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. Strong focus on Reproductive health is also important.

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. In the last few years, more attention has been focusing on the issue of male involvement in reproductive health.

Although reproductive health has traditionally been viewed as a medical issue, provision of medical services alone will not lead to significant improvements in women's health. A key underlying factor that influences women's reproductive health status is the complex web of gender relations and power structures that bars women from participating in crucial decisions that affect their reproductive lives.

Men have an important influence on women's and children's health and also have distinct reproductive health needs of their own. In many cultures, men also may serve as gatekeepers to women's access to reproductive health services.

Greater male involvement is needed in order to improve and protect the sexual and reproductive well-being of both men and women. Achieving this would mean that men would have greater participation in roles traditionally assigned to women.

All these may be decided after conducting a baseline study where the opinion of community is taken regarding men’s involvement. The present study serves the purpose.

Andhra Pradesh, a state where about 100 targeted interventions for HIV prevention and many more by Reproductive and Child Health 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.

Anantapur District has 63 revenue mandals from three revenue divisions namely Anantapur, Penukonda and Dharmavaram. Being fallen in rain shadow area, it is the driest part of the state and the agriculture conditions are difficult. Being far off from east
coast monsoons seldom touch this part and is drought prone. High indebtedness, increased out migration and high number of farmers’ suicides are the characteristics of the District. Malnutrition, illiteracy, illness, factionism, caste and gender discrimination are rampant. Poverty and illiteracy are the main challenging tasks in this district. The literacy rate is only 49.75 per cent. Still some of the people believe in traditions like Devadasi system. Child marriages are very high in the District.

Thus, a study in this District may help as baseline for the future interventions in this area. The Mandals and villages are taken from three corners of the District representing the total District.

NEED FOR CURRENT STUDY

- Being a backward District, it deserves a good solution for improving Reproductive health of men and women.
- Maternal, Infant and neonatal mortality can be reduced by addressing health issues.
- By improving Reproductive health the economic levels of the people can be improved by increasing their productivity.
- Population density can be reduced by sensitizing both men and women about Family planning which will increase resource availability per family member.
- The study of knowledge, attitude and practices of men and women regarding Reproductive health gives a clear picture of requirements for future interventions.
- Such studies are very rare and are helpful for policy decisions in terms of Gender equity in Reproductive Health.

The present study’s goal is to find out the awareness levels of men and women regarding reproductive health and the extent of men’s involvement present and required in Reproductive health.

OBJECTIVES OF THE STUDY

- To find out the general fertility preferences of selected men and women
- To study the spousal communication and decision making regarding reproductive
Health.

- To assess the knowledge of selected men and women regarding family planning and compare.
- To assess the knowledge of selected men and women regarding HIV/ AIDS and STDs compare
- To assess the extent of male involvement in sexual and reproductive health Matters.

HYPOTHESES

1. There is a significant difference in decision making of men and women regarding major household chores and Reproductive Health.
2. There is a significant difference between men and women regarding gender wise preferences for children.
3. There is significant difference between men and women in terms of knowledge regarding Family planning, STD/ HIV and Reproductive health.
4. There is a scope for Spousal Communication regarding children’s education, fertility preferences, family planning and Reproductive health.
5. There is significant scope and need for men’s involvement in Reproductive Health.

METHODOLOGY

Anantapur district of the Rayalaseema region of Andhra Pradesh has been selected for the purpose of the present study which has been divided into three revenue divisions’ i.e. Dharmavaram, Anantapur and Penugonda. Multi-stage random sampling method has been used for selection of the sample respondents. The villages selected for the purpose of this study are R.B. Vanka, Pachapuram PC Pyapili, Chagallu, Ananda palyam and Avinakunta. From each village twenty five men and women were selected. The entire sample was married. Care was taken that no two sample were from same family. Three hundred out of total house holds of 3135 from six villages were selected as sample. The percentage of sample in the universe is nearly 10per cent. Stratified sampling method was used for selection of respondents. Structured interview schedules have been used to collect the primary data.
SOURCES OF DATA AND TOOLS OF DATA COLLECTION

The present study is based on both primary and secondary sources of data. Published books, journals, official records, government orders and other related material are the major source of secondary data. The primary data have been collected from the respondents through a well structured interview schedule which was pre-tested. And necessary changes have been made to suit the present study. The schedules were filled in with the help of the sample respondents through a face to face interview by the researcher. Focused discussions with the respondents were held to get their views on men’s involvement in reproductive health.

TOOLS OF ANALYSIS

The data collected through schedules have been classified and tabulated into many tables for analysis purpose. Simple statistical tools like averages, percentages etc have been used to analyse the data.

Based on the data collected, certain conclusions were drawn and suggestions are presented in the concluding chapters.

The thesis is divided into seven chapters in the following order.

1st Chapter: Introduction, need for the study, objectives, methodology and review of literature: The goal, objective and methodology of the study along with detailed review of literature is provided in this chapter.

2nd Chapter: Gender status in India: Status of women in rural India, their problems and their position in Panchayat Raj Institutions have been explained. The threat of falling sex ratio has been narrated. The ill effects of globalization on women and need for gender equity is also provided in this chapter.

3rd Chapter: Health conditions of women in India: Women’s vulnerability to STD/ HIV/ AIDS has been explained. The reasons and prevention of anemia and maternal mortality have been analysed.

4th Chapter: Population and Family Planning Policies in India: Different population and Family planning policies are explained in this chapter. Reproductive and
child health programme and National Rural Health mission’s key features have been highlighted.

5th Chapter: Initiatives and Strategies for Men’s involvement in India: Key strategies in implementing men’s involvement in Reproductive Health have been analysed. The success stories, challenges, lessons in male involvement are explained.

6th Chapter: Profile of the Respondents and impact study; The respondents’ age, family income and socio economic status are given. The responses are tabulated, calculated in percentages and discussed with reference to earlier studies.

7th Chapter: Summary of findings and conclusion followed by Bibliography and appendix: Major findings of the study and its implications are provided. The references of books, magazines and journals are given. The questionnaire used for study is attached at the end.

THE MAJOR FINDINGS OF THE STUDY
The age, family income, occupations and other Socio-economic conditions of the respondent families:

76 per cent were in the age group of 20–40 years and only 3 per cent were below 20 years and only 21 per cent had the age above 40 years. 68 per cent of the sample were from low income families and only 32 per cent were from middle income families.

Out of the total sample only 1.67 per cent was unemployed and 98.33 per cent were wage labour. Out of the total respondents only 38.33 per cent were literates and 61.67 per cent were illiterates. Overall 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.

Decision making in the family: Nearly half of the families have husband as the major decision maker and very less number have wife as such. 32.6 per cent decide together. 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. Thus women’s movements and actions are mostly decided by men.

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. 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.

68.2 per cent men and 71 per cent women wanted boys and girls 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. 28 per cent men and 77 per cent women answered that according to them having more children is not a symbol of Manliness. 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.

**Spousal communication**

In total, 78.67 per cent discuss about their son’s education with their spouse and 76.3 per cent discuss about their daughter’s education. 73 per cent discuss about sex and number of children and 78.33 per cent discuss about family planning. 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. 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. 37.33 per cent of the men and only 5.33 per cent women answered that a man cannot beat a wife.

**Knowledge regarding Family planning**

97 per cent men and 97 per cent women answered that according to them Family planning improves standard of living. 54.1 per cent men and 91.33 per cent women felt that children’s needs can be better met by 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.

61.5 per cent men and 77 per cent women have agreed that Family Planning is avoiding pregnancy. Only 10.5 per cent men and 78.2 per cent women have agreed that Family planning is maintaining gap between pregnancies. 32.5 per cent men and 82.3 per cent women have agreed that Family planning is planning life.
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 knows about Diaphragm.

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. 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. 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. 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. 87.7 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.

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 (completely avoiding sex) for avoiding HIV. 24 per cent men and 73.2 per cent women believed that AIDS has no link with family planning. 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.
48.2 per cent men and 85 per cent women knew that HIV/AIDS can be transmitted from mother to child. Only 22 per cent men and 60.5 per cent women know centre for testing HIV in their near by town.

**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. 89.6 per cent men and 97.10 per cent of women agreed that the couple’s decision is more important in reproductive health. 66 per cent men and 55 per cent of the women answered that men's involvement improves reproductive health. 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. 98.7 per cent men and 92 per cent women
felt men also should be educated about reproductive health. 72.7 per cent men and 64 per cent women said men’s involvement in reproductive health is less than necessary.

In total, 89 per cent said that the public health worker, who visited their house educated only women. 96 per cent men and 96 per cent women agreed that men's involvement is needed in Family planning. 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.

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.

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SYNOPSIS of Ph.D. THESIS

MEN’S INVOLVEMENT IN REPRODUCTIVE HEALTH – A STUDY IN ANANTAPUR DISTRICT OF A.P.

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