

Anthropological Paradigms of Participation of Male in the Family Planning

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Abstract: *Human Reproduction, though natural, is a serious and complex phenomenon. In this process both conception and contraception work continually and simultaneously knowing no abatement; which make the process of human reproduction different from animal reproduction. The presence of contraception draws our attention to the reality that in the society certain efforts are being made to ameliorate healthy reproduction. The Indian population has by now arrived at 1.26 billion in the progressing year and bearing in mind the present growth rate, by 2028, the population of the India will be in excess of China, according to the latest report from the United Nations. Men can prevent unintended pregnancies by supporting contraceptive use and reduce their wives' unmet need family planning. There is evidence that men often entirely control the contraceptive practice. The theoretical and procedural concerns involved in the responsibility of the anthropologists in family planning research. The theoretical and procedural concerns involved in the responsibility of the anthropologists in family planning research. Anthropological research tools like in-depth interviews through structured and non structured schedule or questionnaire, non participant, quasi participant and participant observation, group discussion, focused group discussion, case studies, monograph, genealogical method etc. have provided information about knowledge, beliefs, and behavior relating to fertility / mortality and reproductive health seeking practices. On the basis of above argument and illustration, it needs to conduct an urgent such kind of research includes the issues which are discussed in this article by the social scientists, anthropologists, public and community health specialists, demographer, etc. on family planning.*

Keywords: Participation of Male, Family Planning, Anthropological Paradigms, Reproductive Health, Contraceptive

1. Introduction

The process of Human Reproduction, though natural, is a serious and complex phenomenon. In this process both conception and contraception work continually and simultaneously knowing no abatement; which make the process of human reproduction different from animal reproduction. The presence of contraception draws our attention to the reality that in the society certain efforts are being made to ameliorate healthy reproduction. For the sufficient gap between the births of two babies not only ensures health of the babies but is also beneficial for the mother. This also, in a way, proves salutary for both family and whole society. This is the reason that safe and secured use of contraceptive material is a big help in human reproduction. But in case if such prescribed contraceptive material is not secure and easy to use, then, at times, the results might be disastrous, even fatal.

The Indian population has by now arrived at 1.26 billion in the progressing year and bearing in mind the present growth rate, by 2028, the population of the India will be in excess of China, according to the latest report from the United Nations. Despite the fact that, the report has undoubtedly declared that the rate of population enlargement has hindered in current time, due to the successful accomplishment of family planning programmes, up until now the rate is mounting at a great deal more rapidly rate compared to China. The national fertility rate is at a standstill sky-scraping, which is leading to long-term growth of population in India. On the other hand, the family planning programme in India cannot be overlooked. Assent to discuss underneath men and family planning research, it has engaged in recreation a foremost role in getting to the bottom of the problem of population growth in any community or nation to a definite level:

2. Men's attitudes on family planning

Karra et al. [1] their study examines male involvement in family planning practices and decision making in one Indian family over five generation- the majority of the contraception used in this family consisted of male methods (condoms, vasectomy, natural family planning), particularly among older generation who had limited access to methods for women. The participation of men in this family was not necessarily dependent upon changes in gender relation such as increased spousal communication. Verma et al. [2] though all people about permanent sterilization very few have the knowledge of other method. These figures are slightly higher than all India figure reported characteristics of the respondent on the knowledge was investigates. The variable such as age, education, income and age at marriage are strongly associated with knowledge of member of family planning method.

Ampfo [3] describes a family planning survey [involving 172 women] conducted at an antenatal clinic in Maiduguri, Nigeria, between June and August 1984. The level of education of respondents is generally low and appears to have a negative effect on knowledge, approval, and use of family planning. Breastfeeding is widespread but not many respondents practiced it as a method of family planning. While there is limited knowledge and some approval of family planning, a desire for large families continues and there is relatively little practice of family limitation. The prospects for a decrease in fertility in the near future are not encouraging. A study of Blanc and Way [4] on the Demographic and Health survey data from developing countries reveals that the importance is on women aged 15-19, even though data for senior women are also incorporated. Issues comprise sex activities and nuptials; contraceptive awareness and practice; contraceptive habit at

first contact; and contraceptive breakdown, changing, and discontinuation. Adolescent women's sexual activities and contraceptive acquaintance and practice vary extensively transversely and surrounded by regions, however on the whole patterns demonstrate that the space between first intercourse and marriage has amplified. Ranks of contraceptive awareness are far above the ground, and usage is privileged nevertheless successful between youthful single women than along with their married corresponding person.

A study of Caldwell [5] presents an outline of the matters. Boundaries to obtainable intercessions and probable new involvements are then conversed. Obstructions to habitual change are acknowledged as the observance to the current sexual customs; the negative response of leaders to be acquainted with the state of affairs; the confident recognition of fatality; the stillness concerning the contagion and the causes for this. And inadequate numbers of affiliation in which condoms are up to standard. Terefe and Larson [6] their inclusion of husbands in family planning programs will result in relevant increases in the use of modern contraception. Researchers noted that there was a post-education delay of greater than 2 months in the initiation of modern contraception for most couples.

Brown et al. [7]) reviews a number of studies conducted in poorer countries worldwide. The studies covered a variety of topics in the crowd area of young people's sexual and reproductive health. Davis and Weller [8] review studies of the effectiveness of the male condom in reducing HIV transmission during heterosexual vaginal intercourse. Information wall taken from 25 published studies of sero-discordant heterosexual couples in a number of different countries. It is concluded from the meta-analysis that protection with condoms approximate 87%, but may be as high as 96%. For always user HIV incidence was estimated at 0.9 per 100 person-years and female-to-male transmission at 5-9 per 100 person-years. Where the direction was not specified, transmission among never-users was estimated at 6.7 per 100 person-years.

A study of Anosike and Abanobi [9] explore the "Conceivable U-turn of derivative amenorrhea in three women contaminated with Onchocerciasis after Mectizan therapy in Imo State, Nigeria, is presented. The women, aged 30, 28, and 32 years by extreme diminutions in mean microfilaria scores had upturned amenorrhea 8, 13 and 10 days post-mectizan treatment, respectively. They had emblematic expression of Onchocerciasis as well as nodules, pruritic rash, body itching and musculoskeletal pains. The manifestations eased off 4 days post-treatment. The plausible link between loss of fertility due to early menopause in women and Onchocerciasis is abandoned." Doodoo [10] and Karra et al. [1] suggests that in many regions men view family planning favorably and can have a strong influence on the use of contraception, and men are no more opposed to family planning then women.

3. Family planning and Male

There is evidence that men often entirely control the contraceptive practice. A study of urban Sudanese men

reveals that the decision not to practice family planning is founds to be male dominant, and husband are responsible for collecting contraceptives when family planning is practiced [11]. The continued use or non use of a family planning methods and switching to another contraceptive method is largely influenced by the man's decision [11, 12]. Men play important roles in supporting a couple's family planning reproductive health needs. Men often influence effective use of a contraceptive method. Men's support can contribute to better use of female methods and even men can use modern male methods [13]. However, not use every contraceptive decision is directly influenced by men, especially in case of female method use. Many women do control the use of female – dependent contraceptive themselves, sometimes even using the methods covertly [14]. Again there are some situations where men provide conditional support towards contraception. For example many Philippine men are supportive of their wives" using family planning, but see this as a women's concern that is, the collection and preservation of the methods are considered as wives" responsibility [15].

When a man approves of family planning, it is most likely that there will be sustained use of contraception [16]. The inclusion of husband in family planning programmes will result in relevant increases in the use of modern contraception, especially condom [6]. However, still important questions about men and contraception remain unanswered: To what extent men should be involved in family planning decision-making? How do men's concerns regarding family planning differ from that of women? Can women base family planning clinics provided service for men? The answers to these questions can affect family planning acceptance [17].

4. Avoidance of unplanned pregnancy and male

Men can prevent unintended pregnancies by supporting contraceptive use and reduce their wives" unmet need family planning. Men can accompany their wives or partner to meet with a family planning counselor or health provider. They can learn about the available contraceptive methods with their possible side effects and choose the one that best meet their needs. Men can help their partner use modern methods correctly, take necessary action in case of any side effects or can choose male methods options [18].

5. Involvement of men to increase contraceptive prevalence

Approximately one third of the world's couples are using a male-dependent contraceptive method – condom, vasectomy, withdrawal or periodic abstinence or traditional family planning methods [19] yet, most family planning agencies devote only a small portion of their budgets to male services and outreach. In most developing countries, men are man or untapped market for family planning programmes [20]. Family planning programmes have focused primarily on women because of their direct involvement in child-bearing and the predominance of effective female methods. However, in cultures where men dominate reproductive

decision-making, as in sub-Saharan Africa and some Muslim cultures, the exclusion of men from reproductive health, including family planning and sexual health activities may contribute to low levels of the utilization of such reproductive health services among women [21].

6. Involvement of men in the prevention of unnecessary pregnancy

Report of AVSC International [22] offered conclusions from the eight family planning clinics that they had run in Colombia since 1985. This research established that the clinics were doing well in attracting male clients. Attribution of AVSC this achievement to their strategy of offering a short counseling meeting to help men eloquent their needs and talk about their doubts before they attended medical consultations. AVSC International [23] carried out six case studies to evaluate affiliated projects that aimed to increase men's involvement in family planning in Pakistan. This research bring into being that the projects were successful at reaching out to and connecting men throughout a amalgamation of widespread outreach work, the introduction of „no scalpel“ vasectomies, and regular meetings with the press, religious and political leaders aimed at promoting changes in the women's status and a reduction in family size.

A study of the Population Council [24] explored on a program in Honduras designed to increase men's awareness of family planning and to make easy their role in reproductive decision making. Two approaches were used: one involved agricultural expansion workers who were trained to give health education sessions based on a training manual, and the second extended an agricultural program, the „Farm Management Plan“, interested in areas of family planning all the way through the use of a „family man booklet. The course managed to involve men through inexpensive strategies that were included into already existing structures.

7. Men's approaches to family planning

Results from Demographic and Health Surveys in 17 different nations in Asia, North Africa, East Africa, and West Africa support the following overall conclusions: Men and women have similar reproductive preferences and attitudes toward family planning (with the exception of West African countries). Men are no more opposed to family planning than women. Men tend to identify reproduction as a female responsibility [25]. In many countries, men are as favorable to condom use as women. Men's approval for and intentions to use family planning methods are similar to women's (with the exception of West African countries) [26, 27]. Some men are suspicious of family planning programs, believing they undermine men's power [28].

Results such as these are supported by qualitative studies. For example, a study of male involvement among five generations of a South Indian family found that men readily accepted condom use and vasectomy, even though they may not have liked some of the specific characteristics of the method [1]. Additional research is needed on both men's and women's attitudes toward use of and decision-making

regarding reproductive health care services, with particular emphasis on how differences between men and women affect women's equality in decision-making.

8. Conclusion

The theoretical and procedural concerns involved in the responsibility of the anthropologists in family planning research. In the family planning research the data have illustrates a uniform condition of premature unions, comparatively high equality, and modest awareness, or use of modern contraceptive methods.

Anthropological research tools like in-depth interviews through structured and non structured schedule or questionnaire, non participant, quasi participant and participant observation, group discussion, focused group discussion, case studies, monograph, genealogical method, etc. have provided information about knowledge, beliefs, and behavior relating to fertility / mortality and reproductive health seeking practices.

The socio-demographic and ethnographic data are gathered for exploring use as the basis of recommendations for the design of a community-based reproductive child health and family planning program. Community mediators and conventional practitioners will be incorporated in the delivery of essential health services and the provision of condoms, injectables, and orals, as regard the suggestions of Premi and Mitra [29] will also be considered for such kind of research. The data will then discuss within the framework of the Hollerback fertility decision-making model.

On the basis of above argument and illustration, it needs to conduct an urgent such kind of research includes the issues which are discussed in this article by the social scientists, anthropologists, public and community health specialists, demographer, etc. on family planning.

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