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Original Research

Prevalence and socio-economic factors determining use of modern contraception among married men in Kyrgyzstan: evidence from a demographic and health survey

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ABSTRACT

Objectives: This study aimed to estimate the prevalence of modern contraceptive use (MCU), and to identify socio-economic factors that are associated with MCU among married men in Kyrgyzstan.

Study design: A cross-sectional study based on the 2012 Kyrgyzstan Demographic and Health Survey data.

Methods: This study used data from 460 married men aged 20–49 years. Descriptive statistics, Pearson's Chi-squared test and logistic regression were used to estimate the prevalence of MCU, and to define factors that influence MCU among married men in Kyrgyzstan.

Results: The prevalence of MCU among married men aged 20–49 years was 22.2%. Men in the richer quintile were less likely to use modern contraceptives than men in the poorest quintile (adjusted odds ratio [aOR] 0.267, 95% confidence interval [CI] 0.100–0.715). Men with three living children had higher odds of MCU than men with no children or one child (aOR 3.534, 95% CI 1.221–10.229). Men who were unemployed were more likely to use modern contraceptives than men who were employed as manual labourers (aOR 4.511, 95% CI 1.104–18.442).

Conclusion: Top priority should be given to strengthening family planning communication programmes among married men and male education. There is a need to pay attention to the socio-economic determinants of MCU among men in the development of family planning programmes. Emphasis should be placed on increasing MCU among men with high socio-economic status.

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Introduction

Kyrgyzstan has the highest maternal mortality rate (MMR) of the countries in Central Asia. In 2013, MMR was 75 per 100,000 live births in Kyrgyzstan, which is three-fold higher than that in Azerbaijan and Kazakhstan, two-fold higher than that in Uzbekistan, and 0.5-fold higher than that in Tajikistan.¹ The annual reduction of MMR in Kyrgyzstan (0.2%) is less than the global rate (3.1%).² In 2009, the United Nations (UN) assumed that Kyrgyzstan would not be able to decrease maternal mortality by three-quarters by 2015.³

Family planning (FP) is recognized as a cost-effective way to decrease maternal mortality.^{4,5} However, in Kyrgyzstan, the share of health expenditure from the state budget decreased from 11.34% in 2013 to 9.46% in 2015,⁶ FP programmes are weakly developed,⁷ and public awareness of FP methods among women is insufficient.² In 2012, the interval between deliveries became shorter.⁸ Between 1999 and 2007, the abortion rate increased from 46 to 108.1 per 1000 women.³

The success of FP programmes in developing countries is known to be highly dependent on male involvement because men can encourage or discourage their wife's decision to use contraception.^{9,10} Men influence their wife's reproductive choices regarding the number of children,^{11–14} spacing between children and sex of children,¹⁵ whereas women rely financially on their husbands and have less freedom in fertility issues.¹⁶ Couples who discuss FP issues are more likely to use contraceptives than couples who do not discuss FP issues.^{17–20} Women who face domestic violence from their husbands are not likely to use modern contraceptive methods, and are likely to experience unintended pregnancies.^{16,21}

In this regard, Kyrgyzstan has many similarities with other developing countries. Men in Kyrgyzstan place high value on the birth of a son; therefore, a woman often cannot use contraception without her husband's knowledge.²² Wealth is not distributed equally between men and women; women are less socially protected,²³ and are primarily responsible for child care and the education of children.^{2,24} Nevertheless, male involvement in FP in Kyrgyzstan remains limited despite the UN call at the 1994 International Conference on Population and Development in Cairo to 'involve men in ... sexual and reproductive behaviour and FP'.¹¹

To the authors' knowledge, this is the first study on FP among men in Kyrgyzstan. Sparse studies using the 1997 Demographic and Health Survey (DHS) data assessed FP among married women in Kyrgyzstan, and stated that male approval of FP and couple's discussions of FP played a significant role.^{22,25} The need to strengthen FP activities among women has been recommended.²⁴

Studies conducted among married men in other developing countries have revealed that age groups associated with modern contraceptive use (MCU) were not identical in developing countries.^{26–28} Wealth as a positive factor of MCU¹³ was not a predictor for MCU in another study.²⁹ Education was also not found to be a strong predictor for MCU.³⁰ Only one study³¹ reviewed the number of sons as a factor for MCU.^{17,18,32} Religion or ethnicity was found to be associated with the use of FP methods, both in Kyrgyzstan and other developing countries, but with some distinctions. Belonging to Islam was determined

to be negatively associated with contraceptive use,^{17,19,20} but this was not the case in Kyrgyzstan. In Kyrgyzstan, relatively similar proportions of women across all ethnic categories – Kyrgyz, Uzbek and Russian, where the first two groups are predominantly Muslims – terminated pregnancies.²²

As such, no factors of MCU among men have been found to be constant across developing countries, and thus applicable to Kyrgyzstan. Although MCU among men in Kyrgyzstan has been under researched, MCU among women in Kyrgyzstan has shown a steady decline: 55%, 46% and 34% in 1997, 2006 and 2012, respectively.^{3,7,8} As women in Kyrgyzstan do not usually deliver children outside of marriage, it makes sense to review MCU and its associated factors specifically among married men. Married men could be a factor, not considered previously, that could stimulate an increase in MCU in Kyrgyzstan.

This study aimed to estimate the prevalence of MCU among married men, and define how the number of living children, number of sons and daughters, duration of cohabitation, residence, wealth income, education and occupation might be associated with MCU.

Methods

Study design and setting

This was a cross-sectional study based on the data from the 2012 Kyrgyzstan DHS (KgDHS-2012) and conducted among married men aged 20–49 years.

Kyrgyzstan (or the Kyrgyz Republic) is located in Central Asia, and neighbours with Kazakhstan, Uzbekistan, Tajikistan and China. In 2009, the population of Kyrgyzstan was >5.3 million, with 35% of the population living in urban settlements and 65% living in rural settlements.⁸ In 2011, Kyrgyzstan was one of the poorer middle-income countries.³³

Sample size

Analyses were based on the data of 460 married men, selected at random. The sample size for the study was estimated using Epi Info (Centers for Disease Control and Prevention, Atlanta, GA) and the equation for population proportion. With a 95% confidence level and a design effect of 1.5, the available sample size was sufficient to estimate a hypothesized 50% prevalence of MCU with a 5% margin of error.

Sampling method

A two-stage cluster sampling procedure was used for KgDHS-2012.⁸ For more details, please review the DHS final report. DHS identified a total of 2413 men aged 15–49 years for interview. Selection criteria were: men, age 20–49 years and currently married with a non-pregnant wife. As extramarital deliveries are usually criticized and prohibited in Kyrgyzstan, this study aimed to review MCU and its associated factors specifically among married men. Men aged 15–19 years were excluded because of the small group size and the impossibility of determining whether a man was in the vulnerable group aged <16 years. In total, 184 married men whose wives were pregnant were not included because contraception as a way of

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