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Factors Affecting Male's Reproductive Health Behaviour in Punjab, Pakistan

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Abstract: In Pakistan, male involvement in reproductive health started long before the concept of a holistic approach emerged from ICPD in 1994. Men are far behind the knowledge about contraceptives, authority of decisions making, religiosity, exposure of media, health attitude, physical cost, male violence, drugs and family planning services. These circumstances have damaging-effect on men's reproductive health as well. The poor reproductive health of men in the entire Pakistan has been reported in many studies. The different national and international agencies have shown a great concern on this alarming situation of men's deteriorating reproductive health status. They have recommended to investigate the men reproductive health behaviour in relation to different aspects. A cross sectional study has been conducted in 3-districts of Punjab province. One tehsils from each district will be selected randomly and sample of 272 men from Tehsil-1 i.e. Rawalpindi, 197 from Tehsil-2 i.e. Bahawalpur and 131 from Tehsil-3 i.e. Toba Tek Singh. From each Tehsil equal no. of respondents were selected from rural and urban areas by random sampling technique to explore the research objectives. In this way the total sample size was 600, 300 from rural and 300 from urban areas. A well-structured questionnaire consisting of open ended and close ended questions was prepared in the light of research objectives. Descriptive statistics such as frequency distributions mean, standard deviation was worked out to describe the data. Bivariate analysis along with the application of different statistical tests such as chi-square test and gamma test according to the nature of the level of measurement of variables under study was applied to examine the relationship between variables. It was concluded that there was strong positive relationship between age, education and income of the respondents and their reproductive health behaviour.

Key words: Male reproductive health, fertility preferences, drug user for sexual pleasure

INTRODUCTION

World health organization defines reproductive health as, basic human right which refers that a state of complete physical, social and mental well being and not merely the absence of disease and infirmity in all matters relating to the reproductive system and to its functions and processes (WHO, 2004). Hence, reproductive health testifies safe and satisfied reproductive life for people with a view to stabilize their fertility and a free choice to exercise it.

This issue is projected after being first illuminated in the "ICPD" in 1994, the international conference on population and development, that was preceded by a further discussion on the issue in the United Nation's forth world conference on women held I being, that reproduction and the sexuality are the basic human rights and men should be encourage to take serious steps toward reproductive health and gender equality (Mir, 2003).

It was emphasis to the gender biased and gender discrimination in gender roles, which motivate to men to take their more responsibility along with their women for house hold work and child bearing activities. In the Beijing, China on 1995 also reported the same in the 4th world Conference on women by United Nation, that men should be encourages to take practical and positive steps in better ways for achieving gender equality and reproductive health (United Nations, 1995).

Among the 5.2 million infected people with HIV each year and there were almost more than fifty percent are youth under the age group of 24-34 year.

Encourage men to take more responsibility for their sexual behavior.

- Increase men's access to reproductive health information and services.
- Communicate with the partners and make contraceptive choices together and
- Address the reproductive health care needs of couples.

For the betterment in male reproductive health behaviour, there should be a more tangible work needed, with research programs to clarify the conceptual framework.

The reproductive health behaviour of men and women can greatly be supported by the effective male participation in reproductive health related matters, activities and programs. Latest technologies and informations with understanding and rational

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approaches with a new and innovative outlook would help male for becoming active partners in better reproductive health behaviour. Male's involvement is a best and positive strategy for expressing the most pressing problems of reproductive health related of the world and specifically in Asian countries including Pakistan (Wang, 1998). To enable men and encourage them to take their responsibility for their family and social roles, sexual and reproductive behavior (United Nations, 1994).

Survey on men as active participants present the key role of men in family planning and particularly in fertility choice of their wives.

Survey conducted on the basis of demographic and health factors have shown that most of the men know and use a variety of family planning methods. A vast majority in most of the surveys, men can name at least one method of contraceptive method, for example, in 21 countries included in one analysis, more than 90 percent of men have known and reported a contraceptive method (Drennan, 1995).

However, beyond the knowledge of and attitude towards, contraceptive methods, men are often found to misunderstand and misinterpret possible infection's signs for having very less knowledge and understanding of primary reproductive health (Singh, 1998).

Reproductive health is a major priority, with particular problems in developing countries. Pakistan with its combination of Islamic and south Asian cultural values and traditions, presents one such example where the subject of reproductive health is not discussed publicly. This is true for both male and female in the country but in case of the latter, it also attached a moral stigma associated to it. In the given panorama, it is not surprising to find not much literature available on reproductive health in Pakistan, information on Male Reproductive Health is even scantier (Nayab, 2000). The World Health Organization has recognized the documentation of the prevalence of Male Reproductive Health problems as a research priority (WHO, 1995). Sexual and reproductive health concept was firstly consummated at the ICPD, 1994 conference on population and Development. It ushered in out of two mutually opposed impulses. Demographers and family planning experts were mainly related with issues of population growth, structure and change and their impact on social and economic development. The end aims of sexual and reproductive health are positive vision of good health, well- being, equity and social justice (UN, 1994).

From all above facts and analysis it is necessary to probe into the matter. For this purpose the present study is designed to investigate the "Implications of socio-cultural milieu of the society on male reproductive health in Punjab-Pakistan.

i) To probe into the socio-cultural characteristics of the respondents living in rural and urban areas.
ii) To find out the factors which affect the attitudes of respondents toward reproductive health.
iii) To suggest the possible measures to the Government for framing an adequate policy to enhance the reproductive health status for males.

MATERIALS AND METHODS

Methodology describes the methodological approaches employed to test research hypotheses. The discussion is mainly focused on various aspects such as study design, selection criteria for study sites, sample selection, construction of measuring instrument and measures adopted during development of questionnaire, to ensure its validity and during field survey to collect reliable responses. Similarly, selection and training of the research team, field supervision, editing of the questionnaires and statistical techniques used during data analysis are discussed. Finally, it briefly provides a quick grasp of the framework of the study and overview of the study area.

Research design: A cross-sectional study was conducted with 600 married males having at least one child to look into their reproductive health behaviour and its implications for human health and society in three districts; Rawalpindi, Toba-Tek Singh and Bahawalpur, of Punjab province in Pakistan. From each district respondents were selected through *proportionate random sampling technique* (Table 1). The key objective of this survey was to find out the Male reproductive health behaviour influencing factors and their implications on Socio-cultural milieu of the society.

Selection of study area and sample: A cross-sectional survey was carried out from Punjab province. Punjab is the most populated province of Pakistan, with 86084,000 million people in 2005 (Wikipedia, 2009).

The survey was done in urban and rural areas of the above mentioned three Districts. The multistage sampling technique at different and varied stage was used to choses the area for study. The simple random sampling technique was used at the first stage, in the Districts of Rawalpindi, Toba Tek Singh, Bahawalpur. One tehsil was selected at the second stage by used simple random sampling technique from the each Districts.At the third stage, three urban and three rural union councils were selected *randomly* from each selected tehsils. At the fourth stage, one rural and one urban localities were selected from each union council for the selection of household. Finally, systematic sampling technique was used to select each *nth* household.

From the selected urban and rural localities married male having at least one child was interviewed from the selected household (by using the *systematic sampling*

Table 1: Selection of sample from selected localities according to their population

District	Population	Union council	Locality/village	Respondents per locality/village
Toba-Tek-Singh	1,621,593	3-Urban	3-Colonies	22-Respondents from each colony
	21.9%(131)	3-Rural	3-Villages	22-Respondents from each village
Bahawalpur	3,117,000	3-Urban	3-Colonies	33-Respondents from each colony
	32.9%(197)	3-Rural	3-Villages	33-Respondents from each village
Rawalpindi	3,363,911	3-Urban	3-Colonies	45-Respondents from each colony
	45.2%(272)	3-Rural	3-Villages	45-Respondents from each village

Table 2: Distribution of the respondents according to their demographic characteristics (n = 600)

	Respondents		Wives	
	F	%	F	%
Age (years)				
Upto 35	273	45.5	456	76.0
36-45	231	38.5	103	17.1
46 and above	96	16.0	41	6.9
	Mean = 43.66 SD = 10.44		Mean = 38.05 SD = 10.29	
Age at marriage				
Up to 25	209	34.8	294	49.0
26-30	256	42.7	210	35.0
31 and above	135	22.5	96	16.0
	Mean = 27.52 SD = 3.92		Mean = 22.25 SD = 3.99	
Education (Years of schooling)				
Illiterate	205	34.2	290	48.4
Primary to middle	173	28.8	149	24.8
Metric to inter	127	21.2	105	17.5
Graduation and above	95	15.8	56	9.3
Mean education of the respondents = 7.38 SD = 4.42				
Mean education of wives = 4.27 SD = 3.17				
Marriage within family				
Yes	386		64.4	
No	214		35.6	
No of marriages				
1 (first)	569		94.8	
2 (second)	31		5.2	

technique). A representative sample of 600 males was interviewed (Morgan, 1997). A well-designed interviewing schedule was constructed in the light of research objectives and the conceptual framework of the study to collect data and draw inferences.

Keeping in view the objectives of the study, an interview schedule was developed for data collection. The data thus collected were analyzed with the help of Statistical Package for Social Sciences (SPSS).

RESULTS AND DISCUSSION

Demographic characteristics: The general objective of this study is to analyze the implication of the socio-cultural milieu of the society on male reproductive health. In this chapter an attempt has been made to discuss, analyze and interpret relevant data for deriving conclusions and formulating appropriate suggestions in the light of the study results.

In any social setup the socio-economic and demographic characteristics of an individual play a vital role in shaping attitudes, behavior and practice and their social standing in the social setup. It is therefore imperative to explain socio-economic and demographic characteristics of the respondents under study.

Current age: Age is defined as total number of years completed by the respondents' and their wives since their birth'. The age categories included in this study i.e. up to 35, 36-45, 46 and above. Table 2 reveals that major proportion i.e. 45.5% of the respondents and majority i.e. 76.0% of the respondent's wives belonged to the age category up to 35 years and 16.0% of the respondents and 6.9% of their wives belongs to age category 46 and above. While 38.5% of the respondents and 17.1% of their wives belongs to age group of 36-45. The mean age of the respondents' and their wives was 43.66 years and 38.05 years with standard deviation 10.44 years and 10.29 years, respectively. It reflects from the study findings that the majority of the respondents and their wives were in middle age.

Age at marriage: The majority of marriages in Pakistan are arranged by parents and other family adults and young people and females in particular, have little voice

in the selection of whom they marry. The respondents' were asked about their and their wives age at marriage and the data in this regard was presented in Table 2, which shows that overwhelming majority of the respondents' 42.7% and their wives 35.0% were married in the age of 26-30 and majority of respondent's wives were married before attaining the age of 26 followed by up to 25 years as disclosed by 49.0%. While respondents were married up to 25 years are 34.8%, Whereas, only 22.5% of the respondents and 16.0% of the respondent's wives were married at the age category 31 and above. The mean age of marriage of the respondents' and their wives was 27.52 and 22.25 with standard deviation 3.92 and 3.99. The study finding reflects that age at marriage is very young for females. Different studies also indicate the marriage pattern for females in Pakistan are young and universal (Zafar, 1996). The different surveys also indicate the increase in age at marriage still as compared to many developing societies the age at marriage particularly for females is very young. A large number of women in Pakistan get married in their teen ages. The society's attitude toward the female marriage also effect to reproductive health of both male and female.

Education: A vital but critical role is played by the parents for socializing their families and passing on necessary information and life skills. The literate parents are supposed to understand the usage of resources and take benefit of opportunities that is advantageous for the family. From the respondents' completion the years of schooling in the educational institution, the education level has been determined. "Illiterate" has been termed for the respondent who was not understand the written material and unable to read. The term of literate stands for those who can read and write with some understanding. The data presented the educational status of the respondents' and their wives are showed in Table 2, that about thirty four percent 34.2% of the respondents were illiterate and the remaining 65.8% of the respondents were found to be literate. Among the literate respondents' had attained primary to middle of schooling 28.8%, metric to inter of schooling, 21.2% and graduation and above were only 15.8% of respondents'. The Table 2, also depicts that the education of the respondents' wife were illiterate about 48.4% and the remaining 51.6% of the respondent's wives were found to be literate. Out of literate respondent's wives from primary to middle had 24.8%, from metric class to intermediate 17.5% and only 9.3% of the wife's education was graduation and above. The mean education of the respondents' and their wife's were found about 7.38 and 4.27 level with standard deviation 4.42 and 3.17 respectively.

Marriage within the family: The largest proportion of marriages in Pakistan is among relatives. The majority of peoples are traditional and practice orthodox behaviour and marriages within the family is a norm. The respondents were asked about them being married within the family or not. The data displayed in Table 2, which indicates that a fair majority of the respondents i.e. 64.4% were married within the family and 35.6% were married out of the family. During the survey, the respondents were asked about their relationship with their wife before marriage in case of being married within the family and responses of the respondents are showed in the Table 2, which presented that about 50.0 and 23.2% of the respondents were married with their parental cousins and first cousins, respectively. Only about 2.5% of the respondents were married with their family friends and about 35.6% of the respondents were married out of family having no relation before marriage.

Wife's number of marriages: Respondents were further asked about the number of marriages of their wife's and data in this regard are presented in Table 2, which shows that a great number (94.8%) of the respondents married once followed by 2nd as reported by (5.2%) of the respondents. The finding of the study shows the monogamy trend of the population under study. Schuler (1992) also argued that the vast number of the respondent's wives' having only one marriage.

Communication with their wives on the issues of family planning: Communication with wives on family planning issues varies between males and females and by the topic under discussion. Overall women in Pakistan have limited agency to shape important decisions affecting their lives. Females are particularly restricted in this regard and especially so in the case of family planning matter's decisions. While parents may report deferring some authority to male persons, there is a notable gap between their perceptions and reality. Given this gap, there may be an opportunity for communication campaigns that endorse basic rights for women decision-making on family planning and reinforce the critical role played by husband in enabling women to exercise these rights. The respondents were asked about the communication on family planning issues with their wives. Data in this regard are presented in Table 3, which depicts that 43.2, 28.8, 23.3, 22.7, 21.0, 17.0 and 4.0% of the respondents were participated in communication frequently with their wives in family planning issues like children's marriage, number of children, pregnancy related problems, space between children, side effects of contraceptives, contraception and any other discussion related to family planning respectively. Moreover, 45.7, 41.5, 38.5, 37.7, 37.5, 33.8 and 3.3% of the respondents were rarely participated in communication with their wives in family planning issues like pregnancy related problems, children's marriage, contraception, number of children, space between children, side effects of contraceptives

Table 3: Distribution of the respondent according to their communication with their wives on the issues of family planning (n = 600)

	Never		Rarely		Frequently	
Communication of affairs	F	%	F	%	F	%
Number of children	201	33.5	226	37.7	173	28.8
Contraceptive use/side effects of contraceptive	267	44.5	231	38.5	102	17.0
Space between children	239	39.8	225	37.5	136	22.7
Pregnancy related problems/complications	186	31.0	274	45.7	140	23.3
Visit to FP center	556	92.7	20	3.3	24	4.0

Table 4: Distribution of the respondents according to their fertility preference (n = 600)

Number of sons	F	%
No son/up to Allah	86	14.3
1-2	332	55.3
3-4	161	26.8
5 and above	21	3.5
Number of daughter		
No daughter	71	11.8
1-2	331	55.2
3-4	180	30.0
5 and above	18	3.0
Wanted more children		
Yes	224	37.3
No	335	55.8
Up to Allah	41	6.8
Wanted/desired number of children		
One	116	19.3
Two	74	12.3
Three	34	5.7
Up to Allah	376	62.7
Ideal number of children (Nos)		
2-3	219	36.5
4-5	205	34.2
6 and above	176	29.3

and any other family planning issues. The respondents were never discussed and participated in communication in visit to FP center for family planning, side effects of contraceptives, contraception, space between children, number of children, pregnancy related problems and children's marriage, as reported by 92.7, 45.2, 44.5, 39.8, 33.5, 31.0 and 15.3% of the respondents' respectively.

Fertility preference: It is well established fact that the fertility preferences is effected positively as well as negatively on the reproductive health behavior of the male globally and specifically in Pakistan. No doubt the families gained socio-economic benefits from the male members at the same time they also reported dimension of adverse effects of the fertility preferences. In Table 4 describes that majority of the respondents 55.3% wished 1-2 son in their preferences, 26.8% were reported 3-4 son, 3.5% for 5 and above male child and very less percentage i.e. 14.3% of the respondents had no fertility preferences. Furthermore, the respondents asked about their fertility preferences about girl child (daughter). They reported, 1-2, 3-4, no preferences for daughter or son and 5 daughters and above as 55.2, 30.0, 11.8 and 3.0%, respectively. In Table 4 the figures speaks that about the respondent's preferences of desire more children and more than 55.8% of the respondents desire no more children at all, whereas 37.3% reported to desire more children, but the very low percentage 6.8% of the respondents were believed and stated that its all up to ALLAH.

With regards to fertility preferences the respondents asked on the no. of children they want in their family and data showed the trend was major proportion i.e 62.7% of the respondents were strongly believed on ALLAH, with having no desire, whereas 19.3%, 12.3 and 5.7% of the respondent has desired for 1, 2, 3 children, respectively. The data furthermore expressed that idealism trend of the no of children in a family. Data reveals that, 36.5% of the respondents stated that the ideal no. of children should be 2-3, while 34.2% of the respondents' opinion that the ideal number of children should be 4-5 and 29.3% of them stated 6 and above children are ideal number of children.

Source of information about reproductive health: The source of information about reproductive health problems are very much count in the behaviour reflecting about the reproductive health. The respondent's were asked about their sources of the information about their knowledge about reproductive health related issues. Table 5 indicates that a great of extent, majority of the respondents were reported to get the information about reproductive health from their friends i.e. 72.0% and the other majority 52.2% of the respondents revealed that their source of information about reproductive health was the doctors, whereas 48.8, 46.7, 44.7, 37.8, 35.7, 30.8, 18.0% of the respondents get their information from Radio/TV, Relatives, Newspapers, Literature, Hakeems, Spouse and Quacks, respectively and the lower number of the respondent i.e. 9.5% get from other sources.

Drug using for sexual pleasure: Drugs using is the major behavioral change factor generally on health related behaviour and reproductive and sexual behaviour specifically, Table 6 reflects that a vast number of the respondents i.e. 78.0% were reported that they never used any sort of drug for sexual pleasure but only 22.0% were admitted that they used drugs for sexual please. The respondents' who used some drugs for sexual

Table 5: Distribution of the respondents according to their source of information about reproductive health (n = 600)

Source of information about reproductive health	Yes		No	
	F	%	F	%
Friends	432	72.0	168	28.0
Relatives	280	46.7	320	53.3
Spouse	185	30.8	415	69.2
Newspaper	268	44.7	332	55.3
Radio/TV	293	48.8	307	51.2
Literature	227	37.8	373	67.2
Doctors	313	52.2	287	47.8
Hakeems	214	35.7	386	64.3
Quacks	108	18.0	492	82.0
Any others	57	9.5	543	90.5

Table 6: Distribution of the respondents according to ever used any sort of drug for sexual pleasure (n = 600)

Ever used any drug for sex	F	%
Yes	132	22.0
No	468	78.0
Kind of drugs		
Non user	468	78.0
Charass	60	10.0
Aphume/tablets	54	9.0

Table 7: Responses of the respondents according to their knowledge about contraception (n = 600)

Knowledge about contraceptive	F	%
Yes	383	63.8
No	217	36.2
Total	600	100.0

pleasure furthermore asked about the kind and type of the drugs they used for sexual pleasure and the Table 6 depicts that majority i.e. 78.0% of the respondents were none drug user for sexual please, while 10.0% used charass and 9.0% used aphume etc for their sexual pleasure.

Knowledge about contraception: Knowledge about contraceptive is very major, close and strong relationship with the reproductive health behaviour of the male respondents. In this section respondents were asked about the level of their knowledge about contraceptive to check the relationship between the knowledge about contraceptive and male reproductive health behaviour.

A large number of respondents among married women are found having a knowledge of contraception because they are supposed to prove fertility soon after marriage following the strong cultural norms of Pakistan. So, the women were asked about the knowledge of contraception and their attitude twards it is displayed in Table 7, which reveals that a majority (63.8%) of the respondents were aware of about the contraceptives. Whereas, about 36.2% of the respondents were not aware about contraception.

Knowledge about the use of the contraceptive: Pakistani society is a male dominated society. And the women can't adopt any method of contraception without the standing support and involvement of their husbands. The exclusion of male from family planning is one reason, which has resulted in high fertility rate and reproductive health complications in both male and female. Male involvement reproductive health issues and in family planning and use of male related contraceptive procedures long with motivated rather than choice for methods are associated with the family decline and resulted in long term benefits for women. Young married women and men are not likely to use contraception until later in marriage. As a result, first birth intervals are very short. Although the majority of both males and females plan to use contraception in the future, females tend to answer that they are undecided regarding the method of choice, while males most frequently mention pill or injectables as the method to be used in the household. The respondents' were asked about their knowledge about the purpose of the use of contraceptive and data in this regard are presented in Table 8 which reveals that about 45.8% of the respondents used contraceptives to avoid pregnancy, 36.2% of the respondents had no knowledge about that, 11.0% of the respondents were used for interval in birth and remaining 7.0% for to avoid getting RH diseases.

Respondents who have knowledge about any of contraceptive methods, further asked about their use of contraceptives, Use of contraception is reflects the positive behaviour of the male partner and the respondents' were asked about the use of contraceptives and the Table 8 shows that the majority i.e. 59.8% of respondents were never used any of contraceptive method in their married or un-married life, where as remaining 40.2% of the respondents' contraceptive user in their reproductive life for preventing the pregnancies.

The respondents who using the contraceptive method for prevented pregnancy or any other reasons, further asked about the methods of contraception they used and their responses are presented in Table 8, which reveals that 60.8% were in none users, 14.2% of the respondents used pills methods followed by condoms 11.0%, female sterilization 4.7%, IUD 4.3%, Injection 4.2% and 0.8% of the respondents were used both pills and condoms. A lesser number of the respondents 4.2% and 0.8% used injection and both pills and condoms, respectively, as contraceptive methods to prevent the pregnancy. The respondents who ever used contraceptives for prevented pregnancy or any other reasons further asked about the advised by whom for using the current methods of contraception and their responses are presented in Table 8, which reveals that 13.3% of the respondents were advised by their spouses about their current family planning method, 11.7% of the respondents advised by their friends, followed by family planning personals 7.7%, LHV 4.0% and from any other sources 2.5%.

Table 8: Distribution of the respondents according to their knowledge about the use of the contraceptive (n = 600)

Knowledge about the use of the contraceptive	F	%
To avoid getting RH disease	42	7.0
To avoid pregnancy	275	45.8
To interval in birth	66	11.0
No knowledge	217	36.2
Use of contraceptive method		
Yes	241	40.2
No	359	59.8
Contraceptive method		
Pills	85	14.2
Injection	25	4.2
Condom	66	11.0
IUD	26	4.3
Female sterilization	28	4.7
Both (pills and condom)	5	0.8
No	365	60.8
Advised to use contraceptive		
Friends	70	11.7
Spouse	80	13.3
Family planning personal	46	7.7
LHV	24	4.0
Any other source	15	2.5
No	365	60.8

Table 9: Distribution of the respondent according to currently using any method of contraceptive for delay or avoiding pregnancy (n = 600)

Response	F	%
Yes	186	31.0
No	414	69.0

Table 10: Distribution of the respondent according to the side effects of the using contraceptive method (n = 600)

Side effects facing by using contraceptives	F	%
Yes	29	4.8
No	571	95.2
Types of side effects		
Heavy bleeding	117	19.5
Irregular menstrual cycle	62	10.3
Any other	36	6.0
No side effects	385	64.2
Duration of side effects		
1-2 years	99	16.5
2-3 years	65	10.8
5 or above	51	8.5
No side effects	385	64.2

Respondent according to currently using any method of contraceptive for delay or avoiding pregnancy: Table 9, reflects that a significant number of the respondents i.e. 69.0% were not using currently any methods of contraceptives, while 31.0% of the respondents were currently using contraceptive method for delay or avoiding pregnancy.

Side effects by using contraceptive method: Table 10, reveals that a huge majority of the respondents i.e. 95.2% reported that they felt no side effects from contraceptives while only 4.8% of them were faced some kinds of side effects with the using of contraceptives. The respondents' who faced any side effects by using contraceptives further asked about the kind of such side effects. Table 10 shows that the respondents who faced any side effects further asked about the kind of side effects they suffered in using the contraceptives. About 19.5% reported heavy bleeding, 10.3% irregular menstrual cycle while 6.0% reported other viginal infections during the using of contraceptives. About the duration of the side effects facing by the respondents or their wives, The respondents further asked about the duration of these side effects with the use of contraceptives, Table 10 depicts that majority of the respondents were reported no side effects with the use of contraceptives, while 16.5% reported had 1-2 years duration of side effects of using the contraceptives, while 10.8% had 2-3 years of duration and remaining 8.5% had 5 or above years duration of side effects of using the contraceptives.

Respondents according to their opinion that what are the barriers in men for seeking treatment for reproductive health: There are definitely some sorts of barriers for men to get treatment specifically on reproductive health. Table 11 indicates that majority of the respondents i.e. 77.8% stated the barrier on reproductive treatment is specially is just Shyness, whereas 77.0, 67.2, 58.0, 56.0, 52.2, 50.2, 35.3, 29.5 and 24.8% of the respondents were reported the barriers for reproductive treatment for men are, culture, none availability of sexologist specialist, social, lack of facilities, lack of awareness, none availability of male reproductive health centers, religion, financial and other minor reasons respectively.

Media exposure: Media is the major source of motivation and influence the behavior of the individual as well as the whole. Different medium effects on different intensity on the behavioral change especially on sexual behavior. Respondents were asked about the more influential medium of the media, which influence the behavior on sexual grounds in Table 12, To great extent, reported by the respondents as per their percentages as 49.8% of the respondents were influenced with different type of magazines, because majority have easily approach on local level stalls etc. and can easily get the different magazines, 48.0, 44.7, 40.8, 39.7, 37.8, 35.2, 32.3 and 27.0%, influenced with cinema/theaters, any other type of sources, Social company/relations, T.V, Cable, CD/DVDs, Cellular technology and net café respectively. Where as respondents influence level to some extent for above medium of the media on sexual behavior, 48.3, 45.8, 45.0, 44.2, 42.5, 42.5, 35.8, 35.3 and 32.5% for net café, social company/relations, cellular technology, cable, TV, cinema/theater, any other medium, magazines and CD/DVDs respectively.

Table 11: Distribution of the respondents according to their opinion that what are the barriers in men for seeking treatment for reproductive health (n = 600)

	Yes		No	
Barriers	F	%	F	%
Cultural	462	77.0	138	23.0
Shyness	467	77.8	133	22.2
Religious	212	35.3	388	64.7
Financial	177	29.5	423	70.5
Social	348	58.0	252	42.0
Non-availability of male health centers	301	50.2	299	49.8
Lack of awareness	313	52.2	387	47.8
Lack of facilities	336	56.0	264	44.0
Non-availability of specialist sexologist	403	67.2	197	32.8
Any other	149	24.8	451	75.2

Table 12: Distribution of the respondents according to which medium or media/communication has in the most influence on their sexual behaviour (n = 600)

	To great extent		To some extent		Not at all	
Media/communication	F	%	F	%	F	%
TV	238	39.7	255	42.5	107	17.8
Cable/dish/decoder	227	37.8	265	44.2	108	18.0
Video CD/DVDS	211	35.2	195	32.5	194	32.3
Net cafe	162	27.0	290	48.3	148	24.7
Cinema/theater	288	48.0	255	42.5	57	9.5
Cellular technology	194	32.3	270	45.0	136	22.7
Magazines	299	49.8	212	35.3	89	14.8
Social company/relations	245	40.8	275	45.8	80	13.3
Any other	268	44.7	215	35.8	117	19.5

Table 13: Association between the age of the respondent and their reproductive health behaviour (n = 600)

	Male reproductive health behaviour			
Age (years)	Low	Medium	High	Total
Upto 35	119 (66.1)	35 (19.4)	26 (14.4)	180 (30.0)
36-45	111 (51.6)	55 (25.5)	49 (22.7)	215 (35.8)
46 and above	31 (15.2)	49 (23.9)	125 (60.9)	205 (34.2)
Total	261 (43.4)	139 (23.3)	200 (33.3)	600 (100.0)

Chi square value = 137.46**, **Highly significant, Gamma value = 0.246*, *Significant

Whereas very little number of the respondent said that these medium effect not at all on their sexual behavior as 32.3, 24.7, 22.7, 19.5, 18.0, 17.8, 14.8, 13.3 and 9.5% for CD/DVDs, Net café, cellular technology, any other medium of the media, cable, TV, magazines, social company/relations and cinema/theater respectively.

Association between the age of the respondent and their reproductive health behaviour: The study indicates the relationship between ages of the respondents with their reproductive health behaviour. The respondents were asked to answer about the age of the respondents in number of years i.e. up to 35, 36-45, 46 and above on index variable. In order to assess the reproductive health behaviour of the respondents were asked the statements i.e. General health, mental health, Reproductive health, Drugs use, Contraceptive knowledge and contraceptive use, HIV/STDs knowledge and behaviour were computed to construct the index variable. Table 13 reveals the relationship of age of the respondents with the reproductive health behaviour. The detailed study of said table shows that 66.1% respondents attained age up to 35 and had low score on the reproductive health behaviour index variable. The respondents who had attained age group of 46 and above had low score on the reproductive health behaviour index variable (15.2%). The table also reflects that 14.4% of the respondents who had attained the age of up to 35 had high score on the reproductive health behaviour index variable were negative than the respondents who had age of 46 and above and the same score (positive) on the reproductive health behaviour index variable (60.9%). It can be said that there is association between age of the respondents and the reproductive health behaviour. It indicates that lower the age of the respondents, lower is the reproductive health behaviour and higher the age of the respondents, higher is the reproductive health behaviour. In order to examine the significance relationship between the age of the respondents and the

Table 14: Association between the education of the respondent and their reproductive health behaviour (n = 600)

	Male reproductive health behaviour			
Education	Low	Medium	High	Total
Illiterate	156 (76.0)	31 (15.1)	18 (8.7)	205 (34.1)
Primary to middle	69 (61.0)	16 (14.1)	28 (24.7)	113 (18.9)
Metric to inter	18 (16.5)	47 (43.1)	44 (40.3)	109 (18.2)
Graduation and above	18 (10.4)	45 (26.01)	110 (63.5)	173 (28.8)
Total	261 (43.4)	139 (23.3)	200 (33.3)	600 (100.0)

Chi square value = 206.087*, *Significant, Gamma value = 0.102**, **Highly significant

reproductive health behaviour. The chi-square and the gamma test are applied. The chi-square value was 137.46, which was highly significant (p>0.01). The said table also reflects that there is strong relationship between age of the respondents and their reproductive health behaviour. As age of the respondents increases the reproductive health behaviour also increases. Gamma was significant with value of 0.246 (p>0.01). Therefore, the hypothesis the age of the respondent is associated with the reproductive health behaviour: Higher the age of the respondent, higher will be the reproductive health behaviour as compared to lower age of the respondent, lower the reproductive health behaviour was accepted.

Hypothesis 1: Age of the respondent is associated with the reproductive health behaviour: Higher the age of the respondent, higher will be the reproductive health as compared to lower age of the respondent.

Association between the education of the respondent and their reproductive health behaviour: The study indicates the relationship between education of the respondents with their reproductive health behaviour. The respondents were asked to answer about the education in literacy levels i.e. Illiterate, Primary to Middle, Metric to Inter and Graduation and above on index variable. In order to assess the reproductive health behaviour of the respondents were asked the statements i.e. General health, mental health, Reproductive health, Drugs use, Contraceptive knowledge and use, HIV/STDs knowledge and behaviour were computed to construct the index variable. Table 14 reveals the relationship of the education of the respondents with the reproductive health behaviour. The detailed study of said table showed that 76.0% respondents was illiterate and also attained low score on the reproductive health behaviour index variable. The respondents who were graduate and above graduation had also low score on the reproductive health behaviour index variable (10.4%). The table also reflects that 8.7% of the respondents who was illiterate had high score on the reproductive health behaviour index variable were negative than the respondents who had attained their education at graduation level or above the same score (positive) on the reproductive health behaviour index variable (63.5%). It can be said that there is association between the education of the respondents and the reproductive health behaviour. It indicates that lower the education of the respondents or their wives, lower is the reproductive health behaviour and higher the education of the respondents or their wives, higher is the reproductive health behaviour. In order to examine the significance relationship between the duration of marriage of the respondents and the reproductive health behaviour. The chi-square and the gamma test are applied. The chi-square value was 206.087, which was significant (p>0.01). The said table also reflects that there is relationship between education of the respondents and their reproductive health behaviour. As education of the respondents increases the reproductive health behaviour also increases. Gamma was highly significant with value of 0.102 (p>0.01). Therefore, the hypothesis the education of the respondent is associated with the reproductive health behaviour: Higher the education of the respondent, higher will be the reproductive health behaviour as compared to lower the education of the respondent, lower the reproductive health behaviour was accepted.

Hypothesis 4: Education of the respondent is associated with the reproductive health behaviour: Higher the education of the respondent, higher will be the reproductive health as compared to lower education of the respondent.

Association between the income of the respondent and their reproductive health behaviour: The study indicates the relationship between income of the respondents with their reproductive health behaviour. The respondents were asked to answer about their income from all sources in figures i.e. Up to 10,000, 10,001-20,000, 20,001 and above on index variable. In order to assess the reproductive health behaviour of the respondents were asked the statements i.e. General health, mental health, Reproductive health, Drugs use, Contraceptive knowledge and use, HIV/STDs knowledge and behaviour were computed to construct the index variable. Table 15 reveals the relationship of the income of the respondents with the reproductive health behaviour. The detailed study of said table showed that 58.9% respondents had their income up to Rs,10,000

Table 15: Association between the income of the respondent and their reproductive health behaviour (n = 600)

	Male reproductive health behaviour			
Income	Low	Medium	High	Total
Up to 10,000	185 (58.9)	117 (37.2)	12 (3.8)	314 (52.3)
10,001-20,000	44 (39.6)	17 (15.3)	50 (40.04)	111 (18.5)
20,001 and above	32 (18.2)	5 (2.8)	138 (78.8)	175 (29.2)
Total	261 (43.4)	139 (23.3)	200 (33.3)	600 (100.0)

Chi Square value = 299.56**, **Highly significant, Gamma value = -0.49^{NS}, ^{NS}Non significant

Table 16: Association between the fertility preference of the respondent and their reproductive health behaviour (n = 600)

	Male reproductive health behaviour			
Ideal number of children in a family	Low	Medium	High	Total
2-3	26 (11.2)	55 (23.6)	152 (65.2)	233 (38.8)
4-5	42 (34.7)	51 (42.1)	28 (23.2)	121 (20.2)
6 and above	193 (78.4)	33 (13.4)	20 (8.2)	246 (41.0)
Total	261 (43.4)	139 (23.3)	200 (33.3)	600 (100.0)

Chi square value = 278.00**, **Highly significant, Gamma value = 0.047**, **Highly significant

and also attained low score on the reproductive health behaviour index variable. The respondents who had their income level in between 20,001 and above had low score on the reproductive health behaviour index variable (18.2%). The table also reflects that 3.8% of the respondents who had their income level of up to Rs.10,000 had high score on the reproductive health behaviour index variable were negative than the respondents who had their income level Rs.20,001 and above and the same score (positive) on the reproductive health behaviour index variable (78.8%). It can be said that there is association between the income of the respondents and the reproductive health behaviour. It indicates that lower the income level of the respondents, lower is the reproductive health behaviour and higher the income level of the respondents, higher is the reproductive health behaviour. In order to examine the significance relationship between the income of the respondents and the reproductive health behaviour. The chi-square and the gamma test are applied. The chi-square value was 299.56, which non-significant ($p<0.01$). The said table also reflects that there is strong relationship between income of the respondents and their reproductive health behaviour. As income of the respondents increases the reproductive health behaviour also increases. Gamma was non-significant with value of -0.49 ($p>0.01$). Therefore, the hypothesis the income of the respondent is associated with the reproductive health behaviour: Higher the income of the respondent, higher will be the reproductive health behaviour as compared to lower income of the respondent, lower the reproductive health behaviour was accepted.

Hypothesis 5: Income of the respondent is associated with the reproductive health behaviour: Higher the Income of the respondent, higher will be the reproductive health as compared to lower income of the respondent.

Association between the Fertility preference of the respondent and their reproductive health behaviour: The study indicates the relationship between Fertility preferences of the respondents with their reproductive health behaviour. The respondents were asked to answer about their Fertility preference from the i.e. 2-3, 4-5, 6 and above no of children on index variable. In order to assess the reproductive health behaviour of the respondents were asked the statements i.e. general health, mental health, reproductive health, drugs use, contraceptive knowledge and use, HIV/STDs knowledge and behaviour were computed to construct the index variable. Table 16 reveals the relationship of the Fertility preference of the respondents with the reproductive health behaviour. The detailed study of said table showed that 11.3% respondents had their Fertility preference 2-3 no of children and also attained low score on the reproductive health behaviour index variable. The respondents who had high Fertility preference i.e. 6 and above children had low score on the reproductive health behaviour index variable (78.4%). The table also reflects that 65.2% of the respondents who had low Fertility preference i.e. 2-3 children had high score on the reproductive health behaviour index variable were negative than the respondents who had their high Fertility preference which reveals 6 and above no of children are the adverse score (negative) on the reproductive health behaviour index variable (8.2%). It can be said that there is association between the Fertility preference of the respondents and the reproductive health behaviour. It indicates that lower the Fertility preference of the respondents i.e. 2-3 children, higher is the reproductive health behaviour and higher the Fertility preference of the respondents, i.e. 6 and above children lower is the reproductive health behaviour. In order to examine the significance relationship between the Fertility preference of the respondents and the reproductive health behaviour. The chi-square and the

Table 17: Association between contraceptive use behaviour of the respondent and their reproductive health behaviour (n = 600)

	Male reproductive health behaviour			
Contraceptive use	Low	Medium	High	Total
Yes	85 (29.9)	72 (25.2)	128 (44.9)	285 (47.5)
No	176 (55.9)	67 (21.2)	72 (22.9)	315 (52.5)
Total	261 (43.4)	139 (23.3)	200 (33.3)	600 (100.0)

Chi square value = 46.20**, **Highly significant, Gamma value = 0.503**, **Highly significant

gamma test are applied. The chi-square value was 278.00, which was highly significant (p>0.01). The said table also reflects that there is strong relationship between Fertility preference of the respondents and their reproductive health behaviour. As Fertility preference of the respondents increases the reproductive health behaviour decrease. Gamma was highly significant with value of 0.047 (p>0.01). Therefore, the hypothesis the c Fertility preference of the respondent is associated with the reproductive health behaviour: Higher the Fertility preference of the respondent, lower will be the reproductive health behaviour as compared to lower Fertility preference of the respondent, higher the reproductive health behaviour was accepted.

Hypothesis 8: Fertility preference of the respondent is associated with the reproductive health behaviour: Higher the Fertility preference of the respondent, lower will be the reproductive health behaviour as compared to lower Fertility preference of the respondent.

Association between contraceptive use behaviour of the respondent and their reproductive health behaviour: The study indicates the relationship between Contraceptive use behaviour of the respondents with their reproductive health behaviour. The respondents were asked to answer about the Contraceptive use behaviour from the levels i.e. yes or no, on index variable. In order to assess the reproductive health behaviour of the respondents were asked the statements i.e. General health, Mental health, Reproductive health, Drugs use, Contraceptive knowledge and use, HIV/STDs knowledge and behaviour were computed to construct the index variable. Table 17 reveals the relationship of the Contraceptive use behaviour of the respondents with the reproductive health behaviour. The detailed study of said table showed that 29.9% respondents who reported their Contraceptive use behaviour attained low score on the reproductive health behaviour index variable. The respondents who didn't use contraceptives had low score on the reproductive health behaviour index variable (55.9%). The table also reflects that 44.9% of the respondents, who had the Contraceptive use behaviour had high score on the reproductive health behaviour index variable were negative than the respondents who had no Contraceptive use behaviour and the same score (positive) on the reproductive health behaviour index variable (22.9%). It can be said that there is association between the Contraceptive use behaviour of the respondents and the reproductive health behaviour. It indicates that lower the Contraceptive use behaviour of the respondents, lower is the reproductive health behaviour and higher the Contraceptive use behaviour of the respondents, higher is the reproductive health behaviour. In order to examine the significance relationship between the Contraceptive use behaviour of the respondents and the reproductive health behaviour. The chi-square and the gamma test are applied. The chi-square value was 46.20, which was highly significant (p>0.01). The said table also reflects that there is strong relationship between Contraceptive use behaviour of the respondents and their reproductive health behaviour. As Contraceptive use behaviour of the respondents increases the reproductive health behaviour also increases. Gamma was highly significant with value of 0.503 (p>0.01). Therefore, the hypothesis the Contraceptive use behaviour of the respondent is associated with the reproductive health behaviour: Higher the Contraceptive use behaviour of the respondent, higher will be the reproductive health behaviour as compared to Contraceptive use behaviour of the respondent, lower the reproductive health behaviour was accepted.

Hypothesis 13: Contraceptive use behavior of the respondent is associated with the reproductive health behaviour: Higher the contraceptive use of the respondent, higher will be the reproductive health behaviour as compared to lower Contraceptive use behaviour of the respondent.

Recommendations: Following recommendations were made on the basis of present findings:

- For general acceptance of contraceptive use, men along with women should be include in the target group as most of the decisions regarding family planning and contraception necessitate prior approval of male partners.
- Men shall be educate to give women all due rights especially their reproductive rights and involve them in reproductive and contraceptive decision making. Awareness should be created amongst male to give their women freedom of expression and let them join paid jobs, thereby making the family economically prosperous.

- Daughters should be given equal status to sons for avoiding uncontrolled family size.
- Although, perceptions of the respondents were clear about family planning, awareness should be created against religious misconceptions and make it more convenient for the illiterates in the form of a packages deal. It would be more appropriate to tackle family planning campaign in the light of baby care and mother health along with strongly advocating improvement of economic conditions of the family.
- Efforts shall be made convince husbands letting their wives get family planning information from any available sources culturally and religiously allowable. The better option would be involve their men to guide them.
- Public propagation of contraceptives should be discouraged. Special centers should be established to accomplish the task of involving men in the process.
- All income groups should be convinced to use contraceptives as an effective tool for family planning, more stress should be given on low and medium income groups, discourage the preferential gender treatment and involved their wives in all family matters.
- Separate male clinics synonymous to female should be established by concentrating on male contraception only. This contraception should include possible modern and traditional means with historic relation to "Aazzal" Which had a religiously tacit support.
- Limited contraceptive options for men are available, it should also be enhanced.
- Rumors and misconceptions should eliminated through different forums/campaigns.
- Unfavorable social and cultural climate should be improved by media campaigns
- Provider's bias against male involvement, service providers must not be gender biased.
- Information and knowledge should be increased by creating awareness through education and service providers.
- Communication between spouses about RH should be developed through awareness.

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