

Male's Attitude on Women's Empowerment and Men as Supportive Partners in Promotion of RCH : A Study Among Slum Dwellers in Andhra Pradesh, India.

By

P. Vinayaga Murthy * & V.K. Ravindra Kumar*

Introduction

Reproductive and Child Health {RCH} is being given high priority in both developed and developing countries after the International Conference on “**Population and Development**” held at Cairo during in 1994. The statement on the occasion of the “World Population Day” by UNFPA (2007) highlighted the importance of involvement of males in promotion of RCH programmes. It advocated that men shall be supportive partners of women especially in aspects like a) care for wife during emergency b) care for baby c) educate daughters and d) share parenting. RCH in India also attained importance because 69 percent of its population falls in the age group of 0 to 49 years covering children, and both men and women in their reproductive ages. Though considerable efforts are being taken by the Governmental and Non-governmental agencies to promote RCH, yet its indicators are not showing the positive figures. The child morbidity, mortality, and maternal mortality are still at higher level and the percentage covered under the practice of safe sex and protection against RTI and HIV are meager especially among the poorer sections.

The slum population is on the rise in India especially in urban areas due to high fertility accompanied by rural exodus to urban areas in search of work. Due to multiple reasons, the status of RCH among slum dwellers is deteriorating day by day and efforts to cope up with the situation by different agencies are not sufficient. Further, most of the researches are also concentrating more on children and women in RCH studies neglecting the role and involvement of men in reproductive health.

*Department of Population Studies, Sri Venkateswara University, Tirupati, A.P., India.

In fact men's participation is a promising strategy for addressing the most pressing reproductive health problems. Usually, men play an important and often dominant role in decisions crucial to women's reproductive health. It is men who usually decide on the number and variety of sexual relationships, timing and frequency of sexual activity and use of contraceptives, sometimes through coercion or violence. Women can not promote reproductive health without the cooperation of men. Many surveys reported that men are more interested in family planning and ready to change their reproductive health behaviour, but they are not fully involved in the family planning programme. The efforts already made to involve males are incomplete and not understanding of man's needs and motivations. Though most men approve family planning, yet there is gap between their knowledge and practice of family planning. These findings show that the programmes failed in finding better ways to reach men as individuals and as members of couples. Further the efforts emphasizing men's participation in reproductive health could help to promote reproductive health among women as well. The most important thing needed is to improve sexual responsibility among men.

The sexual responsibility will be high among the men who possess positive perceptions on women's rights and autonomy. The perceptions of males on women's autonomy are a multifaceted concept and depend up on many factors. The males who respect the wills and views of women will be generally more ready to adopt safe sex and give weight-age to the partner's views during sexual process. Thus a direct relationship is assumed between the positive perceptions of males on women's autonomy and their involvement in promotion of reproductive health. The present study focuses on these assumptions and efforts have been made to assess the perceptions of males on different aspects of women's autonomy/empowerment and their level of support and involvement in the process of promotion of reproductive and child health.

Methodology

The state of Andhra Pradesh constitutes three geographical regions namely Rayalaseema, Coastal Andhra and Telangana. One city from each region viz., Tirupati (Rayalaseema), Vijayawada (Coastal Andhra) and Hyderabad (Telangana) were purposively selected for the study. The sampling unit for the study was the couple in the

reproductive age group and having one or more conceptions. The cluster sampling technique was followed for the selection of sample from the slums in three cities.

The notified slums in all the cities were listed based on the records from the corporation offices. In each city, the slums were classified into three categories based on the number of households namely small, medium and big. From each city a sample of 225 households were selected randomly giving due representation to the above stated three categories of slums. In case of more than one couple in any given household, the youngest couple was considered. Thus the total sample for the study was 675 couples from the three cities covering 225 from each one.

Results

Perceptions of males on women's autonomy

The autonomy of women has been globally recognized as a basic human right. The rights on reproductive and sexual health are essential for empowerment of women. In most part of the world, husbands or fathers or the other male relatives inflict much of gender-based violence on girls and women. Women cannot achieve gender equality, sexual and reproductive health without the support of males. Males often control access to reproductive health information and services, finances, transportation and other resources.

Mutually satisfying relationship among males and females / husbands and wives can be built only on trust, mutual respect and through frequent communication. Usually the males who possess positive perceptions and respect towards women's freedom and rights will be more ready to participate in healthy sex. Thus the study of perceptions of males on women's autonomy is highly relevant which is discussed in the Table-1.

Table-1: Percent distribution of men according to their Perceptions on women's autonomy on selected aspects.

Perceptions	Tirupati	Vijayawada	Hyderabad	All
I. Opinion on consulting wife on important household decisions				
Approve	44.9 (101)	46.7 (105)	48.4 (109)	46.7 (315)
Moderately Approve	31.5 (71)	33.8 (76)	36.0 (81)	33.8 (228)
Disapprove	23.6 (53)	19.5 (44)	15.6 (35)	19.5 (132)
II. Opinion on consulting wife on Fertility/Family Planning decisions				
Approve	36.4 (82)	49.8 (112)	66.1 (151)	51.1 (345)
Moderately Approve	52.4 (118)	40.9 (92)	23.1 (52)	38.8 (262)
Disapprove	11.2 (25)	9.3 (21)	9.8 (22)	10.1 (68)
III. Opinion on married women working in office along with men				
Approve	58.6 (132)	65.3 (147)	64.2 (144)	62.7 (423)
Moderately Approve	19.6 (44)	26.3 (59)	28.8 (65)	24.9 (168)
Disapprove	21.8 (49)	8.4 (19)	7.0 (16)	12.4 (84)
IV. Opinion on women going out of district/ state for education/ job				
Approve	36.9 (83)	39.6 (89)	49.6 (112)	42.0 (284)
Moderately Approve	25.7 (58)	20.5 (46)	33.6 (76)	26.7 (180)
Disapprove	37.0 (84)	40.0 (90)	16.8 (38)	31.3 (212)
V. Opinion on remarriage of young widows				
Approve	17.1 (38)	18.7 (42)	26.7 (60)	20.7 (140)
Moderately Approve	29.8 (67)	31.1 (70)	12.9 (29)	24.6 (166)
Disapprove	53.1 (120)	50.2 (113)	60.4 (136)	54.7 (369)

VI. Opinion on women's participation in politics				
Approve	47.2 (106)	49.8 (112)	56.4 (127)	51.1 (345)
Moderately Approve	21.7 (49)	19.8 (45)	19.5 (44)	20.5 (138)
Disapprove	30.1 (70)	30.4 (68)	24.1 (54)	28.4 (192)
VII. Opinion on wife beating				
Approve	29.4 (66)	15.8 (36)	8.0 (18)	17.8 (120)
Moderately Approve	62.1 (140)	69.9 (157)	68.0 (153)	66.7 (450)
Disapprove	8.5 (19)	14.3 (32)	24.0 (54)	15.5 (105)

In order to assess the scale of perceptions of males on women's autonomy, they were asked to express their opinion on 7 related aspects. One of the important aspects of women's autonomy is whether they have been consulted when important decisions are taken at household level. Nearly half (47%) of the respondents have approved the consultancy of wife in this regard and one – third (33%) have moderately approved.

Majority of the males have fully approved (51%), and around 39 per cent moderately approved the opinion on consulting wife regarding the number of children and contraceptive use, and only 10 per cent have disapproved it. The opinion on women going out of the state /district and working of females along with males in private /government offices is also positive. However 37 per cent in Tirupati and 40 per cent in Vijayawada does not like to send females to far off places for education / jobs.

The remarriage of young widows is not approved by majority of the respondents (55%) in all the three cities. Around 50 per cent have shown encouragement of women to enter into politics, but nearly 29per cent have disapproved it. It is disheartening to find that only 15per cent have disapproved the wife beating and 67 per cent have moderately approved and around 18 per cent are fully approve beating of wives.

The overall observation of the perceptions of males (Index) is fairly good. Around 40 per cent of the males are having positive perceptions and around one –third (33%) have moderately positive perceptions as against 25 per cent with negative perceptions on women's autonomy.

Male's Participation in Promotion of reproductive health

One of the main aims of reproductive health programmes is to improve the “sexual responsibility” among males through seeing themselves as responsible, caring and non-violent partners. It is also recognized that the gender roles and relations are dependent on social context in which cultural, economic and environmental factors play crucial role. The males living in slum areas may be somewhat different in their attitudes compared to others because of their different environment, work style and lifestyles. It is very important to study the level of participation of males living in slum areas in promoting reproductive health which is discussed in Table-2.

Table-2: Percent distribution of men's Participation in promotion of reproductive health

Participation	Tirupati	Vijayawada	Hyderabad	Total
I. Condom Use				
Never	43.5 (98)	37.7 (85)	32.0 (72)	37.8 (255)
Occasionally	18.7 (42)	21.8 (49)	24.8 (56)	21.8 (147)
Regularly	37.8 (85)	40.5 (91)	43.2 (97)	40.4 (273)
II .Extra Martial Sex				
Never	27.2 (61)	31.4 (71)	34.9 (79)	31.3 (211)
Occasionally	24.8 (56)	27.4 (62)	28.4 (63)	26.8 (181)
Regularly	48.0 (108)	40.8 (92)	36.7 (83)	41.9 (283)
III. Accepting partners views (feelings) during sex				
Never	51.3 (115)	43.0 (97)	41.0 (92)	45.0 (304)
Occasionally	12.3 (28)	16.0 (36)	17.2 (39)	15.2 (103)
Regularly	36.4 (82)	41.0 (92)	41.8 (94)	39.8 (268)

IV. Forcible intercourse				
Never	59.6 (134)	66.9 (151)	69.0 (155)	65.2 (440)
Occasionally	17.6 (40)	15.3 (34)	10.8 (24)	14.5 (98)
Regularly	22.8 (51)	17.8 (40)	20.2 (46)	20.3 (137)
V. Hygienic practices before/ after intercourse				
Never	45.3 (102)	41.1 (93)	37.8 (85)	41.3 (280)
Occasionally	28.4 (64)	30.9 (70)	26.2 (59)	28.7 (193)
Regularly	26.3 (59)	28.0 (62)	36.0 (81)	30.0 (202)
VI. Consultancy after the symptoms of STD				
Not at all Consulting	36.2 (59)	36.0 (81)	28.0 (63)	30.0 (203)
Pharmacists/ Medical Shop/friends	41.8 (94)	32.0 (72)	36.4 (82)	36.7 (248)
Qualified doctors/ Professionals	32.0 (72)	32.0 (72)	35.6 (80)	33.3 (224)
VII. Taking of drugs/ alcohol/ ganja/ heroine etc., before/during intercourse				
Never	32.7 (74)	35.0 (79)	38.2 (86)	35.4 (239)
Occasionally	36.0 (81)	38.3 (86)	39.0 (88)	37.8 (255)
Regularly	31.3 (70)	26.7 (60)	22.8 (51)	26.8 (181)
VIII. Encourage/ Practice oral / anal sex practices				
Never	76.2 (171)	73.3 (165)	79.0 (178)	76.1 (514)
Occasionally	10.0 (23)	12.0 (27)	9.2 (21)	10.5 (71)
Regularly	13.8 (31)	14.7 (33)	11.8 (26)	13.4 (90)
IX. Watch Pornography/ read sexual literature				
Never	78.2 (176)	72.2 (162)	70.6 (159)	73.6 (497)
Occasionally	9.0 (20)	13.0 (29)	16.4 (37)	12.7 (86)
Regularly	12.8 (29)	14.8 (34)	13.0 (29)	13.7 (92)

In all the three cities over 40 per cent of the males in slum areas are involved regularly in extra marital sex and another 25 per cent are involving in it occasionally. When the use of condom is seen, around 44 per cent in Tirupati, 38 per cent in Vijayawada and 32 per cent in Hyderabad have never used it. Around 20 per cent of them are using condoms occasionally

With regard to acceptance of partner's view during sexual practice, more than half of the respondents (53%) in Tirupati and around 42 per cent in other two cities have expressed 'Never'. The forcible intercourse is not much predominant in all the three cities. However 20 per cent in all the cities are indulging in it regularly and around 15 per cent are occasionally using force for intercourse.

The male participation in safe sex and adoption of hygienic practices before /after intercourse is also not satisfactory. Only 30 per cent of the respondents are washing the organs regularly before/after intercourse. Around 31 per cent in Tirupati and one-fourth (25 percent) in other cities have reported taking of alcohol/drugs before intercourse. The practice of oral/anal sex is not found much in all the cities, and more than 75 per cent expressed that they never practiced it. However, 13 per cent on an average in all the three cities are regularly practicing oral/anal sex. Watching of pornography/reading sexual literature is also not noticed much which may be because of the lack of access and illiteracy.

The overall finding of the Index on male participation in reproductive health is not satisfactory. The overall observation of their participation in different aspects of on reproductive health is still not good. Only less than 30 per cent of the males are actively participating in promotion of reproductive health and 23 per cent are found to have moderately participated. It is disheartening to notice that nearly half of the males are not involving in the promotion of reproductive health

Table-3: Index on Perceptions of male’s on Women’s Autonomy

S.No	Perceptions	Percentage
1	Positive perceptions	41.8
2	Moderate Perceptions	33.7
3	Negative Perceptions	24.5
	Total	100.0

Table 4: Index on male participation in Promotion of RCH

S.No	Participation	Percentage
1	Active Participation	28.9
2.	Moderate Participation	22.7
3.	Non- Participation	48.7
	Total	100.0

It is generally assumed that males who approve women’s autonomy will be more ready to involve in promoting gender equality and sexual and reproductive health. However, in the present study, this assumption is not found fully correct. Though 42 per cent of the respondents are having positive perceptions on women’s autonomy, their active participation in promotion of reproduction health is found to be only 29 per cent. The same is observed with regard to those who are having moderately positive perceptions. The findings of the study show that though majority of the males are having pious attitudes on women and ready to involve in the promotion of reproductive health, the family planning programme is not reaching them properly. The programme has become more female centered, giving least priority to male needs, emotions and sentiments. The deliberations in the 1994 Cairo Conference had strongly advocated the involvement of males in family planning programme by designing special packages, yet in many countries the programme is not reoriented so far.

Implications

The following implications / suggestions can be drawn from the present study.

- i. Special emphasis is needed on educational campaign for young males and youth to change their attitudes on masculinity and risk taking behaviour. The

Preparation of exclusive educational materials specifically targeting males is urgently needed.

- ii.** High priority may be given for expansion of exclusive clinical services to males to satisfy their sexual and reproductive health needs. A base line study may also be conducted to identify the specific needs and desires of the males. It is also important to sensitize the service providers regarding men's reservations about sexual and reproductive aspects.
- iii.** Create awareness among programme implementers about how men's involvement in reproductive health benefits women.
- iv.** Service providers have to avoid their own bias about certain male clients
- v.** Re-orienting Family planning programme to change the image of health institutions as "female spaces"
- vi.** Action may be initiated on identification of the emerging issues and developing integrated services for men to acknowledge the obstacles for their involvement in promotion of sexual and reproductive health.
- vii.** Emphasis is needed to design extra clinical programmes to reach men, when they congregate at work place or at union meetings or at evening spots to facilitate group work with men.
- viii.** Encourage women to invite their partners to health services.
- ix.** Special programmes are to be developed for adolescent males through collaborative efforts linking Government programmes with NGO's and community organizations.
- x.** Emphasis has to be put on strengthening legislation that promotes gender equity and widespread publicity of laws against domestic violence and sexual abuse.

References

1. Bikaram and Patnaik (1997): Empowerment of Women and Rural Development. Yojana, Volume.41.No. 10.
2. Bloom S.S (2001): Dimensions of Women Autonomy and the Influence on Maternal Health Care Utilization in a Northern Indian City.
3. Das NPand Shah U (2000): Understanding Women's Reproductive Health Needs in Urban Slums: A Rapid Assessment, Baroda, India, Population Research Centre.
4. International Institute of Population Sciences (2000): National Family Health Survey (NFHS-II), 1998-99, India, Mumbai, IIPS.
5. Verma Rk;Rangaiyan G; Sharma S and Pelto PJ (2001): A study of Male sexual Health Problems in a Mumbai Slum Population, Culture Health and Sexuality,2001 July-Sep;3(3) : 339-352.