Male involvement in family planning in Turkey

Şevkat Bahar Özvaris, Bahar Güçiz Doğan & Ayşe Akin

Many men in Turkey are motivated to use contraception and to share responsibility for family planning with their wives. About half the couples practising family planning use male-dependent methods. Men commonly use traditional methods, predominantly withdrawal, and should be treated as a specific target group in family planning programmes in order to motivate them to use modern methods.

Globally, women have been the main target for family planning campaigns until quite recent times. This appears to have been a mistake, since, in most societies, especially in developing countries, men are the main decision-makers in families.

In 1988, two-thirds of married women aged 15–49 years who used contraception employed male methods or ones requiring male cooperation (1). The most used female method was that of the intrauterine device; others included the pill and tubal ligation (2).

By 1993, only 34% of married women in the same age range were using male methods or methods requiring male cooperation: 6.6% were using condoms, 26% were using withdrawal, 1% were using the rhythm method, and 0.1% were using abstinence. The use of condoms increased from 2.5% to 8.5% with increasing age range from 15–19 to 30–34, and thereafter declined to 8.2%, 7.0% and 2.7% for the age ranges 35–39, 40–44 and 45–49 respectively. The use of the withdrawal method increased from 14% to 34% with increasing age range from 15–19 to 35–39 and then fell to 28% and 21% for the age ranges 40–44 and 45–49 (3).

According to 5% of married women in the 15–49 age group, the use of contraception methods of any kind had been stopped because of the refusal of husbands to continue; for discontinuing the use of condoms the same reason was cited by 23% of married women. The refusal of husbands was given by 2% of women as the reason why they were not using contraception and did not intend to use any method in the future. The percentage of women claiming husband’s refusal was four times higher in the 15–29 age group than in the 30–49 group (3).

In a study of factors influencing the decision to use family planning services in 10 European countries, 43% of the 368 women interviewed said that their husbands rejected contraceptive methods, while 12% reported that their husbands decided which methods to use. In Turkey the proportion of women who decided for themselves was only 16%, and 33% of

Associate Professors Özvaris and Doğan and Professor Akin are with the Department of Public Health, School of Medicine, Hacettepe University, 06100 Ankara, Turkey.
women said that their choice of method was influenced by their husbands (4).

In the Çubuk District of Ankara Province in 1988, 83% of 601 married men said they wanted no more children, 82% approved of the use of contraceptive methods, and 53% considered that the prevention of pregnancy was a responsibility of both partners in a marriage. Knowledge of intrauterine devices, condoms, the withdrawal method, tubal ligation and vasectomy was evident in 80%, 76%, 53%, 38% and 24% respectively. Men aged over 34 who had received secondary or higher education were better informed about contraception than other men. Contraception was being used by 59% of the men. However, most couples were using female methods, among them intrauterine devices (35%), the pill (6%) and tubal ligation (3.5%). The use of condoms and the withdrawal method accounted for 7% and 7.3% respectively. None of the men had been vasectomized. One-third said they would accept tubal ligation for their wives but only one-fifth said they would accept vasectomy. The acceptance rate for tubal ligation increased with educational status, but this was not true in the case of vasectomy (5).

A survey of 1176 married couples in 27 villages of the rural and semi-urban areas of Etimesgut and Gölbashi in 1989 revealed that 68% of the men had received primary education, 64% were farmers, and the same percentage had three or more children (6). They considered that the ideal family size was two. Some 79% of the men said that both partners were responsible for family planning. Knowledge of intrauterine devices, the pill and condoms was apparent in 93%, 88% and 73% of the men; the withdrawal method was less well known. Tubal ligation and vasectomy were known to 33% and 14% of the men respectively, while 29% and 38% thought that the first method would stop the menstrual cycle and that the second would cause impotence. Whereas 62% of the men said they would accept tubal ligation for their wives, only 31% said they would accept vasectomy. Half the couples were using modern contraceptive methods and 23% were using traditional methods. The most favoured method was the use of the intrauterine device (42%), followed by the withdrawal method (20%), the use of condoms (5%) and the pill (3%). None of the men had been vasectomized, whereas 2% of their wives had undergone tubal ligation. Although female methods, including rhythm and abstinence, were widely employed, 30% of the couples were using male methods or ones requiring male cooperation.

Prejudice among health personnel against men’s involvement in family planning activities presents a major problem. However, vasectomy not involving the use of the scalpel has been introduced and is gaining acceptance by Turkish men where proper counselling is given.

Although the use of male methods or ones requiring male cooperation has decreased in Turkey during the past five years, they are still employed by nearly half the people using contraception. Husbands are
concerned about family planning, are prepared to share responsibility for it with their wives, and are motivated to use contraceptive methods. More research is needed, however, on the knowledge of men about family planning and about their attitudes and behaviour. Both qualitative and quantitative data should be collected for this purpose. Rather than interviewing wives about their husbands, husbands should be interviewed directly.

It is essential to involve men in family planning programmes, and for this purpose special information and training schemes should be organized by primary care units. Furthermore, the subjects of sexuality and family planning should be covered in school curricula. An opportunity for educating young men about family planning arises when they are conscripted for military service. Finally, further development of shared responsibility for family planning can be expected if the social status of women improves.

References