MALES INVOLVEMENT IN SOME ASPECT OF REPRODUCTIVE HEALTH IN THARU COMMUNITY
(A Case Study of Daulatpur V.D.C Bardiya District)

By

Sanjeev Kumar Upadhayay

A Dissertation Submitted to

The Central Department of Population Studies (CDPS), the Faculty of Humanities and Social Sciences in Partial Fulfillment of the Requirement for the Degree of Masters of Arts in Population of Studies

Tribhuvan University

Kirtipur, Kathamndu

2010

Recommendation

This is to certify that Mr. Sanjeev Kumar Upadhayay has worked under my supervision and guidence for the prepartion of this dissertation entitled **"Males Involvement in Some Aspect of Reproductive Health: A case study of Daulatpur VDC, Bardiya District"** for the partial fulfillment of Masters of Arts in population studies. To the best of my knowledge, the study is original and carries useful information in the field of Reproductive Health. I therefore recommend for the evaluation to the dissertation committee.

……

Suma Sedhai
Superviser

Approval Sheet

This dissertation entitled **"Males Involvement in Some Aspect of Reproductive Health in Tharu Community: A case study of Daulatpur VDC Bardiya District",** by Mr. Sanjeev Kumar Upadhayay has been accepted as partial fulfillment of the requirement for the degree of Master of Arts in Population Studies.

Approved by

……..
Prof.Dr. Prem Singh Bisht
(Head, CDPS)

……..

Mr. Shiva Hari Adhikari
External Examiner

……..
Mrs. Suma Sedhai
Supervisor

ACKNOWLEDGEMENTS

I would like to express my hearty gratitude for Mrs. Suma Sedhai, lecturer, CDPS for her supervision and worthy guidelines with bridged me to complete this study.

I am perfectly indebted to prof. Dr. Prem Singh Bistha, Head, CDPS, T.U.for his remarkable suggestions throughout the study. I cannot remain without thinking Mr. Shiva Hari Adhikari, Lecturer for his kind cooperation and help that paved me a milestone for completion of this study. I also extend hearty thanks to all faculty members and staffs of CDPS, T.U. for this help and cooperation during the work.

I am much grateful to my brothers Sudan Dhodari,Mohan Poudel and my sister Elina Rijal and my friends for this kind help in fieldwork and computer processing. I must the credit for my all family members, especially my parents. All of my colleagues are worthily accountable of thanks for their help at various stages of this works at which they continuously inspired me to complete this research work.

April, 2010

Sanjeev Kumar Upadhayay
CDPS,T.U. Kritipur, Kathmandu

ABSTRACT

This study is on the primary data obtained from field survey. Whole information is based on 111 respondents selected from Tharu community for interview. Only married males aged 15 – 40 were selected for interview.

This is descriptive type of study designed to explore the information on male involvement in reproductive health in Tharu communities. Major three components of Reproductive Health (i) Family planning, (ii) Maternal health and (iii) STIS and HIV/AIDS were included in the study.

Highest percent of the respondents were in age group 25-29 i.e. 26 percent of the total sample (respondents). All of the respondents were currently married with single spouse. Majority of the respondents were illiterate. Agriculture was the major occupation of the respondents.

Although the majority of respondents have heard about family planning methods. Male methods were the popular methods of the all family planning methods. In many case of family planning such as use of contraceptive, decision making process for use of contraceptive, males were found co-operative.

Male involvement in maternal health was comparatively poor in Tharu community. The practice of ANC and PNC service was relatively poor. Small but remarkable proportions of Tharu women's ages at the first birth is earliest and mean CEB was found higher. Interestingly, the popularity of nuclear family has made some improvements over the past conditions of Tharu women.

Majority of the respondents reported to have heard about STIS and HIV/AIDS. The popular media of information was radio. Most of the respondents agreed that STIS and HIV/AIDS are transmitted from unsafe sexual intercourse. Majority of respondents would seek medical treatment in case of STIS. They would also inform to partner and support partner for treatment.

Content

ACKNOWLEDGEMENT
ABSTRACT
CHAPTER ONE Page No.

Introduction 1-8
1.1 Background 1
1.2 Statement of problem 5
1.3 Objectives of the study 7
1.4 Limitations of the study 7
1.5 Significant of the study 8
1.6 Organizations of the study 8
CHAPTER TWO
Literature Review 9-17
2.1 Background 9
2.2 Reproductive Health in Nepal 12
2.3 Conceptual Framework 14
2.4 Family planning methods 16
CHAPTER THREE
Methodology of the study 18-19
3.1 Study area 18
3.2 Sample size 18
3.3 Questionnaire Designing 18
3.4 Data collection 19

CHAPTER FOUR
Individual characteristic 20-23
4.1 Age composition of Respondents 20
4.2 Type of family planning 20
4.3 Education status of Respondents 21
4.4 Occupation of Respondents 21
4.5 Age at marriage 22
CHAPTER FIVE
Family planning STIS and HIV/AIDS 23-31
5.1 Family planning 23
5.1.1 Knowledge of family planning 23
5.1.2 Source of information 24
5.1.3 Current use of contraceptive 25
5.1.4 Decision making on using contraceptive 25
5.2 STIS and HIV/AIDS 26
5.2.1 Knowledge and Attitude of STIS 27
5.2.2 Source of information 28
5.2.3 Knowledge on transmit ion of STIS 28
5.2.4 Responsibilities of transmitting STIS 29
5.2.5 Prevention transmitting of STIS 29
5.2.6 Perception about what they would do if partner has STI 30
CHAPTER SIX
Maternity care and Reproductive Health Education 32-36
6.1 Age of partner at birth of first children 32

6.2 Place of first delivery 33
6.3 ANC Visits 34
6.4 Wants for more children 35
6.5 Reason for not wants more children 35
6.6 Need of RH Education 35

CHAPTER SEVEN
Findings, Conclusion and Recommendations 37-41
7.1 Summary Findings 37
7.1.1 Background characteristics of Respondents 37
7.1.2 Family planning 37
7.1.3 STDS and HIV/AIDS 38
7.1.4 Maternal Health 39
7.2 Conclusion 39
7.3 Recommendations and research issues
7.3.1 Recommendations 41
7.3.2 Research issues 41
Bibliography

List of Figure **Page No**

2.3 Conceptual framework 15
2.4 Family planning methods 17

LIST OF TABLES **Page No**

Table 4.1 Distribution of the respondents by 5 years age groups 20
Table 4.2 Distribution of the respondents by type of family 21
Table 4.3 Distribution of the respondents by literacy status 21
Table 4.4 Distribution of the respondents by occupation 22
Table 4.5 Distribution of the respondents by age at marriage 22
Table 5.1 Distribution of the respondents by information of family planning methods 24
Table 5.2 Distribution of the respondents by source of information on FP 24
Table 5.3 Distribution of the respondents by current use of contraceptive 25
Table 5.4Distribution of the respondents by process of decision making on using contraceptive 26
Table 5.5 Distribution of knowledge of STI and HIV/AIDS 27
Table 5.6 Distribution of Respondents by source of information on STI and HIV/AIDS 28
Table 5.7 Distribution of the respondents by the knowledge to transmit of STI 28
Table 5.8 Distributions of the respondents by the responsibility to transmit STI 29
Table 5.9 Distribution of the respondents by the knowledge on way to be safe from STIS 29
Table 5.10 Distribution of the respondents by what they would do if partner has STIS 30
Table 6.1 Age of partner at birth of first child 33
Table 6.2 Distribution of Respondents by the place of first delivery 33
Table 6.3 Distribution of Respondents by the ANC and PNC visits 34
Table 6.4 Distribution of Respondents by the want for more children 34
Table 6.5 Distribution of Respondents by the Reason not wants more children 35
Table 6.6 Distribution of Respondents by need of RH Education 36

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
CDPS	Central Department of Population Studies
DHS	Demographic and Health Survey
EIA	Enzyme-Linked Immunosorbent Assay
FPAN	Family Planning Association of Nepal
HIV	Human Immune-Deficiency Virus
IUD	Intra Uterine Device
MCH	Maternal and Child Health
MOH	Ministry of Health
MOPE	Ministry of Population and Environment
NGO	Non Government Organizations
PHC	Primary Health Care
PNC	Post-natal Care
POA	Programmed of Action
RH	Reproductive Health
RTI	Reproductive Tract Infection
STDs	Sexually Transmitted Diseases
TDA	Traditional Birth Attendance
TU	Tribhuvan University
UN	United Nations
UNFPA	United Nations Funds for Population Activities
VDC	Village Development Committee
WHO	World Health Organization

CHAPTER ONE
INTRODUCTION

1. Background

Reproductive Health related to fertility healthy well being of whole women. It is the ability of man and women to engage in mutually fulfilling sexual relationship. It implies that, male and female engage fulfill sexuality for enjoyment unwanted pregnancy or wishes pregnant.

In other word, it is a kind of childbearing performance of an individual couples groups. It is responsibilities between man and women. It determined by physical, biological factors.

According to ICPD1994 ‘‘A state of complete physical, mental, and social well being in all matters relating to the reproductive system and to its function and process. It implies that people have the capability to reproduce and the freedom to decide if when and how often to do so.”

Reproductive health is a state of complete physical, mental, and social well being not merely the absence of disease or infirmity. Reproductive health implies that, men and women able to have a satisfy and safe sex life. Effective affordable and acceptable method of family planning of their choice for regulation of fertility, which is not against law, as well as the right of access to appropriate health care service for safe pregnancy and child birth.

Reproductive health defined as the constellation of method, technique and services that contribute to reproductive health and well being by prevention and solving the problems (FWCW platform 9, 97, ICPD; 7.2).Reproductive health is depending on responsibilities of male and female partnership since Cairo and Beijing conference. Men have been playing important role on reproductive health. According to professor Kingsley Davis and Judith Black (1996) published intermediate variable and they analytical biological event in reproductive health. They categorized into three division and eleven variables. They are; to conception variables by voluntary abstinence, involuntary abstinence, and coital frequement used contraception. John Bongaart’s developed in 1960 proximate model analytical shows men’s responsibilities between first child and second childbirth spacing.

The reproductive health issues are included of men responsibilities by the following activities. They are; family planning, condom and including vasectomy, information,

education and communication (IEC) including counseling, prevention and treatment of STIS and AIDS. Sexuality and sexual dysfunction urologists condition; screening for cancer; substance abuse and mental health need; referral to other services, both medical and social; prevention of gender based violence promotion of responsible attitude towards. Sexuality sharing the concerns for pregnancy support, parenting, including identification of early signs of disease for children, such as malnutrition. The priorities for program components are to be determined according to local needs (UNFPA, 1999).

The National Reproductive Health Strategy of Nepal (Adopted in 1997) includes the following eight elements to make integrated Reproductive health services to all the people of Nepal (MOH, 2000). Eight elements are as bellows:

- Family planning
- Safe motherhood
- Child Health
- Prevention and management of complications of abortion
- RTI / STI / HIV/ AIDS
- Prevention and management of infertility
- Problems of elderly women, particularly reproductive tract cancer treatment at the tertiary level / private section and
- Adolescents' reproductive health.

The National Reproductive Health Strategy of Nepal 1998 has outlined four properly viability elements of reproductive health. Not the all elements are available because of consequence and economic factors. Social factors, political factors, technical achievement, time factors. Those elements are;

- Family planning
- Infertility
- Maternal health and
- STIS and HIV/ AIDS

The focus on males' responsibility and their involvement in reproductive health care means to improve women's health status. Due to their ascribed gender roles men tend to have little knowledge about their own physiology and health including sexual and reproductive health (UNFPA, 1999). Men's health status and their sexual intercourse, use contraception choice of family planning method. The ICPD plan of action

underlines the important of having men ‘‘Accept the responsibility for the prevention of sexual transmitted diseases (ICPD, 1994).

In developed countries, males have found sensitive in case of reproductive health matters. They provide suggestion to children and other member however, in developing countries; reproductive health is the matter of taboos. No any discussion allowed at family level. Therefore, it is basic matter of interest to investigate two fold objectives. At first, it knows the level of knowledge males regarding to reproductive health issues, and the next whether are they practicing it. Male’s responsibility and their involvement in reproductive health care are an issue of gender equality. It reminds theoretical proved associated with discrimination of female if the involvement of male in reproductive health not enhanced. In the Cairo conference on population and development in 1994 and the fourth women confarence1995 in Beijing also advocated the matters of male involvement in reproductive health.

Nepal has singed the ICPD POA and has made commitment to provide all of the service by the target date. The ICPD has fixed the target date to achieve the goal. The ICPD 1994 has made 20 years long terms planning during which each of the remember nations has to work for meeting the goals. Nepal’s commitment of the POA the Cairo conference fully reveled in the Ninth plan of HMG. More over, the POA has also incorporated in the long-term health plan and the long- term education plan. The commitment also includes reproductive health matters (MOPE, 2000). Historically sexual health of men in low income countries has received very little attention, either from the research community or from public sector health care planners and providers. This situation is predicated on the fact that women bear a greater burden of reproductive mortality and morbidity as they should the physical and most to the social responsibility for childbearing and childcare. Thus, the focus of most programmes and service provision in this field has until recently been on family planning and safe motherhood services.

Similarly, research in the area of reproductive and sexual health is poor. Setting has concentrated on understanding the perspective and needs of women as users of contraceptives, as pregnant women as women in labor and as mothers. Because of this focus for example, research into new contraceptives technologies has concentrated on finding effective female methods of fertility control. The ICPD, hormonal pills and injections, hormonal implants and tubal legation do not interfere with the sexual act

and thus do not require direct male involvement. These methods provided women with the means to control their own body and fertility.

The introduction of STIS, including HIV, into the framework of reproductive health care provision has necessitated the incorporation of men, usually as ‘responsible partners’, in service delivery and interventions, policy makers, programmed planners, researchers and health advocates alike have recognize that means reproductive health and their sexual behaviors have direct effects on women health as well as on their own health needs.

The ICPD, 1994 highlighted the need to develop more programmes that reach mean with reproductive health information and service, with the promotion of greater gender equality as the main goal. The key ways proposed to involve men methods of contraception; supporting the partners’ use of contraception through joint decision making and preventing the spread of STIS through more responsible sexual behaviors. However, the ICPD document pays relatively little attention to men’s own reproductive and sexual health concerns.

The rising concern and need for STI / reproductive tract infection (RTI) control programmes now provides a biomedical rationale to target men in addition to social and cultural reasons. In South Asian societies, as in many others, it is reasonable to assume that men are the ones who are more likely to initially contract STIS and transmit them to their wives. In societies were sanctions against non- marital sex are less harsh for men then for women, men are more likely to have sex before marriage, and more likely to be the clients of sex workers. In India, for example, studies using the ‘general population’ as the survey group, in both rural and urban areas, have reported premarital activity among7-48 percent of male respondent compared to 3to 10 percentage of female respondents. Furthermore, labor migration and the male demographic shift to urbanization may increase both the opportunity and need for men to engage in commercial sexual relations.

The ‘good news’ it that, although men are more likely to be at greater risk of transmitting STIS(through their patterns of sexual behaviors), diagnosis and management of the sexually transmitted infection is relatively easier in men compared to women, as the symptoms and signs are more specific and less likely to lead to over-diagnosis. In addition, policies to symptomatic but infected women through partner notification strategies. While there are clear public health reason fore targeting men in STI /HIV control strategies and programmes; we examine the situation to men in

order to understand whether these interventions are necessarily a priority for men themselves (www.who.inf, 2006)

In the additional that, Nepal has been signed the ICPD.POA and has made commitment to provide all of the service by the target date. The ICPD has fixed the target date to achieve the goal. The ICPD1994 has made 20 years long term planning during which each to the remember nations has to POA the Cairo conference fully revealed in the Ninth plan of HMG. More over, the POA has also incorporated in the long-term health plan and the long-term education plan .The commitment also includes reproductive health matters (Monograph II, 2002).

1.2 Statement of the problem

The important fact of this problem topic is to identify and highlight the role or responsibilities of male's participation and their involvement in reproductive health. Reproductive health should be view in the border concept to the definition of health. The ability manage fertility is a basic ingredient in the positive definition of Reproductive Health. If couples are unable to manage fertility, they can't be considered in a state of complete physical, mental and social well-being. The ability of a man and women to engage in a mutually fulfilling sexual relationship is an important element in RH freedom from the risk of unwanted pregnancy helps a couple to fulfill sexuality and better enjoy sexual relationship (Pathak, R.S.2002)

At the ICPD, 1994 in Cairo, 179 countries agreed to the Program of Action, which recognized RH as a state of complete physical, mental and social well being, not merely the absence of disease or infirmity .It thus means that people are able to satisfying and safe sex life and couples have capability to reduce and the freedom of decide if when and how often to do so. Male's health status and behavior affect females reproductive health. Male partners are involving increases their awareness, acceptance and supports to partner's need, choices and rights. It means encouraging them to give more support to their partner's who use contraception and prevention STIS and HIV/ AIDS.

The ICPD plan of action underlines the importance of having men 'accept the major responsibility for the prevention of sexually transmitted diseases' (UN, 1994).Reproductive health situation is a fundamental development of human life.

Actually it is starting since marriage to pregnant, ANC, sexual intercourse, pregnancy. ANC, PNC condition that is more important so that male partners must be involved in reproductive health action in women's life. In developing countries morbidity rate is higher. Intrauterine Growth Restriction "FHPN, I BOOK, 2005''defined neonatal period weight is 2300-2499 grams and infant period weight is 2500-2999 grams.

Key aspects of reproductive health include eight factors such as family planning, safe motherhood, child health (new born care), prevention and management of complication of apportion (PAC), RTI / STI /HIV /AIDS, prevention and management of sub- fertility, Adolescent Reproductive health and problems of elderly women i.e. uterine, cervical and breast cancer treatment of the tertiary level or private sector.

Male partners must be involved to participate to duty rights on this eight goals or components of Reproductive Health. At first, eradicate the discrimination between male and female in reproductive health. Female are dominating in various forms such as using contraception, STIS and HIV/ AIDS are commonly burning reproductive health hazards. This has cause a lot of the reproductive manpower in many countries. One of the common modes of transmission of disease is the unsafe sexual intercourse with the infected victims. There are many evidence that till in many of the cases diseases are transforming by the male partner relationship or particularly husband to wife (Pokhrel, 2003).

In order to address both men and women's reproductive health needs, it is essential for programs manage to understand many factors including men's attitudes and behaviors and their use of reproductive health services. Like men, women have a right to get high quality services, which response to their needs. Addressing men's need is also as important as away omitting women's reproductive health needs because man can creates barriers or opportunities for women seeking health care services. Thus, ensure that reproductive health services are 'men friendly' may result also in better services for women. Reproductive health should be base on a better understanding of gender dynamics for men and women. It should need changing of individuals throughout their lines and decision-making process or capacity (UNFPA, 1999).

However, this study has been based on Bardiya district of Daulatpur V.D.C.ward No.3. The selected district Bardiya is lies East from Kailali district, West from Banke district, South from Surkhet and North from India. Daulatpur VDC Bardiya is located around 30-KM west from head quarter Gulariya. In the district, 11 VDC has been recognizing as an affected Zone and Daulatpur is one VDC among of them. It is called the Rajapur Zone, which is also called mini-Rolpa of moist. The district is situated in the Teri belt of mid-western development region. The district is situated at the latitude 28°39'North to Longitude 81°16'East and Elevation 225 meters.

1.3 Objectives of the study

This study will be found out the situation of male's responsibility and their involvement in reproductive health issue at Daulatpur VDC, Ward No.3. We can found two types of objectives, general and specific. Some specific objectives are as below:

1. To identify the well knowledge about family planning
2. To find out the knowledge and attitude of male partners in STIS and HIV/ AIDS
3. To identify males responsibility in family planning methods and reproductive health education.

1.4 Limitations of the study

Limit means criteria of study or boundary of the study. Actually it represents that, studies are sample size, status of gender etc. Some limitations are categorized following below;

a. This studies is based on Bardiya district and West south direction of DaulatpurVDC-3.

b. In this study, only married males are participated from 15 to 40 years for interview of Daulatpur-3 and does not represent the other part of country and sampling population

c. Discussed about some selected reproductive health component (Family planning method, maternity care, STIS and HIV/ AIDS and RH education).

1.5 Significant of the study

Reproductive Health is a fundamental factor and must be need of human's life. It makes structure of future, because many mothers are dying second by second, many infant are dying, many adolescents are suffering from STIS and HIV/ AIDS frequently. It means that, male partnership must be careful of these or must be participation in reproductive health components. This study is trying to represent males' responsibility and their involvement in reproductive health care at Daulatpur - 3 Bardiya including Tharu community. It is explain or representing economic status, education level, situating of occupation, attitude and knowledge of family planning methods or using contraception and want more children. Actually, this study displays how to do and what rather behave to women by male partnership when they have been pregnancy period or ANC duration.

This research will be produce useful information and to make health programmed national reproductive health provide further health strategy. It gives good guides for further interested researcher about males responsibility and their involvement in Reproductive Health care any area of Nepal.

1.6 Organizations of the study

This study has been organization into seven chapters. The first chapter deals with introduction of study including statement of problem, objective, limitation, significant and organization of the study. The second chapter has been literature review and conceptual framework and family planning methods. The third chapter has used methodology; choose study area, taken sample size, type of questions, data management and so forth chapter for analysis of respondent's views coming from individual and household interviews. Chapter five deal with information and family planning methods, STIS and HIV/ AIDS. In chapter six, maternity care and reproductive health education, chapter seven tries to summarize the major findings and conclusion accordingly.

CHAPTER TWO
LITERATURE REVIEW

2.1 Background

Reproductive health related to fertility healthy well being of whole women. It is fundamental an element of human's life. The ability of men and women to engage in mutually fulfilling sexual relationship is an important factor in reproductive health. A reproductive health topic is complicated and difficult to generalize. Reproductive health was engaged widely after the Cairo conference in 1994 and women's conference 1995 in Beijing.

According to ICPD,1994 "Reproductive health was recognized and accepted to the program of action as defining, it is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity".

According to Cairo conference 1994 "Reproductive health was state of that men and women have access to state, effective, affordable and acceptable method of their choice for regulation of fertility".

Therefore, Reproductive health implies that people are able to have a satisfying and safe sex life and they have capability to reproductive and have the freedom to decide when and how often to do so. Male involvement in reproductive health means that includes men's support and commitment to concept of family planning, their willingness to use male method and their approval of contraceptive use with partner (Bhatti et.al; 1996).

In spite of large scale efforts over the past twenty years following the first propagation of reproductive right of women, the gender perspective in the dissemination of information concerning the choice of contraceptive methods has penetrated only the tip of the iceberg and still far from cry. This is especially so in the developing countries where the thrust of propaganda tends to be couples largely represented by women. The exercise of reproductive rights is contingent upon women's educational progress without education; women are largely ignorant of the fact that the reproductive rights with all available choices of contraception are an integral part of the basic human health services.

The difference male and female reproductive responsibilities lead to difference in use of contraception. It is hypothesized the limited role of men in child rearing leaves them with little incentives or motivation to use contraception very few studies have actually looked into men's attitudes about contraception, pregnancy and child

rearing in to the positive ways of challenging their resistance.(Population council,1994).

Reproductive tract infection are viral, bacterial and protozoa an infection of the labor and upper reproductive tract, transmitted through sexual intercourse, unsafe child birth, abortion and the practices, including genital mutilation. Most are sexually transmitted diseases (STIS). STIS may also include systematic disease such as AIDS and affect other parts of the body. WHO estimates that 60 to 80 million people experience some from of STDS during their reproductive life. Studies in Bangladesh, Brazil, Indonesia, Nigeria and Singapore found that male factors are major causes of infertility in about 25 to30 percent of infertile cases and they are contributing factors in another 15 to 25 percent of causes (UN, 1995).

International conference on population and development in Cairo 1994 expansion of traditional fertility and family planning issues to the broadcast concept of reproductive health and focus to the sexually active couple. This review examines reports of objective reproductive events of attitudes and reproductive intention and the effective of these and the effectiveness of interventions that target couples compared with those that target one partner only. Reproductive health intervention that target couples found to be more effective then those directed to only one sex. The evidence justifies a focus on couples. (Backer, 1996)

Men as partner in improvement in maternal health should begin with the role of a father or grand father. Taking care of daughter and sponsoring for her quality education is definitely the role of a guardian. This role is equally extended to father-in-law if the girl is married. Husband or sexual partner is more emotionally attached with her; he should be able to understand every wince of his girl. The requirements may include from mere physical to psychological ones that all affect her maternal health. Similarly, cooperative brother or brother-in-law can save the life of sisters in many aspects. Supports rendered to her in household chores as well as opportunities given for her intellectual and professional advancements are important. Friends, co-worker, son and nephews, community persons, political cadres, leaders, colleagues and other individuals can support to women by sufficing the grounds to maintain a bitter maternal health and life. (Acharya, 2001)

Male’s responsibility starts with deciding whether a pregnancy is wanted or not. Male’s approval and support make a big difference in reproductive behavior. Men

reproductive choices and sexual behaviors affect both their own health and that of their partners. A men's attitudes and her access to services, there by determining the timing and number of pregnancies that she may have. A men's irresponsible sexual practices may not only put himself but also his partner's at risk of sexually transmitted infections (STIS), including the Human Immune Deficiency Virus (HIV). Whether or not he seeks and obtains treatment for his own infection usually determines whether or not his partner also receives treatment. Similarly, the first step that man can take to promote better maternal health is to plan their families or limit births and space them at least two years apart are good for maternal and child health .Every pregnancy carries health risks for women, even for women who appear healthy and at low risk.(Shrestha,2006)

Male involvement in reproductive health matter regarding safe sex, planned, parenthood, informed partner caretaker of family member are the current and the most issues of the world's reproductive health improvement networking. Women have long been the almost exclusive focus of international family planning and reproductive health programs. Services for men have been relatively rare, as have efforts to include them as partners in services for women. More recently however male involvement in reproductive health has become a popular them among reproductive health program designers, policy makers and population researcher. Exactly, what "male involvement" means remains open to widely divergent interpretations. Another reason for low participation of male in family planning program in the continued high value attached to motherhood. Despite increase in women's education and their enhanced participation in the work face motherhood continues to get a cherished and valued goal for women, whether as men continue to take their fatherhood for granted. Men should consider being a father and important part of their life. However, the child rearing activities are still have been done by women. (Pokhrel, 2003)

In a study done in Africa,(Kenya and Zimbabwe) on couple's reporting of contraceptive use as reported in the Dec-2000 issue of the international family planning perspectives, Hollander,2001 concluded that women's reports of contraceptive use receive greater corroboration from their husbands and men's report from their views The fact that women's reporting was reflective of actually than those coming from their husbands' suggests that men tend to falsify information when not crosschecked.Hollander,2001 has substantiated the findings derived in a separate study "estimates and explanation of gender differentials in contraceptive prevalence

rates" undertaken by Ezeh et.al,1997 reported that on average women were more likely to report use of the pills, indictable and IUDS than their men in all the five countries that the data was analyzed for. The study pointed out that women makes a more conscious effort to use contraceptive even when their husbands are not supportive of it .Such a finding has shown that quite a few use contraceptive in a secret manner with out the knowledge if their husbands or in-laws.

2.2 Reproductive Health in Nepal Strategies in Male's Responsibility

The fact time a comprehensive reproductive health lunched in Nepal in 1996. In determining the status of men and women in society, where men enjoy a dominant role over women. On the other hand, most of the surveys and studies in contraceptive usage under taken hitherto have been set up with women as main respondents. This too, has contributed to the gender issue or gap.

Some INGOS and NGOS are coordination with Nepal Government and lunched about the Reproductive Health Programmers'. Actually, UNFPA study consisting of in-depth interviews and focus group discussions with client at the central level, such as; Kathmandu, local village in Nuwakot, Rasuwa and Dhanusha. It has been found that female sterilization and indictable (Depo-Provera) were must prevalent choice for family planning. Depo-Provera, one injections of which provides protection for three months, has the advantage of providing protection against pregnancy for a moderately long period and at relatively low cost. It has shown a constant pattern of increasing popularity and use of other method seems to be not so popular in comparison (UNFPA, 1992;1).

In 1996, National Reproductive Health policy stated the following twelve strategies for the effective and efficient provision quality of reproductive health services in Nepal (MOH, 1996).

- Implement the "integrated Reproductive Health package" at hospital, center health post and sub-health posts as well as through primary health care outreach, TBAS, FCHVS, mother groups and other community family level activities based on standardized Clinical protocol and operational guidelines.
- Enhance functional integration of RH activities carried out by different divisions.
- Emphasize advocacy for the concept of RH including the creation of an enabling environment for inter and intra- pectoral collaboration.

● Review and develop ICE materials to support all levels of intervention including rumors countering messages.

● Review and update the existing training curricula of various health workers to including missing RH components.

● Ensure effective management system by strengthening and revitalizing existing committees at various levels.

● Develop a national RH research strategy, which outlines research priorities and work plans based on information requirements of policy makers, planners, managers and service providers.

● Construct upgrade appropriate service delivery and training facilities at the National, Regional and District and Health post level.

●Institutional strengthening through structured planning, monitoring supervision and performance review.

● Develop and appropriate RH programmed for adolescents.

● Support for national experts consultants and

● Promote inter-pectoral co-ordination.

Nepal family health survey has tested the hypothesis in respect to husband and wife discussing family planning with each other. Number of discussion regarding family planning between husband and wife is a good indicator of acceptance of family planning methods. The study found that 45 percentage of the couples in Nepal have one way or other discussed the methods over the past twelve months, where as the majority of 55 percentages was a 15 percentage increment over similar study finding in 1991.The 1996 study pointed that the women in the middle reproductive age group (age 20-29) discussed more frequently with their husbands than women either younger or older.

Significant information of the DHS, 2006 shows impressive increases in the use of modern contraceptives. Comparison of data from the DHS survey in Nepal over the last ten years shows that current use of modern contraception has increased from 26 percent in 1996 to 44 percent in 2006, a 70 percent increase over the decade. The increase in the use of modern contraceptive methods is due mainly to increased use of female sterilizations, the pills condoms and indictable. Use of inject ales more than doubled while use of female sterilization increased by 49present over the last ten years. Condoms use also showed a market increase (two as half times) over the same period.

The study conducted with the over all objective of identifying cost-effective and male friendly health and IEC programmers. The research highlights that a great majority of females had appropriate concept of family planning and that they aware of at least one modern method even through the actual male use of these contraceptives was for less then women. The UNFPA study clearly delineates the challenge that lies ahead. It is not enough to have men be involved in other aspects of reproductive health and sex education if they can't be persuaded to be actionriented and chance bring about a gender friendly change in their behaviors.

Reproductive health is a crucial part of overall health and in control of human development. It affects everybody: it involved intimate and highly valued aspects of life. Reproductive Health with in contest of primary health care include .The following essential components, Nepalese NGOS has recommended and developed the "FAIRANAME"programmed or categories this RH elements. It means that,

F = Family planning	N= New born care
A= Adolescents	A = Abortions care
I = Infecundidity	M = Maternity care and
R = Reproductive tract infections (RTIS)	E = Elderly care

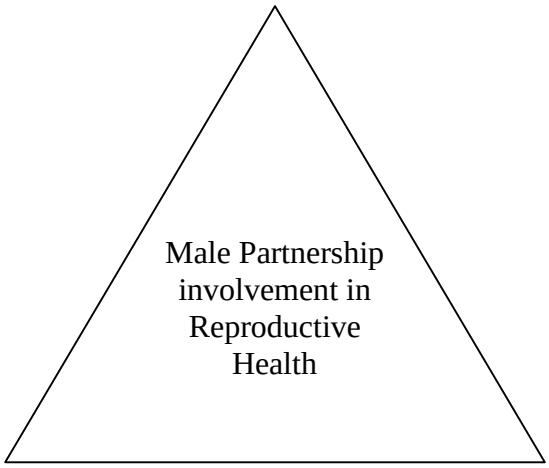
Subedi 1997, present a modern contraceptive method mixes very much in favours injection 4-5 parentages, pill 1.8 percentages and condoms 1.8 percentages. Hence injection has largely contributed to the raise in CPR as also evidenced by the preliminary findings of DHS 2001.

As recognized in ICPD, the role and attitude of male towards use of contraceptives in one of the prime concerns in the matter of family building. There are very little or possible no studies so far directly related to the subject. In this regard, the top's on the thesis and its study along with a contraceptive study of a Hindu country Nepal as the prime objective highlights the importance of, this research work.

2.3 CONCEPTUAL FRAMEWORK

Males' responsibility another involvement in reproductive heaths issue can be makes better for life cycle. It makes structure of quality family life cycle. Reproductive health components are playing main role into the frame work. This work shows that,. Male partners use be complete the following components of reproductive health. Such as knowledge of family planning methods use contraception, identify and be safe form STIS

and HIV/AIDS,informataton about maternity care, nutrition foods and reproductive health, education then will be get fulfill responsibilities of male partnership.



I A N P F S

N N U O P T

U T T S M D

S E R T E S

E N I N T A

C A T A H N

O T I T O D

N A O A D H

T L N L S I

R C F C V

A A O A A

C R O R I

E E D E D

P S S

T

I

O N

Maternity Care

Quality Life of Family

2.4 Family Planning methods

Although, information about the family planning methods in Nepal was disseminated as early in 1958by the family planning Association of Nepal (FPAN). It is as made available only after 1968 with the in providing of the third five-year plan. Since then, the Nepalese Government has been become an integral part of the country's Health survive.

Family planning methods are playing main role to increases and decreases the population of the world wide. In the study, respondents have knowledge or contraception assessed. Respondents asked to name all the family planning methods which had heard about them .Some family planning methods presented in to the survey during the data collection. They were male condoms, male sterilization, and female sterilization, IUD, Pills, Sangini (injection), Norplant, Gel and Foam. Some sample of as in printed from have been presented as following.

CHAPTER THREE
METHODOLOGY OF THE STUDY

Methodology means, processing of the study. In other word it means how to collect data, where, how many respondent, how to analyzed so forth. Elements are accumulating in this chapter. According to objective of the study, find out or identify the current state of male partnership involvement in Reproductive Health Sector. It is a primary data collected from field survey with interviewed by question. Some structures of methodology are below.

3.1 The study area

The study area is ward no.3 of Daulatpur VDC, Bardiya district and Veri Zone. According to VDC report total population of ward no.3 is 1200, total household is 165, total male population is 575 and total female population is 625. Tharu house hold is148.

Different kind of population or cast/ ethnicity and religion have been stetted in the study area, such as Brahamin, Chhetri,Tharu and Damai and different religion groups such as Hindu and Christian.Tharu are agriculturist by profession and tradition. They work mainly in landlord's field and earn for subsistence. Despite the large population, very few Tharu are in occupation other than the agriculture. They have poor socio-economic status and are not key players in the social systems. Though there is an improving trend in the socio-economics status of Tharus but that is not as much as the expectation.

3.2 Sample size

In this study has taken census method. In this study, taking interview with age group 15 to 40 years old respondents selected and they were ever married males. Discarding here about 40 years because, they have not any interesting on the RH components. This study identifies that, "Males responsibility and their involvement in Reproductive Health". Therefore that needs to have taking males respondents only.

3.3 Question Designing

A questionnaire is a research instrument, which is used to collect in a standardized a uniform set of questions. Questions are must important tools to collected information from the respondents. Only a mistake can affect the whole research and result may

differ from our precision so questionnaire should construct carefully. Actually, we have to consider about content, wording, language and sequence of questions. In these study using five major components of Reproductive Health in questions, they are as bellow:

- Information of individual and household
- Information of family planning method
- Information of maternal health care
- Information of STIS and HIV/ AIDS and
- Information of Reproductive Health Education

3.4 Data collection

Data obtained or can collect by quantitative and qualitative data. However, qualitative data is common using method. We can collect data used by question with respondents participant observation, unstructured interviewing and a care study, this study observed based on primary data and direct observed with 111 respondents by interview or it can called case study. Only males are participation in this study. There are 140 male respondent but all of they are not found at the time interview.

CHAPTER FOUR

INDIVIUDAL CHARACTERISTICS

This chapter has become the major fuscous for the age composition, family size, type of family, age at marriage education level and occupation. They are as below;

4.1 Age composition of Respondents

Age is considered as one of the important demographic factors intervening socio-economic characteristics.

Table 4.1 Distribution the Respondent by 5 year age group

Age group	Number	Percentage
15-19	13	11.71
20-24	26	23.42
25-29	29	26.13
30-34	21	18.92
35-39	19	17.12
40	3	2.7
Total	**111**	**100.00**

Source: Field Survey, 2009

The table 4.1 shows that the total respondent was 111, which is classified by 5 year age group. The highest percentages of age group of people are in 25-29year age group that is26% and 23% of people are age group 20-24 year i.e. the second highest percentage of respondents. 3 respondents in age group 40 were found in survey.

4.2 Type of family

Family was conventionally classified into two types for the purpose of the study nuclear and joint. Nuclear family is characterized by the composition of parents and unmarried offspring where as joint family is characterize by the composition of parents offspring and another number.

Table4.2: Distribution of Respondents by type of family

Type of family	Number	Percentage
Nuclear	47	42.34
Joint	67	57.66
Total	**111**	**100.00**

Source: Field Survey, 2009

Table 4.2 shows that majority of respondents (58%) were having joint family and (42%) were having nuclear family. Though than community is traditional because of impact of modernization and other soci-culture transformation, popularity of nuclear family is being increased.

4.3 Education status of Respondents

Education is one of the most influential factor affecting an individual's attitude, knowledge and behavior in various facts of life. Not surprisingly, education attainment in Nepal is very low among women, who are much more disadvantaged than men. More than half of women compared with less than one in five men do not have any formal education. Educational attainment is directly or indirectly affect to so many variables. Table 3 presenting the educational status of respondents as follows:

Table: 4.3 Distribution of Respondent by literacy status

Literacy status	Number	Percentage
Primary	61	54.95
Secondary	37	33.34
PCL	10	9.01
Above bachelor	3	2.70
Total	**111**	**100.00**

Source: Field Survey 2009

Table 4.3 presented that out of the total respondent nearly 55% respondents reported they had primary education, followed by 33% respondent secondary level, 9% reported PCL and only 3% reported above bachelor level respectively.

4.4 Occupation of Respondents

Tharu are traditionally agriculturist. Nearly all of them are found to engage in agriculture. Very few, Tharu are found to engage in non agricultural profession. Table 4 represented the distribution of occupation of respondent as follows:

Table: 4.4 Distributions of Respondents by Occupation

Occupation	Number	Percentage
Nepal gov. service	4	3.6
Business	13	11.71
Agriculture	56	50.45
Teaching	5	4.51
Paid labor	30	27.63
NGOs	3	2.7
Total	**111**	**100.00**

Source: Field Survey, 2009

Table 4.4 shows the percent distribution of respondents by occupation. Out of the total respondent more than 50% of the respondents reported that their occupation is Agriculture, followed by 28% reported paid labor, 12% reported Business, nearly 5% reported teaching and very few respondent work NGOs and Nepal government service.

4.5 Age at marriage

Table 4.5: Distribution of Respondents by at marriage

Age group	Number	Percentage
Below 15	21	18.92
15-18	40	36.03
19-21	33	29.73
22+	17	15.32
Total	**111**	**100.00**

Source: Field Survey, 2009

The table 4.5 shows the percent distribution of respondents by age at marriage. Out of the total respondent nearly 36% of the respondents reported that they married at the age of 15-18, followed by 30% reported 19-21, and 18% reported below15 years of age.

CHAPTER FIVE

FAMILY PLANNING STIS and HIV/ AIDS

The objective of this study is to identify and highlight the males' responsibility and their involvement in Reproductive Health on family planning methods, STIS and HIV/ AIDS. The family planning methods, STIS and HIV/ AIDS are recognizing as central to all others components of Reproductive Health.

The knowledge of family planning method, STIS and HIV/ AIDS are ability of a men and women to engage in a mutually fulfilling sexual relationship is an important element in reproductive health. Freedom from the risk of unwanted pregnancy helps a couple to fulfill sexuality and better enjoy sexual relationship.

5.1 Family planning

Family planning is not limited only to limiting and spacing the births. It provides an overall opportunity to enhance their capacity and take necessary steps in order to cope with the changing situation. Therefore, family planning has become an important aspect of contemporary development policies. This subsection includes the male knowledge and behavior on the issues of family planning including use and reason for non-use of family planning.

5.1.1 Knowledge of family planning

For the purpose of this studies represent able to state a name of at least a modern method of family planning was considered as having knowledge and was explored with a simple question "Have you heard about family planning method?" a. 'Yes' was considered as having knowledge and b. 'No' not having knowledge. In overall, 87% respondents reported to have heard about family planning methods. Among those who reported to have heard about family planning methods, male condom was found popular (92.78%), followed by male sterilization (85.57%), female sterilization (85.57%) and injectables (71.13%). Only one of them has knowledge of Foam tablet.

Table 5.1: Distribution of Respondents by Information on family planning methods

Information of FP method	Number	Percentage
Yes	97	87.39
No	14	12.61
Total	**111**	**100.0**
Name of method		
Male condom	90	92.78
Female condom	3	3.09
Male sterilization	83	85.57
Female sterilization	83	85.57
Injctable (Sangini)	69	71.13
Pills	81	83.51
Withdrawal	8	8.25
Jell	3	3.09
Foam tablet	1	1.03

Source: Field Survey, 2009

Table 5.1 shows that, percent distribution of respondents by information of FP method, out of the total respondent nearly 87% respondents reported that they have information about FP method and 13% reported they have no knowledge. Similarly, more then 92% respondents reported to have heard male condom, followed by 86 % heard male and female sterilization, 84 % heard pills and 71% heard inject able.

5.1.2 Source of information

TV/ Radio are the most popular source of knowledge for almost all rural population. This is because the TV/Radio is portable, convenient and affordable. For Tharu respondents, a

large majority (62.89) reported to know about family planning method for the first time from health worker and Newspaper. None of them reported about family.

Table5.2: Distribution of Respondent by source of information on FP

Source of information	Number	Percentage
Radio/TV	**61**	**62.89**
Friend	**5**	**5.15**
Health worker	**2**	**2.6**
Other	**29**	**29.90**
Total	**97**	**100.00**

Source: Field Survey, 2009

Table 5.2 shows that percent distribution of respondents by source of information on FP. Out of the total respondents nearly 63% of the respondents reported that they informed from Radio/TV, followed by 5% reported by other source of information.

5.1.3 Current use of contraceptive

Current use of contraception is defined as the proportion of men who reported the use of a family planning method at the time of interview. Table 5.3 shows the distribution of current use of contraceptive as below.

Table 5.3: Distribution of Respondents by current use of contraceptive

Current use of FP method	Number	Percentage
Yes	79	81.44
No	18	18.56
Total	97	100.00
Name of contraceptive		
Female method	46	58.23
Male method	33	41.77
Total	**79**	**100.00**

Source: Field Survey, 2009

Table 5.3 shows that out of the total respondents nearly 81% reported that they current use of FP method and 19% reported that they were not current use of FP method. Similarly 58% reported they were current use of male method and 42% reported female methods.

5.1.4 Decision making on using contraceptive

Decision making process has an active role in determining the level of use and the continuation of the methods. Integration of partners in terms of using of family

planning is highly estimated for well-versed family planning programmers. Questions were asked to all respondents who have ever used contraception to who ever used family planning method.

Table 5.4: Distribution of Respondents by process of decision making on using contraceptive

Process of decision	Number	Percentage
Your decision	7	7.22
Wife's decision	9	9.28
Couples interaction	47	48.45
Friends	15	15.46
Health worker	19	19.59
Total	**97**	**100.00**

Source: Field Survey, 2009

Table 5.4 shows the percent distribution of respondents by decision making on using contraceptive. Out of the total ever users 48% of the respondents reported that couples interaction, followed by Health workers 20%, by friends 15%, by wife's decision 9% and 7% reported by His decision.

5.2 STIS and HIV/ AIDS

The HIV/AIDS pandemic is one of the most serious health concerns in the world today because of its high case fatality rate and the lack of curative treatment or vaceines.Epodemiological studies have identified sexual intercourse, intravenous injections blood transfusions, and fetal transmission from infected mother as the main routes of transmission of HIV. HIV cannot be transmitted through food, water, insect vectors or causal contact.

The first case of AIDS in Nepal was reported in 1988. The National center for AIDS and STIS control (NCASC) of the Ministry of Health and Population has estimated an average of 70,000 adult HIV-Positive people in Nepal(NCASC,2006a). As a September 2006, a total of 1,171 AIDS cases among the 7,894 cases of HIV infection were reported to NCASC (NCASC, 2006b).However, these figures are probably grossly underestimated given the existing and public health infrastructure and limited HIV/ AIDS surveillance system in Nepal.

5.2.1 Knowledge and Attitude of STIS

First question under this section was asked "Have you ever heard about STIS and HIV/AIDS?" A. Yes was carried for further information. Most of the respondents have heard at least about STIS and HIV/AIDS. Table 5.5 shows that 80 percent respondents had heard about STIS and HIV/ AIDS and 20percent respondents did not heard about it. Other information gives the following table 5.5

Table 5.5: Distribution of knowledge of STIS and HIV/AIDS

Knowledge on STIS and HIV/AIDS	**Number**	**percentage**
Yes	89	80.18
No	22	19.18
Total	**111**	**100.00**
Name of STIS and HIV/AIDS		
HIV/AIDS	81	91.01
Gonorrhea	15	16.85
Syphilis	27	30.34
Hepatitis-B	45	50.56
Venereal wart	1	1.12
Leucorrhoea	1	1.12
Total	**111**	*****

Source:-Field Survey, 2009

Note * Total calculation is 100.00

Table 5.5 shows the percent distribution of respondent by knowledge and attitudes of STIS. Out of the total respondent 80% respondents had heard about STIS and HIV/AIDS and nearly 20% respondent had not heard about STI and HIV/AIDS. Similarly nearly 91% respondents had name of HIV/AIDS, 51% had Hepatitis- B, 30% had Syphils, 17% had Gonorrhea and only one percent had heard Venereal wart and Leucorrhoea respectively.

5.2.2 Source of Information

Radio is the most popular source for information. Over 52 percent of the respondent has heard about STIS and HIV/AIDS from Radio, 14.61 percent has heard from Friend and 12.36 percents heard from Newspaper. The second highest source of information is book (21.35).The source of information presenting the following table 5.6.

Table 5.6: Distribution of Respondents by source of information on STIS and HIV/AIDS

Source of information	Number	Percentage
Radio	46	51.68
Newspaper	11	12.36
Friend	13	14.61
Other(By book)	29	21.35
Total	**89**	**100.00**

Source: Field Survey, 2009

Table 5.6 shows the percent distribution by source of information. Nearly 52% of the respondent had heard about STIS and HIV/AIDS from Radio. Followed by 15% has heard from friends, 12% heard from Newspaper and the second highest source is book (12%).

5.2.3 Knowledge or Transmition of STIS

Table 5.7: Distribution of Respondents by the knowledge to transmit of STIS

Knowledge	Number	Percentage
By unsafe sex	29	32.59
By blood transfusion	23	25.84
By infected mother	11	12.36
By syringes	17	19.10
All	09	10.11
Total	**89**	**100.00**

Source: Field Survey, 2009

Table 5.7 shows the percent distribution of respondent by knowledge to transmit of STIS. Nearly 33% of respondents reported that they have knowledge on transmition

of STIS, followed by blood transfusion 26%, by syringes 19%, by infected mother 12% and all of them are 10% respectively.

5.2.4 Responsibilities to transmitiancy STIS

Knowledge about HIV transmit ion and ways to prevent it are of little use if women feel powerless to negotiate safer sex practices with their partner. In an effort to eases women's ability to negotiate safer sex with a partner who has a sexually transmitted infection (STI), all women and men in the 2006 NDHS were asked if they believed that a wife is justified in refusing to have sex with her husband when she knows he has a disease that can be transmitted through sexual contact. Table 5.8 presenting the responsibilities to transmittances STIS as below:

Table 5.8: Distribution of Respondents by the responsibility to transmit STIS.

Person	Number	Percentage
Male	25	28.09
Female	10	11.24
Sexual worker	33	37.08
All	21	23.59
Total	**89**	**100.00**

Source: Field Survey, 2009

Table 5.8 shows that the percent distribution of out of the total respondents nearly 37% of the respondent reported that sexual worker transmit STIS, followed by 28% reported male, 24% reported all (male, female and sexual worker) and 11% reported female respectively.

5.2.5 Prevention from STIS

Married Males should be more aware, because they have full responsibility of their family. Almost all of the respondents support that it is better to be away from the sources of infection for the prevention of the diseases. Some view of the respondents to safe from STIS had given below by table 5.9.

Table 5.9: Distribution of Respondents by the knowledge on way to be safe from STIS

Safe way	Number	Percentage
Use of condom	51	57.30
Safe sex	13	14.61
Not using infected syringe and blade	10	11.24
All	15	16.85
Total	**89**	**100.00**

Source: Field Survey, 2009

Table 5.9 shows the percent distribution of respondent by safe ways from STIS. Out of the total respondents 57% reported that use of condom, followed by safe sex 15%, not using infected syringes and 17% reported all of above way.

5.2.6 Perception about what they would do if partner has STIS

To understand gender role of the respondents it was asked what they would do in case of STIS infection in partner. About 64 percent respondents support the treatment in case of STIS infection to partner, 10 percent said to marry next, 19 percent said they would not marry another but leave partner and7 percent have no idea about it.

Table 5.10: Distribution of Respondents what they would do if partner has STIS

If partner has STIS	Number	percentage
Help for treatment	71	63.96
Marry next	11	9.91
Don't marry but leave partner	21	18.92
Don't know	08	7.21
Total	111	100.00

Field Survey,2009

Table 5.10 shows that more of Tharu respondents know about STIS and HIV/AIDS but they have not accurate knowledge about it. From the survey, it is explored that only place of residence is not appropriate standard for classifying the people. There are various other factors influcing the attitude of people. It is essential to examine the knowledge of people on the basis of background characteristics.

Almost all men are aware of the STIS and HIV/AIDS. They also know the way of prevention. But not of them have negative beliefs on STIS and HIV/AIDS. This shows that they lack appropriate knowledge, which increases the risk of spread of disease. Radio is the most popular communication media, which has played key role in community communication. Therefore, to remove negative beliefs on STIS and HIV/AIDS, information, education and communication (IEC) programmed should be strengthened.

CHAPTER SIX

MATERNITY CARE AND REPRODUCTIVE HEALTH EDUCATION

Maternity care implies the provision of essential care for pregnant women to ensure safe delivery including postnatal care and termination of complication of the mother and the new born. Maternity care starts from the time of pregnancy diagnosis and continuous through delivery and postnatal period.

Reproductive Health education implies the provision of essential knowledge with in the context of primary health care includes the components. Such as:

●Family planning counseling, information, educations, communication and service (Emphasizing the prevention of unwanted pregnancies)

●Safe motherhood, education services for health pregnancy, safe delivery and post-natal care including breastfeeding.

● Care new born.

●Prevention and management of complication of abortion.

●Prevention and management of RTIS, STIS, HIV/AIDS and other Reproductive Health condition

●Information, education, and counseling, as appropriate on human sexually, Reproductive Health and responsible parenthood for individual, couple and adolescent

●Prevention and management of sub-fertility and

●Life cycle issue including breast cancer, cancer of the reproductive system and care of the elderly. (Gautam H.Shankar, 2005)

6.1 Age of partner at birth of first children

The onset of child bearing at an early age has a major effort on the health of both mother and child. It also lengthens the reproductive period, thereby increasing the level if fertility. Table 6.1 shows the median age at first birth and the percentage of women who gave birth by exact age.

Table 6.1: Age of partner at birth of first child

Age at marriage	Number	Percentage
Below 15	5	5.26
15-18	39	41.05
19-21	33	34.74
22+	18	28.95
Total	**95**	**100.00**
Median age	18.82	

Source: Field Survey, 2009

Table 6.1 shows the median age of partner at birth of first child is 19 year. Out of the total respondents nearly 41% respondents reported that age of partner at birth of first child at the 15-18, followed by 35% reported 19-21 and 5% reported below 15 years of age.

6.2 Place of first delivery

Proper medical attention and hygienic condition during delivery can reduce the risk of complication and infection that may cause the death or serious illness of the mother and the baby or both. Hence, an important component in the effort to reduce the health risk of mothers and children is to increase the proportion of babies delivered in a safe and clean environment and under the supervision of health professionals.

Table 6.2: Distribution of Respondents partner by the place of first delivery

Place	Number	Percentage
At home	82	86.32
At health center	8	8.42
Other	5	5.26
Total	**95**	**100.00**

Source: Field Survey, 2009

The Table 6.2 shows the percent distribution of survey by place of first delivery, according to background characteristics. Out of the total respondents nearly 86% respondents reported that they give first birth at home, followed by 9% reported at health center and 5% reported other place. The reason for give birth was health facility too far or that there was no transportation to a health facility.

6.3 ANC Visits

Antenatal care is more beneficial in preventing adverse pregnancy outcomes when it is sought early in the pregnancy and is continued through delivery. The WHO recommends that a woman without complication have at least four ANC visit to provide sufficient antenatal care. It is possible during these visits to detect health problems associated with a pregnancy. In the event of any complications, more frequent visits are advised and admission to a health facility may be necessary.

Table 6.3: Distribution of Respondents partner by the ANC and PNC visits

Visit period	Number	Percentage
1st	13	13.68
2nd	17	17.89
3rd	14	14.74
4th	11	11.58
No	40	42.11
Total	**95**	**100.00**

Source: Field Survey, 2009

The table 6.3 shows that more than 11% of male involved four time antenatal cares visit their entire pregnancy. Out of the total respondents nearly 18% of respondents involved two times, followed by 15 %reported that three time visit and 14% reported visit only one time. Nearly 42% respondents had not involved ANC visit during their pregnancy period.

6.4 Want for more children

More children want is one of the indicators of sex preference. Generally, Nepalese society has sex preference tendency. Sons had given more important then daughter had. Thus tendency has been a greater problem for population increase. The results are presenting by the table 6.4

Table 6.4: Distribution of Respondents by the want for more children

More	Number	Percentage
Yes	36	37.89
No	59	62.11
Total	**95**	**100.00**

Source: Field Survey, 2009

Table 6.4 shows that out of the total respondents 62% reported that they do not want more children, followed by 38% respondents were still want more children because they want son and have only one children and want more.

6.5 Reason not wants for more children

Nepal is a developing country so that, many people are not sufficient for enough food, shelter and clothes or basic needs. More children are high fertility; high level of maternal mortality and high infant mortality etc. Now a day, every people are well known that, few things are better than problems. This study explained below view of the respondents about not want more children by the table 6.5

Table 6.5: Distribution of Respondent by the Reason not wants more children

Reason	Number	Percentage
Child cost	21	35.59
Hazards of mother health	12	20.34
Can not feed	19	32.20
All	7	11.87
Total	**59**	**100.00**

Source: Field Survey, 2009

Table 6.5 shows that, out of the total respondents nearly 36% of the respondents reported that they do not want more children because it is the total child cost, followed by 32% reported cannot feed, 20% reported hazards of mothers health and 12% reported all of the reason child cost, hazards of mothers health and cannot feed respectively.

6.6 Need of RH Education

Reproductive Health Education is an important issue of developing countries. It is fundamental structure of population. The family planning methods, STIS and HIV/AIDS, Reproductive Health Education must be need for adolescent ages. This study presented some view of respondents below by the table 6.6.

Table 6.6: Distribution of Respondents by need of RH Education

Person	Number	Percentage
Children	12	14.82
Adolescent	55	67.90
All	14	17.28
Total	**81**	**100.00**

Source: Field Survey, 2009

The table 6.6 shows that 81 respondents were said that "reproductive health education need for children, old person, adolescent and all" of the total respondents. Out of the total respondents nearly 68% of the respondents reported that need of RH education for Adolescent, followed by 17% reported RH education need for all and only 15% reported for children respectively.

CHAPTER SEVEN

FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

This study has been organizing to find out the level of male involvement in reproductive health issue. Only selected components of reproductive health have been taken into account because of interest and the limitations. The study is no more analytical, therefore follows descriptive way of study. This study is based on primary data obtained from 111 respondents.

7.1 Summery Findings

Following are the major findings of the study:

7.1.1 Background Characteristics of Respondents.

● only married male of age 15-40 were selected for the interview. The highest percent (26.13 %) of respondents is in age group 25-29 and the lowest percent of respondents is in 40 years age group.

● Hindu is the major religion of the Tharu respondents but they differently celebrate their religion then other Hindus.

● there is nearly equal distribution of nuclear and joint family among the respondents. That is 42.34 % and 57.66 % respectively in nuclear and joint family.

● Literacy status of the Tharu respondents is poor. More than 54 percents respondent are primary education and only 33 percents respondent completed SLC and above Bachelor level of education is only 2 percent.

● More of Tharu men are currently married with single spouse.

● Agriculture is the major occupation of respondents (50.54 %). only 2.7 percent respondents are in NGOs.

7.1.2 Family planning

● More of the Tharu men (87.39 %) have heard about family planning. Male condom (92.78 %), male sterilization (85.57 %) and female sterilization (85.57 %) are most popular method of family planning for Tharu respondents.

● Radio/ TV is the most common source of information for family planning method among the respondents. About 63 percent of the respondents have heard about contraception from Radio/ TV.

●Highest percent of respondents (53.61 %) have practiced female method and 46.39 percent male method.81.44 percent respondents have current use of contraception.

●About 48percent Tharu men among those who ever used FP method have used contraception by interaction between spouses.

●Among those who are not current using contraception, 18.56 percent respondents not used because of wanting children, but they are intend to the use any contraception in future.

● Most of the respondents agree that use of contraception should be made by interaction between husband and wife.

7.1.3 STIS and HIV/AIDS

● More then 80% of the respondents were found to have knowledge about STIS and HII/ AIDS.

● Radio is the most popular source of information about STIS and HIV/ AIDS in Tharu community.

●About 32.59percent respondents agree STIS could be transferred from sexual intercourse, where as only 12.37 percent has knowledge about the transmission from infected mother to her body and 19.82 percent respondents have no knowledge about mode of transition of STIS and HIV/ AIDS.

●Almost all of the respondents supported reproductive health education is necessary. Highest percent of the respondents agree that all backgrounds people need reproductive health education.

7.1.4 Maternal Health

●Highest percent of respondents lies in age group 15-18 (41.05%) and lowest in age below 15.

●Highest percent of respondents (49.6%) reported their age at first marriage at 20-24. About 5 percent married before 15 years of age.

●Almost 86% respondent that their last birth was delivered at home delivered. Only 8.42%delivered their last birth at health center.

●In their society very little of the deliveries are assisted by health professionals. Most of the deliveries are assisted by relatives and TABS.

●Only 58% visited for ANC service and 11% visited for 4 times.

●64% men reported that it was necessary to take ANC service. Some other respondents reported that they lacked knowledge on ANC service.

●About 44% respondents reported that they have cared and 56% did not care partner during pregnancy.

● 42%men reported that they are not involved to take service. Because of they are absent from home.

● 62%respondents not want for more children. The reason for not want more children are child cost. 35% respondent said the reason for child cost.

● nearly 38%want more children because of they have only one child and they want other sons or daughters

● about 68% respondents answered to need of RH education for Adolescent, 14% for children, and 17% said for all. No one said to need old person.

7.2 Conclusions

This study is field based with primary data taken into account. This study primarily concerned with the status of reproductive health in Tharu community, which is regarded as one of the most back ward communities of the country. It is obvious that the role of males in various matters related to reproductive health is major and important. Thus, this study targeted to identify the degree of male involvement in the various matters related to reproductive health.

As concern with the socio demographic status of the respondents, majority were found illiterate with the main occupation of agriculture. Slightly grater number of respondents has joint families. It shows that the attraction towards nuclear family is not increasing in illiterate communities also.

The knowledge of family planning seems adequate in the community and radio is the main media responsible for this. This signifies the role of electronic media in awareness generation. Regarding the contraceptive female sterilization, male condom and male sterilization are found to be popular.

In spite of the educational backwardness of the community, female participation in deciding the use of contraceptives is remarkable. The figure shows 48.4% of respondents decide by couple's interaction. Female method has been found one of the most effective methods as it has been used by the majority of respondents and also the highest fraction of those not using at present intend to apply it in near future.

The condition of age at marriage is not as different from the whole country's context as there is remarkable function of respondents marrying below 19 years of age. The situation of age at first birth is also similar; more than half had given third first birth below the age of 18. The average number of children does not seem too high .Nearly all had given there last birth at home, this shows the lack of knowledge about safe mother hood and or negligence. The cases of ANC visit are very few and most of males think it is unnecessary and it is only the business of females. Those who cared have mostly helped by reducing the work burden. The condition of PNC is very rare in Tharu community; this might be to low education level as-being busy in agricultural works.

Regarding the knowledge of STIS and HIV/AIDS in Tharu's, more than half were found to have knowledge about the disease and basically the sources of Radio. They take unsafe sexual contact as the most important mode of transmission and at the same time also keep knowledge about its prevention. They also think it is better to inform the partner if suffer from STIS and in case of it the partner has it, they would help for treatment.

7.3 Recommendations and research issues:

7.3.1 Recommendations

●The status of maternal health and male involvement in it is not as good as expected. Educational programmers regarding proper age at marriage. Proper age at first pregnancy, birth spacing, ANC, PNC should be lunched targeting the Tharu community.

●Nearly half of the respondents are found unaware of STIS and HIV/AIDS. Thus right and appropriate knowledge and STIS and HIV/AIDS should be imported that helps in increasing positive roles of men in Reproductive Health Management.

●Participation of male in Reproductive Health is highly required issue of total health management strategy. If their involvement in increased a lot of problems can be solved with in a simple effort.

7.3.2 Research issues

●This research has been conducted from the perspective of male so it may not reflect the real perception of female about integration of their partners. Therefore, research is need from the female perception as well. This study doesn't represent the views of unmarried. A study representing the perception of unmarried may be more useful.

●Only limited components of reproductive health are included in this study. Another research is needed including other components.

●This is just descriptive type of study. An analytical type of study is necessary for reaching to logical end

●This study has been conducted within a short time limit. A study observing the change over the time period could be more effective.

BIBLIOGRAPHY

Acharya, Bidhan, 2001, "Mahilako Prajanan Swastha Sudharna Purusko Bhoomika" (Role of Men in improving the Reproductive Health of Women)

Backer,S., 1996, "Couples and of couples of studies" *Studies in family Planning*, Vol.27, no.6: 291-306.

Bhatti, Mansor,UL. Hason and A, Haleion, 1996,"Male Attitude and Motivation for Family Planning in Pakistan". (Islamabad:PIODS).

Central Bureau of statistics (CBS), 2002, "Population of Nepal, National Result of Census 2001" *CBS* (Kathmandu Nepal)

Gautam H. Shankar, 2005, "Male involvement in some Aspect of Reproductive Health in Tharu Community". *A Case Study of Narayanpu VDC Dang*, (An Unpublished Dissertation submitted to the CDPS, T.U.

Ministry of Health (MOH), 1996, "National Reproductive Health Strategy" (Kathmandu: MOH)

Ministry of Health (MOH), "Demographic and Health Survey 2001", (Kathmandu:MOH)

Ministry of Population and Environment (MOPE), 1998, "Nepal Population; and Development Journal", (Kathmandu: MOPE)

Ministry of Population and Environment (MOPE), 2000, "Status of population in Nepal", Kathmandu: MOPE.

Pathak,R.S.,andG., Subedi, 2002, "Adolescent Reproductive Health". *FamilyPlanning Association of Nepal*, (Kathmndu)

Pokheral Trilochan, 2003, "Male involvement in Reproductive Health Urban Deferential Rural" *A Case Study of Morang District*, (An Unpublished Dissertion submitted to the CDPS, T.U.)

Population Council (PC), 1994, "Men's and women's social Responsibilities for child Bearing". *Draft Report* (Unpublished)

Shrestha Bidhya, "Role of Males for the improvement of maternal health care in Chepang Community" (Population Magazines Vol. IV 2006, PSSN).

United Nations Population Fund (UNFPA), 1992, “Contraceptive Requirements and Logistics Management Needs in Nepal” (Kathmandu:UNFPA)

United Nation (UN), 1994,"International Confe. _ on Population and Development, Cairo". *UN*, (New York)

United Nation (UN), 1995,"The World's women: Trends and Statistics" *UN*, (New York)

United Nations Fond for Population Activities (UNFPA), 1999, "The State of World Population" *UNFPA*, (New York).

United Nations Fond for Population Activities (UNFPA), 2000, "The State of World Population" *UNFPA*, (New York).

United Nations Fond for Population Activities (UNFPA), 1999, "Male Involvement in UNFPA country Programmers" *UNFPA*, (New York). (www.fao.org).

United Nations Fond for Population Activities (UNFPA), 2002, "Male Involvement in UNFPA country Programmers" *UNFPA Country Program*, (New York) (www.fao.org /DOCERP/X2057e/#p405 48116)