MEN'S PARTICIPATION IN REPRODUCTIVE HEALTH
IN SOUTHERN THAILAND

By

Sompong Natiruthakorn

A Dissertation Submitted in Partial
Fulfillment of The Requirements for The Degree of
Doctor of Philosophy (Population and Development)
School of Applied Statistics
National Institute of Development and Administration
ISBN 974-231-592-2
2004
MEN'S PARTICIPATION IN REPRODUCTIVE HEALTH
IN SOUTHERN THAILAND
Somporn Natiruthakom
School of Applied Statistics

The Examining Committee Approved This Dissertation Submitted in Partial
Fulfillment of The Requirements for The Degree of Doctor of Philosophy (Population and
Development)

Associate Professor
Committee Chairman
(Duanpon Theerawanviwat, Ph.D.)

Associate Professor
Committee (Suwantee Piampiti, Ph.D.)

Associate Professor
Committee (Pichit Pithakdepsombati, Ph.D.)

Associate Professor
Committee (Yothin Sawangdee, Ph.D.)

Dean
(Lersan Bosawan, Ph.D.)

11 October 2004
ABSTRACT

Title of Dissertation: Men's Participation in Reproductive Health in Southern Thailand

Author: Mr. Somporn Natruithakorn

Degree: Doctor of Philosophy (Population and Development)

Year: 2004

This study investigates men's participation in, and problems with, reproductive health; especially safe sex, family planning, and maternal and child health. The study compares participation in reproductive health between low and high fertile areas and attempts to identify the factors which affect men's participation. A survey was conducted among 400 Thai men who lived in the South, lived with fertile wives (15 - 44 years) and had at least one child. The samples were selected using the multi-stage sampling method. Data was collected from March to May, 2002 and the results analyzed using the descriptive statistics of Chi-square tests, t-tests, and the multivariate statistics which were logistic regression analysis, and multiple regression analysis. In addition to the results obtained from the survey, in-depth interviews were also conducted with 30 Thai men who had little or no participation in safe sex, family planning, or maternal and child health.

The results show that there was 58% of the southern men's participation in safe sex. 28.0% of the southern men participated in family planning and the majority (72.0%) participated in maternal and child health to a medium extent. Participation in reproductive health was diminished by the belief that extra marital sex was something natural for men. Other factors that diminish participation in reproductive health include men not knowing about or not willing to use contraception, the belief that contraception was wrong for Islam, the fear that sterilization decreases strength, and the belief that the penis would not ejaculate as strongly if men used contraception. Also, many men did not understand about pregnancy or childcare and believed that childcare was the duty of the wife.

Men in high fertile areas participated in safe sex more than men in low fertile areas, but participation in family planning and maternal and child health did not differ.
Many factors determined men's participation in reproductive health. Religion (Islam), relationship with spouse, and a positive attitude towards reproductive health were significant factors influencing participation in reproductive health. In both age groups, under 35 years and 35 years and over, relationship with spouse and a positive attitude towards reproductive health were significant factors influencing participation in reproductive health. In low fertile areas and for those under 35 years of age, relationship with spouse and the type of family (nuclear family) significantly influenced participation in reproductive health. For those 35 years of age and over, the relationship with spouse and a positive attitude towards reproductive health were significantly related to participation in reproductive health. In high fertile areas, for both age groups, relationship with spouse significantly related to participation in reproductive health. For Buddhists in both age groups, relationship with spouse and a positive attitude towards reproductive health significantly related to participation in reproductive health. For Muslims in both age groups, relationship with spouse significantly related to participation in reproductive health.

The results of the study should help those involved in encouraging participation in reproductive health. The results may also help social workers and educators to change commonly held concepts and values related to sexual intercourse, sterilization, and wife care during pregnancy, delivery, and the postpartum period. The results may also assist those trying to change attitudes regarding childcare.
ACKNOWLEDGMENTS

This dissertation was made possible by the kindness of Asst. Prof. Dr Duenpen Theerawanwiat, Assoc. Prof. Dr. Suwanee Piampiti, Assoc. Prof. Dr. Pichit Pitaktepshornbati and Assoc. Prof. Dr. Yothis Sawangdee. These professors guided me throughout the research process and willingly gave their time and knowledge to advise me. I take this opportunity to give my sincere thanks to my professors.

I would also like to thank my lecturers who shared their wisdom, knowledge, and ability. Thanks to Dr. Chansri Bunchai, DDS, Tawin Arnon, and Mr. Suwit Sukharom who provided support during my doctoral study.

I sincerely thank Dr. Piyaven Sakulcharoen for providing relevant documents for this dissertation and for her friendship and encouragement. I also want to thank my good friend Mr. Muamai Tamasone Faraimo who helped with the English translation. I thank all those who helped to coordinate activities in this study, assistants for collecting data in target areas, and the respondents for providing data for this study.

I dedicate this dissertation to my teachers, my parents, and to my dear wife (Somsri), my son (Watt), and my daughter (Puttharin) for their patience, encouragement, and unfailing support.

Somporn Nairutthakorn

October 2004