MEN's PERCEPTION ABOUT FAMILY PLANNING

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ABSTRACT

This study looked at the men's perception on family planning, their knowledge and opinion about different contraceptives, as well as the motivating factors of the male for accepting family planning. Information was collected in December 1996 from Sherpur district through informal discussions, focus group discussions with men below and above the age of 40 years, religious leaders and with *Garo* ethnic group. Case histories of 6 condom users and 6 vasectomised clients were also taken.

Men generally have a positive attitude towards family planning. They have definite ideas about optimal family size and own fertility, and also have a high knowledge on contraceptives. This knowledge mostly appeared to be superficial. Though there was a trace of the feeling in men that contraceptives were women's responsibility. Men were not properly by the programmes. Thus lack of information and under the influence of rumors their supportive and user roles were hampered. The perceived limitation of male contraceptive choice was also a major determinent of male contraceptive use. However, the male method users were generally satisfied with their methods. The depotholders of BRAC were found to be popular and well accepted by the male community, though their role was not properly known by men. Male forums and male contact were found to be inadequate. There was a gross misconception about the family planning registration card given by BRAC.

To well publicize services and to promote the male contraceptives, to fulfill knowledge gap about BRAC's Family Planning Facilitation Programme by strengthening male forums were recommended.

INTRODUCTION

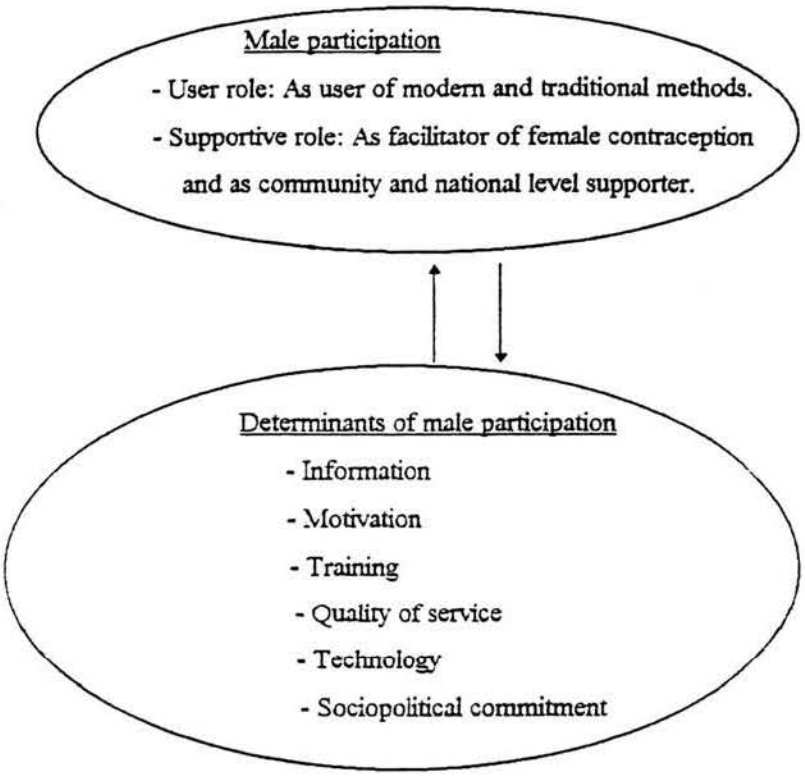
Until recently most family planning programmes are focused primarily on women (1-4). The reasons are pragmatic, "They are the one who become pregnant, most modern contraceptive methods are for females and consequently, family planning services have been offered in MCH-FP outlets" (5).

Regardless of which partner actually uses a family planning method, the man often has a major say in decisions on childbearing and family planning. In most societies the husband is usually the dominant decision maker and the wife is expected to abide by his decisions. This dominant role of male often extends to a couple's reproductive behaviours. Furthermore, with increasing awareness and concern about the role of men in the transmission of STDs/HIV and AIDS, it becomes clear that marginalising men's role in family planning and reproductive health services is not appropriate. Ignorable men's needs greatly increases their health risks, as well as those of their partners.

The UN conference in Cairo and Beijing highlighted the role men share in the reproductive health of women. In the report of the International Conference on Population and Development (ICPD) there is a section on "Male responsibilities and participation". The document states "--- the objective is to promote gender equality in all spheres of life and to encourage and enable men to take responsibility for their sexual and reproductive behavior and their social and family roles" (6).

At present, therefore decision makers are examining programmes to involve men in reproductive health, including family planing (7-9). The conceptual framework of male involvement may be described as follows:

Figure: Conceptual framework of male involvement



BRAC as a leading NGO of Bangladesh has also taken steps to ensure male involvement in its family planning and reproductive health programmes. To ensure men's support and participation in the family planning programme it is important to investigate men's worldview on family planning. We must know how men perceive family planning if we want to address them. This study was therefore carried out with the following objectives:

1. To explore men's perception on family planning in terms of:
   - understanding the term 'family planning,
   - knowledge and opinion about different contraceptives, and
   - perceived cause of low male contraceptive use;
2. To identify the motivating factors of the male contraceptive acceptors; and
3. To find out men's knowledge about BRAC's Family Planning Facilitation Programme.

Study area

The study was carried out in Sherpur district. BRAC started it's family planning facilitation programme in Sherpur in December 1994, to complement the existing Government activities and supplementing the gaps, if there were any.

Sherpur district at a glance:

Area- 1355.53 sq.km.

Thanas - 05
Unions - 52
Villages - 859
Households - 234,284
Population - Male - 581,528
- Female - 557,101
Total - 1,138,529
Literacy rate - Male - 27.35%
- Female - 16.41%

Primary schools- 1,438
Secondary schools- 102
Madrassa- 62
College- 10
District Hospital- 01
MCH-FP Clinics- 03
Thana Health Complex- 04
Rural Dispensary- 10
Family Welfare Centre- 33

Contraceptive acceptance rate (CAR) of Sherpur at the time of data collection (December 1996)

Total eligible couples (ElCOs) - 204,009

Acceptor - 64%
Pill - 11%
Ligation - 11%
Injection - 7%
Condom - 3%
CT - 2%
Vasectomy - 0.50%
Norplant - 0.01%
Female acceptor - 60.50%
Male acceptor - 3.50%

METHODOLOGY

The study was conducted using qualitative research methods. The pattern of belief systems within the study population which were reflected in verbal statements, were explored. In analysis the emphasis was not in measurement but rather on understanding. A discussion guide was maintained. Free list of names of contraceptives were collected and were analyzed. Data were collected in December 1996.

1. Informal discussion - 25 Individuals (Socio-demographic characteristics in Annex 1)
   (Individual Level)
2. Focus group discussions - 4 Groups
   a) Men aged below 40
   b) Men aged above 40
   c) Religious leaders
   d) Men from *Garo* *
3. Case histories
   6 Condom users
   6 Vasectomised clients

* Ethnic group.

RESULTS

What do men understand by the term family planning?

It was found that every man was familiar with the term 'family planning' (*Paribar parikalpana*). The almost universal response was:

"Family planning means to keep the family size small"

(*Paribar parikalpana mane Pariber choto rakha)*

Generally no difference was found in the accepted meaning of family planning among different socioeconomic groups. Accept very few respondents, men generally supported family planning and said it is a crucial issue for Bangladesh. The reason they mostly mentioned was:

"Our land and resources are limited, so the population should

be controlled" (*Amader jomi kom, shampod kom tai jonoshankha komate hobey).*

The respondents who opposed family planning were *Maulanas*. They said that the concept of family planning was anti-Islamic. They expressed the view that family planning is forbidden according to the Holy Quran and Hadith. One of the *Moulanas* strongly said:

" It is only the Allah who will decide our family size"

(Ek matro Allah thik korte pare amader poribare koto lok thakbe).

He further mentioned that during the period of the Prophet *'Ajol'* (withdrawal) was allowed only in selected cases among the slaves. According to him this was never permitted for the general public.

When reference was made regarding the religious sessions in TV/radio in which eminent *maulanas* speak in favor of family planning, one of the respondents said:

"Those are government hired *moulanas*, not genuine *moulanas* "

(Tara *sharkari moulana* dorkari *moulana* na).

What do men know and think about different contraceptives?

The men came up with nine names of contraceptives:

Pill , condom, injection. ligation, vasectomy, copper-T, Norplant, Herbal and foam tablet.

The range of knowledge about contraceptives was found wider in younger group. However, some methods like *'Azol'* or herbal was mentioned only by older group of men. Only *Garo* ethnic group mentioned the rhythm method. The pill was the most frequently mentioned contraceptive and it has the highest salience value (Annex 2). Here are some comments made in favour of pill:

* The pill is given at home, women do not have to go out so *'purdah'* is maintained *(Bori bari bari dya jai, mohilader baire jete hoe na, pardah maina cholte pare).*

* As field workers distribute pills inside the home nobody can notice it, one can maintain privacy (*Mohilara bari bari aysha bori dya jai, keo dekte pay na, gopon thake).*
* The pill is easily available and one can stop using it at any time (*Bori shohoje pawa jai, ar jokhon tokhon bandho kora jai).*
* The pill definitely is the best method otherwise the government would not have distributed it house to house (*Bori shob cheye valo babostha, naile sharkar bari bari dya beraito na*).
* The pill causes less side effects in comparison to other methods (*Anno babosthar cheye borite shamoshya kom).*

However, some men were not in favour of the pill, because they thought that the pill causes many physical problems like vomiting, giddiness, weakness, etc. Some complained that women frequently forget to take the pill.

An interesting point was revealed from the discussion that most men believed women need to take good food like milk, egg, etc. while taking the pill. They thought the physical problems that the women suffer after taking the pill are because their husbands can not provide them with nutritious foods.

A few respondents spoke in favour of injection and IUD. The perceived advantage of these methods were its long time protection. Most *Garo* ethnic men preferred herbal methods. They said some of their women tried modern methods but faced many physical problems. Moreover, their women have used herbal methods for several years. Some of the *Garo* men mentioned about the rhythm method, which they have learned from World Vision, an NGO working among them.

What are the perceived causes regarding low male contraceptive use?

All men agreed that male contraceptive use is low in their area in comparison to female contraceptive. Different reasons were believed to be responsible for low use of male contraceptives. The major are as follows:

Lack of information

The majority of the men said that they did have much information about male methods (*Purusher podhyoti shomporkey valomoto jani na*). It is interesting to note that there were quite a number of men who could not mention the name of a single male method. Surprisingly there were men who had mentioned the name of condom but having never seen it. They thought it to be a female method, which women take like a pill (*Shunchi mohilara condom khaey*). Men complained that female family planning workers talk only with women, they have no one in particular to discuss about family planning.

It is women's responsibility

Some men believed that family planning was women's responsibility. One of the respondent said,

> "It is women who become pregnant, so she should take the measure to prevent it" (*Meye manusher pete bachcha ashey, tai meyerai bacha bondho korar babostha nebe*)

Some respondents said that family planning was a matter of shame and that's why men do not want to get involved in it (*Paribar parikalpana lojjar bishoy purushera eishober vitor thaktey chai na).* So the responsibility goes to the women. Some other men believed that family planning was a matter of privacy. So if a man use contraceptive methods every one will notice it, while nobody knows whether a woman in the village using it or not.

Yet some men said, since their wives had willingly taken the responsibility, why should they take the burden (*Boura jokhon nijerai babostha nichey tokhon amra ar nimu kan?).*

Male methods are not appropriate

Considerable number of men expressed their dissatisfaction with the existing male methods. The most frequently mentioned complain about the condom was that it hampered sexual pleasure for the men (—*tripti pawa jai na*). This view was expressed by

men who had once used condoms and had discontinued it, and also by men who had never used it but had heard this rumor from others.

Some of the respondents said they tried condoms once or twice but it burst out, so they discontinued it. One respondent said, he once used a condom but it had caused an abscess in his wife's vagina. Another interesting belief was expressed by a local elite who said,

"The condom is used by some poor illiterate man, I do not think any educated elite of our village use it." (*Gorib murkho era condom babohar korey, kono shikhyito vodro lok amar money hoi na oita babohar korey*).

Regarding vasectomy some generalized negative notions were found among men. "Having a vasectomy makes the man physically week and incapable of doing hard work", this was a wide spread belief among the men. One agricultural laborer stated that, land lords did not want to hire vasectomised laborers, since they would not be able to do hard work. (*Operation koreyle grihosto kam ditey chay na vabe ei beta kam kortey parbo na*).

Some of the respondents said, men suffered from different diseases after the operation. They said, they saw people die after having vasectomy. They had given examples where even after an operation of the husband the wife became pregnant. For these reasons men are generally not interested in vasectomy. The experiences of condom users and vasectomy clients are discussed later in the case history chapter.

A few respondents said that the reason behind low male contraceptive use was that the contraceptive choice for men was limited. They mentioned men had only 2 or 3 options while women had 7 or 8 methods to choose (*mohilader jonno sath atta podhoti achey, purusher podhoti matro duita ki tinta*).

A very few respondents mentioned about *ajol* (withdrawal) method. Those who mentioned it were from a older age group. According to them *ajol* was not practiced in the area then.

What is the experience of male method users?

Contraceptives Acceptors Rate in Sherpur at the time of the data collection was 64%, of which the male method acceptors were only 3.5%. Who are these exceptions? To explore

the motivational factors and experiences of the male contraceptive users, case histories of six regular condom users and six vasectomised clients were taken. The findings from the case histories are as follows: (Case histories are in Annex 3):

Key findings from the case histories of condom users

* Almost every man started using condom only after his wife's had tried different contraceptives and developed inability to continue them due to severe side effects. Men usually did not volunteer to use condom.
* One man was found who willingly started using the condom before his wife had taken any contraceptives.
* These men are exceptional in the sense that they paid attention to their wives' sufferings and accepted male methods.
* FWAs and BRAC depotholders are the prime motivators for condom use.
* There is evidence that men learned things about condom from their wives.
* The problem men faced with condom use was not that much of less sexual pleasure, rather tearing of the condom.
* Most men could not relate STD/RTI with condom use.
* Men generally did not know the correct procedure of condom use, they often had some misconception as well.
* One BRAC depotholder was found to be empowered enough to convince her husband to accept condom and set a mutually agreed contraceptive use schedule.

Key findings from the vasectomised clients

* The men who opted for vasectomy were mostly from the hard-core poor of the community.
* They got vasectomised themselves for temporary financial benefit and to get rid of unwanted pregnancies permanently.
* Some of them had themselves vasectomised under the influence of mob mentality.
* The motivators were family planning workers or vasectomised clients.
* None of the vasectomised men complained about problems in sexual intercourse.

* Most of the vasectomised men believed that they became weak after the operation.

* There is a tendency to relate any kind of personal health hazards with the vasectomy.

* In most cases, men did not inform their wives prior to their operations.

* There is evidence of vasectomy failure.

* There is regret among men about their vasectomies.

What do men know about BRAC's FPFP?

BRAC was found to be universally known by respondents. Men knew BRAC mostly by its credit and education programme. However, regarding FPFP a typical comment as expressed by most of the respondents was:

> "BRAC has given training to a women from our village, who visits house to house and talks about family planning (*BRAC ek mohilakey training diechey, shey bari bari ghorey paribar parikalpaner kotha boley)".

It was found that most men knew the particular woman who was working as depotholder in their community. They considered her as a FP counselor. Her role as contraceptive distributor was not known. Men believed that contraceptives were distributed only by the government family planning workers.

Though none mentioned about any regular male forum in the area but most of the respondents could remember some occasional male meeting organized by BRAC, in which they had discussed family planning.

It was also examined whether men had knowledge about the family planning card given by BRAC. The study revealed that most men have seen the FP card given by BRAC. But it was interesting to find that there is wide range of belief that this card was a permit to get free treatment for children. which they thought would be provided by BRAC in future. One respondent even complained,

> "We heard that BRAC will give free medicine with this card but we still do not see any sign of it (*Sunechilam BRAC ei card diey oushud dibey koi tar nishana to dekhi na*)"

Very few respondents could mention that this card was to keep record of family planning information. The need for family planning information was expressed by most of the respondents.

DISCUSSION

The study explored the rural men's perspective of family planning. The accepted meaning of family planning appears to be limiting family size rather than spacing birth. Theoretically this is an incorrect concept, however, it is true to some extend for Bangladesh context. The general assumption that men either are not interested in family planing or they oppose it, can not be supported through the findings of this study. There was considerable awareness of the Bangladesh's population problem among men and a majority of them wanted to limit their family size. The long standing belief that 'more members, more earners' seemed no longer exist among men. However, there were male members of the community who were against the concept of family planning. Religious reasons dominated the response of those opposed to limiting family size. According to them this is against the rule of Islam.

It was interesting to find that in general most men knew the name of different variety of modern contraceptive methods. It corresponds with the findings of others studies done elsewhere (10-11). This may be due to their mobility and greater access to media. However, the knowledge about contraceptive methods was mostly partial and sometimes incorrect. There was a difference in knowledge about male and female methods as well. Men knew comparatively better about female methods then male methods. There were men who could not mention even a single male method and were confused as to whether the condom is a male or female method.

The pill was found to be the best known and preferred method. Men believed that in accepting this method *pardah* and privacy can be maintained because pills were given house to house. In addition, they considered easy availability of the pill as a demonstration of the government's preference for this method. It is clear that this preference was very much socially and culturally determined rather then scientific basis.

There is a wide range of misconception regarding different methods. Some myths regarding the vasectomy are that this causes men to lose energy and work less. These were found to be common both in general respondents and in vasectomised clients as well. There were misconceptions regarding the pill too. This fact highlights the missing information among men. The influence of the Christian missionary about family planning is evident among the *Garo* ethnic group.

Men were found to be aware about the low use of male method. The perceived causes of this low use included lack of information on male methods, limitation of male contraceptive methods, lack of family planning services, and the traditional belief that because women bear children they are responsible for family planning. It seems from the findings that the responsibility for the low use of male methods goes particularly to the clients but largely to the providers, planner as well.

It is evident from the results that male acceptors are a self selected group. The condom users are sympathetic partners of their wives who had several contraceptive difficulties. These men were, however, ready to give up condoms if their wives were fit to use contraceptives. This again shows the male tendency to shift responsibility. It was also found that most men did not know the proper use of the condom and did not even know the role of the condom in preventing STDs.

It is evident that poverty is a major cause of accepting vasectomy. Some men were driven by government publicity in the late sixties. Some men regret their vasectomy. There was wide spread stigma about the vasectomy. Though men did not complain about interference in sexual acts after their vasectomy, they did attribute the operation with any kind of their physical weakness or diseases they might experience. This shows the lack of proper counseling and motivation before and after a vasectomy.

The depotholders of BRAC were found to be popular and well accepted by the male community, though their role was not properly known. Men. Male forum and male contact by BRAC workers were found to be inadequate. Though there was no significant resistance against family planning among men, their acceptance rate was still very low in this area. Inadequate mobilization was one of the possible reasons for this. There is also a

gross misconception about the family planning registration card given by BRAC. This further reflects the inadequate information dissemination among men.

CONCLUSION

In this study we listened to men speaking about family planning. It appeared that men generally had a positive attitude towards family planning. They had definite ideas about optimal family size and their own fertility. It was also found that men have a high level of knowledge of contraceptives. Although much of this knowledge appeared to be superficial. Though there is a trace of the feeling in men that contraceptives are women's responsibility yet interest about contraceptive was evident among them. But this interest was not capitalized. Men were not properly approached. As a result, due to lack of information and under the influence of rumors their supportive and user roles were hampered. The perceived limitation of male contraceptive choice is also a major determinant of male contraceptive use. However, the male method users were generally satisfied with their methods; though most of them started using it in a condition of extreme poverty and as an alternative to their wives failure to accept contraceptives.

RECOMMENDATIONS

Based on the findings the following recommendations are made:

1. Family planning services and male contraceptives need to be well publicized;
2. Male service providers should be trained to do counseling for men;
3. Satisfied users can be enlisted to promote male oriented methods and to provide counseling other men,
4. Services and supplies should be readily available;
5. Knowledge gap about BRAC's FPFP programme should be filled by strengthening male forum.

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Socio-demographic characteristic of the respondents (n=25)

Age (yrs)	Number	Percentage
20-30	06	24%
31-40	13	52%
41-50	06	24%
50-	0	0%
Education		
No education	13	52%
Below Primary	03	12%
Primary	02	8%
SSC	02	8%
HSC	02	8%
Graduate+	03	12%
Occupation		
Farmer	05	20%
Small trader	08	32%
Fisherman	02	8%
Day laborer	04	16%
Government staff	03	12%
Village doctor	02	8%
Imam	03	12%

FREE LIST

Sensitivity level: OFF
Max respondents: 25
Max items: 15

SORTED BY FREQUENCIES

ITEM	FREQUENCY	RESP PCT	AVG RANK	SALIENCE
1 PILL	23	92	1.522	0.742
2 LIG	20	80	2.750	0.412
3 CON	19	76	2.842	0.309
4 INJ	17	68	2.647	0.315
5 VAS	13	44	3.727	0.113
6 CT	5	20	4.200	0.049
7 HER	2	8	2.000	0.040
8 NOR	1	4	3.000	0.020
9 FOAM	1	4	3.000	0.000
Total/Average:	102	4.080		

Notes:- PILL= Oral contraceptives
LIG = Ligation
CON = Condom
INJ = Injection
VAS = Vasectomy
CT = Copper-T
HER = Herbal medicine
NOR = Norplant
FOAM = Foam tablet

Annex 3

Case histories of condom users

(Fictitious names are used)

Case 1: Habib (30) was a small land owner. Having education upto class eight. He has two daughters and married for seven years.

The couple did not use any contraceptives since their marriage. Two of their daughters were born in a one and half year interval. His wife then started to take the pill. After taking the pill his wife developed giddiness and vomiting. She continued to take the pill for two years. But gradually her symptoms became severe, she has taken some treatment from village doctors but it did not work.

At that time a BRAC worker discussed with him about her wife's condition and advised him that his wife should stop the pill and he should start using condom. The BRAC worker motivated him for some days and he was convinced. He then started using condom. He brought condoms from the local market. He did not know the right way of using the condom. The BRAC worker had not taught him about how to use a condom. Sometimes his condoms tear. He had been using condom for more than a year.

Initially he did not get pleasure during intercourse while using a condom. but after wards he was habituated. He said if his wife had not had such severe problems he would be use condoms. He did not know the role of condoms in preventing STDs.

Case 2: Alam (35) was a small trader, read up to class six. He had been married for 12 years. Has one son and two daughters.

After their last daughter was born his wife started taking the pill. She took the pill for five years. She always complained of giddiness, nausea and vomiting, He asked her to change the method. But his wife did not want to use other methods. She heard those copper-T causes bleeding. She also did not want to take injection, because then she will have to go to the hospital. She will not be able to maintain privacy. She also rejected the idea of operation because that frightens her.

One day his wife asked him to use a condom and showed a condom that she had procured from the local Family Planning Assistant (FWA). The FWA advised his wife

regarding the condom. He then used the condom. His wife taught him how to use the condom properly which she had learned from the FWA. He has used condoms for one year. His condoms never tear. He did not feel satisfied in the initial stage but now he is habituated. He does not know the role of the condom in preventing STDs.

Case 3: Shafic (40) was a grocery shop owner, have one son and one daughter. Married for 12 years.and read up to class SSC.

When their last daughter was born he decided to use contraceptive. He was predetermined to use the condom. He used to sell condoms in his grocery shop with other things. He discussed about the use of condom with some of his customers who used to buy them. He learned the procedure of using the condom from a village doctor. He developed a curiosity regarding the condom and planned to use it. When he started using it he did not find any problem with sexual satisfactions. Moreover he thinks cleanliness can be maintained in the sexual act if one uses condom. He has used condoms for the last five years and he wants to continue it for the future. He knows sexual diseases can be prevented by using condom.

Case 4: Harun (30) was a day labor. Illiterate, married for ten years with two daughters.

His wife took pill for two years. She developed giddiness and headache. The local FWA asked her to take injection. She took injections but she had several menstrual disturbances. The FWA then advised his wife regarding the condom. His wife then discussed with him and requested him to use condoms. He then started using condoms. His wife procures the condom from the FWA.

Initially his condom used to burst frequently. He then started wearing two condoms at a time. Now it no longer bursts. The FWA did not teach his wife the proper way to use a condom and he also never asked anyone about it. He has used condoms for two years. He has a plan to get a ligation for his wife in the near future. He does not want to accept vasectomy because he thinks then he would become weak, be unable to do work. He does not know the role of condoms in preventing disease.

every time, for one reason or another, the matter is buried'. Political commitment it appears does not run very deep or very long.

The Government's most recent Five Year Plan (for the period 1995 to 2000) contains a set of broad objectives for health development in Bangladesh. Included are improvements in the health status of the population, particularly children; the consolidation and strengthening of primary health care and support services; the delivery of improved family planning and welfare services; the prevention and control of the six EPI diseases (including the elimination of Polio by 2000); improving the nutritional status of children and mothers; and the adequate production, supply and distribution of essential drugs and vaccines[26]. Importance will continue to be given to EPI, and 'all field level workers and their supervisory staff including doctors are to be fully involved, mobilized and made accountable for the efficient and effective implementation of EPI' (EPI, 1995b)[27].

To ensure the sustainability of EPI the government has to be committed to wider socio-economic development for the whole country. Immunizations may provide a cost-effective means to reducing the risks for children and pregnant mothers, but on their own they are no guarantee of good health. The only way the health of the nation can be assured is by improving socio-economic conditions. Poverty needs to be reduced and environmental changes - the provision of proper sanitation, housing and improvements in nutritional status - are necessary not only to eliminate the conditions in which diseases fester and spread but also to enable children to physically combat ill-health. To do this requires more than just shots in the arm, and is a task to which governments and politicians should be committed (Reid, 1989).

UNICEF (1995) provides an account of its involvement in Bangladesh and the role it played in EPI, by procuring vaccines and equipment for the cold chain. It details UNICEF's relationship with Bangladeshi NGOs like BRAC and the Grameen Bank, with whom it continues to work.

Rotary International committed itself at the start of EPI to providing funds for all Polio vaccines until 1993. It has extended this commitment by agreeing to partially fund the Polio eradication campaign until 1997, assisting with the costs of social mobilization activities. USAID and UNICEF will also continue to finance social mobilization and awareness-raising activities.

NGOs like BRAC and CARE have been involved in EPI from the outset, demonstrating a sustained commitment to the provision of all forms of health care. Streefland and Chowdhury (1990) examine the long term role of NGOs in health care in Bangladesh, and point out how they fill the considerable gap between the needs of the people and the low-quality care offered by the government. NGOs in Bangladesh train and involve local people in their programs who in turn inform others about effective, low-cost solutions to health problems[28]. They have demonstrated their commitment in the way they work with people, and it is mainly due to the efforts of NGOs and

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[26]For an interesting account of Bangladesh's Essential Drugs Policy see Zafrullah Chowdhury (1996), The Politics of Essential Drugs: The Makings of a Successful Health Strategy - Lessons From Bangladesh, University Press Limited, Dhaka.

[27]EPI Project Proforma 1995-96 to 2000 provides a breakdown of all estimated costs of EPI for Bangladesh, the contributions to be made from donor agencies, and the strategies to be followed by EPI over the next five years.

[28]For a good account of one NGO's campaign to promote such an intervention see Chowdhury and Cash (1996), 'A Simple Solution: Teaching Millions to Treat Diarrhoea at Home', University Press Limited, Dhaka.

He said he got the operation due to his poverty and under influence of rumors. He now regrets that operation. He thinks he is suffering from many diseases because of the operation. His wife did not know about his operation when he did it. She came to know six months later from others. He did not complain about sexual intercourse.

Case 2: Gafur (50), a rickshaw puller, married for 35 yrs, has 2 sons.

He was vasectomised in the late sixties. He was then a *'chanachur'* vender. He was very poor. He could not feed his wife and two sons regularly. Some men from the nearby village motivated him for vasectomy. They said he will get lots of money if he is vasectomised. They took him to the hospital and gave him only 10 Taka after operation. He was very disappointed. He did not tell his wife prior to his operation.

He said he had this operation because he wanted some money and he thought two children was enough for him. He now regrets his operation.

He said he could not do any heavy work after this operation. He also thinks his aging process started earlier than his contemporaries because of the operation. However, he did not complain about intercourse.

Case 3: Asad (45), a small trader, illiterate, having one son 6 daughters.

He had 6 daughters so he tried for a son. After his son was born he decided to control the births permanently. The local FWA advised her wife to have ligation but the doctor after examination said she was not fit for the operation. The FWA then advised him to have a vasectomy. Though he was confused in taking decision due to rumors that he will became weak after the operation. But finally he decided to do the operation. He was operated at the district hospital in 1988. He got 80 taka and a *lungi*. He thinks that was a good decision because as he is a poor man he can not afford a large family, moreover he got some money. He did not face any problem doing hard work or in copulation. However, he complained that before the operation he was told by some man in the hospital that his diabetes from which he was suffering for many years would be cured after the operation. But he did not find this information to be true. He did not inform his wife prior to the operation.

পুরুষদের ধারণায় পরিবার পরিকল্পনা

শাহাদুজ্জামান

এই গবেষণার উদ্দেশ্য ছিলো পরিবার পরিকল্পনা সম্পর্কে পুরুষদের ধারণা জানা। এর মধ্যে অর্ন্তভুক্ত ছিলো, 'পরিবার পরিকল্পনা' শব্দটি সম্পর্কে পুরুষদের ধারণা, পরিবার পরিকল্পনার বিভিন্ন পদ্ধতি সম্পর্কে তাদের জ্ঞান এবং মতামত, পুরুষ পদ্ধতি ব্যবহারের হার কম হওয়ার কারণ সম্পর্কে ধারণা, পুরুষ পদ্ধতি ব্যবহারের পেছনে অনুপ্রেরণার কারণ এবং ব্র্যাকের পরিবার পরিকল্পনা কর্মসুচি সম্পর্কে জ্ঞান।

তথ্য সংগ্রহের জন্য ২৫ জন ব্যক্তির সঙ্গে ঘরোয়া আলোচনা করা হয়, ৪টি দলের সঙ্গে দলীয় আলোচনা করা হয়। দল গুলোতে ছিলো ৪০ বছর বয়সের নিচে এবং উপরের পুরুষ, ধর্মীয় নেতা ও গারো উপজাতি দল। এছাড়া ৬ জন কনডম ব্যবহারকারী ও ৬ জন পুরুষ বন্ধ্যাকারীর কেইস ষ্ট্রাডি করা হয়। শেরপুর জেলায় ১৯৯৬-এর ডিসেম্বরে তথ্য সংগ্রহ করা হয়।

ফলাফলে দেখা যায়, সাধারণভাবে পরিবার পরিকল্পনা সম্পর্কে পুরুষদের ইতিবাচক মনোভাব রয়েছে। পরিবারের আকার এবং প্রজনন সম্পর্কে তাদের সুনির্দ্দিষ্ট ধারণা রয়েছে। পরিবার পরিকল্পনা পদ্ধতি সম্পর্কেও তাদের ধারণা ভালো, যদিও অনেক ক্ষেত্রেই ধারণা গুলো অসম্পুর্ণ। পরিবার পরিকল্পনা মহিলাদের দায়িত্ব- এমন ধারণা অনেক পুরুষের থাকলেও অধিকাংশ পুরুষেরই পরিবার পরিকল্পনার ব্যাপারে আগ্রহ রয়েছে। যদিও এই আগ্রহ এখনও সঠিকভাবে ব্যবহৃত হয়নি। পুরুষদের সঙ্গে যথাযথভাবে যোগাযোগ করা হয়নি, ফলে নানা ভুল তথ্যের এবং গুজবের প্রভাবে পুরুষদের সহযোগিতার ভূমিকা ব্যাহত হচ্ছে। যার জন্য পুরুষ পদ্ধতির সীমিত সংখ্যা ও পুরুষ পদ্ধতি গ্রহণের হার কম হচ্ছে। তবে সাধারণভাবে পুরুষ পদ্ধতি ব্যবহারকারীরা সন্তুষ্ট। অবশ্য অধিকাংশ পুরুষই তাদের স্ত্রীদের পদ্ধতি ব্যবহারে বিফল হওয়ার পরই নিজেরা ব্যবহার শুরু করেছেন। কখনো কখনো চরম দারিদ্রের কারণেও কেউ কেউ পদ্ধতি গ্রহণ করেছেন। ব্র্যাকের ডিপোহোল্ডাররা পুরুষদের মধ্যে বেশ পরিচিত এবং

গ্রহণযোগ্য, যদিও তাদের কাজ সম্পর্কে সবার স্পষ্ট ধারণা নেই। ব্র্যাকের দম্পতি রেজিষ্টেশন কার্ড সম্পর্কে ব্যাপক ভুল ধারণা রয়েছে।

ফলাফলের ভিত্তিতে পুরুষ পদ্ধতির ব্যাপক প্রচার এবং সন্তুষ্ট পুরুষ গ্রহণকারীর মাধ্যমে অন্যান্যদের অনুপ্রাণিত করার প্রস্তাব করা হয়। সেই সাথে ব্র্যাকের পরিবার পরিকল্পনা কর্মসূচি সম্পর্কে ভুল ধারণা মোচনের জন্য পুরুষ ফোরাম গুলো আরো জোরদার করার প্রস্তাব রাখা হয়।

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