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Patriarchal Influence on Contraceptive Use and Reproductive Decision Making: A Study on Selected Areas in Sirajganj District

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Abstract

This study explores the relationship between contraceptive use, reproductive decision-making, and patriarchal influence in rural Bangladesh, focusing on deeply rooted gender norms and power structures. Using a cross-sectional qualitative and explorative research methodology, data were collected from 50 respondents, both male and female, in Chandaikona and Debrajpur villages in Sirajganj District through in-depth interviews and focus group discussions. The findings reveal significant gender disparities in contraceptive use, with women bearing the primary responsibility due to societal norms and male dominance. While previous research has emphasized women's roles in family planning, this study uniquely addresses how patriarchal norms influence men's involvement in contraceptive use. The results show that men, despite their significant role in decision-making, are reluctant to actively engage in family planning, perpetuating traditional gender roles. Additionally, instances of domestic abuse and coercion in reproductive decisions highlight women's vulnerability within patriarchal households. The socio-cultural stigma surrounding male contraceptive use further reinforces the imbalance, supporting the belief that contraception is mainly a woman's responsibility. The study underscores the urgent need for inclusive and equitable reproductive health programs that engage both genders. By addressing patriarchal norms and advocating for comprehensive reproductive health education, Bangladesh can progress towards a more egalitarian society where individuals have autonomy in making reproductive decisions. The findings emphasize the necessity of interventions to empower women and challenge traditional gender roles, ensuring more balanced and informed contraceptive practices within communities.

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1. Introduction and background of the study

The right to control one's reproduction is a recognized human right that is central to individual self-determination, determining one's life course and life opportunities (MacQuarrie & Aziz, 2022). In patriarchal societies, the intricate dynamics of contraceptive use and decision-making mirror traditional gender roles, power dynamics, and societal expectations. Women's contraceptive use decisions are greatly impacted by broader socio-ecological factors, such as male partners' attitudes, family dynamics, and society's perceptions about contraception (Nkonde et al., 2023). Despite advancements in reproductive health awareness and interventions, patriarchal influences continue to constrain women's autonomy in family planning choices. Kabagenyi et al. (2014) consider that in patriarchal societies, men frequently exercise influence over family planning decisions, consequently limiting women's reproductive health autonomy.This study delves into the unexplored terrain of how patriarchal norms influence contraceptive decision-making among married couples in selected areas of the Sirajganj District in Bangladesh. The selected study areas in Sirajganj District, specifically the villages of Chandaikona and Debrajpur, provide a relevant setting due to prevalent patriarchal norms and limited access to comprehensive reproductive health services. Using qualitative methodologies, this study engages both male and female respondents aged 15 to 49. Through in-depth interviews and focus group discussions, the study seeks nuanced insights into the impact of patriarchal beliefs and social stigma on reproductive decision-making processes (Seth et al., 2020). The patriarchal framework entrenched in many societies often places the burden of contraceptive responsibility squarely on women, reinforcing entrenched gender stereotypes and power imbalances within relationships (Greene, 2000). Men's involvement could result in better outcomes in sexual and reproductive health indicators such as safe sexual behavior, contraceptive acceptance, health care utilization and reduction in maternal mortality (Kura et al., 2013). Historically, male involvement has been portrayed as either nonexistent among male partners who have little interest in reproductive health-related issues or obstructive, hindering women's decision-making when using family planning (Greene, 2009). While existing studies often focus on women's perspectives in family planning, there is a noticeable gap in understanding men's roles and attitudes, especially in patriarchal contexts (Yue et al., 2010). This research aims to address this gap by examining gendered perspectives towards contraceptive responsibility, patriarchal influences on decision-making, and resulting gender disparities in contraceptive use and how patriarchal norms affect contraceptive decision-making and gender disparities in contraceptive use.Through in-depth interviews and data analysis, this research contributes to a deeper understanding of the complex interplay between patriarchal influences, gendered perceptions of contraceptive responsibility, and resulting implications for women's autonomy and reproductive health outcomes (Malhotra et al., 1995). The findings advocate for more inclusive and equitable reproductive health interventions that empower both men and women to make informed and autonomous decisions regarding family planning and contraceptive use. Ultimately, the study aims to advance gender equality and reproductive health outcomes in patriarchal societies. By shedding light on these dynamics, this study advocates for more inclusive and equitable reproductive health interventions that empower both men and women to make informed and autonomous decisions regarding family planning and contraceptive use, thereby advancing gender equality and reproductive health outcomes in patriarchal societies.

1.2. Objective of the study

Despite the fact that both men and women are in charge of family planning and reproductive health, the majority of studies have ignored patriarchal beliefs held by men in favor of women. This study highlights the unexplored relationship between men and reproductive decision-making in patriarchal societies. This research challenges traditional gender roles and

encourages more inclusive and equitable reproductive health interventions to empower and enhance communities by critically examining men's acute patriarchal attitudes toward their wives regarding family planning. The specific objectives of this study are; To explore the gendered perspectives towards contraceptive responsibility. To understand patriarchal influence and social stigma on reproductive decision-making. To examine gender-based domination and inequality related to contraceptive usage. The research seeks to answer the questions: How do patriarchal norms shape attitudes and behaviors regarding contraceptive use among married couples? What are the gender-specific roles and responsibilities perceived in contraceptive decision-making? How do these dynamics affect women's autonomy in reproductive health decisions?

2. Literature review

The study explores the complex interplay of contraceptive use, reproductive decision-making, and patriarchal influences in rural Bangladesh. It is grounded in theoretical perspectives that highlight how patriarchal norms shape gender dynamics and reproductive health practices within societies. Traditional expectations about women's roles, correlated with their inherent insecurity and dependence on males, impact reproductive decision-making and the utilization of family planning methods and services in Bangladesh; Patriarchal systems often assign women the primary responsibility for contraception, reinforcing traditional gender roles and limiting women's autonomy (Schuler et al., 1996). Social norms and cultural values have a big impact on the prejudice against women in modern-day Bangladesh (Haq et al., 2023). Contraceptive use is often viewed as solely the responsibility of women, disregarding men's involvement in family planning (Khan, 2023). Consequently, women's choices are marginalized as this is demonstrated by national estimates that show that men only make up 10% of the 55% of people who use modern contraceptive methods and 2.6 percent of those who use long-acting and permanent methods (Khan, 2023). Condom use was 7.13%, female sterilization was 8.09%, injectable were 12.76%, intrauterine devices (IUDs) was 3.76%, male sterilization was 2.34%, periodic abstinence was 6.71%, tablets were 33.21%, and withdrawal was 3.27%. These statistics indicate the pooled prevalence of various contraceptive techniques. According to Hossain et al. (2024), 62.91% of contraceptive techniques were modern, whereas 8.79% were traditional. Wider socio-ecological variables, including male partners, peers, family, and contraception knowledge and beliefs, have a significant global impact on women's decisions to use contraception (as cited in Nkonde et al., 2023). However, men exercise authority over choices about family size and their partner's method of contraception in a number of conventionally patriarchal contexts (Kabagenyi et al., 2014). According to the most recent Bangladesh Demographic and Health Survey, 36.2% of women between the ages of 15 and 49 are unable to make educated decisions for themselves when it comes to having sex, using contraceptives, and receiving reproductive healthcare (Islam, 2022). The persistence of gender discrimination and behaviors that give men greater control over resources while systematically limiting women's access to opportunities is facilitated by socio-cultural and patriarchal norms (Saifuddin et al., 2019). As a result, the prevalence of contraception in Bangladesh is 62%, with 52% of women using any type of modern method and only 7% of men utilizing condoms as a method of birth control (Islam, 2022). Men's usage of contraceptive techniques, such as condoms or vasectomy, is much lower than women's adoption of oral tablets or injectables, according to findings from Hossain et al. (2024).

The divisions of Rangpur and Rajshahi have the highest rates of contraceptive prevalence (69.8% and 69.4%, respectively), and Sylhet and Chittagong have the lowest rates (47.8% and 55.0%, respectively) (Hossain et al., 2018). According to certain research findings, gender norms—which are influenced by patriarchy in Bangladesh—played a significant role in the

interpersonal dynamics around the use of contraceptives (Newmann et al., 2021; Bhatia et al., 2024). Women's use of contraceptives is inversely correlated with men's normative attitudes (Mejía-Guevara et al., 2021). Men rule over women when it comes to making decisions in societies where patriarchal values are the foundation of the social power structure (Shohel et al., 2021). However, in order to uphold women's traditionally inferior status in households, men and women simultaneously perpetuate gender relations and attribute discriminatory gender norms; Theoretical frameworks such as feminist theory and social constructionism provide insights into how gender norms are constructed and reinforced, shaping attitudes and behaviors related to contraceptive use (Millett, 2000). These frameworks emphasize the importance of challenging patriarchal structures to achieve equitable reproductive health outcomes and empower women to make informed choices about their bodies and lives (Shohel et al., 2021). Despite efforts to promote reproductive health awareness and services, challenges persist due to cultural stigmas and inadequate access in rural and marginalized communities (Khan, 2023). These barriers underscore the need for comprehensive strategies that address socio-cultural norms, promote gender equality, and empower women in decision-making processes (Bhatia et al., 2024). According to Amraeni et al. (2021), extended families have a custom wherein parents consistently favor their husband's authority above that of the wife, reinforcing the patriarchal idea that the wife's status is lower than that of her husband. In addition, societal norms sometimes perceive contraception as being the responsibility of women, disregarding the involvement of men in making decisions about family planning (Khan, 2023). According to Haq et al. (2023), this becomes harder because of cultural norms and societal values that support discrimination against women. This perception diminishes the importance of women's decisions and strengthens gender disparities in the usage of contraceptives, as demonstrated by national estimates indicating a low proportion of men utilizing contemporary contraceptive techniques (Khan, 2023). According to Schuler et al. (1996), women's economic dependence on males and societal norms around their positions have an impact on their ability to make decisions about their reproductive health and usage of contraceptives. Women are usually valued according to their ability to procreate because of patriarchal ideas about women's roles in the home (Islam, 2022). The persistence of patriarchal gender norms impedes the growth of family planning and reproductive health initiatives. Islam (2022) points out that low awareness campaigns and cultural stigmas in rural and underprivileged regions make it difficult for women in Bangladesh to obtain sexual and reproductive health procedures. Women's capacity to choose contraception wisely is adversely affected by this lack of availability (Khan, 2023). The current family planning policies in Bangladesh frequently fail to consider the intricate dynamics between relational, structural, and institutional elements that impact the health decisions and choices of women (Bhatia et al., 2024). Gender inequality may increase, and women could develop new dependency if men keep themselves out of family planning programs (Bhatia et al., 2024). In Bangladesh, traditional gender norms and patriarchal influence still affect how people use contraceptives and make decisions in Bangladesh, where open discourse on sexual health is frowned upon, ensuring sexual and reproductive health and rights is an arduous undertaking (Islam, 2022). The actual situation, however, is different, with fewer family planning visits and exposure to awareness campaigns (Khan, 2023). When it comes to access to contraception, the impoverished and rural communities are disproportionately disadvantaged (Khan, 2023). We contend that the primary shortcoming of Bangladesh's family planning policy is the deliberate failure to recognize women's health choices and decision-making as intricate contextual processes influenced by institutional, structural, and relational factors (Bhatia et al., 2024). Furthermore, as this strategy does not specifically aim to forge relational bridges based on gender equality, excluding men from these programs frequently leads to women developing new dependencies (Bhatia et al., 2024). Bangladesh has made tremendous progress in

expanding teenage access to family planning, reproductive health information and education within its legal framework. Overall, many believed that CSE (Comprehensive Sexuality Education) implementation was lagging behind (DeGraw et al., 2021). A comprehensive strategy that acknowledges the interaction of sociocultural variables, encourages gender equality in family planning services, and gives women the authority to make decisions about their reproductive health is required to address these issues. understanding the influence of patriarchal norms on contraceptive decision-making is essential for developing effective policies and interventions. By addressing these entrenched norms and promoting gender equality, Bangladesh can enhance reproductive health services and empower individuals to make autonomous decisions that improve overall well-being and societal development.

3. Methodology:

Clarifying human situations and experiences within various conceptual frameworks is a goal of qualitative research (Winchester & Rofe, 2010). The study used a cross-sectional qualitative and explorative research methodology using focus group discussions (FGDs) and in-depth interviews to look into how women's decisions to contraception use are influenced by male dominance. Focus groups are useful for examining complex and sensitive issues regarding sexuality, race, and culture (Raine et al., 2010). Focus groups allow participants to disclose information that they may have in common with others in the group and share similar perceptions and experiences, some of which they would not feel comfortable divulging in an individual interview (Krueger,1994, as cited in Raine et al., 2010). Primary data were used to perform this qualitative investigation. Thirty respondents were surveyed in-depth and two FGDs were conducted each with ten participants to assess the effect of patriarchal norms on the usage of contraceptives and reproductive health in both male and female respondents.

3.1 Study area and Sampling:

The study was conducted in the two villages of Chandaikona and Debrajpur in Raiganj Upazilla, Sirajganj district, concentrating on married couples aged 15 to 49 of reproductive age. The proximity of the researcher's residence allowed for extended communication with respondents, while the prevalent patriarchal society allowed for an in-depth analysis of male dominance in contraceptive use. Purposive sampling was used to select 30 respondents (15 couples); 15 female and 15 male respondents were chosen purposively from the target population. This sample size was considered acceptable for qualitative analysis, ensuring a full investigation of the research topic. While there are no set guidelines for sample size in qualitative research, Yin (2016) points out that a complicated subject can require a lower number of cases to be thoroughly studied. Purposive sampling was used to choose study participants after convenience sampling, with the assistance of Family Welfare Assistance (FWA) and community health workers working at these sites. Due to the delicate subject matter, the study complied with ethical guidelines by securing participant agreement and maintaining participant confidentiality.

3.2 Data collection and data analysis techniques

For the semi-structured question study, semi-structured question guides were used to explore the interviews, which were audiotaped with consent from each participant to ascertain accurate accounts of the interviews and later used in data analysis. Participants were reassured that interview information would only be used for research and were encouraged to speak candidly. The recordings were then replayed for analytical responses. Interviews were transcribed immediately thereafter in English. All interviews were conducted in English. The study conducted interviews with thirty respondents using open-ended, semi-structured questionnaires until no new findings emerged, ensuring thorough data analysis.

4. Trustworthiness of the Study

The Guba and Lincoln criteria, which emphasize credibility, dependability, universality, and confirmability, were followed to ascertain the reliability of our work. We built reliability and confidence by actively interacting with participants for a prolonged period of two months in the villages of Chandaikona and Debrajpur in the Raiganj Upazilla, Sirajganj district. We were able to establish rapport and trust with the participants through this prolonged conversation, and we learned a great deal about their experiences in their natural environments. In addition, we organized peer debriefing meetings during which a qualitative research specialist evaluated and analyzed our field notes and data gathering techniques. The credibility of our findings was further increased by using data triangulation, which involved conducting both focus group discussions (FGDs) and in-depth interviews. In order to assure reliability, we sought validation for our focus group and in-depth interview transcripts from independent experts in qualitative research. The experts examined the selected themes and descriptions to identify connections and differences, which helped ensure the accuracy and consistency of our conclusions. The study's universality was improved by providing detailed descriptions and collecting complete data inside participants' natural contexts until data saturation was reached. Conducting further interviews as necessary expanded the scope and relevance of our findings, rendering them more suitable for comparable situations. Confirmability was strengthened through an audit trail performed by an impartial specialist in qualitative research. The expert conducted an extensive review of the qualitative procedures we implemented, including data collection, transcription, and interpretation. This evaluation aimed to ensure that our findings were based on the data and not influenced by any biases from the researchers. By following a methodical approach to these criteria, we hope to improve the overall credibility and reliability of our research and establish a strong basis for comprehending the effects of patriarchy on the usage of contraceptives and decision-making in the chosen areas of Bangladesh's Sirajganj District.

5. Results and discussion

Table 1: In- depth interview's Respondent's information

Respondents Category	*Age category*	*No. of Respondents*	*Level of Education*	*Occupation*	*Family Planning Methods*
Rural Women	Rural Women (18-34 years)	12	Primary (7), Secondary (3), Higher Secondary (1), Graduate (1)	Homemaker (7), Student (2), Professional (1), Businesswoman (2)	Injectables (2), No Method (3), Oral Pill (6), Implants (1)
	Rural Women (35-49 years)	03	Primary (2), Secondary (1)	Homemaker (2), Businesswoman (1)	Injectables (1), Oral Pill (1), No Method (1)
Rural Men	Rural Men (18-34 years)	09	Primary (4), Secondary (2), Higher Secondary (2), Graduate (1)	Farmer (4), Businessman (2), Professional (2), Day labor (1)	No Method (7), Condom (2)
	Rural Men (35- 49 years)	06	Primary (3), Secondary (2), Higher Secondary (1)	Farmer (3), Day labor (1), Businessman (2)	No Method (4), Condom (1), No Scalpel Vasectomy (NSV) (1)

Demographic characteristics of participants:

There were two FGDs, each with ten participants, and thirty IDIs (in-depth interviews) in total presented in (Table 1). A significant proportion of the participants (70%) were between the ages of 18 and 34, and the participants possessed diverse levels of education, with primary education being the most prevalent (53%). The majority of female respondents were unemployed (60%). A considerable proportion of the participants (50%), in contrast to rural males, were women residing in rural areas was also (50%). The influence of male partners on

contraception choice and utilization was investigated using a combination of in-depth interviews and focus group discussions (n = 50).

Table 2: Summary of result regarding perceptions and practices towards contraceptive use and decision making in selected areas in Sirajganj district.

Indicators	Summary of Result and perceptions regarding contraceptives	Contraception related practices in family
Gendered perceptions on contraceptive responsibility	- Gender stereotypes - Contraception as a taboo subject - None of man's problem- Power imbalance regarding responsibility	mostly reserved discussion
Misconceptions and stigma about modern contraceptives	- Side effects - Lack of understanding - The myth of infertility – Fear of health problems -Male's fear of reducing sexual pleasure – Restrict women from open discussion	Fear of side effects, restriction towards female
Patriarchal influence shape women's decision making	- No independence of women in family planning decision making – Majority of decisions are taken by husbands in family – Women face coercion from husbands	Deepens power imbalances inside family
Family perception towards contraceptive use and domestic violence	- Husband opposition - Seen as wife's responsibility - Didn't support because of side effects -Domestic violence – Reproductive coercion – Inequality and dominance	Discussion before use and decisions are mostly taken by husbands in the family, sometimes women face domestic violence
Women's economic dependency and parents influence	– Women's financial dependency on husbands – Husband reluctant to pay for wife's contraceptives due to fear of side effects	Family give advice but on the behalf of the male in the family
Patriarchal influence and the position of women in the family	- Wife's final decision seems less valuable - Mutual agreement in the household is missing - Men are women's leaders - There is still deliberation in the household - Women must obey their husbands	Final decision comes from male partners and patriarchal dominance
Lower autonomy and gender disparities towards women in family	- Determination of the number of children by husbands - Man wants a family according to their wish - Decision to use contraception by male - Very little discussion before use - Need husband's permission for using	Women's autonomy is controlled by their husbands and experience violence

Gendered Perspectives on Contraceptive Responsibility

The findings of the study showed that male and female respondents had quite different opinions about the use of contraceptives, which is evidence of established gender stereotypes and power dynamics in partnerships. While the majority male participants supported their partners using contraceptives, which reinforced traditional gender roles that placed the responsibility of contraception on women, female respondents indicated hesitation because they were afraid of the negative effects and the stigma associated with using contraception in society. Surprisingly, just one out of every fifteen male respondents said that he is using contraception willingly, while the majority believe that their partners should be responsible for using contraception. The study findings identified that male respondents gave a variety of excuses for not using contraceptives, including reduced sexual satisfaction from using condoms and worried about being laughed at by society for having male sterilization. The following example explains the issue: one of the male respondents stated, "I couldn't tell others about my contraceptive method because the surrounding people would laugh at me if they knew that I took NSV." The male respondent associates no-scalpel vasectomy (NSV) with weakness and sees it as a way for women to keep control in relationships, demonstrating the deeply rooted idea of contraception as a feminine responsibility. On the other hand, female respondents listed the following example to explain the issue: logical reasons for not using contraception, such as forgetting to take daily tablets or being afraid of side effects like irregular menstruation, weight gain, headaches, mood swings, stomach pain etc. Furthermore, a substantial number of female

participants explicitly reported that their partners' reluctance to use contraceptives had an impact on their choice to use contraception. Cases like these draw attentions to a significant power imbalance in couples where women face an unequal share of the responsibility of family planning.

Gender Disparities in Contraceptive Usage

The study reveals an absolute contrast in the utilization of contraceptives between genders. While 11 out of 15 female respondents use contraceptives, only 4 out of 15 male respondents use contraceptives. This discrepancy reflects traditional gender roles where the burden of contraception falls predominantly on women, reinforcing their role as primary caregivers and decision-makers in family planning. Despite the evidence of the influence of male gender norms, and the fact that men can yield control over decision-making, contraceptive programs have continued to largely only target women (Edström et al., 2015). The conventional view still perceives contraception as primarily a woman's responsibility rather than a couple's shared responsibility. As a result, women's choices are marginalized. This is demonstrated by national estimates that show that men only make up 10% of the 55% of people who use modern contraceptive methods and 2.6 percent of those who use long-acting and permanent methods (Khan, 2023). The results of the study highlight remarkable gender inequalities, wherein women face an imbalance of responsibility due to their traditional role as the primary caregivers in the household. The mentioned inequitable division of duties works to maintain conventional gender norms and perpetuates societal pressures that disproportionately affect women. Men do occasionally actively participate in family planning discussions and decisions (Schuler et al., 1995). One male interviewee explained, “I don’t know anything about any of the methods; I only know that my wife takes pills as we don’t want any more children so this burden of using contraceptives is taken by my wife.”

Patriarchal influence in shaping women’s choices in decision-making

The results of the study show that although using contraception was seen as a woman's responsibility, women's usage of contraception depended heavily on men's acceptance. Most respondents cited the desire to limit family size as the primary reason for contraceptive use. However, the analysis also exposed underlying factors such as financial constraints, economic dependency on women, and health concerns influencing contraceptive decision-making. Notably, women often face coercion from their husbands to use contraceptives, highlighting power dynamics along with patriarchal influence within relationships. Female respondents predominantly favor oral pills due to their accessibility and perceived lower health risks. Male respondents show a lack of awareness about contraceptive methods, indicating a lack of interest in this issue. One male interviewee expressed his reluctance to learn about family planning methods and procedures, stating, "My wife would be responsible for all of this." Moreover, the existing socioeconomic framework in rural Bangladesh, where males primarily fulfill the role of the main earners, deepens the power imbalances within family dynamics. According to investigations, patriarchal and sociocultural norms support the persistence of gender discrimination and practices that give men greater control over resources while systematically denying women access to opportunities (Saifuddin et al., 2019). Women's independence in decision-making processes, especially regarding family planning and choices for contraception, is constrained by their substantial economic dependence on their spouses. According to a female respondent, “Most of our family decisions were taken by my husband, and I was never allowed to say anything, even if I was against this decision.” According to the most recent Bangladesh Demographic and Health Survey, 36.2% of women between the ages of 15 and 49 are unable to make rational choices for themselves when it comes to having sex, using contraceptives, and receiving reproductive healthcare (Islam, 2022). This demonstrates

the pervasiveness of male control, which restricts women's chances and liberty within the household by limiting their independence and capacity to make decisions about family planning and reproductive health. It should be understood in the context of Bangladesh, a rural community that is overwhelmingly controlled by men and where men are thought to be the only ones who should make critical decisions (Schuler et al., 1996). In Bangladesh, males frequently allow their wives to use contraception in an indifferent manner without taking any responsibility for the decision; this way, if something goes wrong, they can place the blame on their spouses. Although men are in positions of control, they frequently refuse to accept accountability (Schuler et al., 1995). Another female respondent said, “My husband gave me the freedom to choose any method, but he warned that if I felt any health issues, that would be totally my responsibility, and he would not pay for any treatment.” According to one female respondent, “My husband didn’t want to use any contraceptives; he was silent when I asked him to use any methods. Rather, it seemed totally my responsibility to use birth control methods.”

Influences of societal stigma on male contraceptive usage:

Societal norms and stigma make it harder for males to become contraceptive users because having children and planning for contraception ahead are usually seen as women's jobs. The following excerpts clarify the issue: One of the interviewees in the study area said, “I am busy earning money and supporting my family, so my wife should take on the responsibility of birth control. Though I use condom but it seems like an extra burden to me.” Men are even less likely to participate because they don't know how to, as consciousness regarding contraception’s focus more on women than men. There are various societal stigmas surrounding contraceptive use prevalent among the respondents. According to one male interviewee in FGD, “Though I used condoms, I thought they would lose my hegemonic power and control over my wife.” Therefore, social stigma restricts women from openly discussing this topic with others. Many men think sex has become less pleasurable because of the use of condoms. In Bangladesh, where open discourse on sexual health is frowned upon, ensuring sexual and reproductive health and rights is an arduous undertaking (Islam, 2022). In Bangladesh, more men are persuading their wives to utilize family planning due to the persistence of traditional religious beliefs in rural regions, which makes it challenging for wives to discuss family planning with their husbands (Ahsan, 1992). The low rates of vasectomy are caused by sociocultural barriers (such as the nation's patriarchal mentality that family planning is a woman's responsibility) and enduring misconceptions about vasectomy. These social and gender norms that view family planning as a women's issue limit men's and boys' demand for family planning (DeGraw et al., 2021).

Domestic violence and reproductive coercion

This study’s findings demonstrate the existing patriarchal attitudes that deprive women of their basic rights and freedom. Women often bear the burden of domestic violence, perpetuating a cycle of control and subjugation within relationships. One female respondent stated, "My husband didn't like to use contraceptives, though those methods caused me a lot of health problems. Because of my physical issues, I stopped taking an oral pill that made me pregnant when I was not ready to be. Because of this, my husband and in-laws tortured me, as they didn't want any children at that time. So, I stopped telling my husband to use contraception and took on it myself.” Women face domination and violence from their husbands, indicating a lack of autonomy in reproductive choices. According to associated studies, the majority of women in Bangladesh have experienced domestic violence at some point in their lives from an intimate partner or family member. This violence stems from inequality and perpetuates male dominance and female subordination both inside and outside

the home (Khatun & Rahman, 2012; Yllö, 2005). The study also finds out that economic dependence further increases women's vulnerability, making it challenging to resist male control over contraception. Male dominance in decision-making is evident, with husbands often dictating contraceptive use to their wives. According to a pertinent study, domestic violence against women in Bangladesh is often caused, dictated, and provoked by traditional values and cultural norms related to gender roles and supremacy within households and society (Koenig et al., 2003). Violence Against Women (VAW) is a widespread practice in Bangladesh that deprives women of equal opportunities, security, dignity, and self-worth in the home and in society at large. Living in a patriarchal society, where women are controlled and subordinated by males, is linked to feelings of vulnerability and helplessness (Khatun & Rahman, 2012). The study findings also demonstrate the enduring culture of anxiety and coercion in married relationships, where women feel compelled to conform to their partners' demands for fear of punishment.

Women's Dependence

Bangladeshi women are exceedingly dependent and susceptible when it comes to taking contraceptives, as is the case with most of their actions (Schuler et al., 1995). Some of the female respondents gave the following explanation: "How could we disobey our spouses when we are monetarily dependent on them for our livelihood? Thus, we were forced to follow their instructions and use contraceptives. Because women are not seen as economically active, husbands and in-laws may reject their use of contraceptives in certain situations. They frequently believe that it is improper for them to pay costs (Schuler et al., 1995). According to a male respondent, "I earn very little, when my wife told me to use contraceptives, I told her to use them. But I have heard that these methods cause various health issues, so if she got ill, it would be a financial crisis for me, so I told her not to use any methods." It is expected that women's contraceptive decision-making power to be less in a rural community where women's literacy status is very low and economic dependence is high (Bogale et al., 2011).

Conclusion

This study provides a critical analysis of the use of contraceptives and decision-making in selected rural areas of the Sirajganj District of Bangladesh, revealing the profound impact of patriarchal norms on gender dynamics and reproductive health practices within families. Key findings highlight persistent gender inequalities in contraceptive use, where women bear the primary responsibility due to prevailing norms and masculine dominance. Despite men's significant role in household decision-making, their reluctance to actively participate in family planning reinforces the myth that contraception is solely a woman's responsibility. This perpetuates traditional gender roles and creates substantial disparities in power dynamics within relationships, where women often face manipulation and domestic violence concerning reproductive choices. An important finding of this study is the persistent gender inequalities in the use of contraceptives, where women are mainly accountable due to prevailing norms and masculine dominance. Additionally, the study emphasizes the influence of cultural stigma on the adoption of male contraception, along with misunderstandings and apprehensions about potential adverse reactions that lead to a reluctance among males to actively engage in contraceptive usage. Women's financial reliance frequently results in restricted autonomy when selecting contraceptive methods, as they are obligated to conform to their husbands' preferences and encounter consequences if they support their own decisions. In general, this study highlights an urgent requirement for reproductive health programs that are inclusive and fair, targeting patriarchal norms. These measures should enable individuals of all genders to make educated choices and challenge established gender roles. Interventions that recognize and address the underlying reasons for gender disparities in contraceptive use can encourage

collaboration in family planning, cultivate healthier relationships within households, and eventually lead to more equitable and educated reproductive health practices in communities. Economic dependency further exacerbates women's vulnerability, restricting their autonomy in making reproductive health decisions, as they often must conform to their husbands' preferences. This research contributes to the field by highlighting the intricate interplay of patriarchal influence, gender roles, and contraceptive decision-making processes. It underscores the urgent need for inclusive and equitable reproductive health programs that address patriarchal norms and enable individuals of all genders to make informed choices. By illuminating the underlying causes of gender disparities in contraceptive use, the study provides a foundation for developing interventions that promote collaborative family planning, healthier household relationships, and more equitable reproductive health practices. Addressing gender disparities in reproductive health is crucial for achieving broader development goals, including gender equality, improved health outcomes, and enhanced socio-economic development. Interventions that challenge established gender roles and empower all individuals to participate in family planning can lead to more equitable and informed reproductive health practices, ultimately contributing to healthier communities and more balanced power dynamics within households.

Limitations and Future Research Directions:

The study focused on selected areas in the Sirajganj District, which limits the generalizability of the findings to other regions with potentially different socio-cultural contexts. The use of purposive sampling and the relatively small sample size—comprising 30 respondents (15 couples) and two focus group discussions (FGDs) with 20 participants—may not fully capture the diverse range of perspectives within the population. Additionally, participants may have been influenced by social desirability bias, providing responses they believed were expected rather than reflecting their true experiences or opinions. While the study acknowledges economic dependency as a factor influencing women's contraceptive decisions, a deeper exploration into economic dynamics could have provided richer insights. Especially the following concerns could be explored: Conduct similar studies in different regions with varied socio-cultural contexts to enhance the generalizability of the findings. Comparative studies across regions could reveal broader patterns and unique local influences on contraceptive decision-making. Employ larger and more representative sample sizes to capture a wider range of perspectives. Implement anonymous surveys or other techniques to mitigate social desirability bias. Conduct in-depth analyses of economic factors influencing contraceptive decisions. Undertake longitudinal studies to examine changes in contraceptive decision-making over time. Male engagement strategies involve establishing and evaluating interventions that explicitly focus on male partners, aiming to encourage their active participation in family planning and decision-making regarding contraception. These efforts might include counseling sessions, educational campaigns, and community-based activities with the goal of questioning and changing traditional gender norms. Evaluating the successful outcomes of the present family planning programs in eliminating patriarchal challenges and advancing gender equality in reproductive health. An analysis of shortcomings and subsequent suggestions for legislative changes could enhance the inclusivity and effectiveness of healthcare systems. Examining the perspectives and approaches of healthcare providers in relation to family planning counseling, with a specific focus on gender-sensitive strategies and addressing power dynamics during contraceptive consultations. Considering peer pressure, educational efforts, and the availability of youth-friendly reproductive health facilities, this study focuses on how patriarchal norms affect young people's decisions about contraception. Examining the capacities of digital health interventions, mobile applications, and telemedicine platforms to enhance gender-equitable family planning education, counseling, and service

provision, particularly in distant or underserved regions. Scholars and practitioners can encourage evidence-based strategies, laws, and treatments that upend patriarchal norms, empower people, and promote reproductive autonomy and equity by tackling these research directions. Investigate the effectiveness of different policy interventions aimed at reducing gender disparities in reproductive health choices. Studies could assess the impact of educational programs, economic empowerment initiatives, and access to healthcare services on contraceptive decision-making.

Applications:

Policy Recommendations for Family Planning Programs: These policies need to work to reduce societal stigmas associated with male engagement in family planning, raise awareness of male contraceptive techniques, and encourage shared responsibility between men and women in the use of these methods.

Education and Awareness Campaigns: The study emphasizes the necessity of comprehensive sexuality education (CSE) programs that challenge stigmas and misconceptions surrounding the use of contraceptives in addition to exploring beyond traditional gender roles. The main goals of policy interventions should be to teach educators to promote open discussions on sexual and reproductive health and to incorporate CSE into academic curricula at all levels of education.

Enhancing the accessibility of sexual and reproductive healthcare services should be a top priority for policymakers. This is especially crucial in rural and underprivileged communities, where women encounter additional obstacles to accessing healthcare. This involves guaranteeing the accessibility and economic feasibility of a diverse array of contraceptive techniques, as well as tackling concerns regarding potential adverse effects through counseling and education.

In order to prevent domestic violence and reproductive coercion, it is imperative to establish and execute policies that include legal structures, survivor support services, and awareness campaigns that challenge adverse gender norms and attitudes that maintain violence against women. Bangladesh can work toward reducing gender disparities in the use of contraceptives and decision-making, promoting reproductive health rights, and promoting gender equality in family planning practices by addressing these areas through policy interventions, educational initiatives, healthcare improvements, empowerment strategies, and violence prevention efforts.

References

Ahsan, S. B. (1992). Men in Bangladesh play a role in family planning. Network, 13(1), 18-19. PMID: 12317723.

Amraeni, Y., Kamso, S., Prasetyo, S. B., & Nirwan, M. (2021). A matriarchal and patriarchal perception on women's autonomy in decision making on contraception: Qualitative analysis in Indonesia. Malaysian Journal of Medicine and Health Sciences, 17, 17-21.

Bhatia, B., Hossain, S., Ghosh, U., & Salignac, F. (2024). Reimagining gendered community interventions: The case of family planning programs in rural Bangladesh. Global Health Research and Policy, 9(1). https://doi.org/10.1186/s41256-023-00337-8

Bogale, B., Wondafrash, M., Tilahun, T., & Girma, E. (2011). Married women's decision making power on modern contraceptive use in urban and rural southern Ethiopia. BMC Public Health, 11(1). https://doi.org/10.1186/1471-2458-11-342

Edström, J., Hassink, A., Shahrokh, T., & Stern, E. (Eds.). (2015). Engendering men: A collaborative review of evidence on men and boys in social change and gender equality. EMERGE Evidence Review, Promundo-US, Sonke Gender Justice, and the Institute of Development Studies.

Greene, M. E. (2000). Changing women and avoiding men: Gender stereotypes and reproductive health programmes. IDS Bulletin, 31(2), 49-59. https://doi.org/10.1111/j.1759-5436.2000.mp31002007.x

Haq, I., Sarker, M. M. R., & Chakma, S. (2023). Individual and community-level factors associated with discrimination among women aged 15–49 years in Bangladesh: Evidence based on multiple indicator cluster survey. PLOS ONE, 18(7), e0289008. https://doi.org/10.1371/journal.pone.0289008

Hossain, M., Khan, M., Ababneh, F., & Shaw, J. (2018). Identifying factors influencing contraceptive use in Bangladesh: Evidence from BDHS 2014 data. BMC Public Health, 18(1). https://doi.org/10.1186/s12889-018-5098-1

Hossain, S., Akter, T., Mohsin, M., Islam, M. M., Chowdhury, P. B., & Khudri, M. M. (2024). Contraceptive uses among married women in Bangladesh: A systematic review and meta-analyses. Journal of Health, Population and Nutrition, 43(1). https://doi.org/10.1186/s41043-024-00502-w

Islam, F. (2022). Time to focus on women's sexual health and rights. The Daily Star. https://www.thedailystar.net/views/opinion/news/time-focus-womens-sexual-health-and-rights-3023016

Kabagenyi, A., Jennings, L., Reid, A., Nalwadda, G., Ntozi, J., & Atuyambe, L. (2014). Barriers to male involvement in contraceptive uptake and reproductive health services: A qualitative study of men and women's perceptions in two rural districts in Uganda. Reproductive Health, 11(1). https://doi.org/10.1186/1742-4755-11-21

Khatun, M. T., & Rahman, K. F. (2012). Domestic violence against women in Bangladesh: Analysis from a socio-legal perspective. ResearchGate. https://www.researchgate.net/publication/356097508_Domestic_Violence_against_Women_in_Bangladesh_Analysis_from_a_Socio-legal_Perspective

Koenig, M. A., Ahmed, S., Hossain, M. B., & Mozumder, A. B. M. K. A. (2003). Women's status and domestic violence in rural Bangladesh: Individual- and community-level effects. Demography, 40(2), 269-288. https://doi.org/10.1353/dem.2003.0014

Kura, S., Vince, J., & Crouch-Chivers, P. (2013). Male involvement in sexual and reproductive health in the Mendi district, Southern Highlands province of Papua New Guinea: A descriptive study. Reproductive Health, 10(1). https://doi.org/10.1186/1742-4755-10-46

Khan, M. N. (2023). Despite progress, there are miles to go. The Daily Star. https://www.thedailystar.net/opinion/views/news/despite-progress-there-are-miles-go-3393016

MacQuarrie, K. L. D., & Aziz, A. (2022). Women's decision-making and contraceptive use in Pakistan: An analysis of demographic and health survey data. Sexual and Reproductive Health Matters, 29(2). https://doi.org/10.1080/26410397.2021.2020953

Malhotra, A., Vanneman, R., & Kishor, S. (1995). Fertility, dimensions of patriarchy, and development in India. Population and Development Review, 21(2), 281. https://doi.org/10.2307/2137495

Mejía-Guevara, I., Cislaghi, B., & Darmstadt, G. L. (2021). Men's attitude towards contraception and sexuality, women's empowerment, and demand satisfied for family planning in India. Frontiers in Sociology, 6. https://doi.org/10.3389/fsoc.2021.689980

Millett, K. (2000). Sexual politics. University of Illinois Press. http://books.google.ie/books?id=Ig1WNVW18xoC&pg=PA278&dq=0252068890,+9780252068898&hl=&cd=2&source=gbs_api

Newmann, S. J., Zakaras, J. M., Dworkin, S. L., Withers, M., Ndunyu, L., Gitome, S., Gorrindo, P., Bukusi, E. A., & Rocca, C. H. (2021). Measuring men's gender norm beliefs related to contraception: Development of the masculine norms and family planning acceptance scale. Archives of Sexual Behavior, 50(6), 2691-2702. https://doi.org/10.1007/s10508-021-01941-w

Nkonde, H., Mukanga, B., & Daka, V. (2023). Male partner influence on women's choices and utilisation of family planning services in Mufulira district, Zambia. Heliyon, 9(3), e14405. https://doi.org/10.1016/j.heliyon.2023.e14405

Raine, T. R., Gard, J. C., Boyer, C. B., Haider, S., Brown, B. A., Ramirez Hernandez, F. A., & Harper, C. C. (2010). Contraceptive decision-making in sexual relationships: Young men's experiences, attitudes and values. Culture, Health & Sexuality, 12(4), 373-386. https://doi.org/10.1080/13691050903524769

Saifuddin, S., Dyke, L., & Hossain, M. S. (2019). Walls all around: Barriers women professionals face in high-tech careers in Bangladesh. Equality, Diversity and Inclusion: An International Journal, 38(7), 705-726. https://doi.org/10.1108/edi-11-2017-0247

Schuler, S. R., Hashemi, S. M., & Jenkins, A. H. (1995). Bangladesh's family planning success story: A gender perspective. International Family Planning Perspectives, 21(4), 132. https://doi.org/10.2307/2133319

Schuler, S. R., Hashemi, S. M., Cullum, A., & Hassan, M. (1996). The advent of family planning as a social norm in Bangladesh: Women's experiences. Reproductive Health Matters, 4(7), 66-78. https://doi.org/10.1016/s0968-8080(96)90007-5

Seth, K., Nanda, S., Sahay, A., & Achyut, P. (2020). "IT'S ON HIM TOO" pathways to engage men in family planning. Research Gate. https://www.researchgate.net/publication/347973638_IT'S_ON_HIM_TOO_PATHWAYS_TO_ENGAGE_MEN_IN_FAMILY_PLANNING

Winchester, H.P.M., & Rofe, M.W. (2010). Qualitative research and its place in human geography. In I. Hay (Ed.), Qualitative research methods in human geography (pp. 3-25). New York: Oxford University Press.

Yue, K., O'Donnell, C., & Sparks, P. L. (2010). The effect of spousal communication on contraceptive use in Central Terai, Nepal. Patient Education and Counseling, 81(3), 402-408. https://doi.org/10.1016/j.pec.2010.07.018

Yllö, K. A. (2005). Through a feminist lens: Gender, diversity, and violence: Extending the feminist framework. Current Controversies on Family Violence, 19-34. https://doi.org/10.4135/9781483328584.n2

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