

Perception of Men Regarding the Barriers Faced during Contraception

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ABSTRACT

Aim: To prove perception of men regarding the barriers faced during contraception in our population.

Study design: Descriptive cross sectional study was carried out by using 'non-probability' purposive sampling technique.

Setting: The study was conducted in Cantt. View colony Bhatta chowk Lahore, Pakistan.

Duration of study: It was conducted from November, 2014 to December, 2014.

Methods: This study was carried out to recognize perception of men regarding the barriers faced during contraception. A structured questionnaire was used to gather data from 100 married men. Data was entered and analyzed using SPSS-22.

Results: It was revealed that perception of married men for contraception found 34.1%.

Conclusions: The study found married men were facing different barriers in the taking up of contraception. Mostly the barriers were at community level e.g. lack of education and awareness, excessive work, family pressure. Religious barrier was the most common.

Keywords: Contraception, Married Men, Perception

INTRODUCTION

Present demographic tendency move toward the United Nations "high variant". At recent birth and death rates world population will double in 39 years¹. Rising recent contraceptive method use requires the population's extensive comprehensive interventions and mutual demand of significant information. Importance has been laid on the interventions aiming at countering negative perceptions of modern contraceptive methods².

The administration must play part for stewardship responsibility and empower in contraceptive programs, strategies, services and exercise them as one of the essential poverty-reduction strategies in the state³. The exercise of secure and central methods of contraception allows men and women to decide the number and spacing of their pregnancies. Admission to such methods was deemed a primary human right by the 1994 International Conference on countries dedicated to work toward achieving the target of universal access to reproductive health services, including access to successful contraceptives⁴.

The population policy of Pakistan envisages achieving population stabilization in 2020 by declining

the annual rate of population growth from 1.9% to 1.3% and TFR at 2.1. This requires exhausting hard work to make the perception of small family sense by different modes of contraception and public health education with utmost efforts of health promotion⁵.

In 1947, at the time of freedom, Pakistan's population was 31 million. By 1995 it had escalated to 140 million different contraception efforts were initiated in the 1950s and 1960s by public and private organizations. Supporters such as World Bank and the UN along with the government of Pakistan funded the programmes for contraception. For years these institutions focused only on women as it was thought that FP was the preserve of women, therefore the audience was 100% female. According to United Nations projections, the Pakistan population will grow to over 380 million by the year 2050, surpassing the United States, Indonesia, Brazil, and Russia to become the world's third largest country behind India and China, the highest population growth rate for any large Asian nation⁶.

Contraception agenda facilitate community, regarding maternal health care that saves lives, avoids unintended pregnancies and offers supplementary choices. Contraception benefits in all corners. Along with the mainly important ways are: Saving women's lives by avoiding unintended pregnancies could avoid about one-fourth of all maternal deaths in developing countries⁷.

It is the right of mutual to be informed and to have access to safe, effective, affordable and

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acceptable methods of family planning of their preference of both partners⁸.

MATERIALS & METHODS

This cross sectional study was conducted from November, 2014 to December, 2014 by equation for sample size estimation: n= 100. A total of 100 men respondents were approached for interviewing. These respondents were selected through using non-probability purposive sampling technique. Married Men, 25 to 60 years of age were included in the

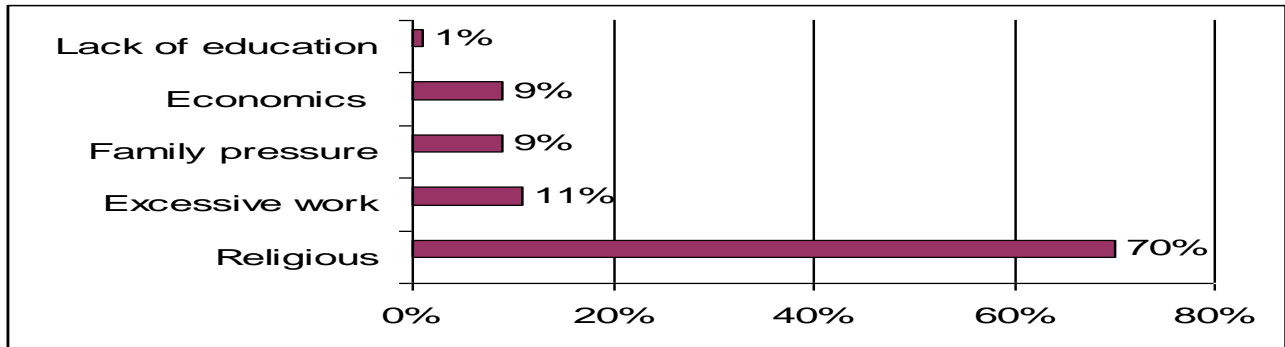
study. Patients not willing to participate were excluded.

RESULTS

It was revealed that perception of married men for contraception found 34.1%.

Reasons of unmet need among men: The following were reported as reasons by the men respondents about their perception of contraception; i.e., 70% religious, 11% excessive work, 9% family pressure, 9% economics & 1% lack of education.

Perception of men regarding the barriers faced during contraception



DISCUSSION

In this study; perception of contraception was found 34.1% among men respondents. International & regional literature shows regional figures where data are available. Pakistan, Laos and the Maldives register some of the levels (33%, 40%, and 37% respectively) in the region and are substantial for Nepal (24%), Cambodia (25%), Myanmar (20%), the Philippines (17%), PDR Korea (16%) and Mongolia (14%). These levels occur among married men. At the same time, it is evident that reducing to zero or negligible levels is possible and nearly assured where contraceptive prevalence is high, e.g., Vietnam with 5% and Indonesia with 9%¹¹.

In my study reasons identified were e.g. lack of education, excessive domestic work and Religious barriers were the most common reason. My study has targeted male gender to assess the perception of contraception in terms of frequency as well as different reasons.

CONCLUSION

The study found married men was facing different barriers in the taking up of contraception. Mostly the barriers were at community level like lack of education and awareness, excessive work, resistance from family. Religious barriers were the most common. People are facing different barriers at

individual, family, community and system levels in the practice of contraception services. These included individual level barriers such as low education, age and experience. However problems are more at community and family level like religious and economic barriers. Family pressure was also a barrier. Religious barriers were the most reported one as main reason.

RECOMMENDATIONS

This reading covers the perception of the people concerning the barriers faced by them during practice of contraception services. The following are recommendations to overcome the barriers:

1. Use of new contraceptives should be increased and also the existing misconceptions about contraception may be tackled through planned communication, electronic and non-electronic media like TV, FM radio and newspapers should be used.
2. There is necessitating of competence construction of contraception services providers enabling the contraception services providers to effectively promote and deliver services in the communities. This can be accomplished by providing environment to the contraception services providers for different modern contraception methods.

3. Involvement of religious leaders
4. Sufficient stocks of all types of modern contraceptives.
5. Non government organizations and other pressure groups should be involved to scrap at stacks to shrink these problems.
6. Attractive auxiliary roles of the accessible health system and supporting groups.

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