TITLE: MYTHS AND FALLACIES ABOUT MALE CONTRACEPTIVE METHODS: A QUALITATIVE STUDY AMONGST MARRIED YOUTH IN SQUATTER SETTLEMENT OF KARACHI, PAKISTAN

Keywords: Male contraceptives, Youth, Pakistan, Myths, Fallacies,

Background: In Pakistan, the concept of family planning is rooted in and is surrounded by its traditional value system in which males members of society and mothers-in-law are mostly the main decision makers (Agha, 2010) and childbearing women have barely any control in adopting the contraception (Saleem, 2004). Whereas on policy and collective action plane the government and administrative machinery lacks political will to address the issue (Ayesha Khan, 1999). Therefore, despite rigorous efforts and strategies initiated by various agencies fewer positive results have emerged in improving contraceptive prevalence rate in Pakistan. (Cleland et al 2006) (Sirageldin, 1975). In the same context some of the population and health indicators are shown in table 1 highlighting some immediate short and long term policy interventions to improve CPR specifically amongst youth.

Table 1: Pakistan Health Indicators	
Total population	185 Millions*
Population growth rate	1.8**
Total fertility rate (TFR)	4.1**
Population of youth	36 Millions*
Maternal Mortality Ratio (MMR)	320*
National Contraceptive Prevalence Rate it means	30*
Contraceptive Prevalence Rate among youth	17.4***
Sources:**Pakistan Demographic and Health Survey 2006-7: National Institute of Population Studies, Islamabad, Pakistan. *World Population Report 2010. Population Reference Bureau. Washington DC. 2010. ***UNFPA Survey on adolescents and youth 2006	

According to 2007 data, Pakistan's fertility rate is at 3.3 children in urban settings and 4.1 children in rural areas and contraception use is around 30% (PDHS, 2006-2007) and population growth rate is 1.8% (REF). Various national, regional and international empirical evidences have recommended numerous interventions and strategies in catering the issue of birth spacing and with one of its major recommendation is the utilization of family planning methods by male partner (Smith et al 2009) . Family planning saves lives and promotes reproductive health by decreasing the prevalence of HIV/ AIDS and other sexually transmitted infections (STIs) **(** DiClemente **2004)** (Smith et al 2009). Thus, if males will adopt the contraceptive methods, it will contribute in improving the birth outcome by giving benefits not only to the female partner on one hand but will also have positive impact on the health of family on the other.

Multiple reasons contribute towards low contraceptive prevalence rate including lack of adequate health services, cultural beliefs and myths and fallacies about contraceptive methods. (Casterline 2001) (Hardee 2007) (IPPF, 2007). Whereby the term 'fallacy' is mostly used to indicate any false belief and is an error in reasoning (Qureshi, 2010), myths are often collectively shared fantasies that contribute to the emotional strength of both individuals and the society (Neises 2000).People in every culture have an accumulation of myths and fallacies, which could be social, cultural or biological (Qureshi, 2010). This collective ignorance and lack of understandings create obstacles in achieving the targets set in MDG 4, 5& 6. There are also various myths and fallacies associated with use of condoms (IPPF 2006). These include pain, bleeding, infertility, infection, cancer, back or kidney pain and even death in men with condom's use (Jackson 2004). The fact is that condom does not cause any of these complications (Jackson 2004).There could be other justifications for some of the side effects. For instance, excessive rubbing of the penis against a dry vagina can be painful for the woman and sometimes for the man as well, and could lead to vaginal bleeding too. (Jackson 2004). Some of the fallacies about vasectomy are that men lose their sexual powers and become impotent after this procedure. Some people also think that after vasectomy, the marital life of couple is not pleasurable (Elmira 2005). The fact is that after vasectomy, sperm continues to accumulate in the testicles as usual and semen continues to be secreted.

The only difference is that the tubes no longer conduct the sperm to the semen (IPPF 2007). Thus, male sperm cannot meet with the egg; other than that the sexual relations remain normal. It is also believed that men lose their physical strength due to vasectomy (Elmira 2005). In reality evidence based studies have indicated that there is no relationship between vasectomy and loss of working ability. Any decrease in ability to work could be an emotional effect (IPPF 2007).

36 million of population in Pakistan is youth (PRB 2010) and it has been seen that use of family planning methods amongst youth are much lower at 17.4% (UNFPA 2006) than the national average of 30% (UNFPA 2010). Nonetheless, being a patriarchal and culturally rooted society, male-participation is not considered as a positive and acceptable practice in using family planning methods (Azmat 2011). Moreover, due to these cultural barrier most of our health care system is emphasizing on the strategies for the female family planning methods and prevalence of condom use is only 6.8 percent in Pakistan (PDHS 2006-7). Low CPR could be due to myths and fallacies about male contraceptive methods (IPPF study 2007). These myths and fallacies could be due to certain socio-cultural factors, exaggerated side effects of these contraceptive methods, physical, psychological and religious factors (Mahmood 1996) (Casterline 2001) (Bertrand 1995). Therefore, there is an immense need to understand the myths and fallacies about male family planning methods use amongst youth. Moreover It is generally assumed that youth will not opt for vasectomy due to their age. But it is important to remove the myths associated with the method so that when they enter into an age where they can opt for the method, they don't have any false beliefs. To researcher's knowledge, no study has been done which emphasis on these aspects. The current study is geared towards understanding males' attitudes and beliefs related to family planning methods and draw policy implications related to the topic. The study therefore explored the perceptions regarding myths and fallacies about male family planning methods amongst currently married youth aged18-24 years of Karachi

Methodology: An exploratory qualitative study was conducted to achieve the aforementioned objectives. In this regard, eight focus group discussions (FGDs), 4 each with male and female participants were conducted up till point of saturation. In this study, we wanted to catch the interaction between the participants, their viewpoints, perceptions and ideas on myths and fallacies about male contraceptive methods. However, as this is a sensitive topic, the participants were instructed not to disclose any personal experiences but to discuss in general terms what they thought was the current notion among married youth. Moreover, young people in Pakistan would be reluctant to discuss such matters in individual interviews (Dahlgren L 2004). The study was conducted in Karachi Pakistan between October and December, 2010. Situated in the North-Western part of South Asia, Pakistan, with about 185 million people (6), it is bordered by China on the northeast side, India on the eastern side, Iran and Afghanistan on the western side and the Arabian Sea on its South. Karachi, with 16 million people, is the largest city of the country, main port and hub of national industrial, commercial and financial activities. Therefore, people from all groups and ethnicities live in the city. In terms of income, people from all strata live in the city in various high, middle or low income neighborhoods. For study purposes UC 2 (Nasir Colony) and UC 3 (Chakra Goth) were selected because majority of the residents there belong to low income strata and with relatively lesser education. Literature has shown that use of contraceptive among couples belonging to lower income strata and having lesser education is comparatively lower with usually more children in general (Bhutta 2010). Therefore selection of such group would provide a better insight into the objectives of the study and more explicitly.

The study participants included currently married males and females aged 18-24 years, having at least one live child and residents of 2 UCs of Korangi. Permission for data collection was taken from the Regional

Coordinator of National Program for FP and PHC, Korangi Town, Karachi. Approval for conducting the study was sought from the ethical review committee of Aga Khan University Karachi. Verbal and written consent was taken from all study participants. LHWs working in the area facilitated the identification of participants and arranged the male and female FGDs at their own houses, which are called "Health Houses". Purposive sampling was the strategy used for conducting focus group discussions with the youth.

FGD Guidelines were developed after extensive literature search keeping in mind the study question and objectives along with repeated consultations with experts in the subject. Guidelines for in-depth interviews were pilot tested in Azam Basti, which is similar to the catchment area socio-demographically. The research team comprised of a male and the female moderator (PI of the study). In addition, a separate male and female note takers were hired for the male and female FGDs respectively. For ensuring validity and audit trail, FGDs were transcribed in Urdu and then translated in English on the same day. Moreover, both moderator and note-taker also share their notes at the end of the FGDs and also share the main findings with the participants of the FGDs.

Table 2. Socio-demographic characteristics of FGDs participants

Characteristics	N=50	
Gender	Males	26
	Females	24
Age in years (18-24 years)	Males	Mean= 24 ± 1.75 years
	Females	Mean= 23±1.50 years
Educational attainment		
None	14	
Up to grade IV	16	
Up to grade VIII	6	
Up to grade IX	3	
Up to grade X	4	
Up to grade XI	3	
Up to grade XII	4	
Occupational status	Non-working	5
	House wives	23
	Working	22
Note: All participants are married with at-least one child		

The core FGD guidelines were represented by nodes, freely articulated and explicitly discussed. From these nodes, responses (sub-nodes) and relevant themes were extracted. Themes were classified around male contraceptive methods.

Results: A total of eight FGDs were conducted with married youth, four each with males and females. The total number of participants of the FGDs were 50 (26 males and 24 females) with an average of 6-7 participants/ FGD.

Demographic Profile of Participants: Demographic and descriptive characteristics about study participants are displayed in Table 3. The mean age of males was 24 ± 1.75 years. Most of them were factory workers by profession while others were drivers, tailors, dyers, mechanic and shopkeepers. Nearly half of them were illiterate while others had completed 5-12 years of schooling. Mean age of female participants was 23±1.50 years. All of them were housewives. Majority of them were also illiterate and few reported to complete 5-10 years of schooling.

A total of 8 FGDs were conducted with married youth, four each with males and females. The total number of participants of the FGDs were 50 (twenty six males and twenty four females) with an average of 6-7 participants/ FGD.

Five major themes emerged from the FGD's data: general; physical; sexual; health and psychological and sociocultural and religious factors contributing to myths and fallacies around condoms use and vasectomy. These themes are presented below.

Table 3. Examples of nodes, sub-nodes and theme from the thematic analysis of FGDs with male and female participants

Nodes	Sub Nodes	Themes
Myths and Fallacies about condoms amongst youth	Cause infections in males as well as females++++	Health factors contributing to myths and fallacies
	Cause headache in husbands +++	
	Cause joint pain in husbands +++	
	Cause backache in husbands and wives ++	
	Cause leucorrhoea in females ++++	
	Men become sterile by using it	Sexual factors contributing to myths and fallacies
	Men don't find relaxation of mind by using them	Psychological factors contributing to myths and fallacies
	Can burst leading to unwanted pregnancy ++++++	Physical factors contributing to myths and fallacies
	Can leak leading to unwanted pregnancy ++++++++++	
Myths and fallacies about vasectomy amongst youth	Men loses their physical power and become weak ++	Physical factors contributing to myths and fallacies
	It is successful if the man reduces his diet+++	Cultural factors contributing to myths and fallacies
	In vasectomy a vein is cut from the toe of the leg +++	
	Those who are caught for the case of rape, police cut their veins and make them impotent in vasectomy+++	
	Men lose their sexual powers ++++++	Sexual factors contributing to myths and fallacies
	Men will become impotent ++	
Each *signifies one participant		

General myths and fallacies: Most of the male youth were of the view that if family Planning is to be practiced by a couple, prime responsibility for contraceptives use is of the female partner. The females' general view was that although it was not exclusively their responsibility but since men generally avoid using contraceptives the responsibility of doing something to avoid unintended pregnancies fell upon the shoulders of the females. The females also accepted this as their fate

…. "This is a male's world. Women in our area don't want to annoy their husbands; they would rather sacrifice their own health"… (Female participant).

They all agreed that condoms are good option because they are safe both for them and their husbands. We asked about the side effects of condoms and 2-3 women together said that they can leak.

Generally there was no knowledge among male youth about the vasectomy and whatever was known was based on the wrong information that people get from the friends, relatives and acquaintances. There were interesting discussions about vasectomy which revealed that the perception about vasectomy was based on misinformation or disinformation.

…. "Vasectomy is a procedure in which a capsule is placed in the male's sexual organ and it makes them permanently sterile". … (Female participant).

Physical factors: There was a consensus among male and female participants that condoms use is linked with laziness and weight gain in both male and females.

> …"*The weight of a person increases and he becomes lazy by using condoms." …(Male participant)*

Females also gave similar views saying that they have heard that men lose their physical powers by vasectomy. Another finding that came forth was a new finding that they have also heard that vasectomy is successful, if males reduce their diets after the procedure.

Health and Psychological factors: There was a general atmosphere among the participants, both males and females, that use of condoms cause many health problems for both male and female partners. The cited problems included infections, headache and joint pains both in males and females.

> …..“*I know condoms are responsible for spreading infections and have heard of similar complaints from a friend that condom causes many health problems including headache and joint pain, as well as various infections in males and females.” ..(Female participant*

The majority of the female participants said,

“*Use of the condoms depends on the mood of our husbands*” *…(Female participant)*

Box-1

New myths and fallacies about condoms and vasectomy not found in literature:

- Vasectomy is successful, if males reduce their diets after the procedure
- Condoms use is linked with joint pain in both male and females.
- Vasectomy is done on the prisoners convicted of rape charges. According to them, in this procedure the vein of their big toe is cut and resultantly they permanently become impotent and sterile.
- Vasectomy is for females.

Most men thought that the use of condom is harmful for men and chemicals used in its manufacturing and packing causes health hazards particularly inflammation in the different parts of the body.

> ….“*Using condoms is wrong, because they are treated with chemicals which are not good for health and re responsible for swelling in various parts of the body including joints”.. (Male participant)*

Sexual factors: One striking myth that came to the fore was that there was a general understanding amongst the male participants that if men use contraception it can make them impotent and such a development would ruin their lives.

> …. *“It’s male’s world and if at anytime we need to remarry, and if we get sterile by using contraceptive methods, what we will do?*” *(Male participant)*

On further probing about the possible side effects of vasectomy, one participant shared her perception:

> …. *“Men lose their sexual power and there is the problem of weight gain and laziness. Maybe they will never have a child. This is the world of males and if afterwards he needs a child, he will not be able to do anything.” (Female participant)*

Both groups of respondents also gave similar views by saying that they have heard that men lose their physical powers and become weak by vasectomy.

Socio-cultural and religious factors: Generally there was dearth of knowledge among males youth about the vasectomy and whatever was known was based on the wrong information that people get from the friends, relatives and acquaintances. There were interesting discussions about vasectomy which revealed that the perception about vasectomy was based on misinformation or disinformation. The statements made by two male participants disclosed their wrong views in this regard that

> ……"*Vasectomy is done on the prisoners convicted of rape charges. According to them, in this procedure the vein of their big toe is cut and resultantly they permanently become impotent and sterile." (Male participant)*

Another female participant shared her knowledge by saying that:

> …..*"Vasectomy is a procedure in which a capsule is placed in the male's sexual organ and it makes them permanently sterile*". (*Female participant)*

Table 4: Most important myths & fallacies for male contraceptive methods reported by male and female youth

Sr. No	Contraceptive Methods	Myths & Fallacies
1	Condoms	(i) Cause sterility in males (ii) Cause infections in males & females
2	Vasectomy	(i) Cause impotency in males

On further probing about the possible side effects of vasectomy, one participant said that:

> …. *"There is a misconception, that vasectomy is usually for ladies and it is not for men" (Male participant)*

Some of the females shared their perceptions about the use of condoms and vasectomy, by saying that if someone avoids pregnancy then Allah makes them ill in some other way like blood pressure or diabetes etc.

Discussion: Strengths of this study is that it addresses the reproductive health issues of youth in a community setting. Moreover Focus group discussions were conducted at Health houses. Main limitations were that there was difficulty in arranging FGDs because of security situation in the city during study period and unmarried youth not included in study, because of cultural constrains.

Conclusion: Contraceptives use amongst youth is low. In addition lack of appropriate knowledge about contraceptives contributes for low CPR among the youth. Moreover myths & misconceptions about male contraceptive methods were potential factors contributing to low use of contraceptives.

Important policy implications are counseling through peers & training of family planning service providers about condoms and vasectomy to address myths & misconceptions from minds of youth. Use participatory approaches and open discussions with friends, families, mothers in law and other groups opposing to FP methods use could also be instrumental in addressing these myths and fallacies. In addition there is a need for long term planning for educating the women and men.

*(Please note this is a version of paper in which reference list is not added at the end and discussion is also not complete. I can provide these if required in 24-48 hours if needed by conference reviewers. I have provided the details in paper format instead of extended abstract, so that rationale, background, methods and results section along with policy implications and conclusion could be in more elaborated form before the reviewers for selection of this paper in the conference)