

## Chapter-VII

### **SUMMARY OF FINDINGS AND CONCLUSION**

Economic growth is important for increasing revenues for social sector investments but alone does not guarantee better reproductive health status of the rural poor, especially those living in extreme poverty with limited access to basic health and education.

Women have long been the almost exclusive focus of national and international reproductive health programmes. Services for men and interventions aiming their involvement in Reproductive health have been relatively few. More recently, however, male involvement in reproductive health has become a popular theme among reproductive health programme designers, policy makers, and population researchers.

Andhra Pradesh, a state where hundreds of interventions for HIV prevention and many more by RCH project by various Government and Non Government agencies are addressing the sexual and reproductive health needs could find a gap between knowledge and action. A balance in involvement of both the genders is the key factor for success of all these interventions.

Gender relations should be understood prior to formulating strategies to involve men in RSH. A better understanding of gender relations could shed light on the dynamics surrounding decision making and generate hypotheses as to the reasons behind the perpetuation of the practice.

Research is needed to provide data on the perceptions of men and women to policy-makers and planners. Research in these areas will not be easy, but it is necessary if gender inequity is to be overcome.

Highlighting the need for men's involvement, present study was carried out in 6 villages in 6 mandals located in 3 revenue divisions of Andhra Pradesh. The total sample constituted 300 members out of which 150 were men and 150 women.

### **THE PROFILE OF THE SAMPLE**

**Gender and Age group:** Half of the sample was men and the other half women. Around  $\frac{3}{4}$ <sup>th</sup> of them were in the age group of 20-40 years, which is the active reproductive group.

**Income level:** Out of the total respondents 68 per cent were from low income families and only 32 per cent were from middle income families. None of them were from high income families.

**Employment:** Except 1.67 per cent the remaining were wage labour, most of them going for daily wages.

**Literacy:** More than half of the men were (55.11%) were illiterates. Most of the women (68%) were illiterates. Out of the total respondents, only 38.33 per cent were literates and 61.67 per cent were illiterates. It projects the low literacy levels of Anantapur District. This reminds the Government and policy makers to focus on adult literacy and also regular education systems so that the scenario will not be repeated for next generations.

70 per cent of the respondents had families with less than 3 literates. 39.3 per cent of families were with women literates and 60.7 per cent were from families with no literate women. Female literacy is thus in pathetic condition in the region and needs attention from Government. Though there are on going programs for female literacy the implementation and publicity of the program is a question. The economic development

of women through self help movement is not full extent because of the problem in reading and writing.

**Social status:** From the total respondents, BCs constitute 45.67 per cent, SCs 11.35 per cent, STs 20.63 per cent, OCs 14.67 per cent and Minorities 7.68 per cent. The caste break up of the sample is highly representative of general caste distribution of the state.

**Type of family:** Out of the total respondents only 14.67 per cent belong to Joint families and 85.33 per cent were from Nuclear families. This reflects the transition from Joint families to nuclear families.

**Type of house:** Most of the respondents (65.6%) were staying in rental houses. Rest of them (34.4%) stay in own houses. This shows the economically poor condition of the sample.

**Access to services:** Only 34.3 per cent of the sample had accessibility to safe drinking water whereas 65.7 per cent had no accessibility to drinking water. The District being dry one, the ground water levels are very scarce. Drinking water availability is still more problem. Scarcity of safe drinking water should be looked into as it disturbs people's health.

On the whole, 55.67 per cent families had accessibility to Government hospital whereas 44.33 per cent had no accessibility. Thus there is a wide gap to be filled by medical services. The Primary health centres are reachable to most of the villages. Yet all the medical services are not available there. Other services like 108, 104, Nutritional and Health day conducted once or twice in month are also present. Local NGOs like RDT, Satya Sai Trust are stretching their helping hand.

Only 20 per cent of men said that their families were not indebted whereas 80 per cent told that they are. Overwhelming of micro finance institutions is making the situation worse. Poor people are trapped in debts at multiple sources like Government, micro finance and private lenders. Repayment becomes a big problems and some times the severity may lead to suicides also.

Totally 71 per cent did not have available nutritious food and only 29 per cent had this opportunity. The region where animal husbandry, horticulture and vegetable growing are not very well developed due to water scarcity, availability of food grains and milk products is a problem. Through Indira Kranthi Patham, Nutrition and day care centres are being started in the villages for improving the nutritional status of pregnant women, lactating mothers and children. RDT and ICDS are also giving some ration for expecting mothers and children.

#### **THE MAJOR FINDINGS OF THE STUDY ARE:**

**Age at marriage:** Only 22.67 per cent of men married before 20 years and 77.33 per cent did this after 20 years. Only 3.33 per cent of women married after 20 years and 96.67 per cent did this before 20 years. It depicts that age at marriage is very low in case of women when compared to men. Child marriages are one of the social problems in Anantapur District. This again has connection with Reproductive health. Hence it is to be curbed.

**Decision-making in the family:** Only 4.67 per cent said that wives are the major decision-makers. 54.1 per cent said that husband is the decision-maker. 32.60 per cent said both of them together take decisions. 8.63 per cent had others as decision-makers. This gives a clear picture of decision-making dynamics in the families in the region.

Nearly half of the families have husband as the major decision-maker and very less number have wife as such.

On the whole, 93 per cent said that women should ask for permission before going out whereas only 7 per cent said that they need not. This gives a clear understanding that women's freedom levels are very poor. Hence, any behaviour change communication session should also include the major decision-makers in the family.

### **Preference for children**

56 per cent of the total respondents wanted children 1-3 years after marriage. 41 per cent wanted children just after marriage. Only 3 per cent want children after 3 years.

As they come from economically poor families, family planning is very important. They should first plan their economy and then think about children. Contrary to this, most of them are interested in having children immediately after marriage.

On the whole, only 16.7 per cent of the respondents have 1 child. 38.3 per cent have 2 and 38.67 per cent 3 or more than three. 6.33 per cent have no child. They are yet to be educated about small family concept. Having more than 3 children or more is a heavy burden on their economy.

68.2 per cent men and 71 per cent women wanted children equally. 22.6 per cent men and 22 per cent women wanted more boys. Only 9.2 per cent men and 7 per cent women wanted more girls. It depicts the preference for boys when compared to girls. Recent news in Andhra Pradesh, there are many instances where either mother or child is killed by husband for giving birth to more girls. Many instances are found where the women are deserted for not giving birth to boys. Education is to be accorded that sex of babies are decided by the activeness of Y chromosome in father and mothers do not have

anything to do with this. Detection of sex and unnecessary ultrasound scanning during pregnancy are to be strictly banned.

28 per cent men and 77 per cent women answered that according to them having more children is not a symbol of Manliness. 47.4 per cent of men and 14 per cent women believed so. 24.67 per cent men and 9.38 per cent women had no idea about it. Still this misconception is there in some population and needs to be erased from their minds.

95 per cent of men and 97 per cent of women felt that Women's health is spoilt by lot of children and another 5 per cent of men and 3 per cent of women did not feel so. Thus most of them agree to the importance of women's health. This knowledge should be utilized as a base for broader scope of caring for women's health.

### **Knowledge regarding Family planning**

97 per cent men and 97 per cent women answered that according to them Family planning improves standard of living. 0.5 per cent of men and 0.5 per cent women did not believe so. So importance of Family planning is very well understood.

54.1 per cent men and 91.33 per cent women felt that Children's needs can be better met by family planning. Thus women are more informed about importance of Family planning.

41.33 per cent of men and 59.33 per cent women answered one should wait without family planning till one has a boy. They need to be informed about gender equity.

Though most of them know the importance of family planning often it is not converted into action. Especially want of a boy is increasing number of children invariably.

## **Spousal communication**

In total 78.67 per cent discuss about their son's education with their spouse while 9 per cent don't. This was not answered by 12.33 per cent. Hence son's education has been considered the important topic for discussion.

In total 76.3 per cent discuss about their daughter's education with their spouse while 10 per cent don't. This was not answered by 13.7 per cent. Daughter's education has also been considered as a topic for discussion.

In total 73 per cent discuss about sex and number of children with their spouse while 2.67 per cent don't. This was not answered by 24.33 per cent. It depicts that almost one fourth of the couples do not plan child-births, which is very important.

In total 78.33 per cent discuss about family planning with their spouse while 1.33 per cent don't. This was not answered by 20.34 per cent. Only 49.3 per cent men and 62.6 per cent women said they would share with their spouse if they had STD.

99.33 per cent of men and only 66 per cent women said that a woman can express want of sex before husband. Rest of the women still has that inhibition to express their want. Men with their answer may be declaring that they are giving scope to wife for freedom in expressing the desire for sex. Women's answers show that quite a good number of instances are there where this freedom is not there.

66 per cent of men and only 41.33 per cent women said that a woman can reject sex with husband if she is not interested. The rest thus don't accept women's right to reject sex when they don't like to have. Women thus have very less freedom of expression.

37.33 per cent of the men and only 5.33 per cent women answered that a man cannot beat a wife. The majority of the sample agrees that a man can beat his wife,

which is very pathetic for women in the family. Especially women's answer highlights the pathetic condition, where women themselves are convinced that wife beating is a routine activity.

On the whole, 17.6 per cent said husband is the decision-maker about Children's education and 71 per cent said both. Only 1.6 per cent said wife is the decision-maker and 1.4 per cent answered others. It was not answered by 8.4 per cent. About Family planning, 13.33 per cent said husband is the decision-maker and 66.4 per cent said both. Only 1.6 per cent said wife is the decision-maker. It was not answered by 18.67 per cent. Thus only in rare cases wife is the decision-maker and in common husband is the decision-maker. This shows the rare room for women in decision making.

61.5 per cent men and 77 per cent women have agreed that Family planning is avoiding pregnancy. 38 per cent men and 22 per cent women still need education about this meaning of Family Planning.

Only 10.5 per cent men and 78.2 per cent women have agreed that Family planning is maintaining gap between pregnancies. 87.5 per cent men and 21.3 per cent women still need education about this concept.

It shows that many men and women need education and awareness about family planning.

32.5 per cent men and 82.3 per cent women have agreed that Family planning is planning life. 67.5 per cent men and 17.3 per cent women still need education about this.

Only 11 per cent men and 56.5 per cent women know about oral pills. Only 2 per cent men and 5 per cent women know about Intra Uterine device or loop. Only 0.5 per cent men and 0.5 per cent women know about Norplant. None of the men and only 1 per



cent women know about Diaphragm. Thus Intra Uterine device, diaphragm and Norplant are less known to them. Women know about oral pills.

24.5 per cent of the men and 44 per cent women know about Condom. 43.5 per cent men and 73.7 per cent women know about Vasectomy. 97.8 per cent men and 98 per cent women know about Tubectomy. Thus Tubectomy, Vasectomy and condoms in order are more known to them. Hence again women have to take up one more burden i.e., tubectomy along with others. Knowledge about male Family Planning methods is to be improved.

39.5 per cent men and 83 per cent women know about lactation as family planning method. 49 per cent men and 87 per cent women know about abstinence as family planning method. 39 per cent men and only 6.7 per cent women know about withdrawal method.

91.3 per cent men and 15 per cent women answered that family planning is not a sin according to their religion. 8.7 per cent men and 85 per cent women have misconception like that. Such misconceptions have to be erased from their minds.

On the whole, only 32.67 per cent of the sample answered that they have used Family Planning method at least once during their life. 67.33 per cent had never used any Family Planning method. Lot of awareness needs to be developed about this.

99 per cent men and all the women agreed that a husband has to accompany his wife during her visits to Doctor for check up. Only 1 per cent men did not agree to this.

### **Knowledge about STD/ HIV/ AIDS**

30.8 per cent of the men and 20.67 per cent women answered that they have heard about Sexually Transmitted Diseases. Only 4 per cent men and no women know at least

four symptoms of STDs. Lot of awareness about Sexually transmitted Diseases is to be created. HIV/AIDS being a serious problem in today's society, more attention on awareness is required.

87 per cent men and women answered that they have heard about AIDS. 16.2 per cent men and 48.9 per cent women were under the false impression that HIV can be transmitted through mosquitoes. 8 per cent men and 39.5 per cent women were under the false impression that HIV can be transmitted through vessels. Thus misconceptions about HIV/ AIDS should be taken off and proper knowledge is to be given.

34.8 per cent of the men and 65 per cent women agreed that Healthy looking person also may be having AIDS. 23 per cent men and 51 per cent women believed there is no alternative than abstinence for avoiding HIV. 24 per cent men and 73.2 per cent women believed that AIDS has no link with family planning while 6 per cent men and 4.7 per cent women did not believe this.

45.5 per cent men and 77.5 per cent women believed that having sex with spouse only decreases HIV risk. 24 per cent men and 12 per cent women believed HIV/AIDS is only in foreign countries not in India. Such misconceptions prevalent in the society are to be routed out.

48.2 per cent men and 85 per cent women knew that HIV/AIDS can be transmitted from mother to child while 3.3 per cent men and 2 per cent women did not know this. Pathetically 48.5 per cent men and 13 per cent women did not know this. Only 22 per cent men and 60.5 per cent women know centre for testing HIV in their near by town. 78 per cent men and 39.5 per cent women don't know this. Hence there is a wide gap in educating about HIV/AIDS.

## **Knowledge regarding Reproductive health**

When asked about the meaning of Reproductive health 58 per cent men and 86 per cent women agreed that it is Preventing STD. 45 per cent men and 89 per cent women knew that it is following safe family planning methods. 81.5 per cent men and 95 per cent women said that it is about health care during pre and post delivery. 99 per cent men and 96 per cent women agreed that it is maintaining Personal hygiene by the couple. 98 per cent men and 94 per cent women knew that it is avoiding domestic violence. Both men and women need education about the meaning of Reproductive health.

Only 26 per cent men and 78 per cent women heard about men's involvement in reproductive health while 74 per cent men and 22 per cent women did not hear this. Thus this subject is quite new for them.

58 per cent men and 90 per cent women agreed that men should talk about family planning and STD/HIV. 96 per cent men and 93 per cent women agreed that men should talk about reproductive issues. 98 per cent men and 93.5 per cent women agreed that men should participate in all reproductive issues. Thus almost all of them agreed that men should have knowledge about Reproductive health.

99.4 per cent men and 98 per cent women agreed that men should accompany their wife while going for treatment while 0.6 per cent men and 2 per cent women did not agree this.

Only 25 per cent men and 83.75 per cent women agreed that men should follow male family planning methods while 75 per cent men and 16.25 per cent women did not agree this. Thus women want men to take their share in holding responsibility of Family

planning. Contrary to this men still want to load women with exclusive burden of family planning.

5.3 per cent men and none of the women answered that maintaining good reproductive health is the responsibility of only wife. 2.6 per cent men and 2.6 per cent women answered it is husband's responsibility. 89.6 per cent men and 97.10 per cent of women agreed that the couple's decision is more important in reproductive health. Hence many of them agreed that men have the responsibility of contributing for good Reproductive Health.

66 per cent men and 55 per cent of the women answered that men's involvement improves reproductive health. 56 per cent men and 9 per cent of the women answered that Reproductive health is women's issue and men should not be involved in this. So women want men to be involved in Reproductive health matters.

. 49 per cent men and 51 per cent of the women felt that usually women don't like to discuss reproductive issues with men. 41.5 per cent men and 18.5 per cent of the women felt that usually men don't like to discuss reproductive issues with men.

54 per cent men and 30 per cent of the women felt that usually women don't like men to be involved in reproductive issues. 66.3 per cent men and 92 per cent of the women felt that men should encourage their wives to take care of Reproductive health.

67 per cent men and 93 per cent women agreed that men should have awareness about reproductive health. 84 per cent men and 93 per cent women agreed that men should protect their own Reproductive health. Thus men's reproductive health is also considered important.

Only 18 per cent men and 18 per cent women agreed that women can go for abortion if required and it is not a sin. Rest need to be educated about abortions.

Only 47.5 per cent men and 83 per cent women agreed to follow male family planning methods. Only 4 per cent men and 33 per cent women said that in many of their friends' houses men accompany their wives for treatment of Reproductive health problems.

98.7 per cent men and 92 per cent women felt men should be educated about reproductive health. None of the men or women expressed men's involvement in Reproductive health programs is more than necessary. 73 per cent men and 64 per cent women said that it is less than necessary. Only 27 per cent men and 36 per cent said it is sufficient. Hence on the whole men should be more involved in our Reproductive health programs.

Only 25 per cent men and 22 per cent women said that Public health worker visited their house. Out of the men who said Public Health worker visited their house, 94 per cent said that they educated only women. 6 per cent said that they educated both men and women. None said that they educated only men. In total 89 per cent said that they educated only women and only 11 per cent said that they educated both. So the current programs are missing men.

96 per cent men and 96 per cent women agreed that men's involvement is needed in Family planning while 4 per cent men and 4 per cent women did not agree this. 73 per cent men and 93 per cent women agreed that men's involvement is needed in Household matters. 96 per cent men and 94 per cent women agreed that men's involvement is needed in pregnancy and Post natal care. 80 per cent men and 98 per cent women agreed that

men's involvement is needed childcare. 78 per cent men and 96 per cent women agreed that men's involvement is needed Reproductive health.

Hence, finally it is found that involving men in Reproductive health has been recognised as an important concept by both men and women. Hence the policy makers need to focus on this.

### **IMPLICATIONS OF THE STUDY**

1. The findings of the study revealed that both men and women need to be educated about Reproductive Health. Positive gender relations improve Reproductive Health.
2. The present study helps the Government and Policymakers to understand the importance of men's involvement in Reproductive Health.
3. This study can be useful as a baseline and any intervention can be planned with regard to Reproductive health in this geographical area based on this.
4. Community Based Organisations like men's clubs, husbands' clubs can be formed based on this study and propagate importance of men's involvement in Reproductive Health.
5. The Government in its current Reproductive Health programmes, should involve men more vigorously.
6. Special programs for the people of this region need to be designed as they have less accessibility to resources and knowledge levels about health in particular Reproductive health is very poor.

\*\*\*\*\*