df	P value
Educational status of husband	Currently using contraceptives	59.781	4	0.000
Educational status of wife	Currently using contraceptives	45.976	5	0.000
Times of pregnancy	Decision maker on pregnancy	48.481	9	0.000
Interval between two children (latest)	Decision maker on birth spacing	56.029	15	0.000
Employment status of husband	Time provided by husband for nurturing and caring of the baby	93.955	12	0.000

DISCUSSION

The study revealed that only 40.2% of respondents were currently using contraceptive devices, among which condom was the most preferable device. This percentage is lower than Nepal Demographic Health Survey – 2011 which showed that 43% of currently married women were using modern contraceptives, among which female sterilization (15%) was found to be the most preferred method.⁹ A study regarding family planning selection discussion partners in Nepal showed that women seek contraceptive users to confirm their existing beliefs and behaviors related to contraceptive and family planning.¹⁰ Studies suggest that increasing male approval in FP matters and decreasing male dominance in such matters can be a major factor for success of FP programmes in developing countries.^{11,12} Such strategies can be helpful in further increasing use of contraceptive in Nepal. This study revealed that decision regarding family planning method was mostly mutual and it signifies the good husband-wife communication. Similar study done in Malay and Yoruba couples in Nigeria also reported the significant positive association between husband-wife communication on family planning and the current practice of family planning methods.^{13,14} In contrast to this, the result on decision on family planning is found to be different from the Nepal Demographic Health Survey – 2011 findings, which may be due to the presence of inequitable gender roles and norms in specific parts of

country. This result is quite different from other similar studies done in developing countries which revealed that the decision making on contraception rather than being mutual or reciprocal, was an exclusive right exercised by husband.^{5,15}

In accordance with this study, a study conducted in Nigeria concluded that majority of time, both men and women decide together regarding when to have next child, the agreement between partners' responses for this matter being 54%.¹⁴ Although, in most of the cases, husband and wives were found unaware of maintaining the interval between two children, the decision on maintaining family size was reported as mostly mutual decision of husband and wives. Some of the previous studies showed that the decision about family size is mostly done by husband.^{16,17} Yet another qualitative study informed that women exert greater influence than men in family size determination as well as inter-birth interval, women being more pronatalist than their husbands.¹⁸

Although most of the decisions in reproductive health were found to be mutual as per the findings of this study, involvement of husbands in nurturing and caring of children was seen less. Husband's involvement in child care is uncommon though husbands did participate in household chores like washing dishes or clothes, cooking or cleaning the house.¹⁹ The IPCD also draws attention to the unfairness inherent in many men's and women's gender roles, calling for men to take more responsibility for household and child-rearing.²⁰ Studies have demonstrated that application of behavior change communication, social-cognitive intervention and other interventions are helpful and have positive impact on changing the behaviour and attitude of male in reproductive health related decisions.^{21,22}

CONCLUSION

This research reported that, although the use of modern contraceptive is less, the practice of using male condoms was found more which signifies the involvement of men in context of using contraceptives. There is need to disseminate information regarding the use of modern contraceptives to overcome the low rate of contraceptive use. Mutual decision on different aspects of reproductive behavior like pregnancy, birth spacing and family size symbolizes the initiation transformational gender norms and roles in Nepalese rural societies. In contrast, the involvement of husband in nurturing and caring for the young children was found to be less; such practice was found to be influenced by gender norms and roles prescribed by concerned society which lead the way to education and employment status of men and women, and finally results in less interest and involvement of men in household chores. The study recommends for interventions aimed at increasing male involvement in related aspect as an imperative finding of this study.

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