

CHAPTER III

DATA EXERCISE

“When therefore a physician comes to a district previously unknown, its situation and its aspects to the winds must be considered. This is of the greatest importance and the effect of each season of the year must be studied. Similarly the nature of water supply must be considered; then the soil whether it be bare and waterless or thickly covered with vegetation. Is the area hollow and stifling or exposed and cold. Lastly consider the life of the inhabitants themselves; are they heavy drinkers and eaters and consequently unable to withstand fatigue or, being fond of work and exercise, eat wisely and drink sparingly?”

Hippocrates: Airs, waters, places

3.1 INTRODUCTION

Traditionally Family Planning Programs in Pakistan, have been female focused and female centered. A majority of methods provided by Programs have been for females and knowledge and attitudes of women have been given more weight in several International studies. Most data concerning family planning have focused on the study of contraceptive knowledge and adoption amongst women. The findings point to a disproportionate emphasis on methods that target the female partner. Thus, men remain peripheral to Pakistan Family Planning Program.

Pakistan, however, is male dominated society and they dominate in each and every sphere of life including Politics, Cabinet, Parliament, Army, Police, Airforce and all other departments like Sports. The country's male dominant and patrilineal traditions encourage large families. Most of men and women, in the past, reported men's views to be more influential than women's views in family decisions. Men and women agreed that men generally decide whether the couple will have sexual relations, the duration of postpartum abstinence and whether the couple will practice

family planning. Consequently, a woman is unlikely to adopt a contraceptive method or continue its use for extended period of time in defiance of partner's opposition or disapproval.

Thus the contraceptive use remains low (17.8%) even knowledge is very high (91%) and family sizes remain high due to sociocultural, political, economic and gender factors, relating mainly to lack of female control over decision on fertility. Therefore, Pakistan has the one of the highest unmet need in the world, which has not been converted into effective contraceptive usage, partly because of family dynamics of male dominated society. Failure to target men in family planning interventions, thus, has weakened the impact of the program.

Men's awareness can make a big difference to the success of the family planning program. To increase in male awareness of family planning will be more effective by introducing male workers or promoters and identifying male community networks as targets. Communication with and among men about family planning has proven to be crucial in promoting male involvement.

A five years project (Jan, 1998- Dec 2002) has been proposed to target men in family planning through male workers. The project comprises three phases

1. **Preparation and Training.** This phase will last for six months from January, 1998 until May, 1998. During this phase all needed resources including manpower, materials and money will be arranged and training will be provided to workers and their supervisors.

2. **Implementation.** This phase will start from June, 1998 until Dec, 2002; and will include introduction of workers to the community; observations of activities of all workers; record keeping by workers and their supervisors; regular meetings among workers and supervisors, and among supervisors and management team (co-ordination team); and analysis of the observations and record; and introduction of change in the program, when needed.

3. **Evaluation.** Two kinds of evaluations has been proposed, i.e., regular observations and record analysis for process evaluation; and structured interviews with the workers in order to evaluate the competence of the workers; and structured interviews with sample male population in order to evaluate the effectiveness of workers, both as outcome evaluation. Interviews with workers will be carried out twice, first in 1999 and then in 2001. The interviews with sample male population, too, will be done twice in 2000 and then in 2002. A cost effective analysis has been proposed through comparison with National Family Planning Program, by calculating cost/acceptor for two programs.

3.2 DATA EXERCISE

The purpose of this study is to perform a data exercise in order to submit as a part of thesis required for partial fulfillment of requirement of degree for MPH (Master in Public Health in Health System Development) at College of Public Health, Chulalongkorn University. Therefore, this exercise consists of a combination of qualitative and quantitative research techniques.

3.2.1 OBJECTIVES

1. To learn and achieve better understanding of qualitative and quantitative research techniques
2. To test the data instrument developed to evaluate KAP of male population

3.2.2 DURATION

Six in-depth interviews were conducted at Rangnam Apartment, Bangkok with six key stakeholders within a week time between 29 August- 3 September. Each interview was completed in one sitting except one, which was completed within two sittings. Twenty structured interviews with Pakistani men were conducted at two restaurants; one at Pratunam and the other at GPO, on 5, 6, 7 & 14 September at evening times.

3.2.3 LIMITATIONS

Limitation of these data collection techniques were inability to conduct interviews with keystakeholders in Prime Minister's Program on Family Planning and Primary

Health Care, Pakistan due to their unavailability at Bangkok; and inability to make proper sampling due to short number of Pakistani men available at Bangkok; thus accidental sampling technique was adopted and all the customers at two Pakistani restaurants, at the particular times, were interviewed.

Further, observation and structured interviews to evaluate the competence of workers were not tested, in fact, due to the same abovedescribed reason, unavailability of workers. However, these will be tested soon after training of the workers and amendments will be made as recommended by Education Communication Specialist, Coordination team and Supervisors. Similarly, the structured questionnaire for KAP of target population will be discussed with Coordination team and Education-Communication Specialist and amendments will be made

3.2.4 DEFINITIONS

(a) Knowledge

Specifically three questions were asked about knowledge

1. Having heard of contraceptive method
2. Knowledge of source of contraceptive method and getting advice
3. Knowledge of cost of contraceptives

(b) Attitude

Specifically 9 questions were asked about attitude

1. Approves or disapproves contraception or/and family planning.

- a. intend to use
2. Number of wives and number of marriages
3. Number of living children
4. Number of children wanted to be in whole lifetime
 - a. How many boys and girls
 - b. How much schooling for girls and for boys
5. Discussion with wife about number of children and family planning
6. Waiting time for another child after birth of a child
7. Waiting time for sexual intercourse after birth of a baby
8. Waiting time for sexual intercourse for breastfeeding mother
9. Ideal age at marriage for boys and for girls

(c) Practice

Specifically two questions were asked about contraceptive use

1. Ever users
2. Current users

(d) Status Of Women

Specifically 4 questions were asked about status of women

1. Age difference between husband and wife
2. Level of education of husband and wife
3. Working status of husband and wife
4. Mobility of women to go outside of home for urgent needs

3.3 METHODOLOGY

3.3.1 Research Design

As the data collected at a certain point of time and both in-depth interviews and questionnaire were used to gather information, thus this study can be labeled as Cross sectional, qualitative and quantitative.

3.3.2 Research Methodology

In-depth interviews were performed with six of keystakeholders not only just to learn technique but also to get their opinion about the issue and to identify constraints regarding the project. Structured interviews with 20 Pakistani men were conducted in order to test the suggested instrument for data collection about KAP of target population.

3.3.2.1 In-Depth Interviews

is an interactive process which allows the informant to express himself or herself in terms that are meaningful to them. The technique guards against the imposition of the researcher's ideas by enabling the informant to determine the logic and direction of the interview, within a very general framework established by the researcher.

After the introduction, the researcher begins by asking the informant general questions related to the subject of study. The researcher then selects from the responses that which is of interest or that which will lead to conversation in a direction that is of interest.

Prior to the interview, the interviewer has areas of interest that he wants to explore and questions that may allow the exploration of those areas of interest. Sometimes, an interview is insufficient to explore all areas of interest, thus another interview may be required. The length of the interview may vary considerably from informant to informant and depends upon the willingness and availability of the informant as well as the content of the interviews.

(A) Methodology

In-depth interviews were conducted with six key stakeholders: one in Prime Minister's Program on Family Planning and Primary Health Care; two in Health Department, Government of the Punjab; two in Health Department, Government of NWFP; and one Private Medical Practitioner Punjab, Pakistan. The only criteria and reason for their selection was their presence and availability in Bangkok at the time of study.

Therefore, the findings of this study can not be generalized as a result of limited reliability and validity, due to a number of reasons including financial constraints to interview the keystakeholders in Prime Minister's Program on Family Planning and Primary Health Care.

It must be emphasized that this research was intended not to provide conclusive results but as learning process which could provide better understanding of the research techniques. Therefore, the need for more qualitative studies to explore the views of the abovedescribed keystakeholders can not be overemphasized. However, the findings from this research will be tested and verified in second part, in Pakistan,

by interviewing District Coordinator, District Pakpattan; Divisional Coordinator Division Multan; Provincial Coordinator, Lahore, Punjab; Central Coordinator, Islamabad, Pakistan.

(B) Analytical Framework

The analytical framework was constructed on the basis of patterns that emerged from the data. Analytical categories that provided the most useful distinctions divided informants amongst those negatively inclined towards male involvement in family planning and those positively inclined.

The second analytical category found was, those who were positively inclined toward male involvement in family planning program include both who were positive about male workers and those who were not in favor of male workers.

The third category emerged among those who were positive about male workers include those who were positive and who were negative toward community participation in financing the project.

(C) Introduction Used With Informants

It was explained to the informants that this study required that they express their own views. They were assured confidentiality, where they consider appropriate; and were asked to express themselves freely. Their permission was sought to use the tape

recorder. They were assured that the tapes would be heard by no one other than the researcher and that the recording was being made so that their opinions could be represented accurately.

General questions related to family planning program were asked as an inroad to beginning a discussion about male involvement in family planning program. This technique enabled researcher to switch from the general family planning program to specifically male involvement in family planning without a marked change of subject.

The interviews were conducted in Punjabi, and Urdu by the researcher in the rooms of the informants. All the interviews were completed in only one sitting except one, which was completed in two sittings but on the same day.

(D) Findings

(a) Reasons for noninvolvement of males in family planning

1. The program is successful and is now achieving its targets. During recent years the National Family Planning Program is running with success. There is a need to emphasize more on the existing program.

2. Lack of male involvement is not only the one major cause of the failure of the program but other causes like lack of resources and improper administration of the program must also be considered, which can cause failure even if male are involved.⁵

3. This would not be cost effective. Cost of male involvement may be enormous as compared with outcome.⁴ This is more likely that men will not respond due to religious beliefs, socio-cultural reasons including virility, high child mortality, fear of side effects, fear of impotence after vasectomy, lack of pleasure with use of condoms. Moreover, the men do not suffer the burden of pregnancy and want more children and thus they may not be interested and it will cause wastage of resources used on male involvement.

4. Men are far less amenable to use health services than women and thus less likely to be contacted.² Therefore, the cost effectiveness of the program is doubtful. Instead, we should use the resources to raise the status of women in our community.

(b) Reasons for Involvement of males in family planning

1. Noninvolvement of males is causing an enormous amount of lost of resources used on targeting females because men are the family decision makers in Pakistan, including marriage decisions.¹ This is not possible for a woman to use contraceptives if she knows or perceives that her husband opposes family planning. Thus male involvement will not only cause an increase in use of contraceptives among men themselves but also among women through improved communication among couples.³

2. Men are more likely to respond better than women as they suffer more than women in terms of socio-economic costs⁴. In Pakistan, the Family system has been

structured in such a way that men have to earn and support whole family unit including their spouses and children. Thus, they suffer socio-economic and psychological costs much more than women because, they have to provide all the basic necessities including health services, nutrition, etc. at the time of need, specially the costs of multiple and complicated pregnancies, costs of providing basic necessities to a large family. And this becomes more important in Pakistan, because men in Pakistan are much more concerned about their spouse's and children's health and needs.³

3. Men are more likely to respond better than women because their educational status is much better than women in Pakistan. This has been proved in different studies that level of education is directly proportional to contraceptive use.¹

4. Men must be involved in the Program because their economic status is better than women and women look toward them for even basic necessities of life. Moreover, in Pakistan, women mobility is too limited as compared to men and they can not go to market for purchasing contraceptives.¹ Thus they can purchase contraceptives not only for themselves but also for their wives.

(c) Reasons for negatively inclined toward male workers

1. The cost of the maleworkers may be enormous as compared to the benefits . Pakistan is already a poor country and can not afford to lose its resources on those projects, if there is any doubt about success.⁴ The results of Continuous Motivation

Scheme, threaten the applicability of male involvement through male workers.² Thus we can use alternative strategies to involve men, for example, through mass media

2. In Pakistan, it is already known, political involvement in recruitment of female workers has sabotaged the program.² This involvement will be much more in case of male recruitment. Moreover, the chances of corruption by men always overrule the chances of corruption by women.³ Thus, when these two factors will combine together, there will be minimal chances to control the corruption, which will result in misuse and wastage of resources. Therefore, a strict supervisory check system is required to control the chances of corruption. Thus, feasibility of the project must be carefully measured before going ahead.

3. Powerful role of religion in politics and in the daily life activities of male population of Pakistan, too, is a threat to the success of the family planning male workers project. Proper strategies are needed to overcome this obstacle.⁶

4. The projects run by funding with help of community participation have not yet been proved successful. Further, the future of the project in case it fails to generate funds as proposed, must be discussed.⁴

d) Reasons for positively inclined toward male workers.

1. Men targeting men is the best strategy specially in context of Pakistan, where men may be reluctant to get advice or purchase contraceptives from women, hospitals or clinics.¹

2. Male workers may contact men at home, workplaces, meeting places or recreation places repeatedly and thus will cause incremental contraceptive use and will generate a demand for contraception.¹

3. Male workers may serve for more period of time a day including off hours and also may cover more target population than female workers. Thus they will be more cost effective than female workers.⁵

4. Male workers would be able to discuss and advise freely to men particularly about male contraceptive methods and thus will increase acceptance of male methods specially vasectomy.³

5. Male workers will be able to assess the men's perceptions more accurately and to identify realistic changes in their sexual behavior by listening to their feelings.⁴

6. Community Participation in funding the project is a good idea, is approved by WHO and will motivate workers and all members of community. A careful audit system will be required to limit the misuse of funds.²

(e) Reasons for Negatively inclined toward community participation in financing the project.

1. This type of funding will be considered like user charges and it is apparent that user charge will decline the rate of contraceptive use further, rather than to increase it.⁴

2. There is no evidence in the past that projects run with community financing could succeed in the long run. NGOs and Government has to take an active part in the case project fails to generate funds as expected.¹

(f) Reasons for positive attitude toward Community participation for financing the project.

1. Community participation in funding will create a sense of responsibility among the community members. This is human nature that people usually take interest in activities which cost them something.²

2. Community participation through quiz program is very effective way to convey message and information; and to get feedback. The evidence for this is successful Tuberculosis Savor Raffle Program for a number of last decades.³

3. Incentives and prizes distributed through community participation will motivate people not only to gain knowledge and use contraceptives but also to provide as much as funds they can.²

3.3.2.2 Structured Interviews

Interviews are often used to gather quantitative data about the opinions of the informants. In this case the interviewer has a series of precisely worded questions; where the answer is likely to be imprecise, as is often the case with matters of opinion, the interviewer is furnished with four or five alternative answers, into which interviewee is expected to fit the response. Each alternative response is given a numerical code, so that whole interview can be recorded as a series of numbers. Even if the interview is highly 'structured' but it still requires a social interaction between interviewer and interviewee to collect data accurately. Accuracy can be increased if the interviewer avoids to state own views, phrases questions impartially and appears equally accepting of any answer. The only problem with this is that the interviewee may feel the interaction is 'phony', and therefore become less prepared to cooperate.

(A) Methodology

20 interviews were conducted with different Pakistani men at different places in Bangkok, 10 at Pratunam, 10 at GPO. The only criteria used was the men of reproductive age and being Pakistani nationals. All the 10 interviews at Pratunam were conducted in about 5 hours, one by one in the afternoon in one day. All the interviews at GPO were conducted on two days ; 6 interviews on 5 September, 1997

in about 5 hours between 6.30- 11.30 pm and 4 interviews on 6 September, 1997 in about 4 hours between 6 - 10 pm. All the interviews at Pratunam were conducted on 7 September and 14 September 1997 in between 6 pm to 11 pm. The main aim of the exercise was to test the data collection instrument and to get some findings, if possible. Thus the generalization of the findings is not possible due to their limited reliability and validity. However, useful information were received to make changes in questionnaire specially regarding unusual answers.¹³ Secondly, a strange and surprising finding was met about educated men' perception of family planning, which was not found in literature review.

(B) Introduction Used With Informants

The owners of two Pakistani restaurants were contacted two days before collection of data and they were explained the purpose and aim of the study. They were made agreed to cooperate through introduction of the researcher to their customers. Appointments were arranged at different times and days at both sites. On the day, it was explained to the informants that this study required that they express their own views. They were assured anonymity and were asked to express themselves freely. Their permission was sought to use the tape recorder. They were assured that the tapes would be heard by no one other than the researcher and that the recording was being made so that their opinions could be represented accurately. The interviews were conducted in Punjabi, and Urdu by the researcher in the rooms provided by the restaurant owners.

(C) Data Entry And Processing

The data entry operation consisted of field editing, in room editing, coding, data entry and machine editing. although the completed questionnaire were carefully examined in the field, these were re-edited in room. This re examination covered: checking all skip questions, checking circled response codes, and checking the information recorded in the questions. The data was processed using a computer with data entry and editing program epi info. The data entry was done directly from the precoded questionnaires. All the data entry and editing operations were completed within a weektime. A series of computer based checks were done to clean the data and to remove inconsistencies. Age imputation was also completed at this stage; age variables such as current age, age at marriage, and the ages of all the living children were imputed for those cases in which information was missing or incorrect entries were detected.

Then the tabulation plan was followed in order to maintain comparability with the data collected at different times and with data of other communities. At the upper end of the age range, 5%(1) men were 50 years or above. Table 3.1 presents background characteristics of the men, who were interviewed

(D) ANALYSIS

(a) PERSONAL CHARACTERISTICS

Relatively few husbands 5%(1) were under age of 25 and none was under 20.

Table3.1 BACKGROUND CHARACTERISTICS

Background characteristics	Number of persons	Percentage
<i>Age</i>		
<20	0	0
20-24	2	10
25-29	4	20
30-34	5	25
35-39	3	15
40-44	4	20
45-49	1	5
50+	1	5
<i>Residence</i>		
Urban	14	70
Rural	6	30
<i>Education</i>		
No education	1	5
Primary	5	25
Middle	7	35
Secondary	7	35
<i>Occupation</i>		
Government service	1	5
Private service	8	40
Business	6	30
Agriculture	5	25

In general, younger men are more educated than older ones. 0% of men of 50 years or more had received any education as compared to 100% of those of 45-49 years (1), 40-44 years (4), 35-39 years (3), 30-34 years (5), 25-29 years(4) and 20-24 years(2). The pattern for secondary or higher education for the age groups is quite different that is none of the above 40 was with any secondary or higher education as compared to 33%(1) of 35-39, 40%(2) of 30-34, 75%(3) of 25-29 and 50%(1) of 20-24 years age group.

By place of residence, 100%(14) of the men in urban areas had received some schooling as compared to only 83%(5) of rural men. Urban rural differences are particularly pronounced for secondary or higher level of education. Only 17%(1) of rural men had received secondary or higher education as compared to 43%(6) of urban men.

By occupation, white collar professions i.e. government service and business, had received the highest level of education 100% (7), while farmers had the lowest 80% (4). But these differences are more pronounced for secondary or higher education that becomes 72%(5) for white collar profession, 25% for men in private service and 0% in Agriculture. These differences are notable as they may have important implications for level of fertility.

(ii) Knowledge And Use Of Contraceptives

Table 3.3 describes that 95%(19) of men knew at least one method of contraception, 75%(15) knew a source from which to obtain a contraceptive method, 65%(13) reported that they or their spouses had used contraception sometime in the past and about 40%(8) were current users. Knowledge of modern methods was highest for pill and condom 95%(19), followed by female sterilization 65%(13), injection and IUD 60%(12), male sterilization 35%(7), and the least known was vaginal method 25%(5). Knowledge for traditional methods was equal to that of modern methods 95%(19).

Table 3.2 Level of Education

Background Characteristics	No education	Primary	Middle	Secondary or higher	Total
Age					
20-24			1	1	2
25-29			1	3	4
30-34		1	2	2	5
35-39		1	1	1	3
40-44		2	2		4
45-49		1			1
50+	1				1
Residence					
Urban		1	7	6	14
Rural	1	4		1	6
Occupation					
Government service				1	1
Private Service			5	2	8
Business			2	4	6
Agriculture	1	4			5
Total					20

Table 3.3 Knowledge & Use of contraceptives

Contraceptive method	know any method	know a source for method	ever used	currently using
Any method	19 (95%)	19 (95%)	13 (65%)	8 (40%)
Any modern method	19 (95%)	19 (95%)	11 (55%)	8 (40%)
Pill	19 (95%)	19 (95%)	2 (10%)	1 (5%)
IUD	12 (60%)	8 (40%)	1 (5%)	1 (5%)
Injection	12 (60%)	12 (60%)	2 (10%)	1 (5%)
Vaginal Method	5 (25%)	1 (5%)	0	0
Condom	19 (95%)	19 (95%)	3 (15%)	2 (10%)
Female sterilization	13 (65%)	7 (35%)	3 (15%)	3 (15%)
Male sterilization	7 (35%)	2 (10%)	0	0
Any traditional method	19 (95%)	10 (50%)	2 (10%)	0
Periodic abstinence	12 (60%)	8 (40%)	1 (5%)	0
Withdrawal	13 (65%)	8 (40)	1 (5%)	0
Other	0	0	0	0

55%(11) of men got information from their wives, 10%(2) from a health personnel, 10%(2) from Mass Media, and 15%(3) from a relative or friend.

Knowledge of a source for obtaining a method 75%(15) was significantly lower than knowledge of the methods themselves 95%(19). This suggest the need for improving knowledge about family planning sources, which means strengthening the information

and motivation components of the family planning program. The pattern of ever use and current use of contraceptives reported by men is also shown in Table 3.3.

The most common current method reported was female sterilization 15%(3), followed by condom 10%(2), and then by pill, IUD and injection 5% each(1). The pattern for ever users is very much similar and was 15%(3) for condom and female sterilization, 10%(2) for pill and injection and 5%(1) for IUD.

The more noticeable is 0% of male sterilization among ever users and current users, shared by vaginal methods. Use of traditional methods was 0% currently and only 10%(2) for ever users including 5%(1) for each of periodic abstinence and withdrawal.

Table 3.4 presents knowledge and use of modern methods among men by background characteristics. Husbands residing in urban areas were more likely to know about modern methods and the source for obtaining methods than those residing in rural areas. The same pattern is observed with regard to ever use or current use of contraception. Knowledge of contraception is uniformly high, irrespective of the number of living children, ranging from 100% for men having no living children(1), with one(5), two(4), four(2) or five plus children(3). The only exception is 80%(4) knowledge for those with three children. Regarding the source of contraception, except for those with no living children,

Table 3.4 Knowledge and use of Contraceptives by Background**Characteristics**

Background Characteristics	Know a modern method	know a source of method	Ever used a modern method	Currently using a modern method
Residence				
urban	100% (14)	86% (12)	72% (10)	57% (8)
rural	83% (5)	50% (3)	33% (2)	0
Education				
No education	0	0	0	0
Primary	100% (5)	60% (3)	40% (2)	20% (1)
Middle	100% (7)	86% (6)	71% (5)	71% (5)
Secondary	100% (7)	100% (7)	86% (6)	30% (2)
Number of living children				
0 1)	100% (1)	0	0	0
1 (5)	100% (5)	100% (5)	20% (1)	20% (1)
2 (4)	100% (4)	75% (3)	50% (2)	0
3 (5)	80% (4)	60% (3)	60% (3)	60% (3)
4 (2)	100% (2)	100% (2)	100% (2)	100% (2)
5+ (3)	100% (3)	100% (3)	100% (3)	66% (2)
Fertility desires				
Want more children (9)	100% (9)	79% (7)	67% (6)	33% (3)
want no more children (7)	86% (6)	86% (6)	86% (6)	71% (5)
Up to Allah (4)	100% (4)	75% (3)	25% (1)	0

knowledge varies within a range from 60%(3) for those having three living children to 75%(3) for those having two living children and 100% for all other categories.

Regarding ever use and current use of contraception, there is a positive relationship between the number of living children and use.

Among the men who said they did not want any more children, 100%(9) knew at least one method of contraception and 79%(7) knew a source for obtaining contraception. 67%(6) of them were ever users; while only 33%(3) reported that they were currently using a method. This wide gap suggests that the family planning needs of respondents are not being met.

(iii) Prospective Users

Men who were nonusers of contraception were asked about their intended future use of contraception and their method of preference. Results are summarized in table 3.5

A large majority 40%(8) of the men did not intend to use contraception at any time in the future. The major reason for not intending to use contraception as cited by men were want children 15%(3), religious constraints and oppose family planning because idea itself failed in developed countries 10%(2) each, 5%(1) oppose contraceptive use but favor family planning. The man responded " *it is shameful for a man to use contraceptives just because, he can not control his sexual urge; if someone does not want another child, he should not go to his wife, just like me.*"

Table 3.5 Reasons for not Intending to use Contraception

Main reason for not intending to use	Age		Total
	<30	30+	
Want children	2 (10%)	0	2 (10%)
Lack of knowledge	-	-	-
Wife opposed	-	-	-
other people opposed	-	-	-
Costs too much	-	-	-
Side effects	-	-	-
Hard to get methods	-	-	-
Religion	1(5%)	1(5%)	2 (10%)
Opposed to family planning	-	-	-
Infrequent sex	-	-	-
Hard for wife to get pregnant	-	-	-
Wife menopausal, had hysterectomy	-	-	-
Inconvenient	-	-	-
wife absent	-	-	-
wife pregnant	-	-	-
wife breastfeeding	-	-	-
Other	2 (10%)	2 (10%)	4 (20%)
Total	5 (25%)	3 (15%)	8 (40%)

Table 3.6 Intention to use and Preference for Contraceptiv Method

Contraceptive method	In next 12 months	After 12 months	Total
Pill	2 (10%)	1 (5%)	3 (15%)
IUD	1 (5%)	0	1 (5%)
Injection	1 (5%)	0	1 (5%)
Condom	3 (15%)	0	3 (15%)
Female sterilization	3 (15%)	1 (5%)	4 (20%)
Male sterilization	0	0	0
Periodic abstinence	0	0	0
Withdrawal	0	0	0
Other	0	0	0
Don't know	0	0	0
Total	10	2	12

There were differences in the reasons given for not intending to use contraception among younger and older men. For men under age 30, the overriding reason was the desire for more children; for men age 30 and over, the reasons were more varied and perceived religious prohibitions on family planning and opposing family planning were major considerations. A strange finding, opposition to family planning among highly educated men was their perception that “*the idea of family planning itself had failed in developed countries*”. This suggests to target educated men for change of this perception.

About 20%(4) of all men were not using contraception but intended to adopt family planning in the future. Half of these 10%(2) wanted to start using contraception

within next 12 months and their preferred methods were pill and condom 5%(1) each. Among those who wanted to use contraception after one year, the preferred methods were female sterilization and pill 5%(1) each. None of the male mentioned male sterilization as their preferred method.

(iv) Approval For Family Planning

Overall, the majority of the men 60%(12) approve of family planning, but a substantial minority 40%(8) disapprove. Since husbands usually have a predominant role in family decision making, the family planning program should increase efforts to educate and motivate husbands.

About 40%(8) of men thought that their wives approved of family planning, 20%(4) thought that they did not approve and 40%(8) did not know whether they approved or not. Further, 60%(12) of men have never discussed with their wives, the number of children they should have; and 40%(8) never discussed family planning. Under such circumstances, improved communication between spouses may engender more favorable attitudes toward family planning overall.

(v) Fertility Desires and Sex Preference for Children

Husbands were asked about the number and gender of their living children and their desire for more children. Table 3.7 shows that 40%(8) of men wanted another child. This desire is inversely related to the number of living children. The desire to stop having children is positively associated with the number of living children. The sum of the percentage of men who want no more children at all combined with those who wanted to postpone having another child constitutes 60%(12) of all men, which is much larger than 40%(8) of current users. This suggests that there is an ample need for family planning, but the motivational programs and service delivery are not keeping pace with the need.

Table 3.7 Desire to limit future births by number of living sons and daughters

	Number of living daughters 0	1	2	3+	Total
Number of living sons 0	0	0	0	0	0
1	0	0	1	1	2
2	0	1	1	1	3
3+	1	1	1	0	3
Total	1	2	3	2	8

Table 3.7 presents men's desire to stop having children by the number of living sons and daughters. At each parity the proportion of the men who want to stop having children increases with the number of living sons in the family. This pattern suggests

there is a continuous preference for sons in Pakistan. At the higher parities, there is also some evidence of a desire to have at least one daughter. Only 10%(2) of all men preferred to have 2 daughters, 10%(2) did not respond and answered it up to Allah, but remaining 80%(16) preferred just one daughter. Only 10%(2) of men wanted higher education for their daughters as compared to 95%(19) who wanted higher education for their sons.

(vi) Ideal Number of Children for Husbands

Table 3.8 Ideal number of children

Ideal number of children	Total	Percentage
2 or fewer	3	15
3	7	35
4	3	15
5+	3	15
Up to Allah	4	20
Total	20	100

The men were asked to about their ideal number of children and the results are presented in Table 3.8. About 20%(4) said that the ideal number of children is up to Allah. About 35%(7) men's ideal number was 3 children. Two or fewer for 15%(3), four for 15%(3) and five plus for 15%(3) were the ideal number of children.

Table 3.9 Age difference between spouses

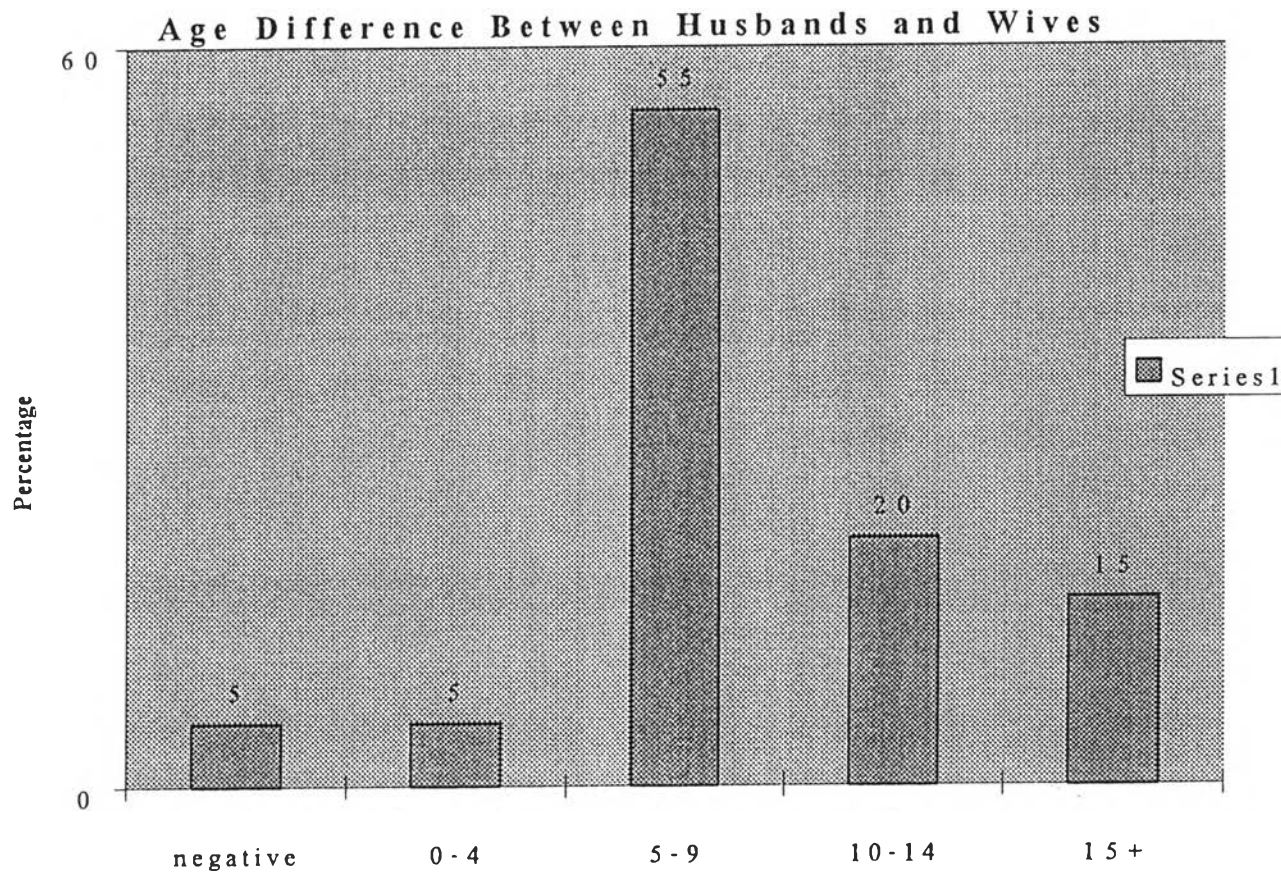
Husband's age- wife's age (in years)							
Husband's age	negative	0-4	5-9	10-14	15+	Total	Mean difference
20-24	5% (1)	5% (1)				10% (2)	3
25-29	—		20%(4)			20% (4)	7
30-34			15%(3)	10%(2)		25% (5)	9
35-39			10%(2)	5% (1)		15% (3)	10
40-44			10%(2)	5% (1)	5% (1)	20% (4)	11
45-49					5% (1)	5% (1)	15
50+					5% (1)	5% (1)	18
Total	5% (1)	5% (1)	55% (11)	20% (4)	15% (3)	100% (20)	7.3

(vii) Status Of Women

The men were asked about age, mobility, work status and education of their spouses and their responses were as under.

The pattern of older men marrying younger women can be seen in Table 3.9 and figure 3.1. The wife was older than her husband in 5%(1) cases. In 5%(1) cases husband was older than his wife by less than five years. In 60%(12) cases husbands

figure 3.1



were older than their wives by 5 years or more and in 20%(4) cases by 10 years or more.

More striking is the 15%(3) population of couples in which husbands were older than their wives by 15 or more years. The mean difference in ages was nearly seven years in favor of males.

20%(4) of men stated that their wife could go to hospital alone. 55%(11) stated that they could not go alone under any circumstances, while 25%(5) stated it depends upon the situation and its need.

Only 30%(6) stated that their wives were working for earning any money and all of the rest 70%(14) stated that they are only housewives. Amazingly 50%(3) of rural men reported that their wives were working as compared to 21%(3) of urban men.

50%(10) of men stated that their wives had got any education and all of these were among urban residents.

3.4 CONCLUSION

As already mentioned this exercise was not intended on to get findings for generalization and by no way this could be possible. Thus these findings can not be generalized toward Pakistani men as a whole. The whole aim was to gain learning and better understanding of Data Collection Techniques. The other objective was to test and improve suggested instrument for data collection about KAP of target male

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conducted. In the first case, it was not possible to grasp the real perceptions of men; and in the second, sample size was too small to generalize the findings. Thus there still remains an ample need for a qualitative study with an appropriate sample of male population, in order to know and target their perceptions.

3. The questionnaire needs to be rehearsed after improvements of the shortcomings found during this exercise, like income status of the family members, working status of women inside or outside of their homes, contraceptive use and perceptions of their spouses. Further, more open ended questions should be included in questionnaire in order to know about the real feelings and perceptions of the population. Therefore, revised questionnaire is attached as appendix. However, all suggested instruments for data collection including observations, quantitative and qualitative interviews will be revised through consultation with Education-communication specialist, Co-ordination team and supervisors.

4. Answers to a number of questions need to be verified by questioning the women. Thus, the other suggestion is to collect data from female population to verify the information provided by male population. Moreover, this will serve as a clue to test our hypothesis that targeting male population will enhance the contraceptive use among women. Thus, a survey for evaluation of impact of the program will include female population at the fifth year of the project. The questionnaire for this purpose will be developed through consultation with Education-communication specialist.