Perception of religious and community leaders about introducing RTI/STD services for men in female focused service delivery centers

INTRODUCTION

Bangladeshi men are not traditionally aware of issues concerning their reproductive health. The majority of them have little knowledge of symptoms, transmission and prevention of reproductive tract infections (RTIs) and sexually transmitted infections (STIs). Findings from 1999-2000 Bangladesh Demographic and Health Survey indicate that approximately 89 percent of women and 81 percent of married men did not know of any sexually transmitted infections (STIs) other than AIDS (NIPORT, Mitra and Associates, and ORC Macro 2001). It is observed that only one-third of ever-married women and half of currently married men have heard of AIDS. Only 23 percent said that they had talked with their spouses about HIV/AIDS.

Studies also reveal that men suffer from various reproductive health problems (Piet-Pelon, Rob, and Khan, 2000). Nevertheless, they do not avail the services provided by the government health facilities located at the community level. The government provides reproductive health services including family planning at the union level (lowest administrative unit covering 30,000 to 50,000 population) through its 3,700 Health and Family Welfare Centers (HFWCs). These centers offer remedial and preventive services to mothers and children. Even for general health care, the majority of men do not seek services from the qualified service providers. Furthermore, most men do not have access to quality reproductive health care services. The data further indicate that men have substantial reproductive health needs that have not been addressed in the context of the current government health care delivery system in Bangladesh.

Both men and women were found to have limited knowledge on signs and symptoms of STIs. Only nine percent of men and two percent of women were able to cite two or more signs and symptoms of STIs. More than five percent of the men reported that they had STIs in the last year (NIPORT, Mitra and Associates, and ORC Macro 2001). The statistics relating to STI awareness contradict the ground reality in which STI/ RTI is widespread in the population. STI/RTI is quite prevalent among rural women in Bangladesh (Hussain, Rahman, and Begum 1996, Population Council 1996b). The high incidence of STIs among women is an indirect indicator of the high prevalence of these

diseases in men (Population Council 1996b; Wasserheit et al. 1989; Hussain, Rahman, and Begum 1996). Moreover, women are generally ignorant about the signs and symptoms of male STIs, even though most men engage in risky sexual behaviors. The service providers have not been advised or educated about the importance of male involvement or encouraged to contact males by their supervisory officers (Population Council 1997). The prevalence of STI is thus aggravated by the negative attitude and inefficiency of service providers. Promoting awareness of sexually transmitted infections and providing facilities for the diagnosis and treatment of these problems for males are not dealt with by the existing government health system.

Like women, men have reproductive health concerns that undergo changes with time and phases of life cycle. Most of the time men procure medical services from quacks (unqualified medical practitioners), from pharmacists or draw on self-medication. Besides this, men are embarrassed to obtain services for RTIs/STIs from the institutional facilities. The absence of adequate reproductive health education combined with the proliferation of traditional but unqualified healing practices have rendered men ignorant of the signs and symptoms of RTIs/STIs, as well as the modes of transmission and means of prevention Khan et al. 1996). Ultimately this situation leads to disregard or non-use of available appropriate health services.

Since the mid-1970s, Bangladesh national family planning program has been intensely motivating women to use modern contraceptive methods and encouraging them to seek services from the static clinics. To attain this goal, female field workers were recruited to deliver contraceptive methods at homes. The program design did facilitate women's access to information and medical care through clinics and home visits. But medical needs of males were marginalized in this scheme. Consequently, men seek services from pharmacies, private practitioners and district hospitals. Numerous studies attested to the fact that men ignore preventive steps and postpone seeking medical attention for chronic health conditions (Piet-Pelon and Rob 1997; Piet-Pelon, Rob, and Khan 2000; Population Council 1996a). In cases of acute illness men even resort to self-medication (Piet-Pelon, Rob, and Khan 2000).

Contacting male partners is not a priority for the female field workers during their routine home visits (Hossain et al. 2004). The majority of them consider it inappropriate to talk to males about contraceptive methods. They feel particularly uncomfortable in demonstrating and explaining male contraceptive methods. Male field workers who are primarily responsible for contacting and providing men with correct information on male methods and for encouraging them to accept such methods have not been fulfilling their assigned responsibilities. Perhaps the negligence or reluctance is a result of female focused training and job orientation of the field workers (Al-Sabir et al. 2004).

Extensive development of behavioral change communication (BCC) materials on contraceptive methods including condom and vasectomy has taken place in Bangladesh. Very few of these materials, however, categorically focus on men's responsibilities. Research recommends that BCC materials could play a major role in motivating men to assume responsibility in family planning (Al-Sabir et al. 2004). Findings from a case study in Philippines, confirmed that BCC materials sustained male involvement in reproductive health (David 1996). The authors suggested that policy and legislation should support such involvement. Findings from Zimbabwe indicated that men can be influenced with family planning messages if appealing and appropriate communication channels are used especially if images of virility are incorporated into the messages (Kim et al. 1996). No such efforts to educate men on the importance of their role in reproductive health have been introduced in Bangladesh (Rob et al. 2002).

The current organization of the female-focused health service delivery system in Bangladesh offers little scope for dealing with the RH problems of men. The challenge is to find ways to cater men's need using the existing resources. In this context, this paper highlights the major findings of a qualitative research that attempted to describe the perception of community and religious leaders on integrating male reproductive health services with the existing service delivery at the community level. The paper intends to analyze the perception of community and religious leaders of introducing reproductive and sexual health services for men at largely female-focused health service delivery centers.

METHODOLOGY

Bangladesh is divided into six administrative divisions. Two districts from each division was randomly selected, and then one sub-district from each selected district. Each sub-district was chosen purposively after considering criteria such as established local level health centers infrastructure, proximity to urban areas, adequate staff and paved road links with district headquarter. From each sub-district one union was randomly selected. In each selected union, to conduct focus group six to eleven individuals from representative groups of people were randomly selected. In total, 12 focus group discussions (FGDs) were conducted with opinion leaders at the community. The community leaders included teachers, businessmen, religious leaders, local political representatives, service holders both working and retired, and licensed village doctors or paramedics. FGDs were conducted to collect information on community perceptions and opinions about the health centers, explanations or reasons why men do not visit union level HFWCs and suggestions on how to cater male clients' needs, particularly RTI/STI services in existing health service delivery system.

FINDINGS

FGDs were conducted with community and religious leaders to know their perception and identify the programmatic and non-programmatic issues affecting men to receive reproductive health services form local level health facilities. The participants of the FGDs were able to identify major programmatic and non-programmatic issue that affected their utilization of services. The discussions that follow summarize the FGDs on particular themes.

Government health care services at local level

While asked about the availability of health centers, all the respondents mentioned of having government health facility in their locality. As reported by them, there is no other health facility like NGO clinic or private clinic in their locality. People believe that family planning and child health services are usually provided from HFWCs and quality of services is good in this regard. Particularly, services provided to the pregnant mothers are satisfactory. Patients with dysentery, diarrhea, gastric, skin diseases are also treated

from this health center. However, the participants mentioned that they never visited these facilities and some were of the opinion that there is shortage of medicine supply. They also expressed their grievances as the health service providers only give prescriptions.

Disease prevalence and health service utilization

The diseases that are most common in the study areas include: diarrhea, dysentery, fever, skin diseases, and respiratory problems. People also suffer from jaundice, eyesight problem, arthritis, TB and tumors. Male patients those who go to HFWCs generally seek treatment for fever, headache, respiratory problems, diarrhea, dysentery, skin diseases and minor injury. It is widely observed that instead of going to doctors, male patients go to pharmacy and buy medicines for themselves. The poor generally go to *kabiraj* or village doctors due to low cost and immense belief in traditional treatment. Rarely male patients go to government health facilities. All participants were supportive of any initiatives to introduce the provision of serving male patients at the HFWC.

Perception about HFWC services

Community and religious leaders think that from this center maternal and child health services are given. Family planning services are provided to the women alone. There is no service for men from this center. Some participants mentioned that even if men go to the center, they are only given the prescriptions. In few cases, medicines are given to those who are known to the service providers.

> " Men hardly rely on services available from HFWC. They do not know about the services offered from this center. When husband comes to know that his wife is going to visit the clinic, he asks her to bring medicines for him from the HFWC."

The community and religious leaders reasoned for not visiting the HFWCs. They acknowledged that they were not completely aware of any male services provided from the HFWCs. They also stated that there is no qualified doctor in this center and the regular service providers are not capable of providing them treatment and medicine. As such, local males do not have the trust in the service providers because they are generally paramedics.

Knowledge about sexual and reproductive health diseases and their treatment

The community and religious leaders who had taken part in the FGDs heard about some sexually transmitted diseases. They mentioned syphilis, gonorrhea and HIV/AIDS. In addition, few mentioned the problem of burning sensation during urination. Each participant is aware of the causes and consequences of HIV/AIDS. They knew about it through radio, television and newspapers. Majority of them mentioned physical involvement with sex worker, use of syringe of the infected person and transmission of blood as the routes to HIV/AIDS. To prevent HIV/AIDS, the community and religious leaders mentioned not to have sexual relations with anyone other than their wife. They are also concerned not to use syringe, which has been used for other person. Some suggested for taking blood after screening. Religious leaders stated that by following the instructions of the religions, people could keep themselves safe from such deadly disease.

> " We know that if a man has physical relations with a woman who has been infected with HIV/AIDS, he becomes infected with AIDS. Besides, using the syringe that had been used by another infected person also spreads this disease. Some go to brothel and get this disease."

With regard to sexual transmitted diseases, a marked uniformity was found in their opinion. All of them acknowledged that those who have more than one sexual partner or have sexual activity besides their wives would suffer from such diseases. Illegal sexual involvement causes these diseases. It has also been reported by them that men mainly suffer from STIs. Some participants mentioned that both men and women can suffer from such diseases, but men suffer more than women.

> " It is man who suffers most from STIs. Woman also suffers from the STIs, the reason is that when husband has sexual relations other women or has multiple sex partners, the disease transmits to him from those women and then he spreads it to his wife. Thus, if husband is infected, his wife also becomes affected. When wife gets infected, she doesn't have the awareness to seek any care and doesn't get good treatment and good food as well, finally the disease becomes severe."

The community and religious leaders are aware that there is treatment for sexually transmitted diseases. To prevent sexual and reproductive health diseases, they strongly advocated for the social awareness on such diseases in the community. Messages about the diseases and their prevention should be disseminated in the community.

> " We know men have inordinate desire for sex. But to prevent sexually transmitted diseases, men should not go to sex workers. The simple task is to follow the religion's advice. Even men should be punished for involvement in illegal sexual activity. Besides, husband and wife should maintain cleanliness while having sex."

In response to a question that where people go for treatment for sexual diseases, most of respondents reported that infected persons go to the doctor, some mentioned *kabiraj*. People go to the *kabiraj* particularly at the initial stage of the disease. Besides, they also go to higher-level government health facilities located at upazila and district. In few cases, people go to town to consult qualified private doctors.

Perception about RTIs/STIs

It is evident from the discussions that if husband or wife is infected, the other will also be affected because the disease spreads through physical relations. In case of seeking treatment for partner, the opinions differ – some are aware of the fact that treatment for both is required and the others believe that only the infected person requires treatment. While commenting on the consequences of non-treatment, most participants mentioned that next generation is likely bear the toll such as the newborn may be affected if the mother is infected. Besides, there is a possibility that the infected person may become infertile. Some participants pointed out further worsening of reproductive organs if untreated, e.g. the problems like pus inside the penis, syphilis, warts in vagina etc.

Male involvement in family planning

Most of the participants stated that men are not informed properly about the family planning methods. According to the respondents, female workers do not approach men about the family planning methods. Most of the respondents expressed that they do not consider to use family planning methods. It is the responsibility of women to use

contraceptive methods, thus, there is no need to use family planning methods by males. Some participants said that there are fewer methods for men whereas for women many methods are available.

> " We have only two family planning methods, condom and vasectomy. But women have many options. Currently, men are using condom primarily for illegal sexual act. They are not using it with their wives."

About the available family planning methods for men, all participants expressed the similar view that use of condom is difficult. Religious leaders suggested that only condom can be used to limit birth, which has been compared with *azal* (withdrawal of penis before climax/ejaculation). They also underlined the importance of informing men on reproductive health issues.

> " Men generally do not use condom as they treat it as a hindrance to intercourse. We do not have any easy method for family planning e.g. women can use the easy methods like pills. Above all, ours is a patriarchal society. So, men don't intend to take the responsibility to use contraceptives methods; they just leave this matter to their wives and try to remain carefree."

Fear of losing potency and ability to work is the commonly described reasons for which men are not interested to accept male sterilization. People believe sterilization or operation will make them weak and debilitated so that they will not be able to do any hard physical labor. It has also emerged from the FGDs that due to negative rumors people are not interested in sterilization. Men do not know that NSV is a simple operation and it has little risk. This has been aggravated by the unpleasant fact as stated by the study participants that all men know they will be infertile and not be able to reproduce if a child dies after sterilization.

> " Many men don't have any clear idea about vasectomy. If a man does the sterilization operation, he can immediately go to his house. It is clear to us that sterilization is much easier for men, but they are not interested in it. Men always fear that they will not be able to do hard labor. We also know that men will not lose ability to have sex. Also, men don't go for sterilization in fear of social criticism."

***Steps to motivate men to accept sterilization*:** It was strongly suggested introduction of male fields workers (who will motivate the men by visiting households) as the possible way to reach the men. There is need to counsel men that sterilization does not cause any

physical problem and it does not reduce the sexuality either. Dissemination of information through different print and electronic media can also dispel fears too.

Role of men during wife's pregnancy

All the respondents agreed that every husband should have special role during his wife's pregnancy. Men should arrange proper nutrition for their wives, take them to health centers for check-ups, and arrange safe delivery. Husbands should also help their wives in domestic works and refraining their wives from doing heavy household chores and providing them adequate rest.

Family planning decision making

In response to a question about family planning decision-making, majority of the participants were of the opinion that husband and wife discuss family planning issues jointly. While it comes to taking decision about family planning, in most cases husband and wife jointly take decision. Some participants said that husbands take decision because most of the women are illiterate. In this regard, women cannot take decision alone; husband's support or opinion is needed. However, there is example that woman first becomes interested in family planning and then tries to convince her husband.

> " Wives undergo the sufferings of frequent births without spacing. After several consecutive births, they deliberately want to postpone pregnancy for physical reason and then discuss this with their husbands."

Decision-making on reproductive health problem

Both husband and wife have equal responsibility if one suffers from reproductive health problems. If wife suffers, the husband should accompany her to the health centers. However, in case of

> " Generally husband and wife discuss about reproductive health problems. Sometimes, husbands keep their problems secret. To keep them free from any suspicion, husbands generally don't reveal that they are suffering from any STIs let alone any illicit sexual relations. When the disease becomes severe and manifest, in some cases they have no alternative but to disclose it to their wives."

husband's problems, both should visit health centers, because husbands generally keep it secret unless the problem becomes severe. It is customary that only when husband becomes seriously ill, wife comes to know about the disease.

Information on RH matters

Most of the participants said that they did not see any brochure on reproductive health in their locality. Some mentioned that they have seen some posters. If information is disseminated through the leaflets which should depict the diseases associated with reproductive health problems and prevention of such diseases including places where treatment for such diseases are available, it can only be expected that men will be motivated to receive services.

Role of community members

They think the community leaders have a role to inform the men where the services are available and arrange group discussions to inform people too. They can also do it by extending support and cooperation to the field workers. Most importantly, community leaders can take the responsibility to send the men to the health centers if they suffer from health problems. Besides, there is also role for *imams* of mosques who can make aware the community people about the consequences of these diseases through their regular Friday messages.

Role of government program

To inform the people about the availability of male services at local level health centers, the participants suggested for miking or public announcements in addition to billboards and distribution of posters, handbills/leaflets etc. In case of broadcasting reproductive health program for men through popular medias like radio and TV, the government needs some adjustment to match with the free time of village people. Health workers and paramedics at government local health centers can also inform men about the RH problems and services.

> " We don't have any problem with the current timing of the clinic. If male services are provided in this clinic, it can be made public through miking and also by group discussions led by community leaders. It can also be publicized through posters and leaflets."

Some also suggested for organizing group meetings, which include local elites, where the local level political representatives can discuss the issues related to health problems. In addition, the local representatives can disseminate the news in their locality through community watchmen.

Introduction of male workers to motivate men to accept family planning methods was most widely referred in the FGDs. Men should be motivated to participate in family planning decision-making. Prevailing misconceptions on vasectomy should be changed by effective motivational campaign. Unless men are not motivated to keep family size small, no program will succeed. In addition, social and cultural barriers to disseminate and deliver male contraceptives need to be removed. Other recommendations made by the community and religious leaders include:

> " Government is providing the family planning information only to women properly, but not to the men. If there were male field workers, they could have taught men about condom and vasectomy. In the socio-cultural context in our country, a female field worker will never discus openly with a man about family planning methods and also never be able to show a man how to use a condom."

- Appointing MBBS doctors at the HFWCs
- Ensuring adequate supply of medicines
- Providing required equipments for STI/RTI treatment
- Ensuring male field worker's household visits

CONCLUSIONS AND RECOMMENDATIONS:

The findings of the FGDs provide valuable insights about introducing male services at HFWCs. Many crucial programmatic and non-programmatic issues that hinder men to have services from HFWCs have emerged from the FGDs. Findings show that men hardly visit any local level health centers, as these health facilities are primarily known as women's health clinic. Male patients those who go to HFWCs generally seek treatment for fever, headache, respiratory problems, diarrhea, dysentery, skin diseases and minor injury. It is widely observed that instead of going to doctors, male patients go to pharmacy and buy medicines for themselves.

The community and religious leaders heard about most common sexually transmitted diseases e.g. syphilis, gonorrhea, burning sensation during urination, and HIV/AIDS. They have been found to be aware of the routes to STIs and ways to prevent the infections. With regard to HIV/AIDS, a marked uniformity was found in their opinion. They all know the causes and the consequences or dangers of HIV/AIDS. All of them are aware that there is treatment for sexually transmitted diseases and treatment for HIV/AIDS.

While seeking for reproductive health treatment, men hardly rely on HFWC. According to the community leaders, there is no qualified doctor in this center and instead paramedics provide services so that local males do not have the trust in them. In addition, men are not well informed that there is a provision of health services for them at HFWC. While men suffer from reproductive health diseases, as reported by most of respondents, they go either to doctor or to *kabiraj*. People go to the *kabiraj* particularly at the initial stage of the disease. It has also been found that they also go to higher-level government health facilities located at *upazila* and district while the diseases become severe. In very limited cases, people go to big cities to consult qualified private doctors. Most participants are aware of the consequences if the STIs remain untreated.

A striking finding has come out of FGDs that most of the respondents consider using family planning methods as the responsibility of women so there is no need to use family planning methods by them. Availability of fewer contraceptive methods for men was also found as an obstacle to influence men to use FP methods. It has also emerged from the FGDs that local males are not interested in male sterilization due to lack of correct information and negative rumors about vasectomy. There is need to inform as well as counsel men about sterilization. In this connection, along with awareness raising activities through both electronic and print media, introduction of male workers to motivate men to accept family planning methods was most widely referred in the discussions. .

Majority of the participants were of the opinion that both husband and wife have equal responsibility if one suffers from reproductive health problems. While it comes to seeking treatment for partner, the community members are divided in their opinions that some suggest for the treatment for both while the others believe only the infected person requires treatment. Community leaders agreed that they have a role to inform the men where reproductive health services are available and arrange group discussions to inform people. Moreover, they suggested for strong awareness raising activities.

All participants underlined the need to have the provision of serving male patients with a wide range of diseases including family planning at the HFWC. To prevent sexual and reproductive health diseases, they strongly advocated for awareness rising activities. Since HFWCs focus mainly on mothers and children, the inclusion of male clients in such centers require targeted BCC materials. If male services are provided in this clinic, it has to be publicized in the community. The BCC materials can disseminate information about the services as well as raise awareness of the signs and symptoms of RTI/STI, and its prevention. All together, the findings recommend the use of group discussions, BCC materials (leaflet and poster) and service provider's personal contact to reach men. In particular, religious leaders stated that maintaining religious sanctity would prevent people from these diseases.

It is observed that community leaders expect to receive reproductive health services from local level health facilities i.e. HFWCs. If the service for male clients is included at HFWCs, it will require additional equipments for the diagnosis and treatment of RTIs/STIs, and it will also create demand for required medicine. In addition, to make HFWC functional for male services, paramedics need to be trained to provide preliminary RTI/STI services.

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