

Why Males in Bangladesh Do Not Participate In Reproductive Health: What are the Lessons Learned from the Focus Group Discussions

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The paper explores the nature of males perception, attitude and knowledge on reproductive health issues and their opinions on how men's participation could be increased. Data were generated through six focus groups organized among the men, in some selected NGOs working with males in Bangladesh. The analysis reveals that a complex web of social and cultural factors impede spousal communication regarding reproductive health issues and that discourage them to take their wives to health clinic. Findings suggest that economic pressure and cultural taboo are important reasons for not using contraception by men. In the FGDs men said that they do not feel comfortable in discussing sexually transmitted diseases. Most of the men in Bangladesh suffer from misinformation. Men need clear, factual information from relevant trusted sources to promote and ensure men's participation in reproductive health services. They also suggested male workers to visit them at the household level. The analysis demonstrates that male involvement will be an important strategy to reach demographic goals in Bangladesh.

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Traditionally, reproductive health has focussed on women's reproductive health concerns and in Bangladesh reproductive health services have excluded or even alienated men (Population Council, 2002). Cultural biases exist against allowing men into areas designed for the provision of reproductive health. A combination of male attitudes and provider bias has resulted in men being both a neglected for family planning and reproductive health care. Because family planning services focus their efforts on reaching and serving women, it has been found that men seldom learn about contraception from health care providers. While men share responsibility for reproductive health, lack of attention to them in the past has conveyed message that family planning is not their concern. Recently family planning programs increasingly are focussing men (Drennan, 1998; Nancy and Rob, 1998). Yet their participation is low. Encouraging men to discuss reproductive health, including family planning with their wives and to share responsibility for reproductive decisions is an important program strategy. Men play powerful – even dominant roles in reproductive decisions. Without considering their partner's wishes or the health consequences for themselves or their partners can produce dangerous results. Couples who talk to each other about family planning and reproductive health reach healthier decisions (De Silva, 1994; Lasee and Backer, 1997).

Survey show that many husbands and wives do not know each other's views about family planning (De Silva, 1994). Use of contraceptive methods that involve men's cooperation—condoms, vasectomy, withdrawal, and periodic abstinence – amounts to about a quarter of all contraceptives use among currently married couples (BDHS, 1999-2000). Nevertheless, the two most effective male methods – condom and vasectomy – are among the least used methods (8 percent and 1 percent respectively) of all methods. It is expected that with more information and motivation, more men would be able to play positive roles in reproductive health. For instance, a husband can help his wife have safe pregnancies and give birth to healthy babies if he becomes better informed about maternal and child health (Sherra and Raj, 1997). Reproductive health care programs can help men play supportive roles during pregnancy and delivery (Sherra and Raj, 1997).

Therefore, if organized family planning and reproductive health programs are to reach out men, better understanding of their reproductive intentions and attitudes are essential for achieving good reproductive health for all. Family planning program planners and service providers either as users of male methods or as supportive partners of users – have largely ignored men's involvement in family planning.

Because of women's unique role in reproduction, most modern contraceptives developed over the past few decades have been for women. In addition, family planning services generally have been offered through maternal and child health care providers, by passing men's involvement. However, exclusion of men from family planning programs may contribute to low levels of use among couples and deprive men an opportunity to exercise reproductive responsibility. The 1994 International Conference on population and Development (ICPD) and the 1995 Fourth World Conference on Women underscored the importance of men's roles in eliminating gender inequality and easing domestic burdens.

Men everywhere exert a strong influence over their partners, determining the timing and conditions of sexual relations, family size, and access to health care. The rising rates of STDs and HIV infections have also made it clear that the male involvement is essential. In Bangladesh poor interaction between spouses often makes it difficult to tackle reproductive problems of women. The purpose of this paper is to assess men's perception, attitude and knowledge on reproductive health matters; whether they visit health facility with their wives; whether they provide support to their wives

during pregnancy; whether they use family planning methods and why they do not use vasectomy; and their knowledge about sexually transmitted diseases and its prevention.

MATERIALS AND METHODS

The data used in this paper based on Focus Group Discussions (FGDs). The study was carried out in some selected NGOs spread all over Bangladesh. Six focus groups were organized in the study setting, three in urban areas among the slum population and three in rural areas. The groups were organized among participants of similar socio-demographic characteristics and of same sex. Each of the FGD comprised of an average six participants. A guideline was developed keeping in mind the objectives of the focus group discussions. Among the issues discussed in the sessions are men's perception, attitude and knowledge on reproductive health matters, visit to health facility with their wives, use of family planning methods and knowledge and awareness about sexually transmitted diseases and its prevention. On the average, the discussions lasted from 45 minutes.

Socio-Economic Characteristics of the FGD Participants

A total of thirty-eight males participated in six FGD sessions. The mean age of the participants was about 35 years. On an average there were 6-8 persons in each focus group sessions. More than one third (37 percent) of the participants had no education. Mean education of the participants was 4.7 years; their mean number of living children was 2.2 per male participant. Occupational composition of the male participants indicates that about 32 percent came from business occupation followed by services (18.4 percent), rickshaw/van puller (15.8 percent) and driver heavy and light (13.2 percent).

Whether the Males Visit Health Facility with their Wives

Traditionally for cultural biases men are not interested to go to health care facility with their wives. While some men perceive family planning and reproductive health as women's responsibility many other are not eager to support their partners because of cultural reasons. The participants mentioned that males are not motivated to involve in reproductive health. The participants feel that men have also unmet reproductive and sexual health needs. Their needs are not addressed and they are not encouraged to participate in reproductive health services. Men can accompany their wives to meet with a service provider. Together they can learn about the available contraceptive methods and choose the one that best meets their needs. In Bangladesh this is not usual custom to take their wives to the health facility. When asked whether they accompany their wives during visit to the health facility a majority of the participants replied negatively that they did not take their wives to the health facility. In rural areas usually men do not accompany their wives to the health facility. However, because of introduction of male program by some NGOs such as the BWHC, husband is found to accompanying his wife to the clinic – a shift from the earlier practice of visiting the clinic only when a referral was necessary.

They mentioned that their wives go to the health facility with their mother in laws, sister in laws or neighbors. For very few instances, husbands accompany their wives to the health clinic. In most instances wives go to the health facility with younger brother of the husband or unemployed person of the family go to health center with their wives.

When asked why men do not accompany their wives to health facility. In response

Another respondent from Tangail told that- "Ami kaj -korme basto thaki, somoi pai na. Stri kono somosha hole, shatho kendre ashte hole amar choto vhai-er shathe ashe." [I remain busy all the day with my work. I do not get time to visit health facility. If there is any problem, my wife goes to the clinic with my younger brother.]

Md. Nasim Uddin from Shagata told that- "Ekhaner meader chikitsa hoi, okhaner ki purush chhelera jaoa vhalo dekhai? Amar barite amar ma ache, bon achhe, oder karo shathe chole ashe. Amar ashar dorkar hoi na". [In health facility only women get treatment and it doesn't look nice to visit the health facility by a man. In my house I have mother and sisters and my wife comes to the clinic by accompanying them if needed.]

to this participants mentioned that some husbands feel shy to come with their wives for reproductive health care services. Because of prevailing culture and myth men do not visit health facility with their wives; they do not feel comfortable to take their wives to the health facility; they feel shy to take them to the health facility because they do not like to discuss sexual reproductive health issues with the providers.

They opined it is "females matter", "MEADER BISOY". The participants also think that a female should accompany female is socially more acceptable than husband's accompany. The other reasons why men are reluctant to visit health facility with their wives include:

- Almost all the participants feel treatment in the government supported health facility is not satisfactory
- Their poor economic condition discourages them often to visit health facility
- Health facility does not provide medicine
- Men do not visit health facility because they remain busy all the day with outside work
- Long waiting time at the health facility also discourages men to visit health facility

One participant Md. Jakir Hossain from Lohagara told, "Men from the poor families usually less interested visiting health facility. They feel that the providers neglect them; they need to wait for a long time to consult the doctors and they are not provided with medicines. Women are compelled to listen what their husbands say." Wives from the rich families when face any health problem, they visit the clinic themselves not the poor families."

"Men do not encourage their wives to come to the clinic because of prevailing traditional religious and 'purdah' system." Mentioned by Md. Kalam, Palash center.

How Men's participation could be increased?

The participants were asked to express their opinion how men's participation could be increased. The participants suggested that adopting various strategies could increase male's participation in reproductive health. These are:

- Mass media campaign by giving importance why their participation is crucial for the improvement of reproductive health.
- Lack of available space in the clinic for counseling men discourages them to visit clinic. Therefore, there should be a place for the males in the clinic and during counseling privacy must be maintained.
- Recruiting male workers at the community level and visiting the households to motivate men.
- Arranging campaign in village Hats and Bazaars through loudspeaker and distributing leaflet, poster giving emphasis on the importance of male participation in reproductive health and how it brings benefits to the welfare of family.
- Organize reproductive health education meeting with male members at the community level.
- Arranging meeting with community leaders (like formal leaders and religious leaders) and ask them to talk to the community men about the importance of their participation in reproductive health.
- Organize group meetings with males of the community and discussing with them about reproductive health matters.

Why Males in Bangladesh are not Using Family Planning Methods

Spousal communication can be an important strategy toward increasing men's participation in reproductive Health (Lasee and Becker, 1997). Communication enables husbands and wives to know each other's attitudes towards family planning and contraceptive use. It allows them to voice their concerns about reproductive health issues, such as worries about undesired pregnancies or STDs. Communication also can encourage shared decision-making and more equitable gender roles. Researches consistently demonstrate that husband and wife who discuss family planning are more likely to use contraception, use it effectively, and to have fewer children (Beckman, 1983). In contrast, when men and women do not know their partner's fertility desires, attitudes about family planning or contraceptive preferences, the consequences can include unintended pregnancies, transmission of STDs, and unsafe abortion (Biddlecom et al, 1997).

Men in Bangladesh play an important role in most decisions pertaining to family life, including desired family size and family planning. Traditionally the social and economic dependence of wives on their husbands gives men great influence in family decisions. The participants in the FGDs mentioned that initiation of discussions of sexual life, family planning or reproductive goals is always the responsibility of men; women rarely take initiative. However, very few participants in the focus group discussion mentioned they discuss about family planning with their wives as well as the number of children they should have. In case of family planning, wives take initiation because field workers motivate them. But they cannot take any decision – it is husband who decides whether or not to use family planning methods and how many children they should have. Researches elsewhere found that communication between husbands and wives to be one of the most important factors associated with family planning practice (Shahjahan et al, 2005).

Men can participate in family planning in two ways: by supporting their partner's decision to use family planning and/or by practicing a male method of family planning themselves (condom, vasectomy, withdrawal, or periodic abstinence). Men's support affects the choice, adoption, continuation and correct use of female methods. With regard to use of family planning a large majority of participants mentioned

Morshed Ali (40 years old) Rickshaw puller from a Dhaka Slum told that "Men work for the livelihood outside home and they have little time to go the health facility to collect family planning methods. That is why their wives accept family planning methods. The participants feel that they will become weak if they sterilized. Condom use does not give sexual pleasure. There is no problem if a woman becomes weak after use of contraception but there is a problem if a man becomes weak after use of contraception because who will feed family if he does not able to work".

that their wives are using female methods and only one man mentioned that he is using condom. When asked why men are not using vasectomy most of the participants think that there is a cultural belief if a man gets operated he thinks he would be sexually weak; he would not be able to do hard work.

The participants also mentioned that their wives do not want their husbands should be operated. They think to recover from illness of operation would take longer time and if husband sits idle at home who would earn for them. Some said that after operation men will lose their eagerness in sexual activity. They do not like to have sex with their wives. Because of this cultural myth they do not want to be operated. When asked why they are not using condom either, some participants mentioned that condom use does not give sexual pleasure;

Another participant Md. Mojibar of Shaghata said (with shy and laugh), "use of condom does not give sexual satisfaction. I hope you all understand it (Directing to moderator and note taker)". Another participant named Md. Tajul Islam from Dhaka Jatrabari area told, "women face all the difficulties if there are many children and that is why more women accept family planning methods".

some said that use of condom is not safe because it bursts. However, the participants also mentioned that they are not using any method because of fewer methods are available to men.

Another participant Mizanur Rahman said " I am not sure about condom but use of condom cause discomfort. During sex semen's comes out and occasionally condom is teared off".

A negative attitude of service providers is also one of the important reasons why men are not reluctant to use family planning methods. It is traditionally assumed that men are difficult to reach and that they are resistant to change their reproductive attitudes and behavior. The other important reasons that emerged from the discussions are as follows:

- Due to male dominance in the society
- Condom may damage at the time of use
- Religious superstitions
- Lack of awareness about reproductive health
- Due to shyness
- Very few methods for males.
- Males are involved outside economic activities and so they want their wives to use family planning methods

- Use of condom during intercourse does not provide satisfaction
- Condom use and disposal is trouble some.

Md. Jamir Ali of Lohaghora said, “Gorib lokera operation korate vhoi pai. Tader bekar hoe jabar vhoi thake ba 7 din boshe thakle kivhabe sonsar cholbe sai chinta thake.” [“Poor people are afraid of operation. They are afraid of becoming unemployed after operation. If after operation they take rest for a week then how the members of his family will survive. – Who will feed them.]

Participant’s attitudes towards use of permanent method are also discussed in the focus group discussions. The views of the participants are listed below:

- Vasectomy operation is risky for health
- Vasectomy operation may decrease strength of men
- Men become sexually weak
- Men not get strength during intercourse
- Need more children in case of any accidental death
- It may create health problem and may die consequently
- Working class doesn’t want to take risk of their health.

A participant Md. Tajul Islam of Palash mentioned, “Operation korli vhalo khaon dorkar. Gorib loker taka nai, tago sansar chalati Kajkormo korti hoi. Aage 1500 taka, lungi, panjabi dito, ekhon bondho.” [After vasectomy one needs better food and vitamins to get strength in the body. Poor men do not have enough money to take rich food. Moreover, men have to work all the day long for the livelihood of the family. In the past every person used to receive incentives as cash money with transportation money and wearing clothes after operation. (worth Tk. 1,500) Now this incentive is withdrawn and as a result poor men are not motivated to accept sterilization.]

In order to increase participation of men in family planning the participants gave a number of suggestions. These are listed below:

- Availability of more methods for men would encourage them to use.
- More campaign needed for motivating men at the community level.
- More information through use of mass media is required to motivate men highlighting about the benefit of participating in reproductive health.
- Distribution of poster and leaflet highlighting the importance of men’s involvement in family planning would help in their reproductive health.
- Male workers should be recruited to motivate men to use family planning methods.
- Incentives should be reintroduced to attract men in permanent method.
- Arranging film show at the community level about reproductive health matters focusing men’s participation.

Whether Husbands support their Wives during Pregnancy and whether they take them to Health facility for services.

Although pregnancy is not an illness, it makes great physical and emotional demands on the mother. Her husband as well as other members of the family needs to understand and appreciate the discomfort, anxieties and tiredness that pregnancy

may cause in a woman. Husband should understand that good nutrition and medical care during pregnancy and childbirth are important. When wife becomes pregnant, a husband can make sure that she gets proper antenatal care, which may entail providing transportation and money to pay her visits. Husband can accompany his wife for the antenatal visits, where he can learn about the symptoms of pregnancy complications. Good nutrition and plenty of rest also are important during pregnancy. Husbands can help their wives to have safe pregnancies and healthy babies by ensuring that they receive nutritious food. An anemic woman is five times more likely to die of pregnancy related causes than a woman who is not anemic.

Participant's responsibility during pregnancy of their wives and care they take were assessed. Very few of the participants reported that they took their wives to the health facility for antenatal and postnatal check ups; very few participated household chores during their wife's pregnancy. In addition, all the participants were asked whether they discuss reproductive health issues such as desired family size, sexual reproductive health problem, breast-feeding of the child and menstruation problem. The participants mentioned that they feel very uncomfortable to discuss about sexual reproductive health matters with their wives. However, some participants mentioned that they advise their wives not to carry heavy load during pregnancy; encourage wife to take nutritious food during pregnancy; they look after the children during the pregnancy. The participants also mentioned that husbands should stay with their wives during labour and delivery to provide comfort and support.

Men's Knowledge and Perception on Reproductive Health Problems: RTI/STD and AIDS

Women's sexual reproductive health choices, the use of contraception to prevent pregnancy, the prevention of HIV and other sexually transmitted diseases often depends on the involvement of their male partners. Research also indicates that differences in socio-cultural norms of acceptable sexual behavior between men and women put women in greater risk of sexually transmitted diseases because of their partners' sexual behaviors. This is especially important during pregnancy when both woman and her fetus may be exposed to the risk of STIs (Bloem, et al 1998). If left untreated in women, STIs can cause infections leading to future infertility, pelvic inflammatory disease, abortions and stillbirths. As HIV/AIDS spreads throughout the world, along with an increase in STDs, the need for men to practice safer sexual behavior is becoming crucial. STDs are more difficult to detect in women, making accurate diagnosis harder (Lande, 1993). Women are less likely than men to receive timely treatment because they are embarrassed, or they cannot go to a clinic because of shy. Thus women suffer more long term and more painful consequences from STDs, such as ectopic pregnancy, pelvic inflammatory disease, and infertility (UNFPA, 1997). Reproductive Tract Infections (RTIs) affect the lives of majority of women in reproductive ages. Sexually transmitted infections (STIs) are caused through unhygienic practices during menstruation and after childbirth. Whatever the root cause, RTIs can be detrimental to a woman's reproductive health. The presence of infection increases the transmission of potentially fatal diseases like HIV/AIDS. In a traditional society like Bangladesh these diseases are not openly discussed. There is also evidence that men even keep secret to their wives about sexual diseases. Generally women come to the health facility for the treatment of RTIs/STDs. Men do not bring their wives to the health facility because they feel shy to discuss such diseases with service providers. Instead of visiting health facility men with such diseases seek traditional treatment and visit local quack, kabiraj, etc. for treatment. Men's knowledge on sexually transmitted diseases is also discussed in focus group discussions. They mentioned a range of sexually transmitted diseases and reproductive health problems of men. They are:

- Syphilis
- Mehoo
- Gonorrhoea
- Urinary problem: burning sensation, discharge of semen
- Lower abdominal pain
- Penis problem: erection problem, burning sensation during intercourse

Some participants mentioned that most men suffer from sexual health problems, which include incomplete intercourse because of early ejaculation and duration of intercourse is short with no sexual satisfaction, burning sensation during intercourse.

Sexual intercourse is a very private and personal topic, and many women and men are reluctant to talk about it. Men do not discuss these sexual health problems with their wives rather they discuss their problem with men of their age. Similarly, women who suffer sexual health problems do not discuss with their husbands. They are more likely to talk about these problems with women rather than men, seek help from other women and community health workers. The women will not go to the health facility to discuss these sensitive issues.

One participant Tajul Islam from Tangail said, "Ghono Ghono Proshab, shathe dhatu ber hoyo. Chelera 20/21 bosor boyoshe e roge beshi vhoge." ["With frequent urination semen falls. Men aged between 20-21 suffer most from this type of diseases"]

Another participant Md. Jamir Ali from Dhaka said, "Dhatu Vanga rog"- Proshaber sheshe shada dhatu ber hoyo. Dhatu rog hoche purusher prodhan rog." ["Falling semen means one become sexually weak. This type of disease is common disease among men".]

The women will not go to the health facility to discuss these sensitive issues.

Men's knowledge on the reasons for sexually transmitted diseases was also assessed. The participants gave a number of reasons and these are:

1. Persons who go the prostitution or floating sex worker
2. Persons who do not make clean themselves after intercourse
3. Intercourse during the period of menstruation.

When asked where they usually go for treatment of such diseases the participants

One Zakir Hossain of Lohagora said, "Eshob Rog Allah dile amra ar ki korbo? Allah dile Allah er bapar." [If Allah gives us such diseases what could we do for that.]

Md. Ghisuddin of Dhaka Slum says, "Gonorrhoea rog hoi kharap meader mashi er somoi shohobash korle." [Men suffer from Gonorrhoea since they do sex with the prostitute girls.]

mentioned a range of places. These are:

- ◆ Clinic
- ◆ Doctor
- ◆ Kobiraj/Quack
- ◆ Homeopathy
- ◆ Street side canvasser
- ◆ Take medicine from footpath

The respondents mentioned that they usually go to the local kabiraj or sometimes they go the Homeopath doctor. They also go to the street canvasser who sells traditional medicine in village hat and bazaar. Some participants mentioned they go to homeopath for treatment. Men are reluctant to go the health clinic because there is a lack of available space for men there. Service providers often provide STDs related counseling with little or no privacy. Men further said that most community-based programs have tended to focus on women and female workers. This has restricted men to discuss their sexual health problems with clinic providers.

One participant Iqbal Hossain from Polash mentioned “ They usually go to the local Kabiraz; they feel shy to go to the health facility but no body knows about the disease if they go to Kabiraj.”

Their knowledge on the prevention of sexually transmitted diseases were also investigated and the participants mentioned that

1. Not visiting prostitution and floating sex worker or street based sex worker
2. Use of condom during intercourse
3. Consult the doctor if there is a sexual reproductive health problem

When asked who are more vulnerable to sexually transmitted diseases about half of the participants reported that males are more vulnerable from STDs; the remaining 45 percent mentioned women are more vulnerable. Virtually every participant

mentioned that if any one either husband or wife suffers from STDs then any one would be affected. About 70 percent of the participants mentioned that there are health facilities in their area where men can go for treatment of RTI/STD. Among the participants 84 percent of respondents are aware of AIDS. Their knowledge regarding

Mizanur Rahman of Lohaghora said, “ Chikisha na korale purushanger bhitor diae rokto/puj aashe. Linger khoti hobe, khoshe pore jabe.” [Without treatment blood and pus passes through the penis. Penis will be affected and it will not be erected during intercourse and all happiness will be vanished.]

the consequences of AIDS were also assessed. The participants gave a number of consequences of STDs/AIDS and these are:

- Persons with AIDS will die
- Diseases may spread among other members of the family i.e. from mother to child.
- Men will loose sex power.
- Men will feel physical weakness.
- The diseases may transmit to other persons without protection.
- No satisfaction during intercourse.
- Conflicts between husband and wife.

Discussions and Future Directions:

Male involvement in reproductive health is low in Bangladesh and increasing the involvement of men in family planning and reproductive health program is a challenge, which Bangladesh has begun to face. Many obstacles prevent men and women from talking about sexual and reproductive issues. The FGDs suggest that a complex web of social and cultural factors impede such discussions. In Bangladesh men feel embarrassed to discuss sexual matters with wife and that discourage them to take their wives to health clinic. Traditional culture often discourages both husband and wife from starting discussions on sexual reproductive health matters. Much of the group discussions centered on why men are reluctant to use family planning and in particular vasectomy method. The participant said that they stay outside all the time for earning and that is why their wives are using family planning methods. They do not use vasectomy because of fear of losing sexual power and also fear of losing their work opportunity?). They said that giving their children the basic

needs such as food, shelter, health care and schooling was the main responsibility. If they become sick by use of vasectomy who would feed them is a major concern of the men.

Men do not take their wives to health facility because they feel shy to discuss the sexual health matters with the service providers. In the FGDs men said they rarely discussed sexual matters with their wives; indeed, communication of any kind was limited between them. Men said they do not feel comfortable in discussing sexually transmitted diseases.

Although future fertility trend has become unclear, we know the risks associated with pregnancy and childbirth, the high rate of unintended pregnancies, the high rates of infant and maternal mortality. In view of this involvement of men in family decisions, including matter of women's reproductive health and family planning is important. It is also evident that STDs and HIV/AIDS are spreading among sexually active population, which can only be prevented by increased communication and cooperation between men and women.

More men probably would involve in reproductive health if programs could reach to them with appropriate information. Service providers have a special role to play in breaking down barriers to men's involvement in reproductive health. To the extent that providers believe men have little role to play in family planning, services will remain inhospitable to men. Service providers may need training in male counseling and spousal communication issues. The aim should be for men to be viewed not only as clients of family planning services, but also as supportive to their wives. All available opportunities should be utilized at any health and family planning service center to counsel men on their reproductive responsibilities and use of contraceptive methods. From a policy perspective, men's involvement in reproductive health and family planning should be viewed as desirable not only as for equity reasons, but because programs and health outcomes – for both women and men – are likely to improve as a result. With modest changes in existing programs, health educators and service providers can encourage greater involvement of men in reproductive health as well as better communication between spouses on these issues—both important steps towards better family health.

Service sites need to be set up to cater to the needs of men. Men should be able to obtain the services they want, when they want. Service providers should respect individual privacy as much as is done for women. Greater inclusion of men in sexual reproductive health programs may help reduce unintended pregnancies and transmission of STDs, including HIV/AIDS, as well as improve child survival and health, gender relations, and family life. One proven way to reach and inform men is through the mass media. Mass media can expose male audiences to messages that can influence their reproductive health knowledge, attitudes, and behavior. Often men are more exposed to radio and television than are women. The media can impart different messages depending on the needs of the specific audiences. Increasingly, health care providers and researchers are realizing that most appropriate client for reproductive health information and services may be couple rather the individual. Programs can reach more men when they go where men naturally congregate, such as workplace, in rural bazaar, in tea stall. Men are comfortable in these places, from a ready audience, and may be more receptive to new information. There is a cultural taboo regarding use of condom and vasectomy. Most of the men in Bangladesh suffer from misinformation. This is because men do not know enough about these methods and thus may believe in rumors. Men need clear, factual information from reliable trusted sources. Many men do not like condoms because they interrupt sex and diminish pleasure. Besides, many men and women think mistakenly that condoms often break. While many men do not choose vasectomy because they desire more

children, others think that it will lower sex drive, cause impotence, and be inconvenient. Communication campaigns should be used through mass media to get facts to men about the safety and ease of vasectomy

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When the participants were enquired about how AIDS spread their response included:

- Sex with commercial sex worker
- Through use of used injectable syringe
- Through use of affected person's blood
- From parents to children
- Through illegal sexual activity

The participant's knowledge on prevention of AIDS was also obtained in the discussion. They mentioned the following ways to prevent AIDS:

- Follow the religious rules and restrictions
- Using condom during sex with prostitutes
- Make cleanliness after intercourse
- Avoid visiting prostitutes
- Blood should be tested before use
- Use new syringe each time
- Avoid illegal sexual intercourse