



ATTITUDE TOWARDS FAMILY PLANNING: KNOWLEDGE AND PERCEPTION OF TRANSPORT WORKERS IN KHULNA CITY CORPORATION (KCC) OF SOUTHWEST BANGLADESH

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Abstract: This study deciphers the relationship among socio-demographic and economic conditions with the attitude towards restricting family size as well as knowledge and perception of the low-income people in this regard. By administering a interview schedule, data used in this article were collected purposively from four hundred and forty low-income men from Khulna City Corporation (KCC) areas of Bangladesh following survey research design. It was found that men's personal and household socio-demographic and economic conditions were the key determinants to their access to and use of family planning methods. Low-income men in their thirties with more years of schooling and disposal income played pivotal role in making decisions regarding use of contraceptives. The knowledge and perception on family planning were influenced by their social, economic as well as demographic characteristics. Such attributes eventually influenced the frequency and willingness to use family planning methods to minimize the family size of low income people in urban Bangladesh.

Keywords: Attitude, family planning, knowledge, perception

Introduction

Bangladesh is one of the most densely populated countries of the world and in the last five years or so there was a little or no government initiated programs to control the population. Yet, Bangladesh has attracted considerable attention in the international arena making reproductive revolution despite insignificant improvements in economic sectors (Bongaarts *et al.*, 2012). After independence in 1971, reproductive health programs and services in Bangladesh focused exclusively on women's reproductive health, especially, preventing unwanted pregnancy, providing health care during pregnancy, avoiding risky abortion and improving of safe motherhood (Shahjahan and Kabir, 2006). In fact, most of the family planning field services and delivery systems are women centered and field workers are largely women who cover their respective working areas targeting mainly the women (NIPORT and PC, 1998; Hossain *et al.*, 2004; Shahjahan *et al.*, 2013). Moreover, these

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programs and services have long been ignoring the rights and practices required for men as most contraceptives were designed for women (Kamal *et al.*, 2013). Therefore, there left little opportunity for men to receive services from family planning workers. In addition, men's denial to take equal responsibility in their conjugal life, especially, on fertility regulating issues, leaving them inaccessible for family planning workers (Mosiur *et al.*, 2008).

Nevertheless, men and women should have equal rights to get information about reproductive health and access to safe and satisfactory methods of fertility control and the ability to access appropriate health care services (Kaushalendra *et al.*, 1998; Raikes *et al.*, 2003) as per the agenda set by International Conference on Population and Development in 1994 and Fourth World Conference on Women in 1995. Indeed, men's involvement in reproductive health and family planning may improve quality in gender relation, promoting better relationship between men and women (Hossain, 2003; Shattuck *et al.*, 2011; Hartmann *et al.*, 2012). Studies show multifaceted effects of men's involvement in reproductive health. First, it increases men's own reproductive health related knowledge, contraceptive use and safe sexual behaviors. Second, men's reproductive well-being directly and indirectly influences their partner's sexual and reproductive health. Third, mutual decisions on reproductive matters improve interpersonal understanding of spouses (Wells, 1997; Kaushalendra *et al.*, 1998; Ghafur, 2009; Islam and Mahmud, 2007; Clark *et al.*, 2008). Furthermore, men's involvement in reproductive health can contribute to minimize unintended pregnancy and abortion, reduce unmet need for family planning, foster safe motherhood, and practice responsible fatherhood as well as to improve child and women's health (Wang *et al.*, 1998; Becker and Robinson, 1998; Bustamante-Forest and Giarratano, 2004; Rosliza and Majdah, 2010; Kamal *et al.*, 2013).

Realizing the significance of men's involvement in reproductive health issues, it has become a buzzword in the national family plans of Bangladesh, encouraging and expanding men's involvement in family planning decision making (Bongaarts *et al.*, 2012). Men in Bangladesh are, in general, the decision-makers in family affairs, including reproductive health issues and such dominance is wielded by the century-old patriarchal values as well as economic power (Shahjahan *et al.*, 2013; Sultana *et al.*, 2007). Like in Africa, the decisions of reproductive health issues are exercised exclusively by husbands (Ezeh, 1993), in fact, women cannot use or select family planning methods without the permission of husbands (Fakeye and Babaniyi, 1989). Likewise, husband's reluctance for additional children is contributing to an increase of using family planning methods in Bangladesh (Hossain *et al.*, 2007). Men, having three or more living children, tend not only to use contraceptives by themselves, but also suggest suitable methods of contraception for their partners (Kalam *et al.*, 2013). It is, however, noteworthy that both men and women have negative impressions about male contraceptives. It is not only because it is costly or unreliable (Uddin and Ferdous, 2009), but it contradicts the patriarchal social norms (Shahjahan *et al.*, 2013), thus, the rate of using male centered methods (*i.e.* condoms and male sterilization) are very low (WB, 2013). On the contrary, couples prefer the methods that are exclusive for women, including oral pills and injections as they knew about these well and are easily available (Gayen and Raeside, 2010).

Hence, it is important to identify the socio-demographic and economic variables that determine the knowledge and perception as well as use and non-use of family planning methods by men in Bangladesh. In this study, an attempt has been made to examine the association between low-income men's socio-demographic and economic characteristics with their attitude towards minimizing family size in Khulna City Corporation (KCC) areas of Bangladesh. In addition, this study assesses their knowledge and perception about family planning.

Materials and methods

This study was carried out in Khulna City Corporation (KCC) area, a divisional city of southwestern region of Bangladesh. The KCC area was divided into two major categories, *i.e.* residential area and commercial area, to facilitate the survey on low-income people. From these cluster of urban places, *Sonadanga* and *Nirala* as the residential areas and *Gollamari*, *Moylapota* and *New Market* as the commercial areas were selected purposively, depending on the logistics for the research. Since the exact figure of low-income people living in selected areas of KCC was difficult to identify, data were collected by applying purposive technique following some specifications, *e.g.* (i) involved in pulling rickshaw/van and driving easy-bike, (ii) married and (iii) living in KCC for two or more years. A pre-tested semi-structure interview schedule with both open and close-ended items was used for data collection focusing on the following points –

- i.* Socio-demographic and economic conditions,
- ii.* The level of knowledge of the respondents on family planning methods,
- iii.* The attitude of the respondents towards family planning methods,
- iv.* The practice of family planning methods, particularly the use of contraceptives, to restrict family size.

A total of 440 males (at least 80 persons from each location) were interviewed by three groups of interviewee, each consists of seven graduate students of Sociology Discipline, Khulna University. Considering the sensitivity of the issue, only male interviewees, trained extensively on rapport building and keeping anonymity of the informants, extracted information from the participants of this study.

To measure the knowledge about family planning methods, the participants were asked about eleven questions, focusing on the 'familiarity and use of both modern and traditional birth controlling methods to prevent conception'. Similarly, the perception of low-income males about family planning were assessed by fourteen different items to discover their 'opinions and attitude about preventive measures as well as roles of both male and female within family to suppress family size'. It is important to note that all the questions, regarding knowledge and perception about family planning of the participants, were dichotomous in nature (Abedin, 2011). The 'positive' response was valued as '1', and for the negative answer the score was '0'. The summation of total responses was then categorized into three domains, *i.e.* 'low', 'medium' and 'high' (Table 1).

Table 1: Knowledge and perception about family planning

Level	Score
Knowledge about Family Planning	
Low	≤ 3
Medium	4-6
High	$6 \geq$
Perception about Family Planning	
Low	≤ 5
Medium	6-10
High	$10 \geq$

To measure the association between dependent (use of contraceptives after marriage as well as current use of contraceptives, decision to use contraceptive, knowledge and perception about family planning) and independent (religious affiliation, years of schooling, occupational status, household income, number of children) variables, Pearson's Chi-square (χ^2) was employed.

Results

Background information of the respondents: The family planning behavior is associated with individual's socio-demographic and economic conditions. In fact, age, year of schooling and income of the individuals are the main determinants of family planning behavior (Oyediran *et al.*, 2002). Findings reveal that more than 80 percent of the respondents were at their thirties and forties, having completed, on an average, 6 years of schooling (Table 2). They had limited monthly income, only 8 percent earned more than BDT 11,000 per month. The families, largely nuclear in nature, were headed by the respondents themselves.

Table 2: Background information of the respondents

Variables	Respondents (%)	Statistics (Mean and Std. Deviation)
Age Structure (in Year)		
≤ 30	112 (25.5)	32.5 and 8.14
31-40	256 (58.2)	
$41 \geq$	72 (16.4)	
Religious Affiliation		
Islam	409 (93.0)	-
<i>Sanatan</i>	31 (7.0)	
Occupation		
Van Puller	180 (40.9)	-
Rickshaw Puller	131 (29.8)	
Easy-bike Driver	129 (29.3)	

Year of Schooling (in Year)		
0	55 (12.5)	
≤ 5	148 (33.6)	5.5 and 3.25
6-8	169 (38.4)	
9 ≥	68 (15.5)	
Monthly Household Income (in BDT)		
≤ 7000	185 (42.0)	
7001-11000	219 (49.8)	8214.7 and 2.30
11001 ≥	36 (8.2)	
Family Size		
≤ 3	77 (17.5)	
4-6	295 (67.0)	4.76 and 1.482
7 ≥	68 (15.5)	
Number of Children		
0	34 (7.7)	
≤ 2	261 (59.3)	2.03 and 1.186
3 ≥	145 (33.0)	
Head of Family		
Self	405 (92.0)	
Wife	16 (3.6)	-
Father	19 (4.3)	

Family planning behavior

After independence, the government of Bangladesh prioritized population growth as the major problem, hence, launched the national family planning programs (NFPPs) in 70s, particularly in urban areas. Despite earlier rejection, the family planning methods have been accepted and gained gradual popularity, especially, among the urbanites, as an effective means to curve population growth. The incessant backing of such methods was possible by both government and non-governmental promotional and awareness programs (Ullah and Chakraborty, 1993) as well as constant efforts of the health workers (Ullah and Humble, 2006). Findings reveal that three-fourth of the respondents had positive perception of, and were well-informed about contraceptives and family planning, largely by the exposure to mass media or contact with local health workers or doctors and even friends (Table 3). Around 68 percent of the respondents admitted to use contraceptives after getting marriage, mostly male condoms, collected from the health workers. However, dissatisfaction of using contraceptives reduced the use of family planning methods as low as half of the previous users. It is also evident that men remained reluctant to share or listen to their partners about reproductive health related decisions.

Table 3: Family planning and contraceptives use

Variables	Respondents (%)
Knowledge about Family Planning	
Low	98 (22.3)
Medium	227 (51.6)
High	115 (26.1)
Perception about Family Planning	
Low	105 (23.9)
Medium	242 (55.0)
High	93 (21.1)
Source of Getting Knowledge about Family Planning*	
Friends	199 (24.6)
Health Workers/Doctors	217 (26.9)
Advertisement on TV or Radio	391 (48.5)
Use of Contraceptives after Marriage	
Never	141 (32.0)
Sometimes	256 (58.2)
Always	43 (9.8)
Source of Collecting Contraceptives**	
Clinic	83 (28.0)
Dispensary	46 (15.5)
Health Workers	167 (56.5)
Contraceptives Used by the Respondent**	
Condom	177 (59.8)
Safe Period	81 (27.4)
Withdrawal	38 (12.8)
Satisfaction Level about Contraceptives Use**	
Strongly satisfied	41 (13.9)
Satisfied	84 (28.4)
Dissatisfied	134 (45.2)
Don't Understand	37 (12.5)
Current Use of Contraception	
Yes	146 (33.2)
No	294 (66.8)
Decision of Using Contraceptive	
Self	275 (62.5)
Wife	127 (28.9)
Both	38 (8.6)

* Multiple Responses; ** Respondents, used contraceptive after marriage, was 296

Use of contraceptives and its covariates: In mid-70s, when the government of Bangladesh declared its first population programs, people were cynical about family planning programs due to their socio-cultural background. However, with the gradual

intrusion of ‘secularized’ western education and passage to complex urban life the rate of contraceptive use in Bangladesh has been increasing over the last two decades. Mosiur *et al.* (2008), for instance, stated that individuals with secondary and higher level of education were one time more likely to prefer contraceptives after marriage as compared to those having no formal education. As a result, the contraceptive prevalence rate (CPR) has increased from below 10 percent in 1975 up to 50 percent in 2000 (Islam *et al.*, 1998; BDHS, 2000; Khuda *et al.*, 2000). It is evident from the present study (Table 4) that after marriage, the prevalence of contraceptive use was higher among individuals of *Sanatan* religion compared to Muslim, and the difference was statistically significant ($p < 0.000$). Findings also reveal that educational qualification ($p < 0.002$), occupation ($p < 0.000$) and household income ($p < 0.001$) were also significantly associated with the use of contraceptive by the respondents after getting married off.

Table 4: Use of contraceptives after marriage and its covariates

Variables	Use of Contraceptives after Marriage			$\chi^2_{(df)}$	p-value
	Never	Sometimes	Always		
Religious Affiliation					
Islam	130 (31.8)	245 (59.9)	34 (8.3)	15.734 ₍₂₎	0.000*
<i>Sanatan</i>	11 (35.5)	11 (35.5)	9 (29.0)		
Year of Schooling					
Illiterate (0)	24 (43.6)	26 (47.3)	5 (9.1)	20.562 ₍₆₎	0.002*
Primary (≤ 5)	27 (18.2)	105 (70.9)	16 (10.8)		
Junior Secondary (6-8)	63 (37.3)	90 (53.3)	16 (9.5)		
Secondary and Above ($9 \geq$)	27 (39.7)	35 (51.5)	6 (8.8)		
Occupation					
Van Puller	44 (24.4)	125 (69.4)	11 (6.1)	21.739 ₍₄₎	0.000*
Rickshaw Puller	43 (32.8)	67 (51.1)	21 (16.0)		
Easy-bike Driver	54 (41.9)	64 (49.6)	11 (8.5)		
Household Income					
≤ 7000	60 (32.4)	107 (57.8)	18 (9.7)	17.628 ₍₄₎	0.001*
7001-11000	65 (29.7)	138 (63.0)	16 (7.3)		
11001 \geq	16 (44.4)	11 (30.6)	9 (25.0)		

Significant at * 5%; ** 10%

Findings reveal that people of *Sanatan* religion were inclined to use contraceptive in early stage of their married life, however, the current use of contraceptive (Table 5) was higher among the Muslims ($p < 0.001$). The reasons for discontinuation or ‘short break’ are dissatisfaction or desire for children (Ullah and Humble, 2006). Yet, participants’ educational qualification ($p < 0.013$), occupation ($p < 0.002$) as well as household income ($p < 0.000$) remained the most important determinants of contraceptive use. In addition, the size of family ($p < 0.093$) and number of children ($p < 0.018$) appeared to influence the decisions of using contraceptive to suppress further enhancement of the family.

Table 5: Current use of contraceptives and its covariates

Variables	Current Use of Contraceptives		$\chi^2_{(df)}$	<i>p</i> -value
	Yes	No		
Religious Affiliation				
Islam	282 (68.9%)	127 (31.1%)	11.884 ₍₁₎	0.001*
<i>Sanatan</i>	12 (38.7%)	19 (61.3%)		
Years of Schooling				
Illiterate (0)	46 (83.6%)	9 (16.4%)	10.731 ₍₃₎	0.013*
Primary (≤ 5)	98 (66.2%)	50 (33.8%)		
Junior Secondary (6-8)	112 (66.3%)	57 (33.7%)		
Secondary and Above ($9 \geq$)	38 (55.9%)	30 (44.1%)		
Occupational Status				
Van Puller	133 (73.9%)	47 (26.1%)	12.342 ₍₂₎	0.002*
Rickshaw Puller	90 (68.7%)	41 (31.3%)		
Easy-bike Driver	71 (55.0%)	58 (45.0%)		
Household Income				
≤ 7000	146 (78.9%)	39 (21.1%)	35.363 ₍₂₎	0.000*
7001-11000	137 (62.6%)	82 (37.4%)		
11001 \geq	11 (30.6%)	25 (69.4%)		
Family Size				
≤ 3	48 (62.3%)	29 (37.7%)	4.750 ₍₂₎	0.093**
4-6	193 (65.4%)	102 (34.6%)		
$7 \geq$	53 (77.9%)	15 (22.1%)		
Number of Children				
0	22 (64.7%)	12 (35.3%)	8.073 ₍₂₎	0.018*
≤ 2	162 (62.1%)	99 (37.9%)		
$3 \geq$	110 (75.9%)	35 (24.1%)		

Significant at * 5%; ** 10%

Decision of using contraceptive and its covariates: In patriarchal society, men are encouraged to exercise their rights to dominate and control their wives by virtue of inheritance and power, on the contrary, women are socialized to accept men's marital prerogatives (Dobash and Dobash, 1992; Olavarrieta and Sotelo, 1996). Such attitudes are not indifferent in Bangladesh. Studies show that husbands in both urban and rural Bangladesh do not accept the decisions made by their wives about family planning. In fact, such decisions largely depend on husbands (Ullah and Humble, 2006; Sultana *et al.*, 2007; BDHS, 2007). Findings of the present study (Table 6) disclose that Muslim men ($p < 0.001$), illiterate or persons having minimum education ($p < 0.001$), or involved in pulling rickshaw or van ($p < 0.080$), or having income lower than BDT 11,000 per month ($p < 0.001$) have been taking reproductive health decisions on their own. Findings also indicate that individuals,

having two or more children, were not ready to accept decisions made by their wives regarding contraceptives, instead to make their own decisions ($p < 0.035$).

Table 6: Decision of using contraceptive and its covariates

Variables	Decision Gets Priority to Use Contraceptive			$\chi^2_{(df)}$	p-value
	Self	Wife	Both		
Religious Affiliation					
Islam	259 (63.3)	119 (29.1)	31 (7.6)	23.149 ₍₂₎	0.001*
Sanatan	16 (51.6)	8 (25.8)	7 (22.6)		
Year of Schooling					
Illiterate (0)	44 (80.0)	6 (10.9)	5 (9.1)	23.149 ₍₆₎	0.001*
Primary (≤ 5)	79 (53.4)	61 (41.2)	8 (5.4)		
Junior Secondary (6-8)	107 (63.3)	45 (26.6)	17 (10.1)		
Secondary and Above ($9 \geq$)	45 (66.2)	15 (22.1)	8 (11.8)		
Occupational Status					
Van Puller	108 (60.0)	62 (34.4)	10 (5.6)	8.326 ₍₄₎	0.080**
Rickshaw Puller	83 (63.4)	36 (27.5)	12 (9.2)		
Easy-bike Driver	84 (65.1)	29 (22.5)	16 (12.4)		
Household Income					
≤ 7000	110 (59.5)	64 (34.6)	11 (5.9)	18.072 ₍₄₎	0.001*
7001-11000	144 (65.8)	57 (26.0)	18 (8.2)		
11001 \geq	21 (58.3)	6 (16.7)	9 (25.0)		
Number of Children					
0	24 (70.6)	5 (14.7)	5 (14.7)	10.356 ₍₄₎	0.035**
≤ 2	151 (57.9)	84 (32.2)	26 (10.0)		
$3 \geq$	100 (69.0)	38 (26.2)	7 (4.8)		

Significant at * 5%; ** 10%

Knowledge about family planning and its covariates: Individual's knowledge about family planning depends on different socio-demographic and economic status. Mosiur *et al.* (2008), for example, found a strong relation between men's age and their knowledge about family planning. Likewise, couples' access to and use of family planning methods depend largely on husbands' education, occupation, and perception about family size and so on (Kalam *et al.*, 2013; Islam, 2013; Shahjahan *et al.*, 2013). Findings of the present study (Table 7) indicate that Muslim men ($p < 0.014$) having better educational history ($p < .006$) had

greater knowledge about family planning methods. It is also evident that men, involved in relatively better occupation ($p < 0.013$) with slightly higher income ($p < 0.001$) opportunities, were more concerned about appropriate family planning methods. In addition, men having more than three children had better understanding of family planning methods than men having two or no children ($p < 0.057$).

Table 7: Knowledge about family planning and its covariates

Variables	Knowledge about Family Planning			$\chi^2_{(df)}$	p-value
	Low	Medium	High		
Religious Affiliation					
Islam	93 (22.7)	216 (52.8)	100 (24.4)	8.560 ₍₂₎	0.014*
Sanatan	5 (16.1)	11 (35.5)	15 (48.4)		
Years of Schooling					
Illiterate (0)	11 (20.0)	26 (47.3)	18 (32.7)	18.102 ₍₆₎	0.006*
Primary (≤ 5)	39 (26.4)	83 (56.1)	26 (17.6)		
Junior Secondary (6-8)	42 (24.9)	83 (49.1)	44 (26.0)		
Secondary and Above ($9 \geq$)	6 (8.8)	35 (51.5)	27 (39.7)		
Occupational Status					
Van Puller	41 (22.8)	103 (57.2)	36 (20.0)	12.675 ₍₄₎	0.013*
Rickshaw Puller	35 (26.7)	64 (48.9)	32 (24.4)		
Easy-bike Driver	22 (17.1)	60 (46.5)	47 (36.4)		
Household Income					
≤ 7000	53 (28.6)	93 (50.3)	39 (21.1)	18.615 ₍₄₎	0.001*
7001-11000	39 (17.8)	122 (55.7)	58 (26.5)		
11001 \geq	6 (16.7)	12 (33.3)	18 (50.0)		
Family Size					
≤ 3	18 (23.4)	45 (58.4)	14 (18.2)	3.961 ₍₄₎	0.411
4-6	64 (21.7)	146 (49.5)	85 (28.8)		
$7 \geq$	16 (23.5)	36 (52.9)	16 (23.5)		
Number of Children					
0	12 (35.3)	19 (55.9)	3 (8.8)	9.182 ₍₄₎	0.057**
≤ 2	54 (20.7)	129 (49.4)	78 (29.9)		
$3 \geq$	32 (22.1)	79 (54.5)	34 (23.4)		

Significant at * 5%; ** 10%

Perception about family planning and its covariates: Similarly, men's perception about family planning varies on their socio-demographic and economic status. Bangladesh Demographic and Health Survey 2011 (2013) shows that people with primary or more education were often concerned about family planning than those having minimum or no education. It is also evident that people in better economic conditions as well as with larger families recognize the significance of appropriate family planning behavior (Kamal *et al.*,

2013; Rabbi, 2012; Hossain *et al.*, 2004). Data of the present article (Table 8) disclose that people of *Sanatan* religion had better perception about family planning than the Muslims ($p < 0.010$). Congruently, respondents' educational background ($p < 0.000$), occupation ($p < 0.000$), household income ($p < 0.045$) and family size ($p < 0.023$) were also significantly associated with their perception about family planning.

Table 8: Perception about family planning and its covariates

Covariates	Perception about Family Planning			$\chi^2_{(df)}$	<i>p</i> -value
	Low	Medium	High		
Religious Status					
Islam	94 (23.0)	233 (57.0)	82 (20.0)	9.224 ₍₂₎	0.010*
<i>Sanatan</i>	11 (35.5)	9 (29.0)	11 (35.5)		
Years of Schooling					
Illiterate (0)	8 (14.5)	31 (56.4)	16 (29.1)	34.275 ₍₆₎	0.000*
Primary (≤ 5)	26 (17.6)	103 (69.6)	19 (12.8)		
Junior Secondary (6-8)	57 (33.7)	78 (46.2)	34 (20.1)		
Secondary and Above ($9 \geq$)	14 (20.6)	30 (44.1)	24 (35.3)		
Occupational Status					
Van Puller	33 (18.3)	119 (66.1)	28 (15.6)	25.284 ₍₄₎	0.000*
Rickshaw Puller	47 (35.9)	56 (42.7)	28 (21.4)		
Easy-bike Driver	25 (19.4)	67 (51.9)	37 (28.7)		
Household Income					
≤ 7000	51 (27.6)	106 (57.3)	28 (15.1)	9.733 ₍₄₎	0.045**
7001-11000	43 (19.6)	120 (54.8)	56 (25.6)		
$11001 \geq$	11 (30.6)	16 (44.4)	9 (25.0)		
Family Size					
≤ 3	18 (23.4)	52 (67.5)	7 (9.1)	11.361 ₍₄₎	0.023**
4-6	66 (22.4)	157 (53.2)	72 (24.4)		
$7 \geq$	21 (30.9)	33 (48.5)	14 (20.6)		
Number of Children					
0	11 (32.4)	18 (52.9)	5 (14.7)	4.416 ₍₄₎	0.353
≤ 2	67 (25.7)	139 (53.3)	55 (21.1)		
$3 \geq$	27 (18.6)	85 (58.6)	33 (22.8)		

Significant at * 5%; ** 10%

Discussion

At the 1994 International Conference on Population and Development (ICPD), held in Cairo, the global community reached in a consensus of assuring universal access to sexual and reproductive health for both men and women (Akbari *et al.*, 2013). Prior to ICPD, healthcare services, especially, reproductive health were largely female-oriented, excluding men's needs (Shahjahan *et al.*, 2013). Afterwards, men's involvement and participation in reproductive health issues has been hailed for better outcome of reproductive health initiatives, by both government and non-government organization in developing as well as developed nations.

This study was originally designed to disclose the nature and extent of family planning behavior as well as knowledge and perception of the low-income people, however, not to represent all of them, residing in Khulna City Corporation (KCC), due to small sample size. Yet, it has given some pragmatic evidences and remarkable insights about their family planning behavior as well as their levels and extent of knowledge and perception in these regards. Henceforth, the discussion of the present study are focused on two broad areas:

Use and decision of family planning methods: Findings reveal that the prevalence of contraceptive use was strongly associated with participant's religious identity. After marriage the contraceptive use was higher among people of *Sanatn* religion than the Muslims ($p < 0.000$), as the later feared and wrongly perceived that family planning methods are illegal acts under Islam and would brought wrath of Almighty (Ullah and Humble, 2006). Nonetheless, the current use of contraceptive use was higher among the Muslims compared to Hindus ($p < 0.001$), because the later wanted to 'have children' or the former desired to 'minimize' family size. In addition, the exposure to mass media might have changed their attitudes toward contraceptions (Dudgeon and Inhorn, 2004; Haile and Enqueselassie, 2006). Yet, Muslim men remained reluctant to consult or accept or listen to their partners about family planning decisions ($p < 0.001$), which is also evident in other studies (Ullah and Humble, 2006; Shahjahan *et al.*, 2013).

Findings signify a positive relation between men's education with contraceptive use, both after marriage ($p < 0.002$) and current usage ($p < 0.013$). Studies, in Bangladesh and other countries, repeatedly documented the fertility suppressing effects of education (Kamal *et al.*, 2013; Shah *et al.*, 1998; Haile and Enqueselassie, 2006). Findings also disclose that men, involved in better earning opportunities with more disposable income, were often using contraceptives than those of low-income generating activities. Ullah and Humble (2006) suggested that better resource mobilization capacity enhances individual's accessibility and affordability of family planning methods.

In this study, number of children and size of family act as significant determinants of decision and use of contraceptives. Findings indicate that men, having two or more children, had greater contraceptive prevalence rate than those with one or no children at all ($p < 0.018$). Additionally, father of two or more children imposed their decisions of contraceptive use on their partners ($p < 0.035$). Studies, in Bangladesh and in Africa, suggested that couples having more children are more likely to use modern family planning methods than those having no children (Shahjahan *et al.*, 2013; Haile and Enqueselassie, 2006).

Knowledge and perception about family planning: Although the Muslims were primarily disinclined to use family planning methods due to religious norms and values, as evident in the present study, they were pretty aware about existing family planning methods ($p < 0.014$) and posed better perception ($p < 0.010$) than the Hindus. The association of education with men's knowledge ($p < 0.006$) and perception ($p < 0.000$) about family planning also had a positive relation. In fact, men with greater educational qualification had better understanding and insights about current family planning methods in Bangladesh. Other studies also recognize that education is a potential indicator of men's family planning knowledge (Becker and Robinson, 1998; Nasreen *et al.*, 2012).

In this study, men's occupation and income also reflect significant relation with their knowledge and perception about family planning methods. Among men, the easy-bike drivers had better knowledge ($p < 0.013$) and were more aware ($p < 0.000$) about the types, such as, male and female contraceptives and aftermath, *i.e.* control of unwanted pregnancy and birth, of using family planning methods than the rests. Additionally, their capacity to access and use of available contraceptives also magnify their knowledge about family planning methods (Kabagenyi *et al.*, 2014).

Findings also suggest that number of children and household size were substantially associated with men's knowledge ($p < 0.057$) and perception about family planning ($p < 0.023$). Men are often blamed for patrilineal traditions, that value large family size with numerous children, especially, son for financial security (Kabagenyi *et al.*, 2014). However, the increasing number of children generally force men to minimize household size and maximize comfort through educating themselves about existing family planning programs.

Conclusion

Despite government's efforts to promote family planning methods through mass media, men's attitude reflect their reluctance to accept such methods, especially, among urban poor people in Bangladesh. To overcome their consistent denials, it is necessary to develop a variety of new male methods, which are safe, comfortable in use and of course cost-effective. Moreover, appropriate policies and programs should be developed by the government of Bangladesh to increase males' participation and involvement in family planning behavior in progressive manner.

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