

ORIGINAL ARTICLE

MALE PARTICIPATION AND SHARING OF RESPONSIBILITY IN STRENGTHENING FAMILY PLANNING ACTIVITIES IN MALAYSIA

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ABSTRACT

Family planning is one of the main pillars of safe motherhood initiatives. It is therefore a very crucial area that needs continuous strengthening and improvement in order to reduce maternal morbidity and mortality which will ultimately improve the general condition of women. Findings from the Confidential Enquiries into Maternal Death (CEMD) Malaysia Report 2001 - 2005 revealed that up to 70% of the maternal deaths never practiced any form of family planning. The contraceptive prevalence rate (CPR) in Malaysia for the year 2004 was 51.7% compared to Thailand, Vietnam and Singapore which was 79%, 74% and 74% respectively. One neglected area that has never been emphasized seriously in the family planning programme in Malaysia is male participation, gender awareness and sharing of responsibility by both partners. In realizing this, efforts have been made to include men as target groups in the national family planning programme. This paper will highlight the importance of optimum gender relations and sharing of responsibility with special emphasis towards the role of husbands and male medical personnel in the effort to improve family planning activities. It will also discuss the efforts put by the Ministry of Health in order to create gender awareness and encourage male participation in family planning.

Key words: Family planning, contraception, male participation, Malaysia

INTRODUCTION

Family Planning is one of the main pillars of safe motherhood initiatives. It is therefore a very crucial area that needs continuous strengthening and improvement in order to reduce maternal morbidity and mortality. Effective family planning is important in spacing out childbirth so that both mother and child can gain maximum quality of life especially the high risk mothers. Birth spacing will also give the mother ample time to recuperate from her previous pregnancy. Not only for women and children, appropriate family planning practice will also benefit the family and ultimately the whole nation by promoting equal distribution of resources.

The use of modern contraception has been known as a powerful strategy in improving maternal health. A recent review involving data from various countries revealed that nearly 1.2 million maternal deaths were averted from 1990 to 2005 due to the increasing use of modern contraception¹. In addition, increase in contraceptive use resulted in the decrease of high risk birth which leads to lower infant mortality. It improves birth spacing which is an

important lifesaving measure for both mothers and children. For mothers, properly spacing births lowers the risk of maternal mortality, antepartum hemorrhage, anemia and malnutrition. For children, it lowers the risk of fetal death, preterm birth, low birth weight and neonatal death². In Malaysia, consequences of inability to practice family planning is clearly demonstrated by the Report on the Confidential Enquiries into Maternal Death (CEMD) Malaysia 2001 - 2005 which revealed that up to 70% of the maternal deaths never practiced any form of family planning³.

Family planning has suffered an extreme stereotyping which associate the service to women. In Malaysia, ever since modern contraceptive methods were introduced back in 1930s, responsibility for family planning rests almost entirely on women. The clients of the Family Planning Clinics are mainly women. Not only that, the providers who are mainly nurses and midwives are also women. The service is given in the Maternal and Child Health (MCH) clinics; a clinic mainly visited by women and

children hence its name and traditionally known as the “torch bearer” for women’s health. Even the popular, available and effective contraceptive methods such as the oral contraceptive pills, intrauterine device and injectable hormones are meant for women. In the contrary, to build a family and produce a child, it definitely needs the sperm to fertilize the ovum. In this case, the role of men in family planning was not considered and their needs and contribution was not acknowledged by the health care system.

There are abundance of evidences which advocate the involvement of men in reproductive health issues in general and specifically family planning. Studies have shown that involving men in contraceptive counseling does increase contraceptive adoption, client satisfaction, contraceptive use effectiveness and contraceptive continuation^{4,5}. The communication between husband and wife about family planning and desired number of children is closely linked to successful contraceptive use². In response to this issue, the United Nation Population Fund (UNFPA) has developed a program advisory note on partnering with men in improving the outcome of reproductive health issues. The Executive Director of UNFPA, Thoraya Ahmad Obaid on her preamble of the issue did mention that we must always see men and women as partners in relationship built on mutual respect, trust, comfort and commitment⁶. The ICPD Cairo also recognized the importance to emphasize men’s shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behavior, including family planning, prenatal, maternal and child health.

Family Planning Services in Malaysia

There are three main agencies actively providing Family Planning services in Malaysia. The Ministry of Health (MOH) is the major provider serving about 78% of total number of family planning acceptors, followed by the National Population and Family Development Board (NPFBD) and the Federation of Reproductive Health Associations Malaysia (FRHAM)⁷.

In terms of achievements, one of the indicators used in measuring family planning is Contraceptive Prevalence Rate (CPR). In Malaysia there is an increasing trend in the CPR between 1966 to 1994, then it plateau at about 50%. The recent figure in 2004 showed that only 51.7% of married Malaysian women are practicing family planning, both traditional and modern methods⁸. If we compare the CPR to neighboring countries like Thailand (79%), Singapore (74%) and Vietnam (74%), the practice in Malaysia is relatively low. The main reasons given were because they plan

to conceive (39%), concerned of side effects (27%) and not permitted by the husbands (13%). Looking at these figures, we can say that there is a lot of potential to improve the family planning services and one of it is by involving men to participate and share the responsibility in family planning.

Activities towards Improving Male Participation and Sharing of Responsibility in Family Planning Services in Malaysia

Man being the leader of the family and more often the decision maker in many parts of Malaysian society certainly has a significant influence in the practice of family planning and contraception. Their responsibility and participation are much needed in every women reproductive health programme. They need to be more engaged in the health of their partners, particularly in the context of family planning. However, male participation in Malaysia is still relatively low. Their role as potential clients and healthcare provider were not highlighted significantly. In realizing this, efforts have been made since the past few years to promote male participation and sharing of responsibility by husbands in family planning, specifically focusing on contraceptive practices in the National Family Planning Programme. This was done via two main strategies i.e. increasing gender awareness and promoting sharing of responsibility in family planning.

To Increase Gender Awareness

Efforts towards increasing gender awareness among Malaysian public has started since the new millennium. The Ministry of Women, Family and Community Development of Malaysia was given the mandate to work with other stakeholders to promote gender awareness and gender equity. In 2004, cabinet committee on gender equality chaired by the Prime Minister himself was established. The implementation of gender mainstreaming was aligned in the 9th Malaysian plan where there was one specific chapter dedicated for women and development. In line with the initiative to increase gender awareness among healthcare workers, the MOH has made an effort to train healthcare providers on gender and rights in reproductive and maternal health. The training was conducted annually since 2005, using the World Health Organization (WHO) module. Participants include Obstetricians, Family Medicine Specialists, Public Health Physicians, nurses and male paramedics. Apart from creating awareness, the other objective of this course is to develop expertise in gender and rights in reproductive and maternal health among healthcare providers in the MOH. The participants of this workshop were expected to be the ‘agent of change’ towards a more

gender sensitive healthcare delivery in their own setting.

To Facilitate Sharing of Responsibility in Family Planning

Male participation in sharing the responsibility to practice family planning is identified as a vital strategy in increasing the contraceptive prevalence rate. It is important to neutralize the stereotyping or 'feminization' of the service as a whole. Therefore, activities must involve both the healthcare provider and the clients.

a. Male Health Care Provider

In a typical setting of the MOH Community clinics, services were divided into two parts i.e. the maternal and child health (MCH) clinic and

the outpatient clinic (OPD). Clients in both parts of services, MCH and OPD are attended by different categories of providers, nurses (female) and assistant medical officer- AMO (male), respectively. Family planning services is given by the nurses in the MCH clinics.

Annual National Family Planning Training for Trainers (TOT) was conducted by the MOH ever since the 1980's. Apart from medical officers, the target group was always female healthcare providers i.e. nurse, being the main service provider for family planning. The rationale behind this is that the service is given at the MCH clinics, by the nurses, who need continuous training in the subject. However, after realizing the huge role by AMOs in improving family planning services, the national TOT have included the AMOs as the next target group for training since 2003 (figure 1).

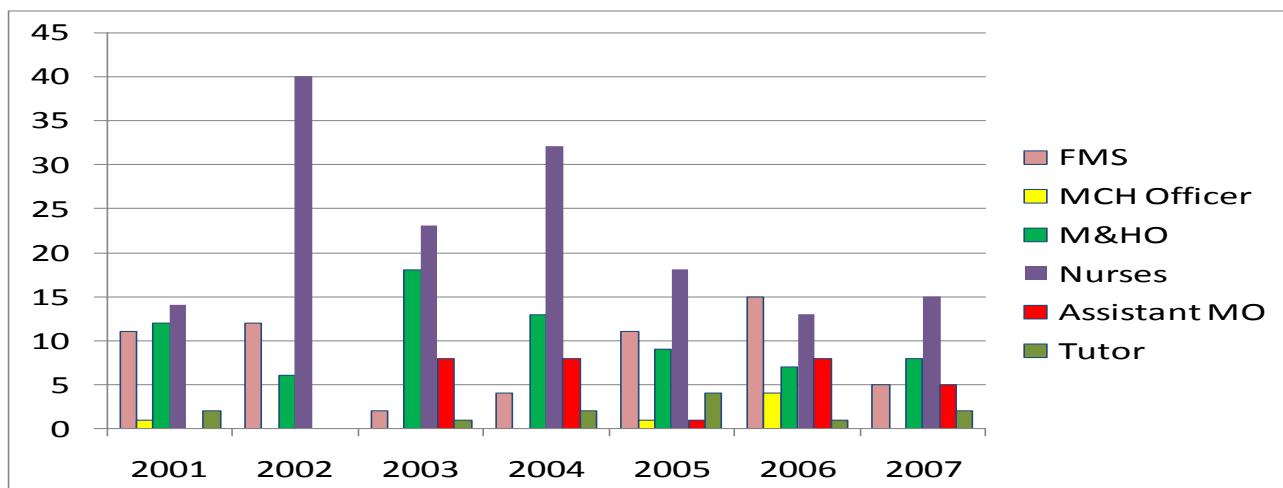


Figure 1. Number of participants in the National Family Planning Training of Trainers

Source: Family Health Development Division, Ministry of Health Malaysia

This is to promote active involvement of the AMOs in giving family planning services in the OPD. Their roles are to identify potentially high risk women (diabetics, valvular heart disease cases, anemia cases, etc...) in reproductive age group and give counseling on family planning to them and their partners during the clinic visits. They can also facilitate in educating male clients on appropriate technique of condom use. Apart from that, their involvement will be seen as role models of male participation in family planning to the community.

b. Family Planning Clients

Partnership with men means involving the husbands or partner in family planning activities. As an effort towards this, the standard operating procedure (SOP) for national family planning program has included couple counseling as one of the steps in the service provision. The objective is to impart adequate knowledge to both husband and wife on contraceptive methods available, thus they can have an informed choice to the best preferred method which they both agree to use. This new SOP was pilot tested in three districts since 2003 and has shown relatively higher level of contraceptive adoption in the selected districts as compared to the national level (Table 1).

Table 1. Percentage of high risk women practicing family planning in selected district which include male participation in the FP counseling session (2002-2004)

Indicators/ variables	Kuala Selangor District	Pekan District	Kuala Lipis District	AVERAGE
Percentage of high risk women practice contraception	83.0%	63.0%	76.9%	74.3%

It is noted that the average CPR of the three districts (74.3%) was higher compared to the national CPR (51.9%). Although there are many other confounding factors to the findings, male participation is one of the important contributors to the rise in CPR level⁹. Other efforts have been intensified to raise awareness and understanding among male about their responsibilities of protecting women's health needs.

Another project is the improvement in reporting system. The MOH has developed a systematic health reporting system (Health Management Information System - HMIS) since the 1980's and the number of family planning acceptors according to service provider and methods used are captured by the system. However it only registered women who practices family planning. Even if method of choice is male condom or vasectomy, the system will register the women's name. To acknowledge men's involvement in family planning and capture the actual participation rate, the new electronic system of HMIS has included men as family planning acceptors according to method used since 2007.

Way Forward

The MOH has initiated a few activities in the effort to increase male participation and sharing of responsibility in family planning services in Malaysia. To give a better impact towards improvement of services, a more comprehensive, multi level approach from policy to service delivery in involving men is needed in the future. This should involve a more focused plan of action in the planning (infrastructure, service delivery, methods) and implementation of a gender responsive family planning program.

CONCLUSION

The health and well being of a family is the responsibility of husband and wife, men and women. Whilst women empowerment has been one of the main agenda in improving reproductive health of women, support and cooperation from men as partner is undeniably important.

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