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## Understanding factors influencing men's readiness to accept IUD for contraception in rural Vietnam

Bui Thi Thu Ha  
*University of Wollongong*

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# **UNDERSTANDING FACTORS INFLUENCING MEN'S READINESS TO ACCEPT IUD FOR CONTRACEPTION IN RURAL VIETNAM**

A thesis submitted in partial fulfillment of the  
requirement for the award of the degree

Doctor of Philosophy

from

**UNIVERSITY OF WOLLONGONG**

by

**BUI THI THU HA, MD, MPH**

**GRADUATE SCHOOL OF PUBLIC HEALTH  
2002**

## **CERTIFICATION**

I, Bui Thi Thu Ha, declare that this thesis, submitted in partial fulfilment of the requirements for the award of Doctor of Philosophy, in the Graduate School of Public Health, University of Wollongong, is wholly my own work unless otherwise referenced or acknowledged. The document has not been submitted for qualifications at any other academic institution.

Bui Thi Thu Ha

15 November 2002

## **PUBLICATIONS AND GRANTS RELEVANT TO THE STUDY**

### *Publication*

Ha, B. T. T., Jayasuriya, R. and Owen, N. (In press), Male involvement in family planning in rural Vietnam: an application of the transtheoretical model. *Health Education Research*.

### *Grants*

A grant from the China Medical Board of York was received by the Hanoi School of Public Health in the year 2000 to undertake this Ph.D study.

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## ABBREVIATIONS

AVSC	EngenderHealth International
CPR	Contraceptive Prevalence Rate
DHS	Demographic Health Survey
FGDs	Focus group discussions
FP	Family Planning
GTZ	Deutsche Gessellschaft Fur Technische Zusammenarbeit Gmbh
HBM	Health Belief Model
ICPD	International Conference on Population and Development
IUDs	Intrauterine Devices
MAP	Men as Partners
MCH	Maternal and Child Health
MOH	Ministry of Health
NCPFP	National Committee for Population and Family Planning
NGOs	Non-Profit Government Organization
PID	Pelvic Inflammatory Diseases
SCT	Social-Cognitive Theory
SOC	Stage of Change
TPB	Theory of Planned Behaviour
TRA	Theory of Reasoned Action
TTM	Transtheoretical Model
UN	United Nations
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

## ABSTRACT

### *Background*

Research suggests that family planning acceptance is likely to be more effective when men are actively involved. The goal of the study was to identify methods in which targeted health behavioural change programs for increasing men's acceptance of modern contraception might be best developed and implemented. The Transtheoretical Model (TTM) of behaviour change was used to examine men's readiness to accept IUD for contraception in rural Vietnam.

The three research questions were (1) to identify measures of rural Vietnamese men's readiness to accept IUD for contraception; (2) to identify modifiable factors that characterise in each stage of men's readiness to accept the IUD for contraception; and (3) to test whether an intervention targeting each stage of motivational readiness will result in increasing men's readiness to accept the IUD for contraception.

### *Methods*

Following a pilot study of 201 men, a quasi-experimental pretest-posttest study was undertaken, between March 2001 and June 2002, using multistage cluster sampling of 651 married men, aged 19 to 45 years, in the two rural communes of Quoc Tuan and An Hong, in An Hai district, Hai Phong province, Vietnam.

Local health workers carried out the cross-sectional surveys by face-to-face interviews. The questionnaires consisted of reliable and valid measures. Two rounds of interventions with stage-targeted letters and interpersonal counselling were provided to men in the intervention group. The posttest survey to evaluate the intervention was carried out after 6 months follow-up.

### *Results*

At the baseline survey, the staging algorithm identified that 29.5 percent of men were in the precontemplation stage, 10.6 percent of men in the contemplation/preparation stages, and 59.5 percent of men in the

action/maintenance stage. Men in the precontemplation stage scored significantly higher cons for IUD use than those in the action/maintenance stages, while the reverse was reported for self-efficacy for convincing wives to use the IUD. The men's predictors at each stage of readiness to accept IUDs for contraception belonged to different categories. Two predictors were socio-demographic characteristics (having a son and wife's abortion history), one was contraceptive knowledge (spontaneous recall of traditional methods), one was communication (communication with wives on family planning) and two were TTM constructs (self-efficacy and cons for IUD use).

The results of posttest survey showed compelling evidences of intervention program on lowered cons for IUD use, an increased self-efficacy for IUD use, an increased recall of traditional contraceptive methods, improved communication between men and their wives on family planning, and an increased number of participants reported moving to the action/maintenance stage of change for IUD use.

### *Conclusions*

This is the first time that the TTM has been used as a theoretical framework for understanding men's contraceptive behaviour in Vietnam. Findings from the study provide evidence to support the claim that improving male involvement will increase contraceptive use. Targeting men with appropriate messages corresponding to their stage of readiness to accept the IUD for contraception increased their acceptance of the IUD and contraceptive prevalence in the two rural communes in Vietnam. Given the popularity of TTM in public health programs for reproductive health, findings of the study will hopefully contribute to an understanding of men's roles in acceptance of contraceptive methods in Vietnam.

**Key words:** intrauterine devices (IUD), male involvement, Transtheoretical Model (TTM), stages of change (SOC), decisional balance ('pros' and 'cons') and self-efficacy.



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## INTRODUCTION AND OVERVIEW

Family planning research, policy and programs in developing countries have traditionally given limited emphasis to men's role in family planning decision-making. However, most men generally approve of family planning (Drennan 1998) and the husband's approval is the most important predictor of contraceptive use in many setting (Joesoef et al. 1988; Lasee and Becker 1997; Kamal 2000). Recognizing the need and importance of men in family planning, the 1994 International Conference on Population and Development (ICPD) in Cairo called for men's increased participation in reproductive health matters (United Nations 1995).

Studies from several nations have shown that family planning programs are likely to be more effective for women when men are actively involved (Drennan 1998). Various studies have shown that providing men with information and involving them in counselling sessions can help them supportive of contraceptive use and more aware of the concept of sharing decision-making (Wells 1997). Terefe and Larson (1993) reported a study in Ethiopia that found an increase of contraceptive use among couples after one year of receiving husband-wife counselling, compared with use among couples who received wife-only counselling. Findings from a study in China suggest that the husband's involvement in the counselling process contributed to reduced rates of pregnancy and abortion among couples not using intrauterine devices (IUDs) (Wang et al. 1998).

Contraceptive use is an instance of healthy behaviour. A change in behaviour is required when one adopts the use of contraception. The Transtheoretical Model (TTM) has been presented as an integrative and comprehensive model of behaviour change. It has been shown to be generalizable across a broad range of behaviours, including contraceptive use (Prochaska et al. 1994). TTM is a model of intentional change that initially outlined the process of adopting new behaviour. Of late, it has incorporated variables from behaviour change theories to help understand the reasons people progress through the various stages of behaviour change.

Many studies have examined TTM in different fields. It is argued that the interventions targeted to a person's stage of change are more likely to be effective than those that are not (Prochaska et al. 1992). Interventions based on TTM have been able to combine good efficacy rates and good participation rates and can be disseminated to whole populations (Velicer et al. 2000). Studies that have used the TTM in family planning behaviour have mainly been on condom use, and respondents' behaviours may have been confounded by their perceptions on risk of HIV/AIDS (Grimley et al. 1995; Galavotti et al. 1995). In contrast, the IUD is used only as a contraceptive and is not confounded by the need for protection from HIV/AIDS.

Vietnam began its first population and family planning program in 1963 and has achieved a high contraceptive prevalence rate (CPR) of 73 percent (National Committee for Population and Family Planning (NCPFP) 2001). However, about one-fourth of couples use unreliable traditional methods such as periodic abstinence and withdrawal, even though many types of modern contraceptives have become available.

Men are often significantly involved in contraceptive decision – making and the degree to which they share in decision-making with their wives have a definite impact on contraceptive behaviour (Salway 1994; Biddlecom et al. 1996; Bankole and Singh 1998). In traditional societies like Vietnam, men are the main decision - makers in reproductive health matters, including family planning (Johansson et al. 1998b). Regardless of whether the method is one in which the man participates most actively in its use (such as the condom) or whether the wife participates most actively in its use (such as IUD), men can play an important role in the method's use and effectiveness. In spite of the absence of direct targeting of men by the national family planning program, a vast majority of men approve of family planning (Care International and Ministry of Health (MOH) 1997; Mai and Montague 1998; Mai et al. 2001).

The research to date in developing countries, including Vietnam has focused mainly on men's fertility preferences and has been descriptive in nature (Ezeh et al.1996; Bankole and Singh 1998; Johansson 1998; Mai and Montague 1998). Minimal

information is available on men's view of contraception and specific contraceptive methods. Men's views on the attributes of various contraceptive methods such as side effects, financial costs and effectiveness often are ignored, as is the weight men give each attribute in their readiness to accept a specific contraceptive method (Biddlecom et al. 1996).

Men's involvement in family planning does not only refer to use of male methods. It also means the effective communication between partners, fostering awareness of, and sharing their partner's contraceptive concerns (Green 1994). Male involvement, therefore, is about enabling women to practice contraception and increasing effective contraceptive use.

This thesis deals with some of the potential modifiable factors that are important for understanding and influencing men's acceptance of modern contraceptive methods in rural Vietnam. The IUD is chosen as the contraceptive method for the study due to its predominance to couples in Vietnam context, particularly in rural setting. TTM is the main conceptual model underpinning the study. The focus is on using well-developed measures to assess men's readiness to accept contraception. A series of studies described in this thesis to test the effect of a stage-targeted intervention promoting men's readiness to accept contraception.

The thesis is divided into eight chapters.

Chapter 1 and 2 comprises the literature review. Chapter 1 explores the key individual factors influencing contraceptive behaviour and emphasizes the significance of the husband's role in the family planning decision-making process. Couple communication and contraception decision-making is reviewed and the roles of socio-demographic factors are summarized. The chapter then reviews factors related to family planning services and concludes by looking strategies to increase male involvement in family planning. In Chapter 2, social cognitive factors from different behavioural theories applicable to the family planning field are discussed. Finally, the theoretical framework is presented with research goals, aims and questions.

Chapter 3 describes the research methods and the setting used for the study. Information on health, health services and the family planning program in Vietnam is presented.

Chapter 4 describes the pilot study, how the TTM measures were developed and validated in the context of rural Vietnam, and what changes were made before the implementation of the baseline study.

Chapter 5 describes the baseline study including research methods and findings on significant predictors of readiness at each stage for men to accept the IUD for contraception. These predictors served as the basis for designing the stage-targeted intervention for promoting men's acceptance of contraception in general and IUDs in particular.

Chapter 6 explains how the stage-targeted intervention program for promoting men's readiness to accept IUDs for contraception was developed and carried out, and presents the results of evaluation of the stage-targeted letters

Chapter 7 presents the impact of the stage-targeted intervention for promoting men's readiness to accept IUD for contraception after six months follow-up.

Chapter 8 presents the discussion of the findings of the intervention study. It contains a summary of research findings, a discussion of features and limitations, possible alternative explanations for the findings and implications for family planning program in Vietnam and further research.