

Original Research Article

The survey of individual - social characteristics and awareness and attitudes of couples working in Telecommunication manufactories about the family planning programs election

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Abstract: According to the indispensable role of men in family planning programs and helping to promote family planning, awareness of information and participation of individuals in this case is important. The survey of individual-social characteristics and awareness and attitudes of couples working in Telecommunication manufactories of Shiraz about the family planning programs election is the aim of this cross-sectional study. This analytical-descriptive study was conducted on married men working in telecommunications factories and their wives who were a total of 80 couples that were selected randomly in 2005. The data collection instrument was a questionnaire. The scores of awareness and partnerships of couples were determined after testing. Spearman correlation statistical test was used to analyze the data through SPSS software version 13.5. As to the use of contraceptive methods in the studied couples, using of condom (36.2%) and tablets (21.2%) was the priority and the familiarity of men with the tablets and condoms was also at the highest rate. Health care personnel were the most source of information for men (53.57%) and women (67.5%). Awareness of men was 16.52% poor and 11.5% good; in about 40% of males, participation was low and women's awareness was evaluated as 7.5% and 20% poor and good, respectively. This study showed that awareness of couples was average, but men's participation was high. Modification of attitude structures and increasing the awareness of couples in understanding contraceptive methods and the correct use of methods along with their high participation should be the most important healthcare priorities.

Keywords: Social factors, Awareness, Family planning, Iran.

INTRODUCTION

Fast and rapid population growth in the world today is considered as the most fundamental obstacle to economic and social development. One way of reducing the rate of population increase is the use of permanent contraception methods in couples who have enough children. According to the World Health Organization, among 185 million pregnancies, at least 75 million are unintended, resulting in approximately 45 million abortions per year [1, 2]. Since 1960, the implementation of family planning programs has helped

the women to protect themselves from about 400 million unwanted pregnancies [3].

Numerous studies have been conducted on family planning and birth intervals, but the point that has always been emphasized is attention to the role of women in health programs and family planning. However, today according to the influence of men on women's participation in decision-making related to family planning, attention to encouraging the participation of men in family planning has increased [4-6]. It's been proven that general knowledge and

performance of men in family planning can deeply affect the performance, beliefs and decisions making of their wives [5]. However, most of them refuse to participate in it [7].

Studies have shown that in countries such as Ghana, men's satisfaction was the most important determining factor in women using contraceptive methods [8] and in the absence of their consent, women turn to the methods that can be used without the knowledge of men [9].

Given the role of men as decision-makers and their little information in the field of reproductive health and family planning and the role that the acceptance of family planning by men has in their success, focus on men, like women, is certainly an inevitable need. Involving men in family planning leads to an increase in their use of prevention methods and encouraging women to use the contraceptive methods [7, 10].

According to statistics provided by research in 2000, the highest rate of using effective contraceptive methods for men belongs to urban areas of Semnan province with 43.7% and the lowest rate of 8.6% in Ilam province. Also, in rural areas the highest rate of using effective contraceptive methods for men belongs to Yazd province with 29.2% and the lowest rate of 2.5% in Sistan and Baluchestan province [11]. Low rate of using contraceptives for men reveals more than ever the importance of informing and educating men about family planning [12].

Since few studies have been done in the field of awareness and participation of men in family planning [13, 14], the importance to investigate the relationship between social and economic characteristics and family attitudes toward contraception was evaluated in this study with the aim of determining social -individual characteristics and level of knowledge and attitudes of men employed in telecommunications factories of Shiraz in a selected family planning programs. It is hoped that by using these results, we can provide proper education on reproductive health to attract the men's participation.

METHODS

This descriptive analytical research was carried out in the telecommunications factories in Iran - Shiraz (Koma) in 2005. The higher number of male employees and lack of educational programs related to sexual health and family planning in these factories were the reasons of choosing the mentioned location for research. A third of employees who are married (with

wives of 49-15 years of age) and their wives who were willing to participate in the study (a total of 80 couples) were considered. Sampling was done randomly; a few workshops were selected at random from among the numerous factories' workshops and after selecting the required number of workshops, people in each workshop filled out the questionnaire with a based on objective simple method (all persons qualified in the workshop). Inclusion criteria were: 1- 15 to 49-year-old men whose wives were willing to participate in research, 2- Their wives were not pregnant, 3- Studied men and their wives were not sterile (having at least one child), and 4- Vasectomy and tubal ligation were not performed for men and their wives, respectively. Exclusion criteria included lack of willingness to participate in the study. The questionnaire (self-made) consisted of three parts. The first part included 10 questions about demographic characteristics; the second part included 24 questions related to assessment of knowledge and the third part was related to investigating the amount of men's involvement and contained 13 questions. The questionnaire was set separately for men and women. Content validity was confirmed so that the study of books, articles and experts was the preliminary tool. Then, it was re-evaluated by 13 professors and corrective comments or suggestions were made. The test-retest was used to determine the reliability. 30 questionnaires were distributed among qualified individuals and after 15 days, a retest was performed. Pearson correlation coefficient was calculated for knowledge and participation questions in the two-step test; the rate of knowledge and men's participation questions was 0.8 and 0.7, respectively.

As to the scoring method, initially the awareness and participation scores were calculated for each individual. This means that the number of participation questions was 13 and scores rated from zero to 30, but on scoring, it was divided into a number of questions that each person had answered so that every person gains concessions in proportion to the answered questions. Also, questions without answers were not considered in rating. The participation questions ranked between 0- 1.57 (for example, if a person obtained scores of 20, the figure of 30 was divided by 20 and his point would be 1.5).

The questionnaire included 24 questions to examine awareness of family planning in which the points ranged from 0 to 65. The point of awareness questions was calculated 0-1.69. Also, the research units were divided into three ranks of weak (0-1.04), medium (1.05-1.50) and good (1.57-1.96) in terms of

awareness and in two groups with two participation ranks of low (0-0.86) and high (0.87-1.57) in terms of participation rate. The questionnaire was completed by the subjects and their wives. Then, the extracted data were analyzed by the software SPSS version 13.5 and using Spearman's correlation coefficient.

RESULTS

The mean age of men was 40.5 ± 4.75 and that of women was 35 ± 4.75 years. About 76.2% of men were employees and 23.8% of them were workers.

52.5% of women were employees and 47.5% were workers and housewives. 41.3% of men and 65% of

women mentioned their needs and desire for further information about family planning.

In terms of education, the men's degrees were 1.3% primary education, 22.8% middle school, 39.2% diploma, 17.7% associate degree, and 19% bachelor's degree and higher. These educational degrees for women were 3.8% primary education, 21.3% middle school, 51.3% diploma, 12.5% associate degree, and 11.3% bachelor's degree and higher.

The majority of the studied couples were using condoms for contraception (Table 1).

Table-1: The frequency distribution of studied couples based on the device used

Contraceptive	Number	Percent
Pill	17	21.2
Ampoule	2	2.4
IUD	8	10
Natural	13	16.2
Condom	29	36.2
Dysfunctional sexual intercourse	9	11.2
Tubectomy(Tubal ligation)	0	0
Vasectomy	0	0
No methods	2	2.4
Total	80	100

In this study, the rate of men's familiarity with different methods of contraception was as follows: 80% pill, 80% condom, 23.8% ampoule, 46.2% IUD, 56.3% Tubectomy, 66.3% vasectomy, and 25% implantable capsule. That is, the amount of men's familiarity with pills and condoms was the highest.

In terms of information acquisition sources, the health-care centers' personnel were the main source of information for men (53.57%) and women (67.5%) and other sources were ranked as the next priority (Table 2).

Table -2. Distribution of the subjects in the study population in terms of their sources of information

Sources of information	Men distribution (%)	Women distribution (%)
Health-care centers' personnel	43 (53.57)	54 (67.5)
Doctor	27 (33.75)	30 (37.5)
Radio -TV	18 (22.5)	25 (31.5)
Spouse	33 (41.52)	27 (33.57)
Books and journals	37 (41.52)	29 (36.52)
Friends and acquaintances	25 (38.5)	37 (35.9)
Other sources	1 (1.6)	2 (2.6)

The mean scores of awareness were estimated for men 0.20 ± 1.25 and for wives 0.20 ± 1.32 and the

majority of men and women had awareness at the intermediate level (Table 3).

Table-3. The frequency distribution of the subjects' level of awareness in research society

Group	Weak	Intermediate	Good	Sum
	Frequency (%)			
Women	6 (7.5)	58 (72.7)	16 (20)	80 (100)
Men	13 (16.25)	58 (72.7)	9 (11.5)	80 (100)

The mean scores of men’s participation in family planning programs was 0.88 ± 0.140 and in 40% of cases, the men's participation was low. The relationship between awareness levels of men and their participation in family planning programs showed that there was shown to be direct and significant ($p < 0.05$).

DISCUSSION

This research revealed that awareness and participation of men and women in the implementation of family planning was at low and medium levels; this is in the same line with the findings of Bany and co-workers in Abyek (Iran). In their study, participation and awareness of men about family planning were also not good [15]. In Ghodsi's study, also the awareness of women in this regard was weak [16] and in Amari's study the participants' awareness was average [17]. Unlike the study in Ethiopia, 98 percent of men at least had awareness in this field and the amount of their awareness of contraceptive methods was good [18]. That highlights the need for increasing awareness and awareness of Iranian men.

In this study, there was no significant relationship between the subjects’ age and the devices used. Also, between the subjects’ age and their level of awareness and participation in family planning programs, there was no statistically significant relationship.

In this study, there was a statistically significant relationship between the total number of children and the method of contraception used. Also, the total number of children and duration of marriage and age of the men had a significant and direct correlation. In other studies, age, education, residential area, duration of marriage, number of living children were identified as major determinants of contraceptive awareness and its usage among married men in the areas of study [5, 6, 16, and 17]. The information source for the majority of the couples studied was health-care and medical centers. In other studies, the majority of information sources were related to planning and family planning clinic staff (76.7%) [19, 20].

Health care members in Iran had a great contribution on educational programs. It is obvious that

higher and more positive awareness about these programs has a greater impact on the society [21].

According to the study, since both groups of women and men have described the health-care personnel as their most important source of information, in-service training of health-care personnel in the field of family planning is necessary to transfer updated information about these programs, particularly male contraceptive methods to clients who refer to these centers. The above statistics indicate that the media, such as radio and television, do not play an important role in our country in teaching family planning programs, while the media can be good sources of information for the general public, especially men due to their extensive acquisition and public use in society.

In this study, 41.3 percent of men and 65 percent of women announced their need and willingness to learn more about family planning. People's willingness to gain further information in this regard has been investigated in other studies [22].

Men have less willingness and interest for family planning information than women and it could be a reason of fewer sense of responsibility in men towards family planning issues which requires essential action.

In this study, 97.5 percent of men agreed with the implementation of family planning programs. A study conducted in Turkey (2003) showed that 91.9% of men agreed with family planning, but only 54.4 percent of them actually used family planning methods [23].

Based on the majority of the countries and cross-border studies, people believe that women and men share equal or even men had larger share in making decisions related to the selection and use of contraceptive methods [7, 23-25].

In the present study, among male methods, condom had the most usage and pills were the most contraception method used by women. This corresponds with the health indicators report channel in Islamic Republic of Iran in 88 years and widespread use of the pill and condoms were respectively 19.3% and 9.3% [26].

According to the Health Department survey that was done in 1375 to 1996, the statistical results of the country coverage of family planning research indicate that the total ratio of women's method to men is 47.5 to 7.5 (6 times) [2]. In the Azgoli's research, the use of women's methods were also higher than men [27]. This number shows that male participation in family planning programs in Iran is even less than the average of developing countries and perhaps many of these states [2]. Therefore, despite the positive attitude in the men based on joint decision-making about family planning, their function is not appropriate and the statistics of family planning in the research population is different from coverage of family planning in the country.

In Ankara, men were aware of IUD, condom and dysfunctional sexual intercourse, tubectomy and vasectomy [28]. In another study, unlike the present study, using of condoms was minimum (0.02%) [22].

Some researches report the awareness of men about different male and female method relatively as favorable. 96.5% of men were aware of the common methods of family planning, but they did not have any information about the side effects of contraceptives [29]. In the present study, awareness of risks and side effects was not examined and in the other research the prevalence of using contraceptive tools was 5.6% and awareness of contraceptive methods was 85.6% [30].

Providing suitable notification and imparting information to the men probably increase the usage of one method by them and support their wives for applying a contraceptive tool [24]; education is a method used to enhance the individual's information about family planning [15] and various studies have found that by the involvement of men in education, women's awareness about family planning is reflected in their behavior and more success in this area will be achieved [18-31].

Implementing educational programs can change the behavior of men in family planning [18] and also it is emphasized to use modern recommended methods [32] and do research on simultaneous education of each individual and couple [33]. Acceptance of family planning by women will increase when men are actively involved in family planning issues [34]. One limitation of this study was the lack of opportunity to work with employees due to their involvement with the work programs.

CONCLUSION

This study showed that despite low and average awareness of men, they have made a good contribution to the implementation of family planning. Considering the fact that men's participation is the basis of reproductive health and family planning programs success, by increasing their awareness, male participation would be more effective.

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Conflict of interest

No conflict of interest has been expressed by the authors.

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The authors' contributions

Marzie Akbarzadeh: The idea and design of the study, writing and editing articles

Pouran Akhavan Akbari: Collecting and analyzing of data

Naval Heydari: writing and editing of articles

Maryam Paran: Collecting resources

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