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### RESEARCH ARTICLE

#### MEN'S ROLE IN WOMEN'S REPRODUCTIVE HEALTH - A STUDY OF COLLEGE STUDENTS.

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#### Abstract

Historically, most reproductive health programs focused on family planning and in turn most family planning programs offered their services exclusively to women. Most views women as the "target group" and paid little attention to the roles that men might have with respect to women's reproductive health decision-making and behavior. A few programs made attempts to address men's needs for information and services, and these efforts mainly focused on encouraging men to use family planning methods (such as condoms and vasectomy) or to become more active in the couple's decision-making about contraceptive use. Some programs also provided sexually transmitted infection (STI) treatments to men. **Objective of the study:** To collect comprehensive information regarding men's attitudes towards women's reproductive health needs from the college going girls and boys. To examine the educational, occupational and familial profile of the college girls and boys. To study the respondents attitudes towards men's role in reproductive care of women. The present study was carried out in Tirupati town of chittoor district in Andhra Pradesh. The Sample unit for this study the college going girls and boys. This was the age at which youth should start thinking about aspirations followed by career and marriage plans. As such for the present study, 100 college going students (50 girls, 50 boys). **Result and discussion:** both the respondents had favourable attitudes towards men's playing an active role in women's reproductive health. Both the girls and boys stated that men should have a positive attitude and play a responsible role in women's reproductive health care. A large proportion of the girls and boys (94% & 92%) expressed that women should be allowed to make her own decision with regard to her reproductive health. almost equal percentage of respondents were in favor of supportive role. Nearly three fourth of boys and girls stated that men should play a participatory role in adapting family limitation methods. **Implication Of the Study:** the shows that there is a need to sensitize male respondents on many issues of reproductive health. to increase knowledge about sex and reproductive health and decrease pre-marital sexual intercourse, pregnancy and induced abortion, it is urgent to provide proper sex-education to guide unmarried young people and help them to prevent and solve problems related pre-marital sex.

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**Introduction:-**

Historically, most reproductive health programs focused on family planning and in turn most family planning programs offered their services exclusively to women. Most views women as the “target group” and paid little attention to the roles that men might have with respect to women’s reproductive health decision-making and behavior. A few programs made attempts to address men’s needs for information and services, and these efforts mainly focused on encouraging men to use family planning methods (such as condoms and vasectomy) or to become more active in the couple’s decision-making about contraceptive use. Some programs also provided sexually transmitted infection (STI) treatments to men.

In the 1990, many women’s health programs began to acknowledge that family planning must be viewed in the broader context of reproductive health. The AIDS epidemic forced women’s health programs that focused primarily on family planning to broaden the scope of their services and includes STI/ HIV prevention. The epidemic lead providers to consider social, economic, and cultural factors- including gender inequality- as significant to women’s overall health status. As part of this broader view, programs started to focus on the role of men as it relates to women’s access to and use reproductive health services. For instances, the Cario program of action includes a statement on “maleresponsibilities and participation”.

“Special efforts should be made to emphasize men’s shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behavior, including family planning: prenatal, maternal and child health; prevention of STDs, including HIV; prevention of unwanted and high-risk pregnancies; shared control and contribute family income children’s education and nutrition and recognition and of the equal value of children of both sexes.”

The same message was reinforced at the 1995 World Conference on Women in Beijing.

“Shared responsibility between men and women in matters related to reproductive and sexual behavior is essential to improving women’s health.”

Discussion about women, men, and reproductive health also included recognition that gender inequalities between women and men have a significant influence on sexual health. Gender inequalities exist in the labor force, the legal system, government posts, the community, the home, and the bedroom; all of these ultimately affect women’s health and well- being.

Today reproductive health professionals are working to from a consensus around the issue of men and reproductive health, and many agencies involve men in their programs. Many - - such as the interagency gender working group subcommittee on men and reproductive health - - believe that efforts to involve men should here to the following core goals;

1. Promoting women’s equal status in reproductive health decision- making in the context of gender equity.
2. Increasing men’s support of women’s sexual and reproductive health and of children’s well- being, with equal regard for female and male children.
3. Meeting the reproductive and sexual and reproductive health needs of men (in addition to those of women).

Intertwined with the discussion of guidance for programs addressing men and reproductive health are a number of concerns and questions regarding “best practices” and potential outcomes of such programs. Foremost among these is the issue of whether involving men in family planning education and services could further erode women’s control over reproductive health decisions. Many view reproductive health services as a tool women can use to claim a degree of autonomy in their lives. Providing women with access to such services has been a hard fought battle, which most would argue is far from over. Some fear that encouraging men to participate will result in perpetuating existing gender inequalities, particularly with respect to communication and sexual decision – making.

A related concern is whether programs designed to involve men as partners in reproductive health will compete for funding with programs designed to improve women’s health. Some have argued that limited resources should not be allocated to men’s reproductive health when the status of women’s health still lags far behind that of men. Yet, may of those who include men in their services delivery programs see this as something that is mutually beneficial and therefore a good investment in women’s health

Another key question facing programs is how best to involve men. Given most reproductive health programs have focused on women, few models for the inclusion of men exist have not been well evaluated with respect to their impact on women or men or cost –effectiveness. Programs must also find ways to overcome specific challenges or barriers related to men, including;

- Lack of information about men’s perspective that could be used to help design appropriate programs.
- Men’s discomfort; because they have been excluded from services for so long, many men feel out of place or unwelcome at reproductive health clinics;
- Men’s hesitance to seek medical care;
- Limited availability of contraceptive methods for men;
- Negative attitudes of policy makers and service providers toward men; for example, viewing men as irresponsible, not interested in playing a positive role, or not an appropriate clientele for reproductive health services;
- Unfavorable policies, such as prohibition on condom advertising;
- Logistic constrains, such as lack of trained male staff, male- friendly clinics, convenient hours, or separate waiting and service areas for men.

Despite these concerns and challenges, there are ways in which well planned programs could positively contribute to women’s and men’s reproductive health and to normative change around gender issues. The challenge is to ensure that the activities undertaken are supportive of women and men’s role in women’s and children’s health. The program itself should not contribute to worsening inequalities between women and men

The ways in which men influence women’s health are numerous. As husband, boyfriends, fathers, brothers, and friends, men can have a positive effect on women’s health by:

- Using or supporting the use of contraception such that sexual partners are able to control the number and timing of pregnancies;
- Encouraging women to have adequate nutrition during pregnancy and providing the needed physical, financial, and emotional support to do so;
- Supporting women during pregnancy, delivery, and the postpartum period;
- Supporting the physical and emotional needs of post- abortion women;
- Preventing all forms of violence against women;
- Working to end harmful traditional practices, such as female genital cutting;
- Sharing financial resources with women, including support for shared property rights;
- Supporting women’s full participation in civil society, including access to social, political, and educational opportunities, many of which to direct or indirect impact on women’s health;
- Supporting daughters’ right to health care, education, and respect in equality with sons.

Men who are more involved in the health of their families also may enjoy better health and closer relationships with family members

As young men become more sexually active, their concerns are similar to those of many young women and include sexuality, intimate relationships, peer norms, and prevention of unintended pregnancy and sexually transmitted infections. These issues may affect men and women at different times in their reproductive lives and to different degrees. Though men do not suffer the serious and sometimes deadly consequences of pregnancy, childbirth, and unsafe abortion, they nevertheless, share many of the same concerns as women about family planning, including how to prevent pregnancy, how to make decisions related to the number and spacing of their children, whether contraception is safe, and how to use select and use an effective contraceptive. Preventing and treating sexually transmitted infections, including HIV/AIDS, also in a key health concern of sexually active men many men also are concerned about infertility. especially given the high prevalence of STIs in some areas and concerns that some male infertility may be linked to environmental or occupational exposures.

As men grow older, concerns about impotence and other forms of sexual dysfunction may become more common (though these concerns may be prevalent among younger men as well). In addition, cancers of the reproductive tract, especially prostate cancer, become more prevalent as men age, though rates of male reproductive cancers are low compared with those affecting women. Other issues, such as urinary tract conditions, also can contribute to discomfort or inability to function normally as men grow older.

Various strategies are being suggested to engage men as partners in improving women's reproductive health and to extend reproductive health services to men. Most of the projects conducted to date have focused on including men in reproductive health services rather than on the ultimate goal of achieving gender equality through normative change. Appropriate have include.

**Adding services for men to existing clinic- based services or establishing separate services:-**

- Reaching men through the workplace, military, or men's groups with information and services;
- Condom social marketing;
- Community – based distribution of contraception using male field workers;
- Outreach to male youth;
- Mass- media educational campaigns;
- Special initiatives, such as outreach through popular sporting events;

Most of these projects have been small in scale and little information is available about how these activities have influence the complex relationships between women and men and their health.

Given the strong influence that gender inequality plays in reproductive health status, some have argued that designing “male involvement” or “men and reproductive health” programs are an inadequate approach. Instead, programs need to look at the needs and perspectives of both men and women, to ensure that the equality of gender is considered. In designing activities, it will be important for programs to:

- Identify the needs and perceptions of both men and women;
- Use gender analysis as a tool to examine the gender implications of proposed activities;
- Evaluate the impact of activities using gender – related indicators. Thus, keeping in mind, the need of the day, the present research study “men and women- partnership in reproductive health” was undertaken.

There is a growing understanding in the international public health community of the role of gender as a fundamental influence; along with decision – making power, access to education and earning power and that it affects the health choices available to every one. This understanding has been instrumental in making reproductive health professionals aware of the need to develop creative strategies to reach men. A need that has become increasingly urgent in the face of the growing world wide spread of sexually transmitted diseases (STD) including HIV infection.

Al though pilot programs and initiatives for including men in family planning and other reproductive health services have existed for more than 20 years in a number of countries, few are well – established, and fewer still have been fully integrated into their country's health care system . Program managers and policy makers in many countries have almost automatically assumed that men are not interested in or supportive of family planning and contraceptive use even though recent research shows that many men are. Moreover, studies and reports from clients and service providers show, women and men have told health care providers and interviewers that they want both partners to be involved in the health care decision that affect their families lives.

In the past, men 's involvement has sometimes been opposed by women's health advocates, who understandably fear that aiding these service will damage the quality of women's services and create additional competition for already scarce resource. However, aiding programmes for men can enhance rather than deplete existing programs if the designers of these programmes carefully integrate them in to the existing health care structure in a way that benefits both women and men. Both the 1994 international conference on population and development in Cairo and the incorporation of reproductive health services that include men, mandating those men's constructive roles be made part of the broader reproductive health agenda.

Infact, neglecting to provide information and services for men can detract from women's overall health. Men who are educated about reproductive health issues are more likely to support their partners in decisions on contraceptive

use and family planning support that may be essential if women are to practice safe sex or avoid unwanted pregnancy. Moreover, if men are knowledgeable about reproductive health issues and can communicate about pregnancy and may make better health care decisions by ensuring that their partners receive emergency obstetric services when needed. The effect of men's attitudes and behavior on women's health is perhaps most educate, test and treat only one partner will not be effective in safeguarding of disease prevention, as well as the risks and benefits of contraception.

Therefore, to foster dialogues and to develop strategies to address this issue, 145 men and women from more than one dozen primarily African and Asian countries gathered in Mombassa, Kenya, in May 1997 to share their experiences with knowledge of and concerns about fostering men's involvement in reproductive health care. The majority of participants made up country teams from Egypt, Eritera, Ghana, India, Kenya, Pakistan, South Africa, Tanzania and Uganda. Together, these teams developed and presented plants that would create programs for men in their countries and would integrate these programs into existing national reproductive health system, to encourage reproductive health and to become active in preventing the spread of STDs.

A closer look at programs issues shows that national differences in the wants, needs and realities of women and men, but a number of issues were common to all. These include the need to define what is meant by "partnership" in relation to families' reproductive health, to understand the role of "gatekeepers" in controlling and channeling resources and in setting policy goals, to design services hand – in hand with the local community, to communicate effectively with clients and to ensure that services are not the health care system. Finally it was recognized that each country's action plan should articulate strategies to meet youth's special needs. Programmes were to be designed to meet each country's goals of reproductive health falling into three broad categories outlined as men's as partner's initiative'-

- To increase men's awareness and support of their partners' reproductive health choices;
- To raise men's awareness of the need to safeguard their partners' and their own reproductive health, especially by preventing STDs; and
- To enhance couples access to male methods of family planning.
- This broad definitional outline may be adapted to each country's needs. Recent research indicates that men exposed to family planning and other reproductive health issues when young are more likely to have a positive attitude toward, and be supportive of, their partner's family planning use.

### **Methodology:-**

#### **The specific objective of the study:-**

To study the respondents attitudes towards men's role in reproductive care of women. Sample unit for this study the college going girls and boys.

#### **Study Area:-**

The present study was carried out in Tirupati town of chittoor district. The study area covered the areas Viz., Padmavathi degree college, engineering college, Tirupati. Sample unit for this study the college going girls and boys. This was the age at which youth should start thinking about aspirations followed by career and marriage plans. As such for the present study, 100 college going students (50 girls, 50 boys).

### **Result and Discussion:-**

#### **Distribution of reproductive by their attitude towards men's role in women's reproductive health.**

Attitudes	Girls	%	Boys	%
Favourable	50	100	50	100
Unfavorable	0	0	0	0
Total	50	100	50	100

From the data in table 12, it may be noted that both boys and girls had favourable attitude and towards men playing an active role in women's reproductive health. Both the girls and boys (respondents) stated that men should have a positive attitude and play a responsible role in women's reproductive health care.

**Distribution of respondents by attitude towards different Roles.**

Views	Girls							Boys						
	A	%	N.o	%	D.A	%	Total	A	%	N.o	%	D.A	%	Total
Supportive role	44	88	6	12	0	0	100	41	82	8	16	1	2	100
Shared decision making	47	94	3	6	0	0	100	46	92	4	8	0	0	100
Participatory roles	36	72	14	28	0	0	100	39	78	7	14	4	8	100

(A- Agree; N.O – No Opinion; D.A- Dis Agree)

A large proportion of girls and boys (94% and 92%) expressed that women should be allowed to make her own decision with regard to reproductive health. Both men and women should share decision making regarding reproduction. Almost equal percentage of respondents (94% of girls and 92% of boys) were in the favour of supportive role. Nearly three fourth of boys (78%) and girls (72%) stated that men should play a participatory role which means equal participation of men in adapting family limitation methods. However, it should be noted that 8 percent of boys disagreed with this view. Further another 14 percent of boys and 28 percent girls expressed no opinion. This group was most vulnerable and could test to either said positive or negative.

**Implication of the Study:-**

To increase knowledge about sex and reproductive health and decrease pre-marital sexual intercourse, pregnancy and induced abortion, it is urgent to provide proper sex-education to guide unmarried young people and help them to prevent and solve problems related pre-marital sex.

Adolescent students who are undecided may be influenced towards positive attitudes and those who hold negative views may be made to understand importance of male participation in female reproductive health this may be attempted through population education clubs and peer education.

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