

# Couple communication in family planning decision-making in Zahedan, Islamic Republic of Iran

F. Rakhshani,<sup>1</sup> S. Niknami<sup>2</sup> and A.R. Ansari Moghaddam<sup>3</sup>

التفاهم بين الزوجين ودور الرجل في اتخاذ قرارات تنظيم الأسرة في زاهدان بجمهورية إيران الإسلامية  
فاطمة رخشاني، شمس الدين نيكنامي، عليرضا أنصاري مقدم

**الخلاصة:** أجريت دراسة كيفية في مدينة زاهدان بجمهورية إيران الإسلامية، من خلال مناقشات تمت مع مجموعات بؤرية مؤلفة من 120 شخصاً قسمت إلى ثماني مجموعات رئيسية. وكان الغرض هو الوصول إلى مفهوم أفضل، في ما يتعلق باتخاذ القرارات بين الزوجين، ودور الرجال في مجال تنظيم الأسرة. وقد شملت الدراسة رجالاً ونساءً من السنة والشيعة، إضافة إلى فقهاء من كلتا الطائفتين. ولقد رأى العامة والفقهاء من الشيعة أن كلا من الزوجين يلعب دوراً رئيسياً في اتخاذ القرارات المتعلقة بتنظيم الأسرة، بينما رأى السنة أن الرجال هم من يتخذون القرارات بشكل رئيسي. ويعتقد جميع المشاركين في الدراسة أن للرجال دوراً هاماً في عملية تنظيم الأسرة، إلا أن الرجال من ناحية أخرى لا يحبون حضور ندوات تنظيم الأسرة. ولقد كانت المعتقدات الدينية تمثل عاملاً هاماً في عملية اتخاذ القرارات بين الزوجين فيما يتعلق باستخدام موانع الحمل، ولو أنه كانت هناك التباسات بالتعاليم الدينية المختلفة.

**ABSTRACT** A qualitative study in Zahedan, Islamic Republic of Iran, used focus group discussions with 120 people in 8 main groups to understand more about couple's decision-making and the role of men in family planning. The study included men and women from Sunni and Shia sects as well as theologians from both sects. Shiites, lay people and theologians, believed that both husband and wife play a major role in decision-making about family planning, while Sunnis believed that men are the main decision-makers. All participants believed that men have an important role in family planning, but also that men do not like attending family planning clinics. Religious tenets were important in couple's decision-making about using contraceptives but there were confusions over different teachings.

## Communication de couple et rôle de l'homme dans la prise de décision en matière de planification familiale à Zahedan (République islamique d'Iran)

**RÉSUMÉ** Une étude qualitative reposant sur des discussions de groupe avec 120 personnes appartenant à 8 groupes principaux a été réalisée à Zahedan (République islamique d'Iran) pour mieux comprendre la prise de décision au sein du couple et le rôle de l'homme dans la planification familiale. L'étude comprenait des hommes et des femmes de sectes sunnites et chiites ainsi que des théologiens des deux sectes. Les chiites, les profanes et les théologiens pensaient que le mari et la femme jouaient tous deux un rôle dans la prise de décision en matière de planification familiale, tandis que les sunnites pensaient que l'homme était le principal décideur. Tous les participants pensaient que l'homme avait un rôle important dans la planification familiale, mais aussi que les hommes n'aimaient pas se rendre dans les services de planification familiale. Les préceptes religieux étaient importants dans la prise de décision du couple sur l'utilisation des contraceptifs mais il y avait des confusions concernant différents enseignements.

<sup>1</sup>Department of Health Education; <sup>3</sup>Department of Epidemiology, School of Health, Zahedan University of Medical Sciences, Zahedan, Islamic Republic of Iran (Correspondence to F. Rakhshani: rakhshani@yahoo.com).

<sup>2</sup>Department of Health Education, Tarbiat Moddares University, Tehran, Islamic Republic of Iran.

## Introduction

The recognition that communication between husband and wife plays an important role in determining fertility dynamics dates back to at least the 1950s [1]. Communication between husband and wife enables them to know each other's attitudes toward family planning and use of contraceptives. It allows them to voice their concerns about reproductive health issues, such as worries about unwanted pregnancies or sexually transmitted diseases (STDs). Couple communication also encourages shared decision-making and an equal role for both sexes. Research over more than 40 years consistently demonstrates that men and women who discuss family planning are more likely to use contraceptives, to use them more effectively and to have fewer children. In contrast, when men and women do not know their partners' fertility desires and attitudes toward family planning or contraceptive preferences, there can be unintended pregnancies, leading perhaps to unsafe abortions, and a risk of transmission of STDs [2].

In societies where the male is the decision-maker in the family, he makes important decisions such as those relating to having or not having a child, using or not using contraceptives. In such a setting, an understanding of the role of healthy husband-wife communication in reducing a country's total fertility rate or in enhancing the use of contraception becomes a necessity [1].

In many communities, discussions about sexual matters are taboo for men as well as for women and couples may be afraid to raise the topic of contraception, especially at the beginning of marriage. Women often have a less active role in commencing a relationship and may not be

able to affect their husbands' behaviour. In traditional cultures, married women do not feel free to talk about contraceptive methods with their husbands. A woman's education, economic situation and age and the type of marriage (for example, under coercion or polygamous) affect the husband-wife relationship [3].

A study conducted in Uganda found that while Ugandan men and women involved in sexual relationships may negotiate about reproductive health matters, their behaviour is strongly influenced by the norms of society. Women often accused their husbands of being unsupportive of their family planning needs. Norms that subordinate women's role in decision-making often discourage women from acting to promote their own health needs. Targeting family planning programmes to couples rather than individuals may increase the acceptability of contraceptive use [4].

In a study, of 661 Ghanaian married couples only 35% of wives and 39% of husbands who knew at least one method of contraception had talked to their spouse about family planning in the last year. It was suggested that the low level of contraceptive usage and high levels of unmet need in Ghana would be alleviated by improving communication between partners [5]. A study in Jordan revealed that most couples do not discuss family size, but the men who do support family planning believe that decisions should be made in partnership [6].

After 1988 in the Islamic Republic of Iran a national family planning programme was established which led to a decline in the country's total fertility rate [7]. The United Nations Population Fund (UNFPA) considers the Iranian family planning programme to be one of the world's best functioning [8]. In some areas, however, social, cultural and religious institutions may be

inhibiting the expansion of family planning [9].

Sistan va Baluchistan province has the highest population growth in the country and is considered a priority for family planning studies. As there have been no previous studies in the Islamic Republic of Iran about how couples make decisions about family planning, a qualitative study using focus group discussions was carried out to investigate how couples in the main city of the region communicate about family planning. The study aimed to understand participants' views about decision-making in family planning, how couples communicate, the amount of men's participation and how to increase men's participation. The influence of different religious beliefs and teachings were explored by including people from different religious sects as well as theologians.

## Methods

This qualitative study was carried out in Zahedan city, Islamic Republic of Iran, in 1999. Data were collected using focus group discussions. The research was supported by the Committee of Fertility Health Research of the Ministry of Health, Care and Medical Education and sponsored by UNFPA.

## Background

The province of Sistan va Baluchistan is located in the south-east of the Islamic Republic of Iran. There are 7 towns in the province and Zahedan, with a population of about 500 000, is the largest city and capital of the province. Large families are still popular in this area and the total fertility rate and population growth rate (3.7 and 2.1%) are high compared with the Islamic Republic of Iran as a whole (2.0 and 1.2% respectively). About 47% of couples use

modern contraceptive methods. There are a variety of cultural traditions, tribes and religions in the region that may affect how couples behave.

## Participants

As people from the 2 main Muslim religious sects (Sunni and Shia) living in this province have different beliefs about family planning, the discussion groups were divided by sect. Clerics too have an important role in people's viewpoints about family planning and so discussions were carried out with both lay people and theologians. Health professionals at urban health centres and the heads of religion schools were informed about the study's objectives and the characteristics of subjects who were to participate in the study. They invited subjects who were representative of certain groups to attend the group discussions. Subjects were chosen who were thought able to articulate the typical views of that group. The 120 participants were all Muslims and were divided into 2 main groups according to their sect. These were further subdivided into 4 sub-groups: men and women from the general public and male and female theologians. Two sets of each group were interviewed so that a total of 16 focus group discussions took place. Each group consisted of 6 to 10 people. In each group session, participants were chosen to be similar in terms of age and educational level.

## Data collection and analysis

The group discussions lasted for 1.5 hours and were conducted under the guidance of a facilitator, with the aid of a questionnaire. Facilitators and note-takers had already been trained in the Iranian National Qualitative Research Workshops.

A questionnaire for use in the discussion groups was designed by the project team.

Each question was followed by probes to investigate the respondents' thoughts and the causes of their behaviours. Participants were asked about who makes the decisions on family planning: both wife and husband, the husband alone or the wife alone. They were also probed about the inclination of men to accompany their wives to clinics, the necessity of men's participation in family planning and awareness of their partners' views.

The initial questionnaire was considered by a committee, comprising the health deputy and family health experts of the province. The questionnaire was revised based on the committee's comments and those of the committee of Reproductive Health Research.

Tape recordings were made of the group discussions, in addition to field notes. These were transcribed into categories by the principal investigator to obtain an indication of the response to the topic questions. To provide a semi-quantitative picture of the findings the proportion of participants in each group agreeing with

each statement in the questionnaire were coded as follows: all (100% of participants), majority (more than around 55%), half (around 45% to 55%), a minority (around 15% to 45%), very limited (less than around 15%) or none (0%).

## Results

The participants were asked "Who usually makes decisions about family planning among people who are similar to you?" As Table 1 shows, the majority of Shiite women and men believed that decisions about family planning are made by both wife and husband, whereas the majority of Sunni women and men said that the husband has the essential role in decision-making. On the other hand, Sunni theologians, both male and female, thought that women usually had a greater role in family planning decision-making. In addition, this table indicates that beliefs of Shiite theologians, both female and male, are close to those of ordinary people with a slight tendency to-

**Table 1 Participants' views about who typically makes decisions about family planning in their groups**

Group	Proportion who believe decisions are taken by:		
	Both wife and husband	Husband	Wife
<i>Sunni Muslim</i>			
Women (lay)	Minority	Majority	None
Men (lay)	Minority	Majority	Very limited
Female theologians	Half	Very limited	Half
Male theologians	Minority	None	Majority
<i>Shia Muslim</i>			
Women (lay)	Majority	Minority	None
Men (lay)	Majority	None	Minority
Female theologians	Half	Half	Very limited
Male theologians	Majority	None	None

Majority > 55%, half 45%–55%, minority < 45%, very limited < 15%.

ward belief in the superiority of men in decision-making. They believed that differences of opinions cause much discussion, but if couples agree with each other there is no necessity for more dialogue.

Participants were asked "Do men like to accompany their wife to family planning clinics?" Almost all believed that men dislike attending these centres. The main reasons mentioned for men's reluctance to take part were: having no time, belief that family planning is the duty of women and belief that attending the clinic is not necessary as the clinics function only for women. As Table 2 shows, more Sunni than Shiite men believed that men like to accompany their wives, but their reason for attending the clinic was a preference for accompanying their wife whenever she goes out of the home.

Almost all believed that men's participation in family planning is a necessity. This cooperation included different aspects such as permitting the women to use con-

traceptive methods, selecting contraceptives with each other's agreement or using male contraceptives. Some of the women believed that if men become aware of the side-effects of contraceptive methods on women's health, they would be more willing to use special methods for men (i.e. condoms).

When asked about how aware people were about their partners' opinions on family planning, almost all of the participants thought that most people were aware of their spouses' views about the desirable number of children and contraceptive method. Even when there are contrasting views, they tend to reach an agreement after discussing the matter. Some of the women remarked that even those men who are in favour of contraception avoid using condoms, so women make sacrifices in this regard. Most of the men said that contraceptive methods are designed for women, and men do not have enough time to attend family planning clinics during work-

**Table 2 Participants' views about the participation of men in family planning activities and awareness of their partner's views about family planning**

Group	Proportion who believe:		
	Men like to accompany wife to family planning clinic	Men need to participate in family planning	People are aware of their partner's views about family planning
<i>Sunni Muslim</i>			
Women (lay)	Minority	All	All
Men (lay)	Majority	All	Majority
Female theologians	All	All	All
Male theologians	Minority	All	All
<i>Shia Muslim</i>			
Women (lay)	None	All	All
Men (lay)	None	Half	Majority
Female theologians	Minority	All	All
Male theologians	None	All	All

Majority > 55%, half 45%–55%, minority < 45%, very limited < 15%.

المجلة الصحية لشرق المتوسط، منظمة الصحة العالمية، المجلد الحادي عشر، العدد ٤، ٢٠٠٥

ing hours even if there are special clinics for men.

All the participants offered solutions to improve men's participation in family planning programmes and informing men about women's problems. Some of the suggestions were as follows: encouraging the *molavi* (Sunni clerics) to make speeches in the mosque about family planning and its importance; holding classes for men in workplaces or mosques; direct and indirect health education messages through TV programmes, radio, newspapers and at places where men gather (sports clubs, military dormitories, broadcast football matches); raising men's and women's level of education; education sessions prior to marriage; improving women's communication skills with their husband; and including family planning in the curriculum of high schools.

When participants were asked about which teaching methods had more influence, the majority emphasized teaching by clerics in mosques. They believed that people follow the issues that their religious leaders highlight. Both Sunni and Shiite groups in this study referred to the determining role of religious tenets (*fatwa*) in couple's decision-making about using contraceptive methods. There was also a view that beliefs about these tenets were in contradiction with each other, which meant that sometimes lay people became confused by different teachings. For example, there are different beliefs among different theologians and different sects about the use of contraceptives or the acceptability of certain types of contraceptives, such as vasectomy and tubectomy.

## Discussion

The results of this study show that Shiite participants including ordinary people and

theologians had the same beliefs that decision-making in family planning is taken by both wife and husband. However, views differed more among Sunni participants. More Sunni theologians thought that women made the decisions about family planning. So we could anticipate that speeches by clerics about this subject could improve people's beliefs about the role of women in decision-making. Studies in Uganda [4], Jordan [6] and Pakistan [10] have also emphasized to the role of women in fertility decisions.

The findings showed that men including Sunni and Shiite, both ordinary and theologians, do not like to attend family planning clinics. The main reasons mentioned for men's reluctance to take part were: having no time, belief that family planning is the duty of women and belief that attending the clinic is of no use. These beliefs among men should be considered in education messages about family planning.

Almost all participants believed that men have an important role in family planning, but on the other hand, men have less information about contraceptives than women. With regard to this, education programmes should pay more attention to improving men's knowledge, attitudes and behaviour about family planning. Studies show that husbands might have favourable attitudes towards family planning but this had never been communicated to the wives [1].

All the groups believed that they are generally aware of their partner's opinion about the desirable number of children and contraceptive method and can reach an agreement after conversation. These findings suggest that communication between couples is good and couple felt it was improved by educational broadcasting and teaching programmes. Therefore, education programmes should pay more attention to quality of these communications. Wom-

en should be taught much more about how to initiate and conclude conversations with their husband about family planning.

The outcomes of a study in Uganda showed that indirect forms of communication between partners predominate, contributing to the tendency of both men and women to overestimate each other's demand for additional children. Partner opposition is found to cause a statistically significant increase in unmet need reported by women and a shift in contraceptive mix favouring use of traditional methods over modern methods [11].

As for education about family planning decision-making, the participants put more emphasis on information by clerics. On the other hand, the results showed that theologians had appropriate views about the role of women in family planning. Therefore, it is possible to enlighten theologians by presenting the existing statistics of population growth as well as mortality rate, and problems due to childbirth. This information could be properly disseminated by clerics to the public.

Both Sunni and Shiite groups in this study referred to the determining role of religious tenets in couple's decision-making about using contraceptive methods. In addition people's beliefs about these tenets

were in contradiction with each other, which means sometimes people became confused by different teachings. Therefore the study highlights the need for clerics, both Sunni and Shiite, to find a way to resolve these ambiguities about contraceptive methods and family planning. It is anticipated that the findings of this study can inform family planning education programmes to increase the use of contraceptives, with the aim of decreasing overall fertility rates in this region of the Islamic Republic of Iran.

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### References

1. Acharya R, Surender S. Inter-spouse communication, contraceptive use and family size: relationship examined in Bihar and Tamil Nadu. *Journal of family welfare*, 1996, 42(4):5–11.
2. Couple communication. Chapter 5. In: *New perspectives on men's participation*. Baltimore, Maryland, Johns Hopkins School of Public Health, 1998 (Population reports 1998, series J, no. 46) (<http://www.jhuccp.org/pr/j46/j46chap5.htm>, accessed 21 June 2005).
3. Ormondi O. Men's participation in family planning decision in Kenya. *Population studies*, 1997, 51(1):29–47.
4. Hollander B. Ugandan couples may discuss reproductive issues, but do not always understand each other's desires. *International family planning perspectives*, 1997, 23(2):90–2.
5. Salway S. How attitudes toward family planning and discussion between wives and husbands affect contraceptive use

- in Ghana. *International family planning perspectives*, 1994, 20(2):44–7.
6. Witwer M. Younger Jordanian husbands more often favour family planning and joint spousal decision-making. *International family planning perspectives*, 1990, 16(4):152–3.
  7. Roudi F. Iran's revolutionary approach to family planning. *Population today*, 1999, 27(7):4–5.
  8. Roudi F. Surprising decline in Iran's growth rates. *Population today*, 1997, 25(11):4.
  9. Sheykhi MT. The socio-psychological factors of family planning with special reference to Iran: a theoretical appraisal. *International sociology*, 1995, 10(1):71–82.
  10. Winkvist A, Akhtar HZ. God should give daughters to rich families only: attitudes towards childbearing among low-income women in Punjab, Pakistan. *Social science and medicine*, 2000, 51(1):73–81.
  11. Wolff B, Blanc AK, Ssekamatte-Ssebuliba J. The role of couple negotiation in unmet need for contraception and the decision to stop childbearing in Uganda. *Studies in family planning*, 2000, 31(2):124–37.

### Promotion of reproductive health and research

The concept of reproductive health recognizes the linkages between aspects of both health promotion and health care related to reproduction, to choices about the number and timing of children, and to diseases and injuries related to sexuality, reproduction and the reproductive system. These linkages have important implications for global policies and for national, district and community-level programmes. They are the key to maximizing opportunities to respond to reproductive health needs through cost-effective measures. Health programmes which address at least some aspects of reproductive health can be found everywhere, although their scope, adequacy and the resources available vary enormously. Nevertheless, it is upon the foundation of existing services and with existing resources that we must begin to build a more effective response to people's unmet needs in reproductive health.

*Source:* The work of WHO in the Eastern Mediterranean Region. Annual Report of the Regional Director 1 January–31 December 2004