

Family planning and gender equity in health, a trend of change during a decade in IranSamad Rouhani¹, Fatemeh Abdollahi², Shahin Almasi³¹. Assistant Professor, Department of Public Health; Psychiatry& Behavioral Sciences Research Center, Mazandaran University of Medical Sciences, Sari, Iran; Hospital Management Research Center, Tehran University of Medical Sciences, Tehran, Iran². Corresponding author; Lecturer, Department of Public Health, Mazandaran University of Medical Sciences, Sari, Iran³. Student Research Committee, Mazandaran University of Medical Sciences, Sari, Iran
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Abstract: Where many studies have investigated the trend of change in the methods of family planning, but study about the change of couple's participation in the family planning programs is limited. A subject that attempts to be covered in this article. This is an exploratory-explanatory study. Using a self made checklist, the relevant data were extracted from the contents of family folders existing in the health centres of the district under study. Data were analysed using descriptive statistics and K-squared test. The results of this study revealed that in the beginning of study period contraceptive pills were the most common methods of family planning among the females while in the end of study period there was a shift towards IUD. Also the results of this study have shown that the use of male condom was statistically significantly increased in the end of the decade in contrast to its beginning, but still females undertake the main role in the family planning programs. In addition to the use of more risky methods of family planning methods by females in contrast with methods used by males, females participate in the family planning programs several times more than the males do. The trend of change is towards the increased role of males in the family planning programs that could be an indicator of improvement in gender equity as well as improvement in the quality of family planning programs. More interventions are required to bust this trend.

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1. Introduction

World's population growth, which its major part emerged from developing countries such as Iran, was the concern of experts and intellectuals for many years particularly in recent decades. Based on an estimation of UNFPA (United Nation Population Fund) as cited by (Torejian, 1996; Ketabi, 2006), the population of Iran will reach to 114 millions by 2025. In response to the country's high population growth, Iran's policy on control of population growth in a period of less than three decades had excellent achievement (UNFPA, 2006), so that fertility rate has changed from 6 births for each woman in 1980s to 2 births in 2000s (Simber, 2010). For this reason, as cited by (Roudi, 1997), Iran's family planning program was asserted as an excellent program by UNFPA.

Although Iran's family planning program is evaluated as successful, but it should be remembered that in this program the major role is played by women (Shadpour, 2001). Having mentioned that fact, the truth is the most common methods used by females is contraceptive pill (Nikniaz, 2001). This is happening where because of existing diseases or

preexisting high risk factors among female the use of contraceptive pills is mostly forbidden because of its relatively high level of side effects. Not only contraceptive pills but also almost all other methods available to women have potentially higher risks of side effects on the health of users compared to the methods available to men (Barr, 2010). Therefore taking all these issues into account, it could be said that the situation is not in favor of women's health. This is happening where with the increase of male participation in family planning programs, at least it is possible that the burden of family planning methods on the user's health to be distributed more equitably among couples and lead to a better protection of female's health.

World health organization has defined family planning as activities that help individuals and couples to prevent unwanted child, to manage the space between children, manage the time of child giving with their age and other condition and decide deliberately about the number of their children (WHO, 1979). With given definition the necessity of a successful implementation of family planning with

an appropriate participation of couples based on their conditions and risk factors is felt.

Nowadays, particularly in developing countries, the issue of male and female inequity in health is one of major universal concerns. Conducted researches in Iran indicate that social factors are one of underlying domains of gender inequity in health in this country; hence, the emphasis is a greater participation of male in family affairs for improving gender equity (Parvizi et al., 2010).

After Iran's good achievement in family planning, experts now believe that as essential steps of quality improvement of family planning and its indicators, increase in male participation in fertility programs particularly male participation in family planning programs is required (Simber, 2010).

In this regard and for improving the results of family planning programs it is necessary that the trend of change in couple's participation in family planning programs in the past to be evaluated and based on the findings appropriated planning to be designed for future.

In this study the objective is to assess the trend of change in family planning program for a decade (1998-2008) in Ahar a city in East-Azerbaijan province. In this study change in each methods of family planning is measured and change in male and female participation in family planning is evaluated. Based on the findings of research and observed changes discussion and conclusions are made with a focus on gender equity in health.

2. Material and Methods

This was a quantitative exploratory-explanatory study that used secondary data at district level. Study population was all married couples registered with family planning program in urban and rural health centers of Ahar. As the information of all family planning files of couples was available therefore, a systematic random sampling was used. With the above sampling method and using Morgan's table, the data of 400 couples in three occasions including 1998, 2003 and 2008 accounting a sample of 1200 of which half of them were from urban and another half from rural area were gathered. The information was extracted from the family planning file of aforementioned samples using a checklist. Data were coded, extracted and entered into a excel program. SPSS software package was employed using inferential statistics and Chi2 test for analyzing the data. The significant level of P value was at 0.05.

3. Results

In this study the data related to the different methods of family planning was categorized and analyzed based on the current method of family planning information system of primary health care network in Iran particularly its recording and reporting pattern. The data was gathered and compared based on three occasions including beginning, middle and last year of study decade. In table 1 different types of methods employed by couples and their change in the period of study is shown.

Table 1: Different methods of family planning used by couples in the outreach area of health care centers in three occasions of study period in Ahar-Iran

Methods Years		Natural	Withdrawal	Injection	Pill	Norplant	Condom	IUD	Tubectomy	Vasectomy	Total
Number	1998	12	10	32	297	4	12	33	0	0	400
	2003	4	12	49	297	4	12	33	0	0	400
	2008	5	15	31	81	0	56	143	67	2	400
Percent	1998	3	2.5	8	74.3	1	3	8.3	0	0	100
	2003	1	3	12.3	56	0	7.5	16.3	4	0	100
	2008	1.3	3.8	7.8	20.3	0	14	35.8	16.8	0.5	100

As the above table indicates, the most common method used in the beginning of decade of study (1998) by women was pill that accounts about 75 percent among all methods used by couples. This has happened when after one decade, (in 2008 the end of decade of study) IUD was most common method so that its ratio increased to more than 35 percent of females. Another point worth to mention in this table is, although females have undertaken the most participation in the family planning but a considerable increase in mal participation is observed so that male participation increased five times in 2008 compared to this ration in 1998 (14% in 2008 compared to 3% in 1998). Based on Chi 2 test the observed change in the trend of family planning methods used by couples in the decade of study was statistically significant ($P < 0.01$). In figure 1 the change of different methods employed by couples during the decade of study is depicted.

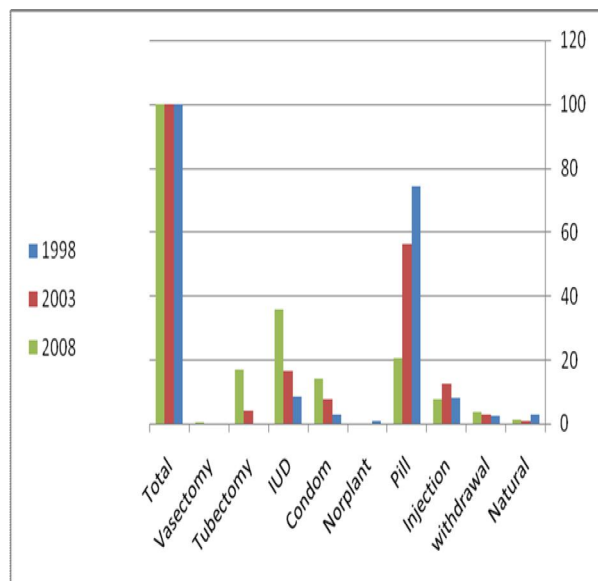


Figure 1: Percent of change in family planning methods used by couples in a decade (1998-2008) among covered population by health centers of Ahaz- Iran

As figure above indicates the most important changes are reduction in the use of pill together with an increase in the use of IUD in females. Also an increase in male participation using condom was observed.

4. Discussions

In recent decade's pregnancy prevention was one of the most important activities of family planning programs particularly in developing countries that has lead to a considerable reduction in

population growth in these countries (Nikniaz, 2001). Nowadays inequity in the male and female participation is one of concerns in family planning programs (Simber, 2010) so that in the majority of cases females have mostly participated in family planning programs in which the use of contraceptive pills are the most common method among them (Shadpour, 2001). This is happening where many of ladies who use contraceptive pills are lack of recommended conditions and/or have some preconditions that use of contraceptive pills could be a risky behavior for their health. Hence, it is necessary that a better alternative replace the current situation with which both family planning objectives and health of couples are maintained. This will lead to improvement in the quality of family planning programs (Simber, 2010). In this regard the increase of male participation in family planning programs particularly the use of condom has important role. Although the use of condom as a modern and safe method of family planning is more common in higher socioeconomic groups of society and the use of this method has an upward trend (Nikniaz, 2001), but to more expand this method as a substitution for more potentially high risk methods such as contraceptive pills should be recognized as a step towards female's health protection and expanding gender equity in health at social level. Therefore, a more active and targeted plan is required to be implemented. A plan that understanding current situation and the trend of its change are the prerequisites for an appropriate design and successful implementation (Parvizi et al., 2010).

Although it has been shown in this study that the share of male participation in family planning programs is increasing and this change was statistically significant during the time, but still it has long distance with females participation and needs to increase many time to reach into a faire level.

With reference to the findings of this study, females participate in family planning program several times more than the males do where all the methods they use such as contraceptive pill, injection, IUD, and tubectomy expose more risk to the consumers of these methods compared to the methods such as condom and vasectomy that are available to males. In such situation there are two concerns regarding to the health of females covered by family planning program of studied population. The first is related to the higher risk attached to the methods employed, and the second is due to the higher rate of female participation in family planning that is many times more than the rate of male's participation. Furthermore beside these factors an

epidemiologic factor needs to be pointed out in general that is unequal vulnerability of males and females against the risk factors and diseases.

Based on the results found in this study, the most frequently method used in Ahar in the beginning of study period (1998) was use of pill. This finding is compatible with other research finding in Iran (Goshtasebi and Vahdaninia, 2006). Also the use of IUD was ranked as the second most frequently method and was used at higher rate compared to other methods at the beginning of study decade. This finding is comparable with the finding of Nazarpour and Azimi (2002). But in the end of decade studied, the situation was changed so that at this end IUD was the most prevalent method used by females and a considerable, significant change has happened for the methods used by females and pill that is almost the method with highest risk among the females was no longer predominant method used by females. In other words, although the most change was related to the reduction in the consumption of pill among female but we have seen an increase in the use of other methods used by females and this has not led to an appropriate change in male participation in family planning program.

According to the finding of this research the use of condom has considerable change and an increasing trend in the use of this method has been seen during the years of study period in this city. This finding is in the line with other studies in Iran (Alipour et al., 2009; Hajian et al., 2003; Malekafzali, 1997).

The finding of this study also has shown that the use of IUD, similar to the condom has increased among the population of Ahar during the study period. This finding is also compatible with the finding of Hajian et al., (2003) and Nazarpour and Azimi (2002) but was different from the results of study conducted by Alipour et al., (2009) as in their study the use of this method had decreasing trend.

The finding of this study has shown an increasing trend of tubectomy. In other words, in the years of study period more family in Ahar have chosen this permanent method of pregnancy prevention. This result is in accordance with findings of Goshtasebi and Vahdaninia, (2006) and Nikniaz (2001) but different from the finding of Alipour et al., (2009).

In another study in Iran male participation in family planning was one to six compared to male participation (Malekafzali, 1997). Even in east Azerbaijan province, the province that this study has been carried out, such finding was reported for year 2001 that highlighted the male participation in family

planning in this region at minimum level (Nikniaz 2001). Finally based on the findings of this study, as a main conclusion it could be said that during the 10 year of study period in Ahar from East Azerbaijan province, male participation in family planning has statistically significantly increased together with a decrease in female participation. Therefore this trend of change should be taken as a move towards gender equity and an achievement of quality improvement in family planning program. However for accelerating the trend of male participation in family planning, it seems that more study need to be conducted for indicating the determinants of choosing family planning methods and based on the evidence appropriate intervention should be implemented to change the desirable condition.

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