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Guest Article

Man and Reproductive Health

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Summary

Man has been a sleeping partner in reproductive health-both in physical and business sense. The age of gender discrimination is fast disappearing with increasing female literacy and employment opportunities. Time has come to change man's role from sleeping partner to active participant in promoting reproductive health. The obstetrician can be of great help in improving the quality of reproductive health services and counseling man to be an equal partner in promoting reproductive health. The success of the RCH program will depend on the team work between community, healthcare provider, government, NGOs, social scientist and women's organizations

In all religions at the wedding ceremony, man and woman take a vow to be 'life partners' till 'Death do us part'. The vow is not restricted to social and economic aspect but also covers health of each partner. Health in general but reproductive health in particular is linked to socio-economic status, life style and level of education of both partners. Since time immemorial, the role of man was envisaged to provide social and economic security to the family and the woman was supposed to look after the home front. The situation has considerably changed with participation of women in professional career and increased literacy. Man is an important partner in promoting reproductive health. Man has to play his role initially as father, later as husband, father-in-law and finally as a son. Reproductive health is a state in which "people have ability to reproduce and regulate their fertility, women are able to go through pregnancy and childbirth safely, the outcome of pregnancy is successful in terms of maternal and fetal survival and well being and couples are able to have sexual relations free of the fear of pregnancy and of contracting disease." The International Conference of Population and Development (ICPD) held in Cairo in 1994 emphasized the need for equity in Gender relations with special focus on men's shared responsibility and active involvement to promote reproductive and sexual health. It is still unclear as to how to judge men's involvement. It is husband's presence at antenatal clinic and childbirth enough to justify men's involvement? Or the acceptance of contraception by man determines men's involvement? Or is it the concern man shows for women's reproductive problems enough to justify men's involvement?

The National population policy announced by Government of India in 2000 has also reiterated the concept of male involvement, in planning families, supporting contraceptive use, helping pregnant woman stay healthy, arrange for skilled care during labor, avoid delays in seeking care and helping her after the child is born. Infact the term 'Male involvement' is a misnomer. Man is always involved in reproductive health.

Reproduction takes place through sexual union and any consequences of sexual union is a joint responsibility of two partners. Pregnancy and childbirth

in developing countries is associated with adverse effect on woman's reproductive health. Unfortunately in male dominated societies, male involvement has been more negative than positive. Woman is considered more as sexual partner and not an equal partner in all decision-making. Man is often responsible in transmitting sexually transmitted diseases, Aids and other pelvic infections because of irresponsible sexual behavior. Man is decision maker about contraception and providing health care during pregnancy and childbirth. Failure to provide timely health during pregnancy and failure to give emotional support to the partner should be considered as negative involvement. Though man is responsible for pregnancy, he does not undergo any ordeal of physical and mental suffering during pregnancy and childbirth. It is the woman who bears this burden. Women NOT men die in childbirth, suffer life long morbidities due to unbroken cycle of pregnancy, childbirth and lactation. Men do not suffer the humiliation and risk of illegal abortion. Men do not suffer gynecological problems that plague women's lives. The incidence of female genital tract cancer is much higher than the incidence of cancers of male genital tract.

In summary it can be said that women carry far greater burden of reproductive morbidity and mortality, and physical and social responsibility for fertility and its consequences, than men. It is irony of fate that while most women are denied the power to make reproductive decisions, they are expected to take responsibility. In traditional rural societies, Gender roles are clearly demarcated-man manages the outside world beyond home and woman manages the inner world' (home). In Egalitarian society, men are supposed to be more caring of their partners and recognizing the reproductive rights of the woman. Gender equality is a prerequisite for promoting better reproductive health. It is a paradox that though women are worshipped as 'goddesses' in India, they are treated as 'property' and not as a life partner in many families. Manu-Smriti that denotes code of conduct states that woman has no independent decision making power. The decision makers in different phases of her life are – father in childhood, husband after marriage and son in later life. Male dominance is reflected in all walks of life in India.

India is a land of contrasts. The reproductive health problems in urban and rural setting are different. The woman in rural setting is likely to be married at an early age, likely to be illiterate, in a joint family and not gainfully employed. In urban setting, the woman is unlikely to be married early, is educated, in a nuclear family and may be gainfully employed or in a professional role. On the whole urban women are more empowered to take reproductive decisions than their counter parts in rural areas. In most Indian families, all matters related to child bearing and child rearing has been seen as a 'woman's domain'. Even in family planning, woman bears the brunt. Women are the primary targets of family planning programs. The medical fraternity is more involved in diagnosis and management of various reproductive health problems but shows less interest in discussing sexuality, sexual decision making, gender roles, sexual coercion, domestic violence etc. Largely, man takes decisions about the sexual activity, timing of coitus and number of children (especially son). Women are denied the power to take reproductive decisions and yet are expected to take responsibility to continue with pregnancy, childbirth and later contraception. Murthy (1986) studied decision making process in the family. Murthy concludes that wife alone has a say in less than 5% of the cases. Husband has a significant say in decision-making. The good news is that there is significant increase in joint decision making in matter related to reproductive health. (Table 1). The NFHS-2 study (1998-99) also shows that at least 50% of women participate in decisions about their own health care. The Indian society gives freedom to woman to decide what to cook in 85.1% of the cases.

Man's active and positive participation in reproductive health needs multidisciplinary approach

Table 1
Who decides family issues ?
(In percentage)
(Murthy, 1986)

	Use of Family Planning	No. of children	Education of children	Marriage of children
Wife alone	4	5	1	1
Husband alone	24	11	19	1
Jointly	38	44	50	32
Extended family	22	28	20	44
No Data	12	12	11	22

by healthcare providers, social workers, religious leaders, family, women organizations, NGOs and the government. The obstetrician will form a very important member of the team because of the status he enjoys in society. There is need to break many cultural traditions and behavior of man. Man is a product of their culture and Socialization. (Pelon and Khan 1999). Some cultures demand proof of manhood based on number of children particularly sons. Some cultures expect sex initiation by man with commercial Sex worker (CSW) or older women. Some cultures teach man to consider woman as 'property' to be owned rather than life partners who share equally the joys and sorrows in life. Sex out of wedlock is condemned in all religions. However, the male dominated Societies observe double standards-premarital sex by girls is taken more seriously than similar act by the boy.

Obstetrician's role in promoting male participation in RCH

The Obstetrician has a very important role to play in promoting reproductive health of women. There is need for the obstetrician to go beyond the technical aspects of infertility, contraception and pregnancy related problems. There is need to actively involve the male partner and counsel how he can be helpful in maintaining his and his partner's reproductive health. Man should be encouraged to take decisions about reproductive health jointly with his spouse. Unilateral decisions on reproductive health either by man or woman can adversely affect reproductive health. The husband should be counseled to do the following.

1. Encourage the husband to accompany the wife during antenatal visits. The husband should be informed about the pregnancy related events and need for proper rest, balanced diet and medicine and to be supportive in his approach when the wife develops problems in pregnancy. Some women are forced into pregnancy in the hope of getting a son. He should counsel the couple about equality of sexes and discourage them from repeated pregnancies, sex selection/determination.
2. Arrange for a quick transport to take her to health care facility when any complication develops. Be emotionally supportive during childbirth and provide all necessary help. In most hospitals in India, husband is not permitted to be with his wife during labour. In many hospitals in the west husband is encouraged to be with his wife to give her emotional support. There are special birthing suites where the husband and the children could be together. In India there are women members in the family who can be with the woman during delivery and Indian women accept this.
3. This child rearing and household work takes lot of time and the wife may not be able to pay as much attention to the needs of the husband. He must be counseled to share some of the household burden so that health is maintained.
4. Educate the husband on responsible parenthood. Encourage him to take a joint decision on contraception. In India, husband's objection to family planning stems from three reasons. They are fear of loss of labor, strong son preference and fear of adultery. (Perveen 1999) Contraceptive acceptance of man in various countries is shown in Table II. It clearly shows that acceptance of contraception by men in Asian countries is much lower than in western countries. In India only 1.9% husband accept vasectomy and only 3.1% accept condom.

Husband-wife communication is very less in rural areas. They rarely communicate on matters related to contraception, pregnancy or childbirth. The wife communicates more with mother or mother in law or elderly woman in the house about reproductive problems. The woman is often accompanied by female members during clinic visits and husband is seen less often. Men are often involved in rape and sexual violence. Even husbands resort to violence if their sex urge is not satisfied. NFHS-2 (1998-99) shows that 21% of women

Table II
Use of Gender based methods of contraception
(In percentage)

Country	Male Method	Female Method	Country	Male Method	Female Method
Indonesia	1.1	47.6	Australia	21.4	11.5
Thailand	3.8	64.7	USA	26.5	41.5
Germany	4.4	66.2	Canada	28.8	38.1
BDesh	4.8	38.5	UK	30	42
India	5	37.9	New Zealand	30.6	40
Pakistan	5.5	14.1	Japan	43.7	5.3

(Population Reference Bureau 2002)

beyond 15 years of age experience violence mostly by husband. Domestic violence is a great barrier in promoting reproductive health. NFHS-2 (1998-99) report states that 56.3% of ever-married women justified husband beating. It is sad but true that women are responsible for poor reproductive health especially the in laws beating the daughter-in-law to forcing her to have more pregnancies till the delivers a son. The reproductive health problems are often due to physical, mental and psychological torture by the in-laws. American college of obstetricians and gynecologists advises their members to identify individuals who are the victims of abuse and help them. The obstetricians in India should be able to suspect domestic violence and be supportive to them. It may be possible to have compromise among the spouses.

Why male participation is poor in reproductive health

The husbands are not encouraged in public hospitals. Sometimes insulted and treated badly by the hospital staff. Bhatt (1998) studied male involvement in reproductive events in urban and rural settings (Table III). The husband accompanies the wife more often in private clinics than in public hospitals. The woman goes to her parents for confinement and so the husband cannot accompany her for antenatal visits or childbirth. Often the husband is a wage earner and cannot afford to take frequent leave without affecting wages. Forty two percent of the husbands said that they are displeased with the reception given to them in public hospitals whereas even in private hospitals % of the husbands were unhappy with the poor reception by hospital staff. (Table IV) Bhatt also studied the husband's participation at contraceptive counseling. In private clinics 48% of husband's accompany the spouse for contraceptive advice against only 18% husband is accompanying in public hospitals. There is no doubt that there is need to make our clinics more husband's friendly to promote male participation. The clinic staff must treat male partner with respect and courtesy.

The burden of contraception is largely born by the woman in most countries. It would be nice if more men could be convinced to use contraception. The latest data by Population reference Bureau (2002), states that in India condom use is 3.1% and vasectomy is accepted by 1.9% of men. The condom use in developed countries varies from 10-43.1%. The use of condom offers dual advantage-provides contraception and prevents STD. Vasectomy is a good method when no more pregnancies are desired. There are lot of misconceptions, beliefs and rumors associates with vasectomy. Man fears that

Table III
Male involvement in Reproductive Health
(In percentage)
(Bhatt 1998)

	Urban		Rural	
	Govt. Hospitals N=2160	Private clinics N=912	Govt. hospital N=640	Private clinic N=215
Presence at ANC	20	42	10	24
Presence at labour	15	40	5	15
Family planning Clinic/gyn. check	18	48	15	30

Table IV
Reasons for poor participation by men.
(In percentage)
(Bhatt 1998)

	Govt. hosp	private
Wife goes to her parents in later weeks of Pregnancy. So husband cannot be present	60	26
Husband is a wage earner /in service, cannot take leave, clinic time inconvenient	45	15
Poor reception amounting to abuse when male is found near labour room female ward	42	8

Percentage is more than 100 because of multiple reasons.

vasectomy may cause weakness, interfere with sexual pleasure, may make him impotent and may cause serious health problems. (Jahan. 1999) The obstetrician should dispel these misconceptions and beliefs. The obstetrician can provide correct information to remove the fears or misconceptions and encourage the male partner to accept some contraception. The are many adverse reports about complications in family planning services in a camp setting. The healthcare provider should never compromise with quality of care. The quality of service should be improved before convincing males to accept contraception. It is important to inform the male that use of condom not only prevents pregnancy but also prevents reproductive tract infections. Even when a woman is using a contraceptive, man should be counseled to be supportive when some side effects develop especially break-through bleeding or heavy bleeding or dysmenorrhoea. Infact husband should be counseled to remind his spouse about taking oc pill.

Customs and traditions in India have isolated the husband in matters related to pregnancy, childbirth and contraception. Healthcare providers and society do not create favorable milieu for his participation. Reproductive health cannot be promoted by any one group of people. It is going to be teamwork. Changes in societal traditions, cultural values and myths take a long time. Women's education and empowerment will make a significant difference. Obstetricians can and must play their role for proper counseling, education and improved interpersonal relationship. Often, men do not have access to reproductive health information and services available and hence are not able to participate in responsible reproductive health decisions. The healthcare providers must encourage the husband to be associated with all events related to reproductive health. They can counsel for joint decisions rather than one-sided decisions.

It is heartening to note that FOGSI is playing a vital role in improving reproductive health care. The adolescent healthcare and provision of safe abortion services are some of the issues in which FOGSI is very active. The FOGSI can also take a lead in promoting male participation in reproductive health. The obstetricians need not restrict their activity to quality of services only but must participate in research related to social issues in reproductive health. The demographers and social scientists have taken a lead in this aspect of reproductive health. Why not obstetricians also join in this research?

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