

Survey of Contraceptive Behaviour,

THE MALE STUDY

The Male Study
1979

ADOLESCENT FERTILITY RESOURCE
CENTRE
NATIONAL FAMILY PLANNING
BOARD
5 SYLVAN AVENUE, KINGSTON 5

Prepared by:
Dorian L. Powell
Department of Sociology

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INTRODUCTION

The male study is part of the larger study of Contraceptive Behaviour in Jamaica, 1979. The sample results from the methodologies as described in the report of the larger study.¹ It was concentrated in two parishes of the island, Kingston/St. Andrew and St. Thomas. All of the former took place in urban enumeration districts and all the latter in rural enumeration districts, so that the data arising from interviews in these areas permit among other things, the observation of rural-urban differentials. A total of 232 men were interviewed, 166 from the urban area and 66 from the rural.

Characteristics of the Sample

The age range of the men studied spans 15-55 years, with approximately 59% of the group being under 30 years of age.

Sixty percent of the group had primary level education, 19% with secondary and 9% with high school education.

More than one half of the men (57.8%) said they were employed, with the largest group being craftsmen and other types of skilled workers. The second largest occupational category was farmers.

In response to the question on religion, 22% of the men said they had no religion. Baptists and Church of God were the largest representation, each approximately 16%. Roman Catholics were next with 10%, and Anglicans and Rastafarians each with 7.8%.

¹ See Dorian Powell, Report on Survey of Contraceptive Use in Jamaica, 1979, Section 1.

Most of the men were in visiting relationships (30%), 27% single, 23% in common-law union and 16% married. Divorced or separated men accounted for 3%.

Mating Patterns of Ever-Union Men

The study of mating patterns is basic to the understanding of fertility and contraceptive behaviour whether the group under discussion is comprised of males or females. Most fertility studies focus on the mating patterns as they are manifested through the behaviour pattern of females. This departure is instructive despite the small size of the male sample concerned. More than two-thirds of the sample of men have experienced some form of sexual union. The table below reflects the union experience of this sub-group of the sample.

Table 1. Ever-Union Men by Union History and by Age

Age Group	Total	First Union	Not First Union	
			Same Spouse	Different Spouse
15-19	25	68.0	-	32.0
20-29	55	38.2	3.8	58.2
30-39	40	22.5	7.5	70.0
40+	38	18.4	5.3	76.3
Total	158	34.1	4.4	61.4

Sixty-eight percent of the teenaged men were in their first union. The remainder of this group had experienced more than one union as well as more than one spouse. This was the experience of most men in the sample (61%). There is a clear inverse relationship between age and union experience. As men get older, the likelihood of being in their first union decreases and the likelihood of having

experienced more than one partner as well as more than one union increases. Relatively few men (4%) have changed type of union and remain with their initial spouse.

The pattern by place of residence shows rural men being more likely than urban men to have been in their first union. Similarly the rural men are more likely to be with the same spouse even if union type is changed, and less likely to have experienced both a different type of union and a different spouse. The table below shows the relevant proportions.

Table 2. Ever-Union Men by Union History and by Residence

	Total	First Union	Not First Union	
			Same Spouse	Diff. Spouse
Urban	115	32.2	3.5	64.3
Rural	43	39.5	7.0	53.5
Total	158	34.1	4.4	61.4

Although only 158 men (68%) view themselves as having been in a union, a higher number - 185 (79.7%) admit having a sexual union. The suggestion is that not all sexual relationships take place in a kind of relationship that the respondent subjectively regards as a union. Actually then, the table below reflects respondents' age at first sexual intercourse. The teenagers 15-19 years show a distinct pattern of earlier sexual intercourse than older men. More than half of these 15-19 year olds had first sex before age 15. More than 85% of all the men discussed here had their first sexual experience before age 20.

Table 3. Current Age by Age First Sexual Union

<u>Current Age</u>	<u>Total</u>	<u>Age First Sexual Union</u>			
		<u>Under 15</u>	<u>15-19</u>	<u>20-24</u>	<u>25+</u>
15-19	32	53.1	46.9	-	-
20-29	64	23.4	65.6	7.8	3.1
30-39	44	22.7	68.2	4.5	4.5
40+	45	4.4	60.0	26.7	8.9
<u>Total</u>	<u>185</u>	<u>23.8</u>	<u>61.6</u>	<u>10.3</u>	<u>4.3</u>

The rural-urban differentials with regard to age at first sexual experience are of interest. Rural men are likely to begin sexual relations at an earlier age than urban men. Thirty-six percent of the rural men, compared to 19% of the urban, had their first sexual relationship before age 15. (Table 4.).

Table 4. Mating Pattern of Ever-Union Men by Residence

	<u>Age First Sexual Union</u>			
	<u>Under 15</u>	<u>15-19</u>	<u>20-24</u>	<u>25+</u>
Urban	19.4	63.6	12.4	4.7
Rural	35.7	51.8	8.9	3.6

Another interesting aspect of the mating patterns of the men is the prevalence of multiple sexual partners. The data show that 56% of the respondents kept only one partner at a time. Of the remainder, 61% had 2 partners, 18% 3 and 21% 4 or more partners simultaneously, at one time or another. The table below shows the pattern by age. Younger men tend more than older men towards one partner at a time.

Table 5. Mating Pattern of Ever-Union Men by Age

Age Group	Never Had More Than One at a Time	<u>Had More than One at a Time</u>		
		2	3	4+
15-19	67.6	29.4	2.9	-
20-29	60.6	24.2	4.5	9.1
30-39	34.1	29.5	20.5	15.9
40+	57.4	29.8	4.3	8.5
Total	55.5	27.2	7.9	9.4

Paternity

Respondents were asked whether or not they have ever got a woman pregnant. Fifty-one percent answered in the affirmative. Table 6 below shows the distribution regarding the number of times this has happened, according to the age of the man. As is to be expected, this has happened fewer times in the case of younger than older men. For the younger, the number tends to be 3 times and less.

Table 6 Number of Times Respondent Made a Woman Pregnant by Age of Respondent

Current Age	<u>Number of Times Pregnancy Occurred</u>					
	1	2	3	4	5	6+
15-19	(2)	-	-	-	-	-
20-29	46.9	28.1	21.9	(1)	(1)	-
30-39	7.1	11.9	19.0	28.6	(1)	-
40+	(2)	(3)	(2)	(7)	(5)	(8)

Note: Actual numbers are enclosed in brackets.

A small proportion of men gave conditional answers, for example, "if the woman wants to" or "if the last child endangered her life."

TABLE 13. RESPONDENTS' WILLINGNESS TO HAVE STERILIZATION DONE BY THEIR WILLINGNESS TO LET THEIR SPOUSE DO SO.*

Respondents'	Yes	%	No	%	Total
Yes	30	93.8	2	6.2	32
No	55	33.5	109	66.5	164
Total	85	43.4	111	56.6	196

* Table excludes those men who admit no spouse.

The question on abortion was presented as a hypothetical situation, and in contrast to the men's reaction to contraceptives in general, there was strong disapproval of abortion. Eighty three percent of the respondents disapproved of abortion and the average number of points for all was just 1.3. The highest score was for men 30 - 39 years, a score of 1.4, still less than half of the highest possible number of points. The distribution by parishes shows St. Thomas being more negative to abortion than the K.S.A.C. area (Table follows).

TABLE 16. CURRENT CONTRACEPTIVE PRACTICE AMONG MEN IN UNION BY AGE

<u>Age Group</u>	<u>Men in Union</u>	<u>Total Ever Users</u>	<u>Using</u>	<u>No Longer Using</u>	<u>Rate of Drop Out 4/2</u>
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	
15 - 19	31	23	19	4	17.4
20 - 29	59	37	32	5	13.5
30 - 39	42	34	32	2	9.4
40 +	38	20	13	7	35.0
	170	114	96	18	15.8

Men who discontinued use of contraceptives were more likely to be found among older and younger men than among those of intermediary ages.

As is expected most men report use of the condom. Approximately one in five of the current users gave a method used by their spouse. The pill and the injection were the female methods most frequently mentioned.

Current and past users were asked how long they have or had been associated with the contraceptive method named. Nearly one-third of those who responded (136) said 5 years or more and 12% had been associated with their stated method for under 1 year. They were then asked their reasons for choosing the method named. Most respondents 37% said the method is easy to use, followed by those who said it is easy to obtain.

Knowledge of Family Planning

Non-use of contraceptives cannot be accountable to lack of knowledge of family planning since 97% of the respondents answered positively that they know of ways to prevent a woman getting pregnant. The remaining 7 persons answered 'yes' when the actual word family planning was introduced to them. There was much variation in respect to knowledge of specific methods. This is detailed in descending order in Table 17. Of interest is the fact that with respect to male controlled methods, 91% of the respondents mentioned the condom, while male sterilization and withdrawal were mentioned by only 7.8% and 6.5% respectively. At the same time more than 50% of the respondents mentioned female sterilization and 81% the pill.

Table 17. Distribution of Respondents Having Knowledge of Specific Contraceptive Methods

<u>Method</u>	<u>Percentage</u>
Condom	91.4
Pill	80.6
Female Sterilization	54.3
Injection	26.7
I.U.D.	18.1
Foam/Cream etc.	13.4
Male Sterilization	7.8
Diaphragm	6.9
Withdrawal	6.5
Rhythm	4.3
Other	1.7

TABLE 14.

ATTITUDE TO ABORTION BY AGE

	Number of Respondents	Approve	Neutral or Don't Know	Disapprove	Average No. of Points
All Respondents	232	8.6	8.6	82.8	1.3
<u>Age Group</u>					
15 - 19	67	7.5	6.0	86.6	1.2
20 - 29	73	5.5	6.8	87.7	1.2
30 - 39	45	15.6	8.9	75.6	1.4
40 +	47	8.5	14.9	76.6	1.3
KSAC	165	10.3	9.1	80.6	1.3
St. Thomas	67	4.5	7.5	88.1	1.2

PRACTICE OF BIRTH CONTROL

Respondents who admitted knowledge of family planning (97%) were asked if they have ever used a family planning method. Fifty-eight percent answered in the affirmative. The rate of ever used in St. Thomas was substantially higher than the rate of the K.S.A.C. area, 77% for the former and 53% for the latter. The question of use was then addressed to those men currently in union, "have you and your spouse ever used a family planning method." The distributions are displayed in the table below.

TABLE 15. MEN CURRENTLY IN UNION AS EVER USERS OF FAMILY PLANNING METHODS BY AGE

Age Group	Used all the time		Used Sometimes		Never Used		
15 - 19	5	16.1	18	58.1	8	25.8	100.0
20 - 29	8	13.6	29	49.2	22	37.3	100.0
30 - 39	14	33.3	20	47.6	8	19.0	99.9
40-	11	28.9	9	23.7	18	47.4	100.0
	38	22.4	76	44.7	56	32.9	100.0

Sixty-seven percent of the men have used contraceptives with their present spouse. Twenty two percent have done so all the time, 45% sometimes and 33% have never used contraceptives with their present spouse. If we examine the age differentials among the user group, they tend to be older men while younger men tend to be found more among those who use a method only sometimes. There is no clear pattern by age among the never users.

More than half (56%) of the men currently in union were practicing contraception at the time of the interview. The proportion is remarkably high when current users are related to ever users, 84%. Table 15 shows the picture on current use.

Inter-Spousal Discussion of Family Planning

More than half of the men have never discussed family planning with their spouses, and among those who discussed the topic, the majority did so rarely.

For those who discuss family planning, married men are more likely to discuss the topic often, while men of other union type tend to do so rarely.

With respect to age, teenagers are least likely to have discussed. As shown in the table below, 5% of the men 15-19 discussed family planning often, 24% do so rarely and 71% never discussed the topic at all.

Table 17. Whether or Not Ever-Union Men ever Discussed Family Planning with Spouse by Union Status, Age and Residence of Respondent

Union Status	Total	Discussed		Never Discussed
	Total	Often	Rarely	
Single	21	-	23.8	76.2
Visiting	70	15.7	31.4	52.9
Common-law	52	17.3	36.5	46.2
Married	38	39.5	21.1	39.5
Other	7	(2)	-	(5)
<u>Age</u>				
15-19	34	5.9	23.5	70.6
20-29	64	20.3	25.0	54.7
30-39	44	27.3	38.6	34.1
40+	46	23.9	26.1	50.0
Total	188	20.2	28.2	51.6

Table 13 Opinion on Number of Children a Woman
Should have by Age of Respondent,
Union Status, Education and Residence

<u>Age</u>	<u>Total</u>	<u>1-2</u>	<u>3-5</u>	<u>6+</u>	<u>Desired Mean Family Size</u>
15-19	65	1.5	53.8	44.6	5.5
20-29	73	2.7	32.9	64.4	6.2
30-39	45	-	44.7	55.6	5.3
40+	49	2.0	42.9	55.1	6.1
<u>Current Union Status</u>					
Single	64	3.1	50.0	46.9	5.6
Visiting	70	-	38.6	61.4	5.9
Common-law	53	1.9	41.5	56.6	6.0
Married	38	2.6	44.7	52.6	6.1
Other	7	-	(2)	(5)	6.1
<u>Education</u>					
Primary	138	0.7	44.9	54.3	5.3
Post-Primary	94	3.2	40.4	56.4	3.6
Total	232	1.8	43.1	55.2	Mean = 5.9
<u>Residence</u>					
Urban	166	1.2	43.4	55.5	6.0
Rural	66	3.0	42.4	54.5	5.7

In the above table we note that the majority of males (55%) felt that women should have 6 or more children, 40% in favour of 3-5 and just 1% opted for the small family size of 1-2 children. The mean family size that men desire for women is 5.9 children. Younger men desire smaller sizes than older men and single men smaller than married men or men in other unions. With respect to education men with post-primary education wish for much fewer children than men

with primary education and rural men would wish a slightly smaller family size than urban men.

Table 20. Whether or Not Ever-Union Men Ever Discussed Desired No. of Children with Spouse by Current Union Status, Age and Residence of Respondent

<u>Union Status</u>	<u>Total</u>	<u>Discussed</u>		<u>Never Discussed</u>
		<u>Often</u>	<u>Rarely</u>	
Single	21	-	19.0	81.0
Visiting	70	12.9	25.7	61.4
Common-law	52	15.4	33.5	46.2
Married	38	42.1	23.7	34.2
Other	7	(2)	(1)	(4)
<u>Age</u>				
15-19	34	2.9	14.7	82.4
20-29	64	20.3	25.0	54.7
30-39	44	29.5	34.1	36.4
40+	46	19.6	32.6	47.8
<u>Residence</u>				
Urban	133	21.1	28.6	50.4
Rural	55	14.5	23.6	61.8
<u>Total</u>		19.1	27.1	53.7

Ever-union men were asked if they have ever discussed with their spouses the number of children they would like to have. Over 50% have never discussed the topic. This was more pronounced among single men than men in union. As the type of union becomes more "stable" the likelihood of discussion increases. Forty-two percent of the married men said they discussed the topic often, while, for other union types the proportions were under 20%.

The differentials by age are not as straightforward. There is a U-shaped curve with teenage young men having the largest proportion of those who never discussed family planning. Urban men are more likely to discuss the topic than is the case with rural men.

Family Planning Information and Communication

Most respondents have heard of family planning through the radio. The television was the second most important source. All respondents have had multiple sources of information. The pill was the most frequently named method that the men have seen on sale. (Table 21). Just over one-third of the men said that they were favourably influenced by seeing the pill on display, while 52% said they were not influenced. The proportions with respect to the condom were almost 50-50 in terms of having been influenced and not influenced. Unfavourable influences were very minimal. Packaging of method was felt to be important, with more than 50% of those who answered, saying they were attracted by the colour of the condom.

Table 21. Proportion of Respondents Who Have Heard, Seen or Read about Family Planning and How Influenced

Method	How Influenced			
	Influenced favourably	Influenced Unfavourably	Not Influenced	Don't Know
<u>Media Source</u>				
Radio			55.6	
Television			53.0	
Print (Newspaper)			34.5	
Pamphlets etc.			26.3	
<u>Seen Method on Sale</u>				
Pill			59.5	
Condom			88.5	
Pill	34.2	2.1	52.1	11.6
Condom	49.0	0.5	47.5	2.9

Respondents were asked a population awareness question, 'Would you say that Jamaica's population is growing too slow, too fast, or just about right?' Sixty-seven percent said it was growing too fast and 26% said just about right. Only 5% felt it was growing too slow.

Summary and Policy Implications

The data presented here give a relatively clear picture of male attitudes to family planning. Generally speaking the men are in favour of contraceptives, since more than 7 out of 10 gave approval of its use. Rural men were slightly more approving than urban men, and those with higher levels of education more approving than those with lower levels. Despite generalized approval, the men had strong disapproval against sterilization as a method. Nearly 9 out of 10 men said they would not accept sterilization. They were however more approving of sterilization for their spouses. It is noteworthy that relatively strong negative attitudes to this method exist as well among females.¹ They also disapproved strongly of the use of sterilization as a method for their spouses.

Male disapproval of abortion as a method of birth control was equally high. Most respondents cited religious reasons as their basis for disapproval. While respondents in the rural parish were more approving of family planning generally, they were more disapproving than urban respondents about abortion as a birth control method.

¹ See 1980 Report on Survey of Contraceptive Behaviour in Jamaica.

what they want for themselves against the number women should have is of interest. Also of interest is the number of children the men have actually fathered. One-third of the men 40 years and over have fathered 6 or more children.

Most males get their information on family planning through the mass media programme, primarily the radio. They are quite aware of female methods such as the pill, female sterilization and the injection, as well as the male-controlled condom.

Most of the men feel that the rate of population growth is too fast. Since this feeling exists and the men generally approve of family planning, though with some specific reservations, the potential for motivating males towards contraceptive behaviour is favourable.

The sample for this study is a relatively small one. However the nature of selection of the sample facilitates confidence of the representativeness of the findings firstly to the areas from which it was drawn and to urban-rural environments in Jamaica. In terms of policy relevance, perhaps one of the most important, relates to the overall favourable attitude of men to family planning as a general practice. While pockets of negative attitudes still exist on specific aspects of family planning, there presently exists a much more favourable basis for family planning education and counselling among the male population, than existed previously.

With respect to sterilization the direct contribution that this method can make to fertility control is well known. The relatively low usage of the method and the negative attitude towards it signal the time for policy decisions regarding this method. There

is much ground to be covered if sterilization among both males and females is to become an important part of the family planning programme.

The situation with respect to abortion is similar only much further from the possibility of acceptance by men. It seems that discussions of both sterilization and abortion should form part of any action to refine government's population policy.

There is need to bring men more in contact with the health services. Programmes which will facilitate a one-to-one relationship between health staff and men are urgently needed. The reliance on the mass media as the chief means of influencing males needs to be reinforced by more direct contact. This is particularly important as coming out of the study we noted the low level of inter-spousal communication about both family planning and family size. The health service is a suitable context for the encouragement of values relating ^{to} family planning and child-bearing responsibilities, and policy should be directed at greater male involvement in family planning programmes.

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