



**THE ROLES OF MEN IN REPRODUCTIVE PROCESS**



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จาก

บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล

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The purposes of the study were to examine men's roles in the reproductive process and the determinants of men's roles. Men's roles focus on men's sexuality, being supportive during pregnancy and childbirth, throughout the reproductive process. The samples in the study were 360 men whose wives delivered their firstborn in government hospitals in Bangkok. The research instruments used were a self-administered questionnaire for those 360 men and in-depth interview guidelines which were used to obtain data from 25 men. Descriptive statistics were employed to describe men's roles throughout the reproductive process and the 3 subsets of men's roles, sexuality, pregnancy supportive and childbirth involved roles. Stepwise discriminant analysis was used to determine whether 10 predictors of men's roles could distinguish men's sharing roles from non-sharing roles. The data was collected from both 360 men and 360 spouses by a self-administered questionnaire, separately. Descriptive analysis was used on the data collected, and the findings were as follows:

1. Men's roles performed throughout the process were non-sharing, or separating roles. Men's sexuality roles were separating, while men shared more in reproductive roles (pregnancy supportive and childbirth involved roles). Male and female perspectives on men's roles in the reproductive process were significantly different in sexuality roles. Perceived reproductive roles were not different.

2. Factors that determined men's roles throughout the reproductive process were the gender role norm opinion and shared housework. Factors that determined 3 subsets of men's roles were as follows:

2.1 The gender role norm opinion, shared housework, and the husband's higher education level determined men's sexuality roles.

2.2 Mature love, androgynous personality, and shared housework determined men's pregnancy supportive roles.

2.3 Mature love was the most important factor which determined men's childbirth involved roles.

The result of the study suggests that men's roles throughout the reproductive process tend to increase men's participation in childcare. The findings do have clear implications for social policy makers, educators and health professions to facilitate more men's sharing roles in sexuality and maintain men's sharing roles in reproduction through re-socialization.

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การศึกษาวิจัยเรื่องนี้มีวัตถุประสงค์เพื่อศึกษาบทบาทผู้ชายในกระบวนการเจริญพันธุ์ และปัจจัยที่มีผลต่อบทบาทผู้ชาย โดยมุ่งศึกษา บทบาทผู้ชายในเรื่องเพศ และการเจริญพันธุ์ หมายถึง การดูแลช่วยเหลือของสามีที่มีต่อภรรยา ตั้งแต่ใช้ชีวิตร่วมกันในเรื่องเพศ การดูแลช่วยเหลือภรรยาเมื่อตั้งครรภ์ และ เมื่อภรรยาคลอดบุตร กลุ่มตัวอย่างที่ใช้ในการศึกษาครั้งนี้ คือ ผู้ชายที่ภรรยาคลอดบุตรคนแรกและยังพักพำนักอยู่ในโรงพยาบาลของรัฐ เขตกรุงเทพมหานคร จำนวน360 คน เก็บรวบรวมข้อมูลด้วยแบบสอบถาม การสัมภาษณ์ลึกผู้ชาย จำนวน 25 คน วิเคราะห์ข้อมูลโดยใช้สถิติ ค่าเฉลี่ย ร้อยละ บรรยายบทบาทผู้ชายในกระบวนการเจริญพันธุ์ จำแนกเป็นบทบาทผู้ชายเกี่ยวกับเรื่องเพศ ระยะภรรยาตั้งครรภ์ และเมื่อภรรยาคลอดบุตร และวิเคราะห์ปัจจัยที่จำแนกบทบาทผู้ชายที่มีบทบาทแบ่งปันและไม่มีบทบาทแบ่งปันด้วยสถิติจำแนกประเภท และใช้การวิเคราะห์เชิงบรรยายข้อมูลจากการสัมภาษณ์ลึก มีผลการศึกษาดังนี้

1. ผู้ชายมีบทบาทแบบไม่แบ่งปันในกระบวนการเจริญพันธุ์ รวมทั้งในเรื่องเพศ แต่มีบทบาทแบบแบ่งปันในเรื่องการเจริญพันธุ์(ระยะภรรยาตั้งครรภ์และคลอดบุตร) มุมมองของสามีและภรรยาในเรื่องบทบาทของผู้ชายในกระบวนการเจริญพันธุ์มีความแตกต่างกันอย่างมีนัยสำคัญทางสถิติในเรื่องเพศ แต่ไม่แตกต่างกันในเรื่องการเจริญพันธุ์ที่มองกันว่าเป็นเรื่องของผู้หญิง

2. ปัจจัยที่จำแนกบทบาทผู้ชายตลอดกระบวนการเจริญพันธุ์ คือ ความคิดเห็นของผู้ชายที่มีต่อบรรทัดฐานบทบาทเพศ และการแบ่งงานในครอบครัวระหว่างสามีและภรรยา และปัจจัยที่จำแนกบทบาทย่อยในกระบวนการเจริญพันธุ์ทั้ง 3 บทบาท คือ

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2.2 ปัจจัยที่จำแนกบทบาทผู้ชายในระยะภรรยาตั้งครรภ์ คือ ความรักแบบสมวัยที่สามีมีต่อภรรยา ก่อนตัดสินใจใช้ชีวิตร่วมกัน และ บุคลิกภาพแบบผสมผสานทั้งผู้หญิงและผู้ชายของสามี

2.3 ปัจจัยที่จำแนกบทบาทผู้ชายในระยะภรรยาคลอดบุตร คือ ความรักแบบสมวัยที่สามีมีต่อภรรยา ก่อนตัดสินใจใช้ชีวิตร่วมกัน

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# CHAPTER I

## INTRODUCTION

### 1.1 Background of the study

Is it men's job?: The roles in reproductive process would be Thai men's roles. The old "traditional Thai family" structure - in which women and men's family roles were complementary has become excluded by urbanization and industrialization influences since the mid 1900s, and substantiated by the sharply division of labor in which women are the homemaker and men are income earner. Women and children are no longer contributed very much to their family and also seem to be seen as dependent to men. Men's roles were distance not only from the family but also reproductive roles because of the modern obstetrics. The anti natal care and childbirth are in the medical hands. However, men and women's roles are still complementary, need not to be changed.

Today, Thai family life has changed greatly regarding to married women with children under six years have taken on an increasing role in providing income to their family (National Statistics Report, 1994: 14-16). Available evidences suggest that new problem has arisen-care for the children. Working women who lived in a nuclear family in urban area, about 40 percent had problems with finding a trusted person to care for their children and difficulties in making child care

choices (Bunyanupong, 1987: abstract). And a high percent of children were forced to live separately (Richter, 1992: 41).

These two studies also recommended that in order to decrease the problems of child care, father is the most important person playing a greater role in child care arrangement. With regard to feminism and fathering, Silverstein (1996 1-37) hypothesized that feminine gender role norm now socialize women to perform the double roles of provider and nurturer. Redefining fathering to emphasize nurturing, as well as providing, will place men in equivalent dual roles.

## 1.2 Research Problem

It is predicted that change in women's participation in labor force would then increase men's participation in childcare at home (UNFPA, 1998: 2). However, the majority research review found that a substantial increase in men's participation of child care activities has not equaled and same substantial increase of women's participation in the labor force. Responsibility for children, in particular, is still seen as belonging to the women (Bhassorn Limmanon, 1995: 81; Social Research Institute, 1995: 182 ).

This means that there is currently an inequitable gender role between men and women in the Thai family. Both men and women play an equitable role as providers, but not as homemakers. They are all working. As a consequence, parents have less time to spend with both their children and each other (Pimonpan Vayajut, 1995: 80-98; Richter, 1992: 53). The family is conceived as malfunction because family is greater reliance on other institutions such as day care and nurseries for

child care ( Richter, 1992: 2 ), school, and mass media for child socialization (Kanjana Kaewthep, 1996: 46-57 ).

It is thus mentioned here why men have not increased their roles in family work, especially childcare in response to their wives' increased in the labor force.

According to gender perspectives' explaining, the unbalanced child care between men and women are affected by social construction of gender through socialization process and patriarchal ideology, which is embedded in the human reproduction (Ammnandale, 1995: 17-44; Tong, 1989: 11-38). That is women exclusively involve with reproductive process while men conversely exclusive keep distance and disconnect between sexuality and reproduction.

Historically, Thai men had been responsible, not only for the economic well-being of their family, but also mainly for the religious, political affairs, and child socialization for job skill. This was true among the agrarian men (Amara Pongsapich, 1997: 3-52). When they were allowed to stay with their families, they participated in both production and supportive reproductive roles. Men were socially granted wide latitude in sexual activities, they usually supported their wives during pregnancy and birth (Anumarnrachathon, Phraya, 1996: 25-39). They collected wood for postpartum care, mentally support during childbirth and ritual managed . They also practised no sexual intercourse for months after childbirth.

With the growth of industrialization and the separation of paid work from family life, men, especially those in urban area like Bangkok are forced to spend more and more times away from home. Their supportive reproductive roles are also

declined. Statistically shown, more than ninety percent of pregnant mothers attending antenatal and delivery services in the hospitals instead of home delivery (NSO, 1997: 17). Thus, men are excluded from the reproductive process.

In addition, the increased use of condom seems to be shown that men are more participated in sexual and reproduction. But the condom is used more for the purpose of AIDS and STD's prevention than the purpose of family planning (Vorachai Thongthai, 1996: 54). Men are also socially accepted to practise whether premarital or extramarital sexual relationship (Vanlandingham, 1995: ix-xiii).

Therefore, men actively concern in sexuality but keep distance from supportive reproductive roles. This is in turn leading to child care imbalance roles between wife and husband at home. According to Fein (1976: 341-348), this role pattern performed is defined more a patriarchal-separating role than egalitarian sharing role.

While the human reproduction is universal and largely biological in origins, its process is conditioned by broader gender relation with a social context. Reproductive process, then take place through the interaction between sexual relation and the biology of conception, pregnancy, and birth sequentially (Daly, 1995: 229; Flax, 1987: 635-636; Sen, 1994: 41).

Publicly, the reproductive process is considered the legitimately chief reason for sexual intercourse among married couple in the family, following the intimacy relationship before the marriage.

Therefore, reproductive process will be defined here as sexuality, pregnancy, and childbirth. Men's roles in reproductive process then in this study are

analyzed among those whose wives have delivered their first children in the government hospital

Thus, in order to gain more equitable roles. Men need to be encouraged to involve in the reproductive process (Greene & Biddlecom, 1997: 1-33; ICPD POA, 1994: 45-51; O'Brien, 1987: 1-64; Silverstein, 1996: 3-37; Tong, 1989: 11-38). The importance of the role of husband and father is a central theme of Thailand's campaign in line with the International Conference on Population and Development Programme of Action (ICPD POA).

Only men take their roles in reproductive process continuously from sexuality to reproduction, there have much contributions to father and child bonding, more child care responsibility and family strengths (Obrzut, 1976: 1440-1442; Anzalone 1978: 18-36; May & Perrin, 1987: 65-87, and ICPD POA, 1994: 43-51). Therefore, men's roles in reproductive process is crucially needed.

### **1.3 Research objectives**

This study intends to

1.3.1 examine men's role pattern performed in reproductive process either it is the patriarchal-separating role pattern or egalitarian-sharing role.

1.3.2 identify the selected determinants affecting men's role pattern in reproductive process.

## 1.4 Hypothesis

For the above purposes of this study, the following hypothesis are made:

1.4.1 Respondents will tend to actually perform different roles in reproductive process between a patriarchal-separating role pattern and an egalitarian -sharing role pattern.

1.4.2 The different men's role pattern performed will be discriminated by the following selected determinants.

1.4.2.1 men's premarital love relations with their spouses

1.4.2.2 men's psychosocial status

1.4.2.3 power relations with their spouses.

## 1.5 Scope of the study

In this research, the scope of men's role pattern performed in reproductive process will be studied in Bangkok Metropolis where there is a highest development in urbanization and industrialization process that greatly affects the roles of men are greatly affected by these changes. As a result, the study population is men whose wives have delivered their first children in the government hospitals at the time the data collected.

The reasons are as follows; (a) they are in the stage of family formation and highly reproductive function(Kamnuansilpa, 1980: 34); (b) they are recently experiencing throughout the reproductive process, so that the data obtained will be most reliable;(c)they are husbands in urban area, who are proposed to expand their

roles in reproductive process (Adler, 1993: xvii; Ratiporn Tu-eng Phang, 1998: abstract; Pimonpan Vayawut, 1993: abstract); (d) whether being in any region of Thailand, the overall roles of men and women seem to play along with the patriarchal ideology, and (e) almost one hundred percent of pregnant women prefer to give birth more in the hospitals than at homes (National Statistical Office, 1994: 17).

The timeframe of the data collected was between October to December 1999.

### **1.6 Operational definition and terms**

The following operational definitions are given for clarification of the terms used for this study.

**Eligible male respondents** refer to those men who are married and their wives have just delivered their first babies in the government hospitals at the time of the survey.

**Men's role in reproductive process**, refers to three respondents' actual performances in terms of sexuality, pregnancy supportive, and childbirth involved roles. Each is divided into two role patterns, namely, a patriarchal-separating role and an egalitarian-sharing role patterns. Thus, men's roles in reproductive process will be evaluated through three subsets of dependent variables.

**Premarital love relation** refers to husbands' opinions on two different love expression before marriage by the terms "romantic love" and "mature love". Romantic love refers to the joy associated with early stages of a relationship. Mature love refers to the characteristics of informed caring for another person and commitment in relationship formation toward potential marriage.

The psychosocial status consists of three variables. They are gender roles norm opinion, personality and perception on sexuality and reproduction.

**Gender role norm opinion** refers to husbands' opinion toward the statements concerning the roles of married women and men by the term "a patriarchal" and "an egalitarian". A patriarchal gender role norm refers to the belief on men's providing role and women's home caring. An egalitarian gender role norm refers to the belief that the providing and home caring role would be shared between husband and wife.

**Personality** refers to the respondents who express in variety personality. According to gender perspective among psychologists such as Bem (1977: 196); Spence&Helmreich (1978: 1-18) and Kaplan (1980: 1-15), four categories of psychological sex are considered possible: androgynous, masculine, feminine and undifferentiated.

**Perception on sexuality and reproduction** refers to the extent of the level of men's knowledge and awareness concerning safe practices and contraceptive use including their meaning defined to be an expectant father.

Gender power relation consists of six variables. They are age disparity, income disparity, education disparity, occupation disparity, couple shared housework and couple decision made on production, reproduction and family related matters.

**Age disparity** is defined as the difference between spouses' years of age, in terms of "husband's higher age compared to partner", "husband's age equal to partner", and "husband's lower age compared to partner".

**Income disparity** is defined as the difference in spouses' income which is also calculated from the respondents' different income in terms of "husband's higher income compared to partner", "husband's income equal to partner", and "husband's lower income compared to partner".

**Education disparity** is defined as the different level between spouses' highest years of schooling in terms of "husband's higher education compared to partner", "husband's education equal to partner", and "husband's lower education compared to partner".

**Occupation disparity** is defined as the difference of spouses' occupational status. Both working the same type as categorized in the study indicates their equally possess of the power. Both working but men's occupation status are higher indicates the husband possesses more of the resource or power than the wife. The unemployed husband and the working wife or both working but men's occupation status are lower indicates the wife possesses more than the husband. Thus three categories are defined as "husband's higher occupation status compared to partner",

“husband’s occupation status equal to partner”, and “husband’s lower occupation status compared to partner”.

**Couple shared housework** refers to the degree of shared activities in the household tasks reported by the husband. The ten household tasks, buying food, cooking, washing clothes, ironing clothes, washing dish, mobbing dry, mobbing wet, cleaning outdoor, repairing materials and other utilities, going to pay bills for electricity, water, and telephone are considered in this study. They are both daily and occasional tasks that are available for both husband and wife. This variable is defined in term of “husband’s shared housework more than partner”, “husband’s shared housework equal to partner”, and “husband’s less shared housework than partner”.

**Couple decision made** refers to the degree of shared activities in the decision making concerning the family matters reported by husband. The eight family matters; contraceptive use, number of children, major purchase, household budget, saving, wife’s return to work, husband’s workplace changing and family day out, are considered in the study.

This variable is also defined as in terms of “husband’s decision made more than partner”, “husband’s decision made equal to partner”, and “husband’s decision made less than partner”.

## **1.7 The outcome to be obtained**

Men's role in reproductive process is essential to the achievement of equality for women, the reconstruction of the masculine gender roles and the population goal of the stable population. It would be expected to be the mainstreaming issues transformed in governmental family-work supportive policy.

### **1.7.1 Gender perspectives**

With regard to gender perspectives, feminine gender role norms now socialize women to perform double roles of nurturer and provider. Yet societal institutions did not support them in either role. Because the workplace continued to be designed for men. I believe that redefining men's roles to emphasize sexual-reproductive supportive roles as well as providing role, would place men in equivalent dual roles. Men may then become motivated to revise governmental and workplace policies to support working parents. The re-construction of the masculine gender roles would be occurred through re-socialization within the family, and other societal institutions simultaneously.

### **1.7.2 Population perspectives**

With regard to population concerns, the economic needs of raising children in industrialized society require such extensive resources that the vast majority of men could no longer earn enough to fulfill the role of sole provider. I believed that if women continue to have children while maintaining high level of labor force participation, these goal could not be achieved without role-sharing

marriage. As role sharing marriage, couples would likely to practise more effective contraception and complete the child bearing period with fewer children.

Similarly, firstly the more strongly the couples preferred the rewards inherent in greater marital egalitarianism, the less they preferred the rewards that accompany additional children. Secondly, because the commitment to a time consuming career concerns to less time with their partners and children (Scanzoni, 1976: 687; Smith&Reid, 1982: 54).

### **1.7.3 With regard to theoretical advancement**

Acknowledging and reinforcing men's role in reproductive process would be committed at the center of masculine gender role socialization. I believed that this experiences of supportive roles have the power to change cultural construction of masculinity in the long run into something less coercive and oppressive for both men and women. By framing of strategies for men's roles in reproductive process within a gender approach, as opposed to a woman centred approach, it was thus an essential step in continuing the feminist theory of gender transformation of patriarchal ideology.

## **CHAPTER II**

### **LITERATURE REVIEW**

This chapter presents selected literatures found to be relevant to the study as follows.

#### 2.1 Thai socio-cultural context of gender roles and relation

##### 2.1.1 Thai family and social relation

##### 2.1.2 Men's family role in general

##### 2.1.3 Men's roles in reproductive process

2.2 International Conference on Population Development (ICPD) and related concepts of men's roles in reproductive process.

2.3 Feminist theory of gender used as a framework to explain men's roles -in reproductive process.

2.4 The determinants of men's roles in reproductive process.

2.5 Research findings and results related to men's roles in reproductive process.

## 2.1 Thai socio-cultural context of gender roles and relation

### 2.1.1 Thai family and social relation

Thai social, family formation and structure have variety influenced men and women's roles in Thai society overtime. In discussing men's family roles, it is crucial to consider Thai social, family formation and structure. It is within this context that the roles of men and women are embedded. As the socialization process by the organization of social and family relations. It is also from this leading to fully understanding gender roles, gender relations sexuality and reproduction.

Although Thai social structure based on the degree of closeness and flexibility in interpersonal relations (Bencha Yoddumnern-Attig, 1992: 9), the social and family relation in the rural differed greatly from those in the capital. Among the upper class, patriarchy was having impacts on men and women relation for over the times. Polygamy and concubinage were common practices among the royal courts (Amara Pongsapich, 1997: 12-13; Hnin Hnin Pyne, 1994: 23). This provides perception of women and men relations in Thai society as aggressive-passive roles. Women and men are more socialized differently. Their family's roles were the patriarchal separating roles. Mostly, girls were taught to be good obedient wives, always respond to the need and demand of husbands. Women were subordinated to men.

While among the lower class, monogamy was the rule and the sphere of action for both sexes consists of complementary roles within the family and society. Men and women were both involved in rice cultivation, the main source of income for most rural households. Tasks were usually divided along gender lines, but it was complementary. Men tended cattles, prepared land, and

sowed rice seedlings. Women reared small animals, and transplanted and husk rice. This provides a clear and fairly sexual division of labor (Amara Pongsapich, 1997: 12-13). A family organization based on complimentary roles and responsibilities.

### **2.1.2 Men's family roles in general**

Thai society socializes men and women throughout the life to play their roles differently. In which emerge strongly from those upper class gender ideology, through the custom, religious and even the Thai literatures, and proverbs.

As the first baby was born in the elite or higher family, if it was a boy, he would be placed on a small mattress, called Mor or Bor. Beneath this mattress was a round -edged and flat rice container "Kradong" on which books and pencils were also placed. But there would be needles and some thread, if the baby was a girl. This is believed that the boy would be learning and the girl would be the good homemaker. (Anumarnrachathon, Phraya, 1996: 29-30)

As they grew older, the children were taught to perceive roles in polarized way and to do the job belonging to their gender. Daughters were expected to have responsibilities in home, sons for their education and social life, no any responsibilities in home. Boys are perceived themselves as more privilege than girls.

Once they get married, they both play different roles, that was husband concerned more in providing role and wife in homemaking. This is noticed in the popular expression stating that "men are the front legs of the elephant, and women, the hind leg". Even their roles are performed differently.

But it is complementary and supportive for each other. Phraya Anumarnrachathon (1971: 82-96) mentioned the gender ideology behind the above statement referring the Thai men and women's roles in the family. This statement exhibited how men had to take care and protect women against accidents and related danger that might occur along their journey that they went anywhere on foot. Thus men had to walk ahead. Similarly, that why the daughters were kept in restriction, thus, because of their physically weakened strengths, they were expected not to protect themselves from any harmful person and situation. This provides the understanding that although men and women are different socially gender constructed, but their roles are sharing with caring and love basis.

### **2.1.3 Men's roles in reproductive process**

Not only the difference between men and women's roles performed in the family, but also men and women are socialized differently in sexuality and reproduction.

Once the heterosexual relation developed, before the marriage, parents allow sons to have more sexual freedom than daughters. According to the beliefs that men are sexual exploiter in term of gaining women's virginity and that only girls are socially labeled as "bad girl" in case of premarital pregnancy. This social accepted view is also manifest in a traditional characteristic of "boys as rice with the husk and girls as rice without the husk".

Men are not only permitted, but are expected, to express their sexuality; their sexual needs are considered "natural". Visiting prostitutes, therefore, has been sanctioned. On the contrary, it is not considered easy for a women.

For men, marriage ideally took place after he became a monkhood, a rite of passage indicating adulthood; for women, marriage itself raised her status. Their ages at marriage between husband and wife were quite different, that the husband mostly were ranged higher than wife. Frequently, a wife addressed her husband by the term "Phii" or elder brother (Bencha Yoddumnern-Attig, 1992: 32). Their relation is therefore like to that of a brother-sister and /or companionship.

Men's sexuality roles was quite similar to premarital life, that socially accepted for the extramarital relation (VanLandingham & et.al, 1995: 50-52). Among married men, reproductive and pleasure dimension of sexuality were separated between wife and the prostitute (Kanchana Tangchonlatip, and Ford, 1993: 117-143). Thai women, in contrast, were expected to be sexually innocent and disinterested. They should repress their sexual feelings and not display sexual pleasure or sexual desires as if they were the prostitutes (Warunee Fongkeaw, 1995: 223-224).

Thus men are socialized accessing sexuality without reproductive or procreative responsibilities, because valuing reproduction belongs to women. This was the significant roles of women, that any women who could successful giving births to and raising their children to adulthood; they were highly respected by all community member (Bencha Yoddumnern-Attig, 1992: 25).

The birth of the first child was a critical event for a Thai couple, as it confirmed the union and symbolized a stable relationship (Hyne Hyne Pyne, 1994: 19-41). Eventhough, Thai men concerned more in sexuality role ,they also participated in the process of birth and child socialization, especially in occupational capacities (Aumarnrachathon, Phraya 1996: 20; Panpen Thitiwattana, 1998: 48-50).

As their wives got nearly full-term of pregnancy, the husbands would gather several pieces of wooden logs used for women postpartum care, "Yu Fai". At the birth events, wives were mentally supported by the husband, for example, drinking water which pouring through the husband's toe. They believed that this could induce more easy child delivery. The baby would be welcomed warmly, surroundings with parents and kinship. Both parents and kinship had well-defined responsibilities on birth events. While men managed for ritual customs other women including birth attendance would take care of the baby and mother. The newborn slept most of the times with their mothers. Those older kinship socialized their experiences about what the new mother should do or would be strictly prohibited.

In addition, husband also practised not sexual intercourse with their wives for three months after childbirth, as they believed to delay another pregnancy. After that, men took care of their children by arranging ritual custom, "Tam Kuon", to assure that their children would be survival. When the child grew up, they taught their children, especially son to farm.

With regard to the westernization influences, men's roles in family and even in reproductive process were affected in the contemporary Thai society. In the mid-1900's, the first Five Year National Development Plan implemented in 1961, the rise of a bureaucratic and military class along with a growing commercial class. These new urban elite adopted the aristocratic value of polygamy, patriarchal system. The influence of both western modernization and the new elite serving social values and practices of Thai portraying the unequal relation between men and women in family and community setting (Amara Pongsapich, 1997: 26-27).

It had not been strong since the early phase of industrialization, only men moved out the home to work for income. Women were left in the domestic domain to take care of the children and home. Men were allowed to exhibit their power and authority in the public domain. Women were no longer contribute much in productive role, that women and children were dependent to men.

Later on, with a full development into cash economy, the amount of cash earned by the men alone are not sufficient, women have to leave home to work for cash as well as greater spatial and social mobility from rural to town. That emerges the grown of the middle class in the Thai contemporary society, the working men and women practised the westernized life styles. It is in turn leading to the new organization of household production and reproduction. Raising children has to be done by someone else. Impact of the industrialization on family relation is quite crucial whether in the population or family.

In sum, it is undeniable that we are facing with the unequal gender roles and relation in Thai contemporary society. It exists within a capitalistic and patriarchal framework and are learned in Thai social context over time. This is why leading to men's patriarchal-separating roles in reproductive process and child care. The complementary -sharing roles with caring and love, the other side of Thai gender ideology is absolutely excluded. Husband and wife in the Thai changing society who are mostly the middle class in urban area, cannot perform complementary roles with work and family life balance. The division of men and women spheres is skewed especially the case of dual earner couple. Both exhibit equally division of labor in providing role, but only women are still concerned in homemaking and reproduction. Men's sexuality and reproductive roles is still sanctioned rather than questioned.

Thus, we're better look backward at our good side of gender ideology to turn around the situation for the benefit of both sexes. The caring with love and supportive roles among women and men would socially recognized as the roles more appropriated for this Thai changing society. Chai Podhisita (1998: 4-5) also notes that men and women's family roles in Thai contemporary society seems as driving cars with four wheels. It will provide more potentiality in family life well-being.

Certainly, men and women are directly involved along the reproductive process, linkage of sexual intercourse, conception, and birth, with different perspectives and concerns. Placing the responsibilities for reproduction on women only overlooks the context of men and women partnership and undermines

the participative nature of men in the reproductive process. This is one another important causes of existing patriarchal system (O'Brien, 1989: 1-64). Therefore our knowledge of both must be increased, especially from men's perspectives. That, men's roles in reproductive process enable to meet their shared family goal and empowering women to maintain themselves in the labor force.

## **2.2 International Conference on Population Development (ICPD) and related concepts of men's roles in reproductive process (UNFPA, 1997: 48-50; WHO, 1996: 22; 1998: 124-131)**

### **2.2.1 International Conference on Population Development(ICPD) concept**

In situation where women are subordinated and powerless in the family and society, it is not at all easy to encourage impoverished women who are in a dependent position to bargain with their partner of their sexual and reproductive needs. It appears that through the women -center awareness raising program, in many ways make women felt more frustrated about their inability to share their fear or to share their doubts on their reproductive needs with their husbands.

More interestingly, it has been suggested that a woman-centered approach in dealing with reproductive issues be placed by the new concepts of "men's participation in reproductive process". Among others, men must be included in matters of sexual relation and reproduction that address pregnancy and childbirth support. It requires mutual respect and willingness to accept responsibility for the consequences of sexual behaviors (UNFPA, 1997: 14).

In the 1994 ICPD POA states that:

Human sexuality and gender relations are closely interrelated and together affect the ability of men and women to achieve and maintain sexual health and manage their reproductive lives. Equal relationship between men and women in matters of sexual relations and reproduction, including full respect for the physical integrity of the human body, require mutual respect and willingness to accept responsibility for the consequences of sexual behavior. Responsible sexual behavior, sensitivity and equity in gender relations, particularly when instilled during the formative years, enhance and promote respectful and harmonious partnerships between men and women.

Under this concepts, a new ideal of men's roles in sexuality and reproductive matters are recommended. For instance, men's roles are consist of promoting men's sexual-reproductive health, adopting a competent lover sex practising effective contraceptive and/or support their partners in doing or making choices, supporting their wives during pregnancy, sharing the household tasks, practising more open communication, and involve in childbirth events(UNFPA, 1997: 48-50; WHO, 1996: 22; WHO, 1998: 124-131).

### **2.2.2 Men's participation in pregnancy and birth (Mother Digest, 1995: 9).**

Men would find it easier to support women when they see positive images of their roles. Influenced by mass media accounts of men who participate in pregnancy and birth, can be a powerful and accessible tool in encouraging men to adopt new behaviors in reproductive process. Mother Digest, one monthly magazine for modern and young parents, presents new images of an expectant father as follows.

2.2.2.1 To have emotional expression of appreciation and excitement after informed that their wives get pregnant and accept that they are becoming fathers.

2.2.2.2 To accompany their wives on their first visits to the physician and regularly physical check up.

2.2.2.3 To attend the prenatal class or the father class

2.2.2.4 To support and encourage wives in dealing with wives' changing physical and psycho-physiological status.

2.2.2.5 To be patient to listen to all wives' complaints, to assure them and make them more relax.

2.2.2.6 To share the household tasks

2.2.2.7 To take care of wives and child's health by following the medical instructions

2.2.2.8 To pay attention on child development by hearing fetal heart tones, feeling or looking fetal movement as pregnancy progressed

2.2.2.9 To be supportive coaching role during labor and birth

### **2.2.3 Men's role pattern performed in reproductive process**

Gross (1978: 87-107) and Swanson (1985: 21-48) define men's role in sexuality and family planning into two patterns. These are:

2.2.3.1 Traditional men's sex role pattern, it includes men's sexual behaviors as

1) to be an exploitative sexual partner.

- 2) to practise sex act without love, affection and caring about their partner sex desires.
- 3) to grasp at any sexual opportunity.
- 4) to have sex acts with many women.
- 5) to view sex is important, central and even necessary for men than women.
- 6) to end sex acts with orgasm than integrating with the process pleasure.
- 7) to view that the husband should be the primary initiator.
- 8) to view that is more a women's concern than men's concerns.

2.2.3.2 Modern "competent lover" men's sex role pattern, it includes men's sex role behaviors as:

- 1) to experience mutually enjoyable sexual acts with love and caring about their partner sex desires and also awareness for procreation.
- 2) to view that sexual initiation should be equal
- 3) to satisfy sexual acts at least one women as technically competent lover who strives to create multiple orgasmic pleasure with their partner
- 4) to view that family planning is mutually concerns and discussed between husband and wives as partnership.

### 2.2.4 The conceptualization of men's roles in reproductive process

According to Fein(1976: 341-347); May & Perrin(1985: 64-87), two conceptualization of men's role patterns in pregnancy and birth, markedly by the pattern of traditional or breadwinner men's roles and nontraditional or participatory men's roles.

According to the above literatures, two conceptualization of men's role pattern performed in reproductive process are marked by

2.2.4.1 Patriarchal-separating role pattern as defined traditional men's roles performed in reproductive process .It consists of role performances as follows:

- 1) to practise sexual acts respond their own sex desires.
- 2) to practise extramarital sexual relations.
- 3) to practise unsafe and HIV risky sex.
- 4) to use minimal contraceptive method.
- 5) to concern more providing roles.
- 6) to view pregnancy and birth is more concern to their wives and they are the natural events.

2.2.4.2 An egalitarian-sharing role pattern as defined a nontraditional men's roles performed in reproductive process . It consists of role performances as follows:

- 1) to care their own sexual and reproductive health by paying more attention in seeking sexual and reproductive health services.
- 2) to adopt a competent lover sex practices.

3) to adopt effective contraceptive and /or support their partners in doing so or making choice.

4) to support their wives during pregnancy and birth

5) to share the household tasks.

6) to practise openly discussion between the spouses on contraceptive use, sexual desire and reproductive matters.

### **2.3 Feminist theory of gender used as a framework to explain men's roles in reproductive process**

Feminist theories of gender, used as a framework to explain men's roles in reproductive process and its determinants, are both modern feminism and postmodern feminism. According to Amara Pongsapich (1992: 335-353), as the Thai changing society to postmodern, in order to gain understanding men's roles in reproductive process, it is needed to identify the social construction of gender roles as modern feminism conceptualization and the power relation between men and women as the postmodern feminism mentioned, the bothside of the problem. Thus the gender and feminist theory is used.

With respect to Annandale & Clark (1996: 17-44); Collins (1985: 133) and Tong (1989: 11-38) they referred to the gender and feminist theory regarding the intimate heterosexual love, sexuality and reproduction are the ultimate causes of oppression for all women. They have to free themselves from this oppression. In other words, the theory regard love, sexuality and reproduction that had tied women into domestic roles and kept them from economic independent.

Most modern feminism; liberalism, marxism, socialism, psycho-analyticism and radicalism, conceptualize that gender is socially determined. Through the socialization process that construct the women, as inferior and that discriminate against women, and favor men. Patriarchy ideology, then, is the root of oppression.

Liberal feminists do agree that the single most important goal of women's liberation is sexual equality or gender justice. In order to liberate women and also men, from the culturally constructed cages of masculine and feminine that many liberal feminists advocate legal reform and the formation of androgynous personality.

Marxist feminists have much in common with socialist feminists, views power relation as a source of gender inequality. They believe that capitalism is a system of exploitation power relation. They believe that if women's status and function truly change in the workplace, her status and function in the household will also change. Thus working women will gain more power.

Psychoanalytic feminism, Choldow focused on dual parenting. Only men share equally with women the tasks of nurturing infants The women free from oppressive gender roles.

Radical feminists emphasized more on sexuality and reproduction. Milette and Shulamith Firestones (Tong, 1989: 11-38), focus on sexuality and reproduction as an origin of women's suppression. Through the socialization process, men have controlled women's sexuality for men's pleasure. In order to escape from heterosexuality, patriarchal ideology, Women should create exclusively female

sexuality through lesbian. Besides this, Millette also looked forward to an androgynous culture, the complementary qualities of strengths and compassion in one person. Both qualities are likely to help a person grow and live in community. While Firestones believed that the root of women's oppression are biological function. Thus women's liberation requires a biological revolution, that is the reproductive controlling technologies of contraception, sterilization and abortion were widely used.

In contrast to other modern feminists, Mary O'Brien asserted that if woman is to free herself from men's control, woman has to understand that the source of oppression is also the source of women's liberation. O'Brien analyzed reproduction through the lens of male alienation from reproduction. Patriarchy is man's compensation for and attempt to counteract the alienation of his reproductive consciousness. Man's alienation from reproduction, therefore from children, rest on at least three factors. First, the spatial and temporal continuity between the ovum and the resulting child is unbroken, taking place inside the woman's body. Second, woman not man, necessarily perform the fundamental labor of reproduction-pregnancy and birth. Third, a woman's connection to a particular child is certain.

A woman knows, at the moment of birth at least, that it is flesh of her flesh. A man's connection a particular child ,in contrast, is always uncertain. A man is never absolutely sure, even at the moment of birth, whether the child is in fact genetically related to him. Because men are aware that their parental status is precarious. They reason that to own women's reproductive labor power is also to own the products of that labor power. In order to eliminate patriarchal system, men

should be raised in reproductive consciousness. Thus men's involvement in reproductive process continuously from sexuality to reproduction is another way to promote gender equality.

Each points out different perspectives but all explain inequality between men and women. It is determined by the social construction of gender role and relation under patriarchal and capitalistic system through the socialization process. In order to liberate women, they have proposed several ways ranged from education and legal reform, induced working women, to escape from the sexual domination of men in favor of lesbian and even escaping from reproduction by introducing reproductive control technologies. These strategies are all in action . The other aspects, some radical feminists have proposed, but not really implemented yet. The conceptualization of an androgynous personality, dual parenting, men's involvement continuously in reproductive process are the other solution of the other sides of the problem taken for considerations. That I attempt to explore for this study.

Postmodern feminism is the concept responding to the changing society. It establish wider women's perspectives regarding human conditions, as a partner in action between men and women (Tong, 1989: 233).

According to Amara Pongsapich (1997: 39-44),she has referred to Michel Foucault, the leading postmodernists thinker, urging for a new interpretation of sexuality, that sexuality has been socially conceived (wrongly) and need to be reconceived differently. Sexuality is not based on the internal drives ,but is elicited in specific historical and social circumstances. It has been recognized that the

relation between identity and behavior is variable and complex in most cultural and historical settings. More form of sexual exploitation are being observed.

Thus the postmodernists ask for gender roles and relation “deconstruction” of traditional beliefs and practices and “reconstruction” of reality whatever that maybe. Postmodern feminists involve deconstruction of social meaning to understand oneself and the social process involved in gender relation. Reconstruction of new social meaning is necessary if one wants to alter societal perception of gender relation. Empowerment, then, is a tool to change the perception of relations.

According to Flax (1987: 630-636), gender relation is the connection of such important aspects of human existence as birth, reproduction and sexuality in the social context. Gender is as a social relation, rather than as a opposition of inherently different being, in which is as a relation of domination, power relation between men and women. It is itself grounded in particular forms of gender relation in terms of sexual division of labor, sexuality, reproduction, making choices and social meaning of their relation.

According to Ferree (1990: 868), power relation between men and women, in case of why the rise in married women’s paid employment has not lead to large men’s family roles, is depend on couple’s meaning defined. If couple carries the meaning of doing housework as the expression of love and care, both partner would share the tasks, in contrast, if the meaning of subordination, both struggle to avoid it.

Postmodern feminists above mention on gender issues both the perception, the couple's meaning defined of their relations and the power relation between them are another two factors determine the inequality of gender roles. Therefore men's role in reproductive process is determined by also these two factors.

In case of Thailand, according to UN view on Gender equality in Human Development Report 1995 (cited in Krittiya Archvanitkul, 1996: 66; Peter F Bell, 1997: 60-61), using two new indices of human development, the Gender Development Index (GDI) and the Gender Empowerment Measure (GEM) to measure gender equality, indicated that men and women are equally in development, but still not equally in authority and power. It seems that more form of sexual exploitation are being observed but missing by those indicators.

One form of these exploitation being seen is that the unbalance division of childcare, men's distance and disconnection from sexual and reproduction. Thus it is possible that the dynamics of the family and social changes taking place at this time is such that it is impossible to develop a set of indicators to measure correct performance. To put it differently, the new set of indicators is developed to study the inequality between both sexes.

Therefore, the set of indicative variables to study the inequality of gender role in sexuality and reproduction conceptualized from the gender and feminist theory are the gender difference and gender relations. It consists of three sets of independent variables related to the gender difference and gender relations and one set of dependent variable related to gender roles. The gender difference refer to

individual men's psychosocial status which is socialized from birth; men's gender role norm opinion, androgynous personality, and the perception. The gender relations refer to men's relation to their spouses that brought them to the marriage and men and women's relative power grounded in six aspects of their marital relations; age, income, education, occupation, couple shared housework, and couple decision made. And the gender role to be studied is men's role pattern performed in reproductive process. Thus these variables are considered for more details next.

#### **2.4 The determinants of men's role in reproductive process.**

To gain more understanding men distance from reproductive process, the set of the determinants to be identified to study men's roles in reproductive process needs to be quite different from the traditional set of determinants. According to gender and feminist theory conceptualization, three sets of the determinants hypothesized to discriminate men's role pattern performed in reproductive process will be explained in more details as follows.

##### **2.4.1 The premarital love relation and men's roles in reproductive process**

###### **2.4.1.1 The theoretical rationales**

Even feminist theory regard love as a bond that keep women in traditional gender roles, domestic domain, and prevent them from the economic domain. When men fall in love, they tend to over romantize and idealize their women. The women become to be protected from the world, inferior to men.



Collin (1985: 101-104) pointed out the love relations that that allow equality, called “mature love”, a genuine caring for the other person while preserving one’s own honesty and respecting one’s own right. A two way relationship of this sort can only take place between mature person of what any ages, both of whom give support and affection to the other while allowing a breathing space for their own independence.

There are two different emotion expressed by the term, love. Romantic love refers to the ecstasy and joy associated with the early stages of a relationship or falling in love. After the initial glow wears off; romantic love is replaced by mature love, which can be characterized as “informed caring” for another person. It require effort and self-disciplines, and it is love that supports and perpetuates a relation through times. That is only if the men’s premarital love relation to their spouses is characterized as mature love, it assumes that men would more concerns in reproductive process with a supportive and caring manner to their spouses. The mature love prepares a basis for more gender equality

Thus, men’s premarital love relation to their spouses is hypothesized to discriminate the men’s roles in reproductive process .

#### **2.4.1.2 The empirical bases**

Since no previous research review is found to be related to men's roles in reproductive process. Thus this study aims to verify this determinant influenced on men's roles in reproductive process basically on the theoretical rationales mentioned above.

### **2.4.2 Men's gender role norms and their roles in reproductive process**

#### **2.4.2.1 The theoretical rationales**

According to Anmandale & Clark (1996: 17-44) and Greene & Biddlecome (1998: 1-34), both suggested that men's distance from reproduction is determined by gender role norms through the socialization process.

With regard to Scanzoni (1975: 19-60), the role performed by a person is predicted by their gender role norms. Men's gender role norms are learned in the early stage of childhood and firmly embedded in the preadolescent period. The men's early exposure to gender differentiation lead to stereotyped gender roles that are highly resistant to change. Through condition in the social milieu of which person are a part may change as they move through maturity and adulthood in such a way to render a fit between their learned gender roles definitions and their milieu difficulty.

The major implication of this brief literature summary is that the possibilities of linkage between gender role norms and men's roles in reproductive process.

#### 2.4.2.2 The empirical bases.

According to Scanzoni (1976: 677-690) studied on gender roles and the process of fertility control . It was found that men's gender role norms were characterized by a traditional-patriarchal gender role norms and a nontraditional-egalitarian gender role norms. The men with the modern gender role norms were greater involved in reproductive process in term of family size limiting.

According to Napaporn Havanon (1981: abstract), it was also reported that husband was greater domestic involved by wives' paid employment. This indicated that gender role norms among married couple changed from traditional gender role norms to egalitarian gender role norms.

– While Marsiglio (1991: 268-290) and Barunett & Baruch (1988: 66-78) also reported that those men with traditional gender role norms would increase more in providing role in order to earn more money when they have the first child.

Tomlinson (1987: 239) reported mothers' evaluation of their postbirth marriage relationship were positively influenced by more nontraditional sex role attitudes and greater father involvement in infant care.

The theoretical rationales and empirical bases mentioned above have given a hypothesis that those men with more modern or egalitarian gender role norms would perform more sharing roles in reproductive process.

### **2.4.3 The men's androgynous personality and their roles in reproductive process**

#### **2.4.3.1 The theoretical rationales**

Until recently, gender roles have been conceptualized as dichotomous, with masculinity and femininity opposite ends of a continuum. A number of current investigators have rejected this conventional view of gender, instead viewing masculinity and femininity as independent dimension present in both men and women. Numerous studies have found that holding such traditional, very gender stereotyped roles is associated with high anxiety, low self esteem and low self-acceptance (Kaplan & Sedney, 1980: 3-31).

In their effort to demonstrate the predictive ability of the psychological construction of androgyny to person who combine of feminine and masculine attributes and would express both feminine and masculine traits. But at different times (Bem, 1977: 196; Kaplan & Sedney, 1980: 3-31; Spence & Helmreich, 1978: 17-18).

According to Kaplan & Sedney (1980: 3-31) stated that:

Considering the parts of the definition, the word androgyny itself suggests a combination of femininity and masculinity. It is derived from two Greek roots: andro for male and gyn for female. To preserve the essence of androgyny, it must always be spelled with a "gyn" ending. If androgyny is misspelled as androgeny, then the root word is androgen, a male sex hormone, the female half of the term is lost, and the meaning is changed.

An androgynous person would then be healthier more adaptable, or better adjusted, than the person whose behavior is firmly rooted in stereotyped sex role. Androgynous personality is often proposed as one model of well-being, in which an individual is to be both assertive and compassionate, both instrumental and expressive, both masculine and feminine. Thus, three categories of psychological sex are considered possible; feminine, masculine, or androgynous.

In measuring androgynous personality; the Bem Sex-Role Inventory (BSRI), was one of the first tests designed specifically to measure androgyny. This method, however, soon came under criticism from Spence, Helmreich, and Stapp (1975: 15). Instead of a different measure, then, they proposed that tests be scored by means of a median split-procedure. In this system, scores for all of the people who took the test together are listed by scale from highest to lowest. A cutoff is made at the scores from the lowest 50 percent. Those who score above the median on both the masculine and feminine scale are considered androgynous. Those who score above the median on the masculine but not on the feminine scale are categorized masculine, whereas those who score above the median on the feminine but not the masculine scale are categorized feminine. This procedure introduces a new category, "undifferentiated" to identify people who score below the median on both scales (see Figure 1).

		masculinity	
		above median	below median
femininity	above median	androgynous	feminine
	below median	masculine	undifferentiated

**Figure1** Median score on femininity and masculinity

Androgynous concerns the capacity to exhibit personality attributes and behavioral characteristics that are not delimited on the basis of one's sex. It has therefore been suggested that a person with an androgynous personality would respond to the changing roles of men in reproductive process.

#### 2.4.3.2 The empirical bases

According to Fein (1976: 341-347), he studied on men's entrance to parenthood and found that men with the androgynous personality can perform the flexible roles before to after childbirth. Even they were not physically pregnant, they participated their wives attending the prenatal class, arranged their schedules before the birth so that they could spend much times at home in the postpartum weeks. They also recognized that pregnancy, birth, and child rearing could be two-person experiences, experiences that men and women could share.

Similar to May & Perrin (1985: 82) who reported that men's androgynous personality influences greater men's pregnancy and birth supportive roles. Unfortunately, the research on androgynous personality and related men's family roles cannot be found yet in Thailand.

The theoretical rationales and the empirical bases mentioned here have given a hypotheses that those men with the androgynous personality can be expected to perform more sharing roles in reproductive process.

#### **2.4.4 Men's perception on sexuality and reproduction and their roles in reproductive process**

##### **2.4.4.1 The theoretical rationales**

According to Chamnien Choungchot (1982: 5-6), and Schermerborn (1982: 409-410), perception is the psychological process. It concerns the stimuli interpretation, from information obtained, organized, interpreted, and then the meaning defined. The perception is developed depending on each person's maturities. The mature person is able to interpret various stimuli closely related to the reality. Perception is related to learning experiences. Similarly, learning enhances the perception developed, and the perception increases better learning. The perception influences individuals differently whether they are socialized through the same social norms.

While Ferree (1990: 868) stated that the greater men's family roles is depend on couple's meaning defined. If couple carries the meaning of doing housework as the expression of love and care, both partner would share this task, if the meaning of subordination, both struggle to avoid it.

Marsiglio (1991: 271-285) also stated that men's perception of their actual paternity status could have a dramatic impact on their definition of self and their procreative consciousness and responsibilities. Men's perception on their sexual and reproduction had enabled men to experience various phase of the reproductive process in a much more intimate than before. That is their involvement in contraception, pregnancy resolution, childbearing and child care activities.

It has been therefore suggested that if men's perception on their sexuality and reproduction in relation to their partners would enhance their roles in reproductive process.

#### **2.4.4.2 The empirical bases.**

According to Wente & Crockenberg (1976: 351-356) studied on transition to fatherhood . They indicated that the sense of family was strongly established during the birth process, the men's readiness to be father enabled men's greater involvement for child care. During a boy's childhood their perception were emphasized on the role of provider ,there were scarcely on learning father function. Similar to the study of Jordan (1990: 11-16) on expectant and new fatherhood also supported that men felt excluded from the childbearing experience by no role models to assist them in taking on the role of active and involved parent. Their perception on sexuality and reproduction as a father-to-be was limited.

Thai men's perception on their father roles are also found to be related to their role performance in caring child age between 0-2 months. (Prapapun Taweekiettrakul, 1985: abstract, and Samnieng Yamsa-aad, 1984: abstract).

The theoretical rationales and the empirical bases mentioned above have given a hypotheses that men's perception on sexuality and reproduction can be expected to be related to men's roles in reproductive process.

#### **2.4.5 Husband and wife's differences in socio- economic resources such as age, income, education, and occupation and men's roles in reproductive process**

##### **2.4.5.1 The theoretical rationales.**

According to Collins (1985: 184-185) and UNDP's study on gender, urban development and housing (1996: 11-15) indicated that gender power relation in socioeconomic resources are reflected in their relative age, Income, educational attainment, and occupational privilege. Generally, the spouse with more age, income, education, and occupation tends to dominate or have greater power in family roles. Exception among the lower -working class since these men have even fewer socioeconomic power, they also have more power in domestic tasks because of the forced used.

### **1) Age disparity**

With regard to Collins (1985 :131) mentioned that the societies in which there is a largest age gap between the spouses are the ones in which men have the most power over women. Thus the improvement in the status of women are related to the shortening of the age gap.

### **2) Income disparity.**

Collins (1985: 185) indicated that income was even more important for marital power than other social status. The more income men bring in, the more he got his way at home.

While Blumberg's conceptualization of each sex's relative economic power, stated that it is relative economic power that provides women with their main leverage affecting their overall position in both micro and macro level gender stratification. That, wife economic power is concerned as wife's earning, husband and wife earning ratio, and wife's independent control over earning, especially surplus. Which lead to greater leverage in household power such as decision making in fertility, economic and domestic affairs, sexuality, greater share in household and child care labor (Blumberg & Coleman, 1989: 225-250).

### **3) Education and occupation disparity**

Collins (1985: 185) also indicated that education also had an effect on domestic power. Generally, the spouse with more education tended to dominate. Similar to occupation, the higher the husband's occupation status, the more likely he dominated at home. That is working men is more powerful than the housewife.

It has therefore been suggested that the greater domestic power of men based on their socioeconomic status over their wives.

#### **2.4.5.2 The empirical bases**

According to Napaporn Havanon's study on the Vietnamese wife's productive role recently (1998: 28) reported that although their productive contribution to the family was almost equal that of the husband's but they did the vast majority of housework and child care with little help from husband. It looks quite the same as Thai, which need to explore more for other variables related.

This theoretical and the empirical bases have given quite debatable issues in productive role which refers to income and occupation. This reminds the investigator of other variables related to influence men's roles such as age difference, and education difference. Thus these variables are expected to influence men's role pattern performed in reproductive process.

#### **2.4.6 Husband and wife relative division of household labor and men's roles in reproductive process**

##### **2.4.6.1 The theoretical rationales**

Who does the housework has become an increasing source of power among dual-earner families (UNDP, 1996: 11-15) With respect to Thompson (1989: 857), power mostly is inferred in research on domestic work; that is, husband's participation in domestic work is seen as evidence of their wives' power.

#### 2.4.6.2 The empirical bases.

According to Zhang (1995: 195-206) studied on gender and the distribution of household work and found that although husband believed to take more share in household work, but very little relationship between what they believed and their actual division of household work. Among the six tasks of the household work; cooking, dish washing, repairs, laundry, shopping, house cleaning that were performed by men and women and the other person in the household. The women also did a larger share than their husband of dish washing, laundry, shopping and house cleaning, quite equally share of cooking. There was only one area of work in which the husband did a larger share than their wives was repairs.

According to Napaporn Havanon (1998: 19) studied on the sexual division of labor in Vietnamese households also supported the unbalance division of labor in family that a Vietnamese wife is responsible for domestic care taking activities regardless of her involvement in economic activities outside the home. While the Vietnamese husband, in contrast, primarily take the role of economic provider. Husbands, were responsible only for occasional house repairs help with shopping and errand, gardening ,outdoor cleaning. Help with cleaning, washing clothes, buying food and cooking came from children rather than husband or other relatives.

The theoretical rationales and the empirical bases have given a hypothesis that different husband and wife the housework shared is expected to discriminate men's roles in reproductive process.

## **2.4.7 Husband and wife relative decision making and men's roles in reproductive process**

### **2.4.7.1 The theoretical rationales**

With respect to UNDP (1996: 11-15), men's frequent domination within the household result from, among others, the power in decision making. Women are often disadvantaged relative to their men counterparts in respect to disparity between production and reproduction decision making.

### **2.4.7.2 The empirical bases**

According to Population Reports (1994: 18-19) on who makes household and reproductive decision. Survey conducted in three countries and found that mostly were joint decision and wife decision in family planning issues. Major purchase, household budget and visiting friends were more husband and more joint in education of children decision making.

Similar to Thai evidence, with respect to Department of Community Development (1996: abstract) studied on decision making power among the communities leaders both men and women including the study of Praphaphan Un-Ob (1995: abstract) also supported that men had more decision making in production, major purchase area, while women had more in reproduction related issues.

It has therefore been suggested that spouse differences in decision making, maybe one predictor of men's role pattern performed in reproductive process.

## **2.5 Research findings related to men's roles in reproductive process**

Even reproduction is socially determine and that men are naturally a part of this process, yet the studies on reproduction have tended to focus on women alone. The men's roles to be studied first and in greater details was, of course, on sexuality and child care. The men's roles throughout the reproductive process has traditionally received less attention, so it cannot be found yet. This review of the existing studies, through, does not cover all the reproductive process, but separately presentation for each domain as follows.

### **2.5.1 Men's roles in sexuality and family planning.**

Major reviews of this topic is now quite clearly alive and doing well that, Thai men do tend to be sexually exploited and have few inhibition concern sexual expression whether intra or extramarital relationship. Vary widely in their perspectives on contraceptive use along the continuum from those who fully appreciated the need for safer sex to those who prefer to ignore it (Pimpawan Boonmongkul, 1997: 12-13; Weerasit Sitthitrai, and et al, 1992: 34-40; Ford and Sirinun Sittisuksathit, 1996: 55-57; VanLandingham and et al, 1995: ix-xiv and Vorachai Thongthai, 1996: 39-49).

Men's role in sexuality and family planning is quite seem a patriarchal-separating role pattern performed, whether to perceive themselves as having a natural need for sexual variety; concern on sex more for pleasure than sex for reproduction awareness. Men's extramarital sex is socially accepted, paying less attention on a safer sex practices. Condom is widely used, though for the purpose of HIV epidemic protection, yet it is respond to family planning purposes.

### **2.5.2 Men's role in pregnancy**

The previous studies mostly reported on the readiness of expectant father and men's perception to be a father. A little is found on men's actual performance related pregnancy supportive roles. One study investigated on father's roles in AID's prevention for the teenage sons (Sawanya Kongpeaw, 1996: abstract) and found that men's supportive roles during pregnancy were accompanying their wife to the antenatal visits, did the household tasks, asked and observed child development; prepared themselves to be a father in terms of financial and material support more than child care skills preparation.

More interesting that more than half of those fathers showed the ideas that father role should begin initially their wives got pregnant and they perceived themselves to be a father. Some expressed that it should begin after the marriage and the rest expressed, it should begin after childbirth or as the child grew up.

### 2.5.3 Men's role during child birth

According to Orathip Ngou-rangsee (1997: abstract) found that some men who were permitted to present in the labor unit could coach their wives to make the labor easier progressed. Through the study of Vilawan Srisuwat (1998: abstract) indicated that men's role concerned more physically child care. But the study of Orawan Ketukaew (1988: abstract) found that only if men were given any childcare instruction, they could perform newborn care whether bathing or feeding.

The above research findings suggest that men's role in reproductive process are aloof and distance. They quite play along patriarchal role. Nevertheless a little evidence also show men's more concerns in quite a sharing role. This result also suggests that the research field emphasized more on individuals determinants of men's roles, for example the socioeconomic status, population characteristics and other psychosocial factors.

Among these, the women's movement encourages the examination of men's roles in reproductive process on issues of power relation between men and women. Thus it is expanded of focus from individual determinants to families and household as the context in which power take places. This leading to the recognition that men's roles in reproductive process could be determined by not only individual factors but in relatively power between men and women in socioeconomic status, division of household labor, and household related issues decision making.

#### 4.6 Synthesis of the research framework

Under the concepts of ICPD POA, men's sharing roles in sexuality and reproduction in empowering women. With regard to the literature reviewed of role performance in reproductive process in contemporary Thai society, has been believed to be primarily a wives' concerns. Men are biologically restricted to the initial phase of the reproductive process, sexuality access but keep distance from reproduction, However, some observations show an increasing in men's reproductive involvement in relation to women's concerns, although it is not substantial to women's in the labor force participation.

Then the study on men's roles in reproductive process need to be analyzed what men actually perform these specific roles and whether the separating or the sharing role patterns and what factors determine such roles.

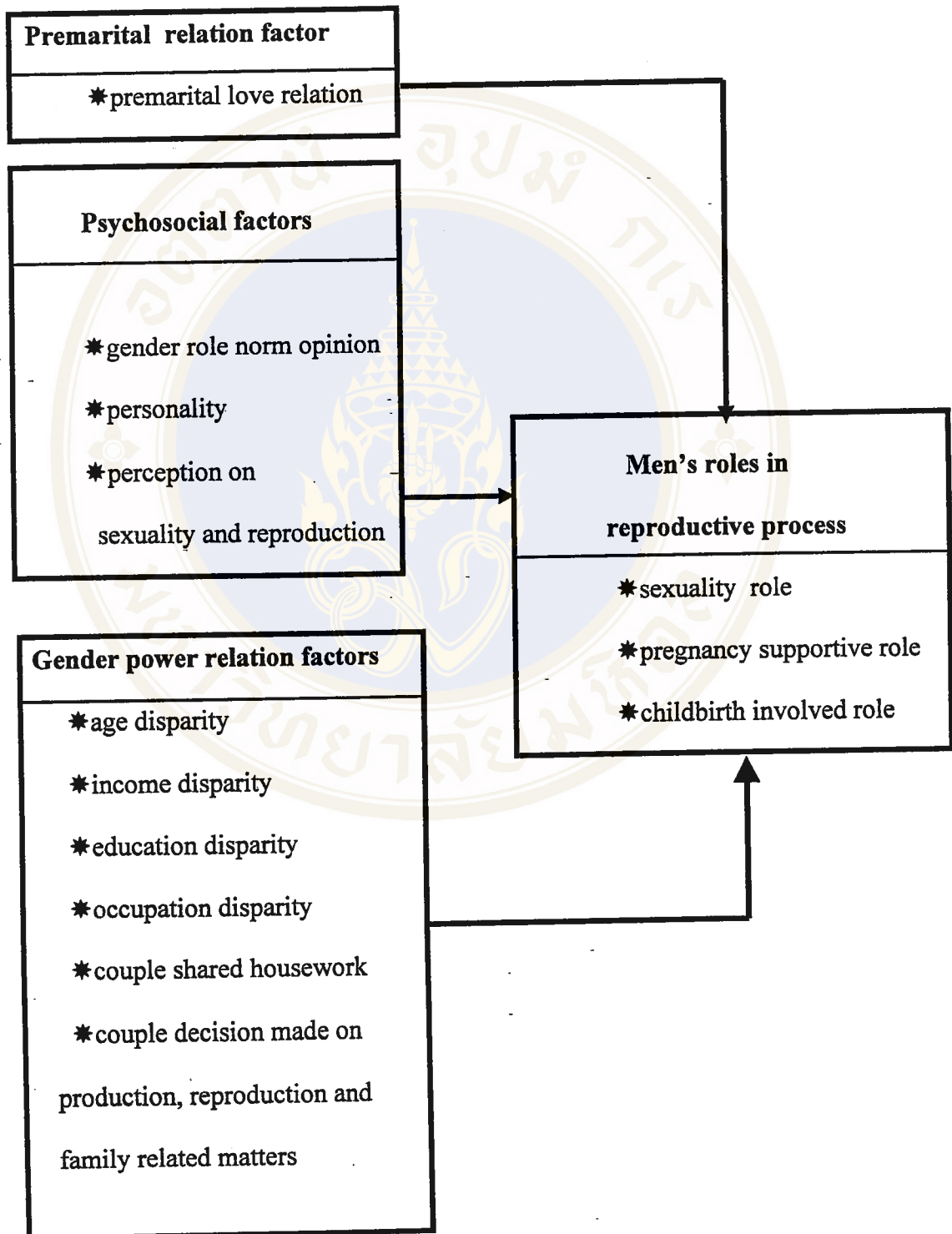
The feminist theory of gender guides the understanding of the influences of the social construction of gender differences and gender power relation that-why men have not increased their roles in family work in response to their wife's increased in the labor force. Married men, through the socialization process of patriarchy ideology, are shaped to internalize as their gender role norms personality, perception including men's premarital love relation to their spouses and their power relation. These factors affect men's performance in providing roles and pay less concerns in reproduction; a separating role pattern performed.

According to the above mentioned theory and concepts, the conceptual model of this study is formulated identifying the independent and the dependent variables. The dependent variable is the role pattern performed by men in reproductive process. It is divided into three subsets of men's roles in reproductive process; sexuality role, pregnancy supportive role, and childbirth involved role. Each role is defined into two patterns; a sharing role and a separating role.

The men's roles in reproductive process is hypothesized to be discriminated by these three sets of factors in terms of ten explanatory variables defined; premarital love relation, the opinion towards gender role norms, personality, men's perception on sexuality and reproduction, age disparity, income disparity, education disparity, occupation disparity, couple shared housework, and couple decision made on production, reproduction and family related matters.

The conceptual framework underlying the study can be then explained diagrammatically as follows:

**Figure 2 Research conceptual framework on men's roles in reproductive process**



## CHAPTER III

### METHODOLOGY

This study design was a survey research aimed to examine men's role pattern performed in reproductive process and its determinants. To achieve this objective, two methods of data collection were adopted and used. The quantitative approach was mainly applied. However men's role pattern performed in reproductive process was quite challenging and sensitive to Thai social norms. To have clearer insights of changing men's role pattern performed in reproductive process, the qualitative approach was undertaken.

#### **3.1. The quantitative research method**

The quantitative survey was conducted in the following procedures.

##### **3.1.1 The population**

The population was men whose wives delivered their first children in the hospitals in Bangkok Metropolis. The criteria were intended to select men in the process of reproduction from the initial phase of sexuality throughout the childbirth. It is the phase of active reproduction of the family life cycle, it begins after marriage till the first child born. The couple's decision made and reproductive behaviors during this phase are meaningful for the population goal (Peerasit Kamnuansilpa, 1980: 9-11). These primiparous men are transition from

husband to father. They had recently experienced on the process of reproduction from sexuality throughout the childbirth.

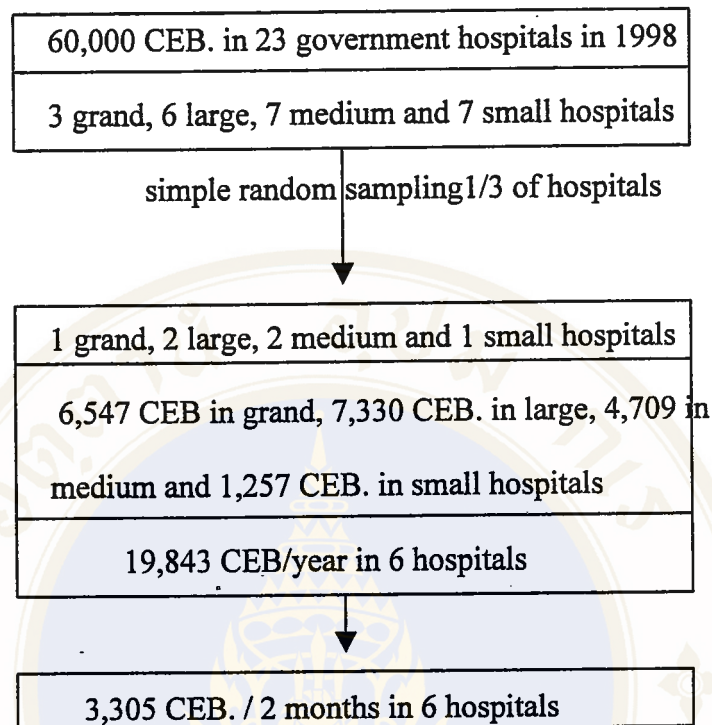
In 1997, 71,320 of first children were reported to be born and 60,623 of these were born in the government hospitals (Ministry of Public Health, 1998: 7/54). Data also showed that from 1993-1997 the child ever born rate in Thailand had decreased one percent each year. In addition to the report of the National Statistic(1996: 17), more than 90 percent of pregnant women had delivered in the hospitals. Accordingly, the study covered almost all newborn of Bangkok area.

Therefore, it was estimated that 60,000 of first children would be born in the government hospitals of the Bangkok Metropolis in 1998. Such a data used to determine men eligible for the study. Then men being a new father in 1998 as a study population were approximately 60,000. Based on this assumption the participants were drawn from a list of newborn's father in selected government hospitals in Bangkok Metropolis through multistage sampling.

In order to get samples from the population who worked in Bangkok, the sizes of the government hospitals; grand, large, medium and small were used as a sampling frame to scope the population studied. It is coverage not only the Bangkok area but also those population with different socio-economic status. So, a listing of all government hospitals in Bangkok that composed the target population was obtained.

According to the Alpha Research Report (1997: 301-319), 23 of 53 government hospitals in the Bangkok Metropolis offer the obstetrical services. According to the Ministry of Public Health, the government hospitals are classified into 4 categories regarding to their bed occupied sizes. Therefore, 7 small (with 30-120 beds), 7 medium (with 121-500 beds), 6 large (with 501-1000 beds) and 3 grand (with more than 1000 beds) hospitals are defined.

The seven hospitals were randomly selected from one-third of each categorized hospitals. Then a preliminary survey to obtain the list of the new father were undertaken with the assistance of the authorized staff of each hospital upon the request of the investigator. Due to the Hospital Health Record related to the first births indicated births in 1997, there was only one of the small hospitals that the child ever born (CEB) were less than 100. Thus the selected hospitals included six hospitals. Based on the assumption of one percent decreasing of child birthrate and timeframe of the data collection within two months, the number of the child ever born were 3,305. Therefore, eligible men as the target population for this study were 3,305, diagrammatically shown as follow.



**Figure 3** The eligible men as the target population for the study

### 3.1.2 The sample and the sampling

#### 3.1.2.1 The sample

A formula recommended by Yamane (1973) was used to obtain the sample size as follows:

$$n = \frac{N}{1 + Ne^2}$$

where  $n$  = sample size,  $N$  = total number of population, and  $e$  = sampling error ( $e=0.05$  was set for this study). The sample size is 356 men. Finally, 356 men were proportionally randomized based upon the population size of each selected hospital (see Table 1).

**Table 1** Population of married men and corresponding sample size

Hospital (estimated)	Married Men		Wives	
	no of pop.	o.of samples	no of pop.	no of samples
1.Chulalongkorn	1,091	117	1,091	117
2.Vachira	636	72	636	72
3.Bhumipol	585	63	585	63
4. Chareonkrung pracharak	524	56	524	56
5.Noparatrachathani	260	28	260	28
6.Ladkrabang	209	24	209	24
total	3,305	360	3,305	360

### 3.1.2.2 The sampling techniques

With regard to the criteria of men to be selected in the samples, those men were not only primiparous fathers, but also whose wives should have normal delivery. Therefore the number of men who visited their wives each day was unstable. Men in the sample, then, were ranged from 7 to 16 in each patient unit of 30-50 beds.

The sampling method used to obtain the sample in each hospital was purposive sampling. The samples selected depended on the number of men during one particular day. In case of men more than 10, one by one was selected. If equal to or less than 10, all were the samples.

### **3.1.3 The research instrument**

Based on the conceptual framework and the objectives of this study, a structured questionnaire, comprising of closed-ended and opened-ended questions was formulated by the investigator. The questions were grouped into 8 parts: (1) family's socioeconomic background, (2) men's premarital love relation to their spouse, (3) men's gender role norms, (4) men's personality, (5) men's perception on sexuality and reproduction, (6) men's housework shared, (7) men's household related issues decision making compared to their spouse, and (8) a task analysis on men's actual participation throughout the reproductive process. The data of the eight parts were obtained separately from both husband and wife.

#### **3.1.3.1 The scoring system**

Since the reproductive roles are quite far concerned among men group, the interpretation of the result can be made in various ways. Norm-reference measurement gave no meaningful with regarding to the improvement of the required performances. Thus the criterion-reference was used to describe of what sexuality and reproductive roles men can share and cannot.

Although a widely criterion-reference measurement is required at least 80 percent for the mastery (Gronlund, 1990: 13-15). To compare the men roles actually performed in reproductive process to a complete set of roles recommended by the ICPD and related concepts. But based on the literature reviewed of lower men's roles in reproductive process were found only 26-40

percent (Bhassorn Limmanon, 1995: 48; Richter, 1992: 49-63; Social Research Institute, 1995: 182). The cut-off score above 80 percent, then, is quite high.

Therefore, the moderate performance required at least 60 percent of the total scores of each variable is reasonable accepted as a cut-off score to make a sharing and separating roles decision for this study. Because the literature reviewed also indicated the trend of higher men's involvement in family roles as women's higher employment, especially in urban area.

In addition, not only the men's roles in reproductive process are defined into 2 categories, the premarital love relation and psychosocial characteristics of men such as gender role norm opinions, and perception on sexuality and reproduction are also defined into 2 categories. Except the personalities are defined into 4 categories with regard to the standard scoring of Spence and Helmreich's concepts of androgynous personality.

While the gender power relation between men and women in family in terms of age, income, occupation, education, decision made and shared housework are defined into 3 categories with regard to their relative power of more, equal and less among each other.

The differences of age between husband and wife were measured by the husband' years of age minus wife's. Income disparity was husband and wife earning ratio. The education disparity was measured by the husband' years of schooling minus wife's.

While the occupation disparity was measured in term of the difference of occupation prestige. With regard to Supang Chantavanich (1991: 47-125), studied on social stratification: occupation prestige in Thai society, it revealed that the prestige in descending order were occupations in professional, technical and administrative work, clerical work, sales work, agricultural work, and production and labor.

Therefore the occupation difference between husband and wife was determined as who belonged the highest prestige of occupation. Then the question and scoring were as the following.

Part 1 was the information on family structure, the demographic and the socioeconomic profile of the husband and wife as respondents' reports. The answer to each question was written on the blanks or indicated by check ( / ) sign depending on the type of questions. This part contained 6 items.

Part 2 was on the statement which attempted to determine the men's premarital love relation. The respondents answered about their opinion regarding the characteristics of their love relation to their wives prior the marriage. They were asked to select one among five degree of agreement that corresponded to their answers. Five choices were given for answering: strongly agree, agree, undecided, disagree, and strongly disagree. Scores ranged from 5-1 or 1-5 according to the positive or negative responses to the given statements. It contained 10 items, one of them was excluded from summing up.

Thus the level of premarital love relation was calculated by summing up the total of correct answers (0-45 points). Then it was divided into 2 levels with the criterion-reference of 60 percent. That the score equal and higher than 27 was defined a mature love, coded=1 and the lower than 27 was a romantic love, coded=0.

Part 3 gender role norms opinion was measured .The respondents were asked to response to statements regarding the roles of married men and women. Five choices were given for answering: strongly agree, agree, undecided, disagree, and strongly disagree. The score ranged from 5-1 or 1-5 according to the positive or negative responses to the given statements.It contained 7 items. The level of opinion was calculated by summing up the total of answers (0-35) and divided into 2 levels. The score equal and higher than 21 was defined an egalitarian, coded=1 and the lower than 21 was a patriarchy, coded=0.

Part 4 is on the statements which attempted to examine the characteristics of men's personality. The Personal Attributes Questionnaire (PAQ) developed by Spence & Helmreich (1972b) were adopted .It was originally composed of twenty-four items describing men's characteristics. As the result of the reliability test, 21 items were appropriated to Thai society. On each of which respondents were to rate themselves on a five-point scale. Five choices were given for answering: strongly agree, agree, undecided, disagree, and strongly disagree. Each item is scored from 5 to 1.According to PAQ the 21 items were divided into 3 subsets of attributes. Masculine expressed as item 1,2,6,10,16,17, and 20. While

feminine were item 3,7,9,12,15,18, and 21. The other items left were neutral characteristics, used to make balance answering.

According to PAQ, the personality was divided into 4 groups. . These were masculine, androgynous, feminine and undifferentiated personality. With regard to PAQ, the scores higher above the median of masculinity was defined a masculine personality. The score higher above the median of both femininity and masculinity was defined an androgynous personality. While feminine personality was defined as the scores were high above the median of feminine and the undifferentiated were below the median of both feminine and masculine.

Part 5 consisted of statements which were intended to determine the men's perception on sexuality and reproduction. The respondent were asked to rate regarding their opinion about sexuality and reproductive matters. They were asked to select one among five degrees of agreement that correspondent to their answers. Five choices will be given for answering: strongly agree, agree, undecided, disagree, and strongly disagree. Scores ranged from 5-1 or 1-5 according to the positive or negative responds to the given statements.

It contained of 14 items, one out of them was excluded from summing up. The level of the respondents' perception was calculated by summing up the total of correct answers (0-65 points) and divided into 2 levels. The scores higher than or equal to 39 were defined good perception in sexuality and reproduction. It provides the meaning that men perceive themselves as sex

supportive partners with love and caring father. The scores less than 39 were defined as poor perception.

Part 6 comprised questions which intended to measure the degree of division the household work between men and their wives. They were asked to select one among six degrees of agreement that corresponded to their answers.

The score given to the scale was reflected the patterns of division of housework in 10 activities performed by husbands and wives; 5=activity done alone by husband, 4=activity done more by husband, 3=activity done by husband and wife equally, 2= activity done more by wife, 1= activity done alone by wife, and 0=activity done by others. The scores were given with regard to gender theory. The scores were aimed to indicate women's empowerment in division of labor

It contained 10 items. The level of the respondents' shared labor was calculated by summing up the scales into 3 levels. The husband done less, coded=1 were those who reported that the housework were done more and done alone by wife. The husband done more, coded=2 were those who reported that they did the housework alone and more than wife. Those who reported 3 were defined a jointly shared work, coded=3.

Part 7 was on questions which intended to measure the degree of decision making between men and their wives. They were asked to select one among six degrees of agreement that corresponded to their answers. The score given to the scale was reflected the patterns of decision making in eight family



related issues performed by husbands and wives; 5=decision made alone by wife, 4=decision made more by wife, 3=decision made by husband and wife equally, 2=decision made more by husband, 1= decision made alone by husband, and 0=decision made by others or no decision made.

The scores also were given with regard to indication of women's empowerment in decision making, not the pattern of decision made. That why decision made by wife was quite high instead of jointly decision made.

It contained 9 items. The level of the respondents' family related matters decision making was calculated by summing up the scales into 3 levels. The husband decision made less, coded=1 were those who reported that their wives made the decision more and alone. The husband's decision made more, coded=2 were those who reported that they made decision more and alone. Those who reported 3 were defined a jointly decision made, coded=3.

Part 8 was a task analysis on men's actual participation through their marriage and the childbirth. The study required an instrument that was able to evaluate both husband and wife point of view regarding their pre and post childbirth concerns of men's supportive roles.

Since no ready tools were available, the investigator developed a list of men's concerns that typically arised following the birth of the first child. A review of the literature yielded a number of concerns identified by new parents. The literatures help conceptualize and organize the men's role pattern performed in reproductive process into two patterns ;the patriarchal-separating role and the egalitarian-sharing role.

Therefore, a task analysis was on statements which intended to measure the patterns of men's role performed in reproductive process. The statements were grouped into 3 categories according to 3 major roles; men sexuality roles, pregnancy supportive roles, and childbirth involved roles. The respondents were asked to rate from a three- point scale ranging from "very certain", "possible", and "uncertain". Score ranged from 0, 1, and 2, except the childbirth involved roles was rated a two-point score between "done" and "none". Scores were 1, 0.

This last part contained 3 subsets of men's role questions. The sexuality roles consisted of 15 items, 19 items of pregnancy supportive roles, and 8 items of childbirth involved roles. Therefore the overall men's roles in reproductive process was consisted of 42 items.

Using criterion-referenced interpretation mentioned previously, the scores of men's sexuality roles ranged from 0 to 30. Those with the score equal and higher than 18 were defined as a sharing role, and those lower were separating roles. The score of men's pregnant supportive roles ranged from 0 to 38. Those with the score equal and higher than 23 were defined as a sharing role, and those lower were separating roles. Also the score of men's childbirth involved roles ranged from 0 to 8. Those with the scores equal and higher than 5 were defined as a sharing role, and those lower were separating roles.

While men's sharing roles throughout the reproductive process were defined among those who were sharing in sexuality, pregnant supportive, and childbirth involved roles, coded=1. Those who shared in only one or two of the three subsets in reproductive process would be defined as separating coded=0.

However the scoring of their wives was also the same defined to compare wife's perception on husband's roles.

### **3.1.3.2 Instrument tests for validity and reliability**

Initially, the interview questionnaire was formulated. Since it was validated by those 7 experts in sexuality and reproductive matters (names listed in Appendix A: 174). All instruments used in data gathering was pre-test with an appropriated 35 men and also 35 men's wives who had similar characteristic as the study samples and were not included in the main sample.

To determine the instrument's reliability, the T-test of discrimination power and the Cronbach's Alpha coefficient were used. Firstly, the item analysis was used to determine the discrimination power. Those items with T-test significant at level  $p < 0.05$ - $p < 0.001$  or any items modified then would be selected for further reliability tested. The result of the T-test of the discrimination power indicated as follows.

Part 2, men's premarital love relation, once contained of 10 items, one was excluded as a general information. All items were significant, therefore 9 items were selected.

Part 3, men's gender role norm opinion, contained of 8 items. But 7 of them were significant. Only 7 were selected.

Part 4, men's personality, contained of 24 items. Item number 1,17, and 18 were deleted because they were not significant. Therefore 21 items were selected.

Part 5, men's perception on sexuality and reproduction, contained of 15 items. Item number 3 and 5 were deleted, while item number 1,2, and 4 were revised to be more understood sound to answer. Therefore 13 items were selected.

Part 6, couple's shared housework, contained of 10 items. All were selected, although the T-value of item number 3,5,6, and 7 showed no significant. Because those items were believed more women's tasks, that why the items had no power to discriminate men.

Part 7, couple's shared decision made, contained of 10 items. 9 of them were selected. The item number 1, decision on number of child, was quite the Thai social norm. Thus, this item had no power to discriminate men.

Therefore, 69 items of the independent variables were selected for further reliability test after the suggestion from the advisory committee. While the men's roles in reproductive process, the dependent variable, needed not to be analyzed of the T-test of discrimination power. Because the data obtained was the actual facts which could not be discriminated. However, all items had been revised and modified with regard to the recommendation from the advisors.

Then the 46 items were selected for reliability test. To determine the reliability of the interview questionnaire, the Cronbach's alpha coefficient was used. The result indicated as the following by parts before and after the suggestion from the advisors.

Part 2, men's premarital love relation, the reliability coefficient was finally .67.

Part 3, men's gender role norm opinion, the reliability coefficient was changed from .52 to .61.

Part 4, men's personality, the reliability coefficient was changed from .81 to .82.

Part 5, men's perception on sexuality and reproduction, the reliability coefficient was changed from .48 to .63.

Part 6, couple's shared housework, the reliability coefficient was .61 as the previous result.

Part 7, couple's shared decision made, the reliability coefficient was changed from .86 to .88.

Part 8, men's roles in reproductive process, the reliability coefficient before the advisors' recommendation was .72 and .76 for respondents' set of questions and their wives, respectively. After excluding 4 items and some question were revised and modified, the reliability coefficient was quite equal of both husband and wife sets of questions. That was .72. But those 42 items were easier understood. So .72 of the reliability coefficient was accepted.

In addition, the respondents and their wives were both interviewed by the investigator and the other two nurses. Since the investigator could not interview the 360 respondents and 360 wives within 3 months. The two nurses were oriented how to interview the samples. However, the two nurses were also asked to answer the extra questionnaire on the respondent's participation. Time consuming and the difficulties of the statements were found.

Since the interview questionnaire was completed within 3 months. The result including the investigator's experiences indicated that face to face could not convince some respondents. The self-administered questionnaire was then recommended, especially for those who were sensitive to some sexual related items.

The result from the nurses' extra questionnaire also indicated that 86 percent of respondents for the pre-testing paid good attention and intended to answer the questions, especially when they were asked by nurses. The time required to complete one set of the questionnaire was about 45 minutes, excluding from the orientation which took about 20 minutes. A few statements needed more explaining because of the academic terms used in the questionnaire.

Based on this pre-test result which the investigator experienced during the pre-test period and also the suggestion and recommendation of the advisory committee, the instruments were revised and adjusted to its final form. The self-administered questionnaire with some open-ended consisted of two sets. One was the Husbands' Questionnaire on men's roles in reproductive process. The other was the Wives' Questionnaire (Appendix B: 175) which the same questions as part 8 of the Husbands' Questionnaire.

#### **3.1.4 Data collection**

The primary focus was upon the married men, but data had also been collected from their wives in order to explore the gender and interaction sexuality

and reproductive dimensions. To obtain data from the samples, the following procedures were carried out:

3.1.4.1 The official permission documents were sent to the hospital directors for the cooperation in data collection. The head of postpartum unit and their staff were then personally visited in order to give some more details for data gathering.

3.1.4.2 With regard to the hospital's regulations, only the respondents of general patient unit were permitted for data collection.

3.1.4.3 The respondents were oriented first the purpose of the study. Under the customary sphere, the respondents were asked to answer on the statements of the questions. When the respondent's visited their wives in the hospitals, a separate answering of the respondents and their wives was requested to avoid each other's influence on the response given.

Data gathering was conducted for 2 months from November to December 1999. The data collected each respondent was corrected in order to ready for further analysis.

### **3.1.5 Ethical consideration**

Since subtle and sensitive matters were obtained from both the survey and the interview, the investigator first took some issues into consideration. Before the interview started, the verbal informed consent was introduced and clearly clarified to all respondents involved. Those who accepted voluntarily and willingly participated, were then in-depth interviewed. However they also were

informed that at any times of the interview if they felt any discomfort on any questions or the interview, the interview would then be terminated. Not any respondents refused at the times of the interview but at the beginning. They refused to join because they worked quite hard at the night time.

The verbal informed consent introduced consisted of the followings.

3.1.5.1 the purpose of the study

3.1.5.2 the investigator's background

3.1.5.3 the respondents' names, addresses, workplaces which were asked in numeric codes.

3.1.5.4 all data obtained from the respondents would be kept confidential for the study purposes

3.1.5.5 The benefit of the result of this study which was useful to develop a new health services or clinic for new father. The respondents were told to be important ones to develop such services.

After a relationship had been established, sensitive questions were gradually introduced.

### **3.1.6 Methods of analysis and statistics used**

3.1.6.1 Data analysis were processed by the Package of SPSS for window version 7.5 for microcomputer.

3.1.6.2 The statistics used are as follows.

1) Descriptive statistics such as frequencies, percentages,

arithmetic means, and standard deviations were used to describe the distribution of the variables

2) Inferential statistic, stepwise discriminant analysis were used to determine the best predictors, among the listed independent variables, of the dependent variable; men's role pattern performed in reproductive process. A separate discriminant analysis was performed for each subset of dependent variables. As a result of a sum of the overall score to determine men's role pattern performed in reproductive process, a single score for the patriarchal-separating role and the egalitarian-sharing role patterns were produced.

### **3.2 The qualitative research method**

Since the sensitive nature of information on men's sexuality and reproductive issues cannot usually be covered in survey or the open-ended questions. Special rapport is, thus, needed in order to obtain accurately intimate experiences from the respondents. It is limited in its ability to collect more in-depth data on the meaning of sexual practices and reproduction .

It was challenging to explore their meaning and feeling toward their roles performed. Qualitative approach was then used to provide the possibilities of investigation. It allowed to develop a more understandings of this specific social norms interplay with the changing situations that structured their sexuality and reproductive experiences.

The in-depth interviews were used to verify more details drawn from the questionnaire by the following procedures. Respondents were identified purposively for those who willingly and voluntarily to pay more times in a participatory discussion. The in-depth interviews took place after those respondents finished the self-administered questions, except part 8. The respondent was interviewed individually. The interview guidelines covered the major issues in accordance with part 8, men's role in reproductive process, of the survey questions.

With regard to the sensitive issues on sexuality and reproductive behaviors, a "warming up" questions were built up the respondents' confidence and established a rapport. A warming up question or statement was needed not only as the introductory questions, but also the questions raised during the discussion if the respondents found them difficult to answer or discuss. The interviews took from one and a half to two hours to complete both part 8 of the survey questions and the in-depth guidelines.

The "warming up" introductory questions concerned such issues on family and their newborn. The "warming up" statement during discussion were some greeting words to accept their behaviors done for their wives and some more health related information. However the key subjects were addressed included: (1) vision on family formation, (2) sex behaviors including sex meaning, sex partner, sex talk, sex desire and satisfaction, learning process about sexuality and care of their own health, (3) contraceptive concerns, (4) pregnancy supportive roles on sexual activities during pregnant period, how to cope their own sex desire, care as wife

developed a morning sickness, coping strategies with frustrated wife, and (5) childbirth involved roles on their bonding with the child and child care skills.

The in-depth interviews were conducted since the response obtained showed no differences. Thus, the 25 in-depth interviewed cases of men only in 6 hospitals generated rich and comprehensive information on the interrelation, feeling, meaning, coping strategy, and care. The result was given in the later chapter.

The interviews achieved the objective, although only 4 out of 25 were tape-recorded. A few refused openly as they said "it's not good". While the rest of them acted uncomfortably, for example, they spoke softly that it was difficult to tape-record. In cases with no tape recording, the investigator asked for agreement to take quick hand-notes on main issues provided in the respondents' own words. The more details were then immediately taken notes after each interview completed to avoid the disorganized data. Even those to whom the investigator talked were mostly men who shared the role in reproductive process, but it provided an enormous data to a clearer "job description" of men's roles in reproductive process.

A non-participant observation was another one of the best complementary methods to verify responses obtained from survey and interviews. During each hospital visit and individual interview conducted, the investigator could observe respondents' marital relation, behaviors as they took care the baby born. Not only discussion made with the respondents, but also their parents, relatives, and friends in order to gain more understanding of their previous and future marital lives.

In addition, among those nurses who distributed the survey questions, they found that after the respondents completed the survey questions, they seemed to improve their performances in taking care of their wives and children. These reflected that the statements affected their behaviors. These methods were confident in the reliability and validity of the result obtained and helpful for better implications.

At the end of the interview, respondents were encouraged to ask any questions related to their concerns as the investigator was basically a nurse. Finally, they were provided with the educational leaflets on child care and a short poem how to perform a tender love and care to their wives.

### **3.2.1 Data processing and analysis**

The in-depth interviews were then content analyzed by the following:

3.2.1.1 coding individual in-depth on scripts after each individual interview completed

3.2.1.2 repeating read all the transcripts and producing concepts that seem to fit the data

3.2.1.3 making connection between the categories

3.2.1.4 selecting the core categories and

3.2.1.5 making pattern matching both universal pattern of men's roles and the rival pattern that respondents used as coping strategies.

The results were shown on the next chapter.

## CHAPTER IV

### MEN'S ROLES IN REPRODUCTIVE PROCESS

This chapter presented result on men's roles in reproductive process both from the survey findings and the qualitative data as follows:

- 4.1 The characteristic of respondents
- 4.2 Men's role in reproductive process
- 4.3 Gender perspectives on men's reproductive process
- 4.4 The summary of the findings on men's roles in reproductive process

More advance details of results on factors determine men's role in reproductive process and the 3 subsets, sexuality roles, pregnant supportive roles and childbirth involved roles would be presented in the next chapters.

#### **4.1 The characteristic of respondents and their partners**

##### **4.1.1 Age and age at first marriage**

The majority of the respondents in this study ranged in age from 16-55 years, while 15-40 years of the partners. The average age of respondents were 26 years (S.D =5.47), 3 years older than of partners (mean=23, S.D=4.66). The respondents' ages below 20 years were found 13 percent and 21.6 percent of partners.

Associated with their ages at first marriage ranged from 15-53 years and 14-35 years for partners. The average ages at first marriage of respondents were 23 years (S.D=4.88), while the partners were 20 years (S.D=4.06). The respondents' age at first marriage below 20 years were also found 19 percent and

40.1 percent of partners. Partners' ages at marriage were quite younger, only 14 years old. Almost half of partners (40.1 percent) married young, below 20 years old.

#### **4.1.2 Education**

Twenty two percent of partners were illiterate, while respondents were found only 0.3 percent. Seventy three percent of both completed the high school. Only 7.5 percent of respondents completed higher education and just a little higher in partners who reached higher education. Thus the overall level of education was considered similar for respondents and partners, the average school attendance was in the high school. No gender gap showed for the school attendance.

#### **4.1.3 Occupation**

Almost all (93.9 percent) of respondents in the sample were employed, while 6.1 percent were not working. Almost half (45.5 percent) were workers and officers in factory and company, 26.4 were labors, 7.2 percent were merchant, 6.7 were government officers. The remainders were others; newly recruited soldiers and less than one percent (0.6 percent) were engaged in agriculture.

While the partners, almost half of them (45.3 percent) were not working, 37 percent worked in factory and company. Only 1.8 percent were government officers and 0.6 percent were the administrator in factory or company.

In general, respondents worked outside home more than partners and also possessed higher privilege of the occupation.

#### 4.1.4 Income

The respondents' income level seems higher than partners' at all categories including the ranges. The average income per month of respondents (6,495 Baht) was much higher than of partners' (5,903 Baht). The respondents' income per month was not much. Most of them (90 percent) earned not more than 10,000 Baht per month, only 1.7 percent were above 20,000 Baht for respondents and 0.6 percent for the partners. Table 2 summarizes data on the 360 respondents' socio-economic characteristic.

**Table 2** Distribution of respondents and partner by age, age at first marriage educational attainment, income, and occupation.

Socio-economic characteristic	Husband		Wife	
	Frequency	Percentage	Frequency	Percentage
<b>Age (years)</b>				
Less than 20	33	9.2	78	21.7
20-24	157	43.6	186	51.7
25-29	98	27.2	64	17.7
30-34	50	13.9	24	6.7
More than 34	22	6.1	8	2.2
<b>Total</b>	360	100.0	360	100.0
<b>Range</b>	16-55		15-40	
<b>Mean</b>	26.40		23.09	
<b>S.D</b>	5.47		4.66	

**Table 2** Distribution of respondents and partner by age, age at first marriage educational attainment, income, and occupation (cont.).

Socio-economic characteristic	Husband		Wife	
	Frequency	Percentage	Frequency	Percentage
<b>Age at first marriage (years)</b>				
Less than 20	68	18.9	144	40.0
20-24	169	46.9	160	44.4
25-29	83	23.1	31	8.6
30-34	21	5.8	12	3.3
More than 34	19	5.3	13	3.6
<b>Total</b>	360	100.0	360	100.0
<b>Range</b>	15-53		14-35	
<b>Mean</b>	23.80		20.83	
<b>S.D</b>	4.88		4.06	
<b>Years of schooling</b>				
No schooling	1	0.3	8	2.2
6 (elementary school)	114	31.7	121	33.6
12 (secondary school)	154	42.8	147	40.8
14 (diploma, vocational)	64	17.8	49	13.6
16 (bachelor degree)	26	7.2	34	9.4
18 (master degree)	1	0.3	1	0.3
<b>Range</b>	0-18		0-18	
<b>Mean</b>	10.73		10.38	

**Table 2** Distribution of respondents and partner by age, age at first marriage, years of schooling, income, and occupation (cont.).

Socio-economic characteristic	Husband		Wife	
	Frequency	Percentage	Frequency	Percentage
<b>Income</b> <b>(Baht per month)</b>				
0	22	6.1	161	44.7
Less than 5,000	154	42.8	121	33.6
5,000-10,000	148	41.1	67	18.6
10,001-15,000	24	6.7	6	1.7
15,001-20,000	6	1.7	3	0.8
More than 20,000	6	1.7	2	0.6
<b>Total</b>	<b>360</b>	<b>100.0</b>	<b>360</b>	<b>100.0</b>
<b>Range</b>	0-50,000		0-30,000	
<b>Mean</b>	6,495.60		5,903.59	
<b>S.D</b>	5,192.79		3,589.41	

**Table 2** Distribution of respondents and partner by age, age at first marriage educational attainment, income, and occupation (cont.).

Socio-economic characteristic	Husband		Wife	
	Frequency	Percentage	Frequency	Percentage
<b>Occupation</b>				
<b>Unemployed/ housewife</b>	22	6.1	163	45.3
<b>Employed</b>	238	93.9	197	54.7
<b>Government officer</b>	24	6.7	7	1.9
<b>Agriculture</b>	4	1.1	1	0.3
<b>Merchant</b>	26	7.2	16	4.4
<b>Worker in factory / company</b>	76	21.1	68	18.9
<b>Officer in factory/ company</b>	88	24.4	65	18.1
<b>Administrator</b>	2	0.6	2	0.6
<b>Laboring</b>	95	26.4	32	8.9
<b>Others</b>	21	5.8	6	1.7
<b>Total</b>	360	100.0	360	100.0

#### 4.1.5 The premarital relation, and marital status

The study showed that the length of their premarital relation was mostly less than 5 years. Almost half of them (45.3 percent) were less than two year, 43.9 percent were between 2-5 years, and the remainders (9.2 percent) were more than 5 years. Thus the average was 2.42 years (S.D=2.11).

Associated with their marital status, it was found that most of them (83.5 percent) spent their marital lives without legal license whether engaged in marriage ceremony or not. They were cohabiting. The data summarized as table 3.

**Table 3** Distribution of respondents by number of years of the premarital relation couple's premarital sex relation and couple marital status.

Couple relation	Frequency	Percentage
<b>The premarital relation (years)</b>		
Less than 2	163	45.3
2-5	152	43.9
More than 5	32	9.2
Missing	13	3.6
Mean	2.42	
S.D	2.11	
<b>The premarital sex relation</b>		
None	80	22.2
Having	277	77.8
Seldom	135	37.5
Moderate	73	20.3
Frequently	59	16.4
Most frequently	10	2.8
<b>Total</b>	<b>360</b>	<b>100.0</b>

**Table 3** Distribution of respondents by number of years of the premarital relation couple's premarital sex relation and couple marital status (cont.).

Couple relation	Frequency	Percentage
<b>The marital status</b>		
Marriage ceremony with legal license	55	15.3
Marriage ceremony without legal license	142	39.4
No ceremony but license	21	5.8
Cohabiting	138	38.3
Missing	4	1.1
<b>Total</b>	<b>360</b>	<b>100</b>

In addition, the result drawn from the qualitative data gave the support on the survey findings that the respondents' vision on family formation was quite unplanned. They knew each other within months. Then they and their spouses shared marital lives together as their spouses got pregnancy. They planned to marry or made the marriage license after their wives and children were discharged from the hospitals. They mentioned that they planned to try best in the future for their families.

#### 4.1.6. The premarital love relation

Even the result indicated that the majority of the respondents, 77 percent, had experiences of premarital sex relation with their partners. But their love was quite a mature pattern (93.3 percent). The data summarized as table 4.

**Table 4** Distribution of respondents by pattern of the premarital love relation.

Couple relation	Frequency	Percentage
<b>Premarital love relation (pattern)</b>		
Romantic	24	6.7
Mature	336	93.3
<b>Total</b>	<b>360</b>	<b>100.0</b>

Finally, it was interesting to note that men and women’s sex relation among labor force group in urban area of Bangkok were differ from the older generation. Their sex relation was turn to intimacy → sex → procreation → love → marriage.

**4.1.7 The psychosocial characteristic of the respondents**

The two-thirds of the respondents had egalitarian gender role norms, and perceived on sexuality and reproduction quite good. The onset of paternal click among 60.6 percent of respondents was as wife got pregnant. Almost half of them were an androgynous personality. Only 16.7 percent were masculinity. The data summarized as table 5.

**Table 5** Distribution of respondents by gender role norm opinion, the onset of paternal click, personality, and perception on sexuality and reproduction.

<b>Psychosocial characteristic</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Gender role norm opinion</b>		
Patriarchy	121	33.6
Egalitarian	239	66.4
<b>The onset of paternal click</b>		
As lover	34	9.4
As marriage	60	16.7
As wife's pregnant	218	60.6
As childbirth	39	10.8
Missing	9	2.5
<b>Personality</b>		
Feminine	64	17.8
Masculine	60	16.7
Androgynous	148	41.1
Undifferentiated	88	24.4
<b>Perception on sexuality and reproduction</b>		
Poor	46	12.8
Good	314	87.2
<b>Total</b>	<b>360</b>	<b>100.0</b>

#### 4.1.8 Gender power relation

The data indicated that most of the respondents (68.3 percent) were higher age than wives. While the education level were both equal (53.6 percent). Seventy two percent of respondents earned more than wives. While the occupation privilege of husband, almost half (46.9 percent) was higher than partners. Thus it seems that the husbands belonged more gender relation power than wives at all items, except the education level. It was influenced by westernization. Women worked for paid employment, then, women should be qualified higher education.

For the aspect of shared housework and decision made, the husbands and wives shared equal participation (75.6 and 89.2 percent). The data detailed as Table 6, including Table 7, and 8 (Appendix D: 186 )

**Table 6** Distribution of respondents by gender power relation.

<b>Variables</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Age disparity</b>		
Husband less	59	16.4
Both equal	52	14.4
Husband more	249	69.2
<b>Education disparity</b>		
Husband less	72	20.0
Both equal	193	53.6
Husband more	95	26.4
<b>Total</b>	<b>360</b>	<b>100.0</b>

**Table 6** Distribution of respondents by gender power relation (cont.)

<b>Variables</b>	<b>Frequency</b>	<b>percentage</b>
<b>Income disparity</b>		
Husband less	43	11.9
Both equal	51	14.2
Husband more	260	72.2
Missing	6	1.7
<b>Shared housework</b>		
Husband less	84	23.3
Both equal	272	75.6
Husband more	3	0.9
Missing	1	0.3
<b>Shared decision made</b>		
Husband less	4	1.1
Both equal	321	89.2
Husband more	35	9.8
<b>Occupation disparity</b>		
Husband less	31	8.6
Both equal	160	44.4
Husband more	169	46.9
<b>Total</b>	<b>360</b>	<b>100</b>

#### 4.1.9 The summary of the result of the characteristic of respondents

The result of the characteristic of respondents and depicted some interesting insights as follows.

4.1.9.1 The population studied are young couples with lower socio-economic status; the middle to lower class in urban area of Bangkok.

4.1.9.2 The higher rate of cohabiting is observable. Their sex relation is turn to intimacy → sex → procreation → love → marriage.

4.1.9.3 Their love relations defined as mature love are quite high.

4.1.9.4 Their psychosocial characteristic in term of gender role norm opinion is more egalitarian, mostly of their personality are androgynous, and their perception on sexuality and reproduction are highly good. Lastly, they perceived themselves as fathers when their wives got pregnant.

4.1.9.5 Gender relation between respondents and their spouses are more respondents' power in term of age, income, occupation, but equally in term of education, shared housework and decision made.

## **4.2 Men's roles in reproductive process**

The respondents were classified into two groups according to the role pattern performed in reproductive process; a sharing role and a separating role. Men's role in reproductive process was defined whether they participated in sexuality, wife's pregnancy supportive and childbirth involved roles. The overall roles in reproductive process were also examined.

The analysis of men's roles throughout the reproductive process indicated that men's role pattern performed was a separating role, most of respondents (86.1 percent) played a separating role in reproductive process.

However, the data also indicated that men played a sharing role in reproduction by means of childbirth involved and pregnancy supportive roles (89.7 and 79.7 percent) respectively. While the sexuality role was quite a separating. Only 15.3 percent of respondents reported that they played a sharing role in sexuality. The data summarized as Table 9.

**Table 9** Distribution of respondents by their roles in reproductive process, sexuality, pregnant supportive and childbirth involved roles

Men's roles	Separating		Sharing	
	frequency	percentage	frequency	percentage
<b>Sexuality</b>	305	84.7	55	15.3
<b>Pregnant supportive</b>	73	20.3	287	79.7
<b>Childbirth involved</b>	37	10.3	323	89.7
<b>Overall process</b>	310	86.1	50	13.9

The in-depth findings on family formation supported this survey findings that respondents were not ready to form their families. The respondents and their spouses shared their marital lives as their spouses got pregnancy. It was then an unplanned family.

Nopanit: "Don't expect anything. Since the pregnancy occurs. So I have to try my best. I do not want the child to have suffering life."

Pooma: "We know each other within months then we spent our marital lives together."

When it was considered respondents' roles by activities of each role and the finding from the qualitative data, it provided more meaningful insights on men's roles in reproductive process as follows.

#### **4.2.1 Men's sexuality roles**

While the survey findings revealed that approximately half of the respondents still practised sex acts with others. They felt frustrated as wife refuse to have sex, had seldom sex talk with spouses and dominated sex. Almost all of the respondents were untrained or even consulted or read book about sex education including having the lower rate of their own health care. The data also summarized as Table 10.1 (see Appendix D: 185)

The in-depth result, analyzed by the Dixon-Muller sexuality linkage to reproduction framework (1996: 37) also pointed out many findings that supported the survey findings of separating sexuality roles as follows.

##### **4.2.1.1 Sex behaviors**

Respondents' sex behaviors were quite changed as they were married. Although they remained visiting the commercial sex workers, but less than the premarital lives. Because they aware of the spread of diseases to the child and their wives' feeling.

Poomi : "I think that I already had a wife, no need to visit the prostitutes. It is my responsibility not to spread the diseases to my child."

Nopadol: "I fear that my wife knew, she would be upset. This would develop a gap in family life."

#### 4.2.1.2 Couple sex talk on sexuality and meaning

Respondents perceived “sexuality” as mainly “sexual intercourse”. It was a natural event, no need to be dialogued or shared any feelings. They had to talk about sexuality only they faced sex problems. Talking about sex was a warning sign of distrust feeling each other. What the couple talked was more on job.

Vachira: “We do not think about this issues because we love each other.”

Chulapong : “No talk, it is more natural.”

Nopadol : “No talk, only ask “ Set Mai?”(acheive orgasmic feeling)”.

Vachara : “We talk about various matters except sex. We think that it is not the main concerns”

One respondent (Chareon) kept in silence for a while when he was asked. It seemed like thinking and then repeated the question. “Sex talk? I don’t know, because we don’t think such a thing like that. We trust each other, no need to talk.”

Nopadol : “Wife express nothing, just keep in silence. It is normal for her.”

Vacharin : “I talk when I have drunk then need sex. No any important contents when I talk.”

Nopanai : “I ever asked that if anytime wife need sex act, tell him. It is no need to perform like other Thai women. I don’t think that such sex

expression indicate that our wives are “Ran”(higher sexual demand). She would not be blamed because I think that we are free for our sex.”

#### 4.2.1.3 The learning process about sexuality

They gained more sexual related information from books, their peer who had more sex experiences. Such information was more sex arousing than sex education. So no need to be trained or consulted. The in-depth results support above findings that because of the following reasons.

1) They already perceived sex information from various sources existing in society.

Nopanai: “Various media whether television, advertising, and magazines serve us sex information. It is enough.”

2) No sex problems or anything abnormality about sex organs.

Chulapong: “We stay together, no any wrong sex events need the consultant.”

3) No available times and any services

Chuladej : “I have no time since I have to work everyday.”

Nop : “I don’t know that there is such a services like that.”

4) Men perceived that it was not their way of life style to be consulted or trained about sex.

Nop : “That is.....we don’t know about this (services such sex education). No model or any men who perform like that in Thailand.”

Poomi: “Only sex. It would not be consulted. Self learning is enough whether from books or friends.”

Chulapong: “Learning more from books that arouse my sex desire or nude magazines that easily access. But mostly I share with friends.”

Chualadej “Parents never teach us such matters. We have to find out ourselves.”

#### **4.2.1.4 Respondents’ care of their own health**

They perceived themselves healthy enough, had no available times, and the care is costly.

Poopat: “I’m healthy. No need to see the doctor.”

Wat: “I don’t engage extramarital sex relation.”

Watana: “Never. I am afraid to know that I am ill. It is not good to answer you like that. But I think that I don’t find any health problem. It should be a mistaken concept.”

Noppol: “Dare not see the doctor, I’m afraid to be a infertile man.”

Therefore men learned more on sex arousing than sex education. The sex education was not men's lifestyles. Men perceived themselves as sexuality knowledgeable which prone to harmful men's health and shorten their life expectancy.

#### 4.2.2 Respondents' contraceptive concerns

Most of couple's dialogue emphasized more for the purpose of birth control than the family planning. They concerned more about sexual relation than procreation. Since they were not ready for family formation. Almost all were unmarried and cohabitation. Only 15.3 percent of them were legally married. Then 53.6 percent of them used female contraceptive methods and 6.7 percent used the natural method. The remainders did not use any methods. Woman had to protect herself from pregnancy. The followings were the reasons behind.

##### 4.2.2.1 It was women's concern.

Chareonmit: "Most of married women use pills. I don't think anything."

Chareonsak: "In general, wives are the ones who do use the contraceptive methods".

##### 4.2.2.2 Women's contraceptive methods were more available and accessible.

Chulnai; "It is simple and convenient use. Whenever wife stops pills, she develops pregnancy easily."

#### 4.2.2.3 It was men's requirement

Poomi; "I ask her to use pills, it's quite easy"

Chulapong: "Wife always forget to take pills. I have to warn her"

Vacharin: "My wife needs a child. When I told her to take pills she did not take it. She felt upset that I do not want a child. Yes, I am not ready to have a child. When the pregnancy occurred, initially I think of abortion. Later the pregnancy progress then let it be."

Therefore, it was not surprising on men's separating roles in sexuality. Men's separating roles in sexuality could initially explained in term of risk sexual behaviors, no sex related issues discussed with the spouses, sex knowledgeable, careless on their own health and contraceptive concerns. These were all influenced by socialization of the patriarchal ideology.

#### 4.2.3 Men's pregnancy supportive roles

While the in-depth results also clearly support the survey findings on men's sharing reproductive roles in terms of pregnant supportive and childbirth involved roles. Men paid more attention on the children than sexuality. Respondents' sexual acts during pregnant period had been changed. Their sexual activities were diminished and stopped after 3 –4 months of pregnancy. Because the wife's changing physical and psychological status, they fear of coitus harming the fetus.

Wat: "I care of my child. I have heard that if we do coitus intercourse, the fetus would be frightened. If you touch the wife's womb, you'll feel it tensed. It is quite true because I have tried out already."

Chulapong: "I care much about the harm to child than sex desire."

Their personal times were decreased. Almost all of them felt that they had less time for themselves. They care more of their wives as wife developed morning sickness. They did more the housework.

Nop: "Even I do my job everyday. When I do not work part-time, I directly go home. If I do my part-time I have to call my wife."

Chulapong: "Wife did not complain anything, because I do almost all of the domestic work that I never did before."

The followings are some statements showed that the husband concern on physical and psychological change of women and fetus.

Vacharin: "You feel dizzy or any other problem"

Chun: "The child move or not. Sometimes touch the wife's tummy."

Nop: "What information the doctor advise you."

Charoen: "Just ask the fetus. How are you today? Don't move too much otherwise your mother would get painful."

In some cases respondents tried to cope with frustrated wife as to talk some kidding or to keep silent and try not to disturb her feeling

Poomai: “Whenever wife complains, I try to talk some joke or kidding. Because of my kindness, sometimes is good. If she does not stop, I should keep quiet. After she is cooling down, we talk each other.”

Nopani: “I keep quiet, think that nothing happens. When wife stops, then I start talking.”

Some respondents mentioned that they did not care about this. When men tried to talk gentle to wives, wives developed stronger feeling. It was better to keep distance while the wives got angry or complained.

During wife’s pregnancy period, since they were refused to have sex with their wives and had or no sex whether with their wives or the others, or they stopped sex acts, the respondents still reported that the sexual lives were quite well. It was interesting to note that most of them paid more attention on their children than their sex desire. They developed some activities to cope their sex desire with the following strategies.

#### 4.2.3.1 Masturbating and sometimes with wife’s assistance

Nop: “Help myself. Even sometimes I prefer wife to do, but she refused.”

4.2.3.2 Talking to the fetus, hugging wife or talking joke or some kidding.

#### 4.2.3.3 Doing more jobs

4.2.3.4 Doing hobbies such as reading books, listening the radio, watching the television, sports, and singing a song.

4.2.3.5 Drinking beer and any alcohol in order to have easy sleeping.

While the existing health services did not support men to participate in pregnant period. Men were excluded as strangers from the mother class or any medical advice. Men's limitation in information accessibility leads to separating roles and being perceived that it was women's concerns. They reported that it would be better maternal and child health if men attended medical advice together with their wives.

Chuladit: "I'm not permitted to attend. My wife will tell me what the doctor advised her. Then we discuss with each other what to do best."

Nopporn: "I think it's wife's affairs. But I also want to know what's happened. Anyway, my wife told me after the visit."

Varin: "I'm not permitted. It is crowded with the pregnant women. It's better to wait outside."

Chulapong: "It would be better if the husband was permitted. Sometimes if wife is afraid to ask, husband should ask."

The finding revealed that men's pregnancy supportive roles were not different from the older generation in rural area. They still performed sharing roles but in different way of performances. It was influenced by western style of the obstetrics.

#### **4.2.4 Men's childbirth involved roles**

With regard to the survey results, 78.1 percent of the respondents accompanied with their wives to hospital admission. The rest did not, because they were working. Those who visited the wives after the child was born, felt afraid of holding the newborn. Since they were not taught to do that, and the baby was so

small. Father and newborn bonding happened as soon as they kept close contact with the newborn.

Nop: "I'm afraid that the baby would fall down. I could hold if the baby was older than now"

Chularat: "I'm holding but not close to my chest. Because I feel like the baby would get pain."

Chareon: "I could not hold the very young baby like this."

Most of the respondents had talked to the child, while 16.9 percent of them did not. They reported that the baby was too young to understand.

Vat: "I don't know what to say, the baby does not understand what I said."

Chulapong: "The baby is too young to understand."

The followings were some words the father talked to the baby.

Varin: "Baby turn on your face to see me." One respondent reported that while his wife got so much pain, he touched the tummy and said to the fetus that "Please coming out quickly to see Dad."

Nopadol: "Baby, your Dad is coming, open your eyes and look who's coming."

Nopporn: "How moon face you are. Being a good child."

Chulajit: "Just call the baby's name, making the baby get used to Dad's voices."

Charoennun: "Cannot talk too much, because we are still in the hospital. I just said only " I have to go to work and I will come back soon. Don't cry too much. You know it looks like some deep feelings between father and

child “bonding”. It quite spontaneously happened, love the baby, and care of the baby. I can do everything only for the baby.”

Respondents who performed child care skills reported that they gained such experiences from their family. At the time in-dept interviewed, it was observed that a few men could change the child napkins and tied it around the newborn body.

Chularat: “I remember from my younger sister, so I can do myself.

While those who could not perform, they reported that it’s women’s job. Even book about child care, they also never read. They reported that only wife was the one who had to read and care for the child.

Although the finding exhibited the men’s sharing roles in childbirth, it was interesting to find out that father and newborn bonding happened. It proved quite clear that men participated throughout the reproductive process.

#### **4.2.4 The summary of men’s roles in reproductive process**

##### **4.2.4.1 Sexuality roles**

- 1) Men’s extramarital sex relation is diminished as they perceived the spread of diseases to the child.
- 2) Sexuality is a natural event, no need to talk or share any feelings. Talking about sex is a warning sign of distrust feeling with each other.
- 3) Men learn more on sex arousing than sex education. They assume to be in knowledgeable sexuality . Sex education is not men’s lifestyles.
- 4) Men care less of their own health.

#### **4.2.4.2 Pregnancy supportive roles**

1) Reproduction or no reproduction (contraceptive use) are women's concerns, but men's requirement. Men are excluded as strangers from the existing health services.

2) Pregnancy is the period of paternal click. Child is a focus point of men's attention. Men care more of their wives.

#### **4.2.4.3 Childbirth involved roles**

1) Father and newborn bonding happens.

### **4.3 Gender perspectives on men's roles in reproductive process**

Another consideration was wife's report on husbands' contribution to activities performing in overall and each subset of reproductive process.

Results from Table 10 showed the summary of men's roles in reproductive process compared to wife's report. The couple reported differently with regard to men's roles throughout the reproductive process, and men's sexuality roles ( $p < 0.05$ ). While they reported quite the same on men's pregnant supportive and childbirth involved roles. The advance details were presented ahead.

**Table 10** Summary of husbands' and wives' perceptions on husbands' contribution to activities performed in reproductive process.

Men's roles	Husband		Wife		t-value
	Mean	S.D	Mean	S.D	(p<0.05)
<b>Sexuality</b>	13.53	3.92	12.24	3.92	.000*
<b>Pregnant supportive</b>	26.68	5.56	26.46	4.93	.428
<b>Childbirth involved</b>	6.50	1.62	6.40	1.73	.166
<b>All process</b>	0.14	0.35	0.0088	0.28	.012*

#### 4.3.1 Gender dimension on men's sexuality roles

As described previously, the couple reported quite differently on men's sexuality roles. For deeper details, (see Table 10.1 in Appendix D: 185) it was found that sex-related issues is significantly different. For extramarital sex relation, more than half of respondents (60 percent) accepted while the 82.5 percent of spouses refused. When having sex, the one who initiated sex was husband. Almost half (48.3 percent) reported that it was interchangeable.

Two-thirds of men reported they used condom when they had sex with others, while one-third of spouses reported this. Finally men reported both of them were satisfied with sex with each other, while the spouses reported less. They also seldom talk about sex.

The in-depth result also supported the survey finding that sexuality meant to men only sexual intercourse. It is natural event, no need to keep talking.

Men viewed that sex would be talked in case of sex related problems occurred. If they practised sex dialogue they felt that they distrusted each other.

However, men perceived their spouses' sex desire and sex satisfaction by guessing the spouses' nonverbal reaction or the spouses replied that they "Set" (met sex satisfaction or come to an end).

The finding indicated that women tended to keep silent, expressed as for men's sexual satisfaction.

For the contraceptive used, they reported quite the same. It was more women's concerns. Placing the responsibility for conception on women overlooks the context of men and women partnership and underdetermines participative nature of men's roles in family planning (Swanson, 1985: 22).

The men and women's viewed on the contraceptive method used were significantly not different. The contraceptive used is a woman's concern. Women seemed to gain power in family planning. Women methods were widely used and they were the ones who chose the methods. Women had to take care of themselves as side effect found. Since women could control of their own bodies as the advantage of women's lives, the disadvantage (medical risks) of modern contraceptive caused reproductive health problems ( Bhassorn Limanorn, 1998: 22-23).

The in-depth result indicated that the couple talked on family planning for the purpose more on birth control than family planning benefits. They prefer sexuality for pleasure to reproduction. The finding is similar to the finding on youth sexuality in factory (Ford & Kittsuksathit, 1996: 148). The men reported that because they were not ready to form family.

Not only women had more right to choose the method, but they still used contraceptive method as the strategies or power for bargaining the heterosexual relationship to make men accept the relation. The result derived from the comparison of data of the respondents and their spouses on the activities of using the contraceptives. Statistically found that 7.2 percent of couple reported differently.

While the respondents reported the contraceptive used, their spouses reported no contraceptive used anymore. This meant that women needed the procreation occurred to bargain their relation. But it is risky for dissolution. Followed by 5.5 percent of couple reported oppositely. While the respondents reported no contraceptive used, their spouses reported contraceptive used. This is because women had to protect themselves from procreation. On the other hand, women were still the ones who had to bear exclusively the reproductive roles.

Nevertheless any reason would be, to commit their relation or the method failed, the procreation occurred. Fortunately, most of the respondents accepted the procreation. Then they maintained their marital lives until giving birth. While a little amount observed by the investigator (1-2 percent) ended their marital lives and beared the child alone.

This indicated that while women gained power in family planning, they had to bear reproduction as once. It is suggested that to forced men to be sterilized is not really successful because men fear of blood and sexual dysfunction. It should focus on men's participation in family lives from the early phase of marriage till childcare (Suporn Kertsawang, 1998: 19-26).

Sex-related health seeking behaviors is also another indicator to devise preventive measures for better health. To gain more correct sex information, both respondents and their spouses reported differently. Men seldom have sex learning. Half of them had never been sex consulted or trained anymore. Most of them (70.8 percent) read books. Most of the information gained emphasized more sex arousal than sex education.

In addition, the two-thirds of the respondents had never been physical checked up. While their spouses perceived that men took care of their health less than men reported. It is quite clear that men kept themselves distance from better health. It is hypothesized (Gross, 1985: 97) that “being a man”, admitting ignorance, asking for information or seeking help are not allowed. Men are assumed to be sexuality knowledgeable.

These traditional male sex roles are harmful to men’s health. This finding was supported by the study of Jane Harrison (1985: 35) on “warning the male sex roles may be dangerous to your health that traditional male sex roles accounts for the larger parts of men’s shorten life expectancy”. Another scientific bases found why men do not attend clinical setting (Lewis &O’Brien, 1985: 10-24) are as follows.

4.3.1.1 Men are less attentive to their internal bodily state than women. Men are slower than women in perceiving the indicators of relationship difficulties. Men do not show any weakness.

4.3.1.2 The nature of health institution and therapists is a place of women’s.

4.3.1.3 Expressing concerning husbandhood and fatherhood is an indicator of weakness as feminine.

Thus men's roles in reproductive process aimed not only at women's empowerment but also at men's health concerns.

#### **4.3.2 Gender dimension on men's pregnancy supportive roles**

Only sex related roles of husband and wife reported significantly different. It was interesting to note that men felt less frustrated when wife refused to have sex during pregnancy than the past.

Among 19 activities men performed, 13 were related to women's health care. Men and women perceived quite the same that men did more housework, found favorite food for their spouses, perceived what their wives should practise, although men could not accompany their spouses attending the mother class.

The other six activities were related to sex relation. Men and women perceived quite significantly different on safer sex position and the frustrating feeling. Result from in-depth interview indicated that almost all continued to have intercourse only first trimester of pregnancy. After that they stopped. They reported the awareness of the harm to the fetus and the infection.

The finding indicated also that men had love and affection but they just kept such emotional expression, did not let their partner know. Thus two-way communication on sex related issues are quite needed to improve their marital lives.

In case of no sex acts with their spouses or others, the respondents and their spouses reported that their sex relation was getting along well. This is because men perceived that sex desire was minor, what they perceived was the child as a focus point of attention, and they should take more care. While their partners reported that their sex relation were quite getting along well because their husband were tempted to be sexually faithful.

#### **4.3.3 Gender dimension on men's childbirth involved roles**

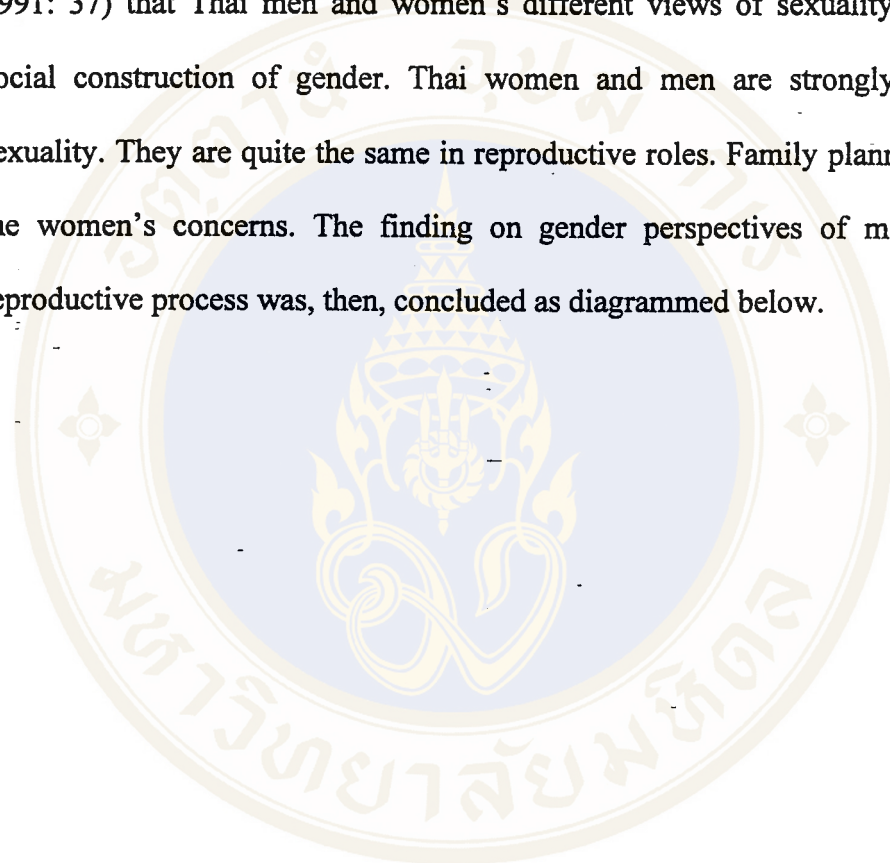
Among 8 activities men performed, men and women perceived quite the same, except holding the child and talking how to take care of a child. The respondents, themselves, perceived that they performed more about touching the child and discussing to name the child.

The in-depth result supported that men could not hold the newborns as they are still young. They did not talk to their spouses how to take care of the child because they had no knowledge of how to take care of the newborn. Then they did not know what to talk. Wife better care.

It implied that women had socially assigned roles as caretakers while men had no socially determined roles in childbirth. That why men were reluctant to participate in childbirth involved roles. Socially, childbirth can be interpersonal experiences. Women are biological childbearer while men also are socially considered to be pregnant and giving birth.

#### **4.3.4 The summary of gender perspectives on men's roles in reproductive process**

It is quite clear both from the findings and the supportive concept on linkages between the sexuality/gender framework and reproduction (Dixon-Muller, 1991: 37) that Thai men and women's different views of sexuality due to their social construction of gender. Thai women and men are strongly different in sexuality. They are quite the same in reproductive roles. Family planning are more the women's concerns. The finding on gender perspectives of men's roles in reproductive process was, then, concluded as diagrammed below.



**Sexuality**

(not supportive)

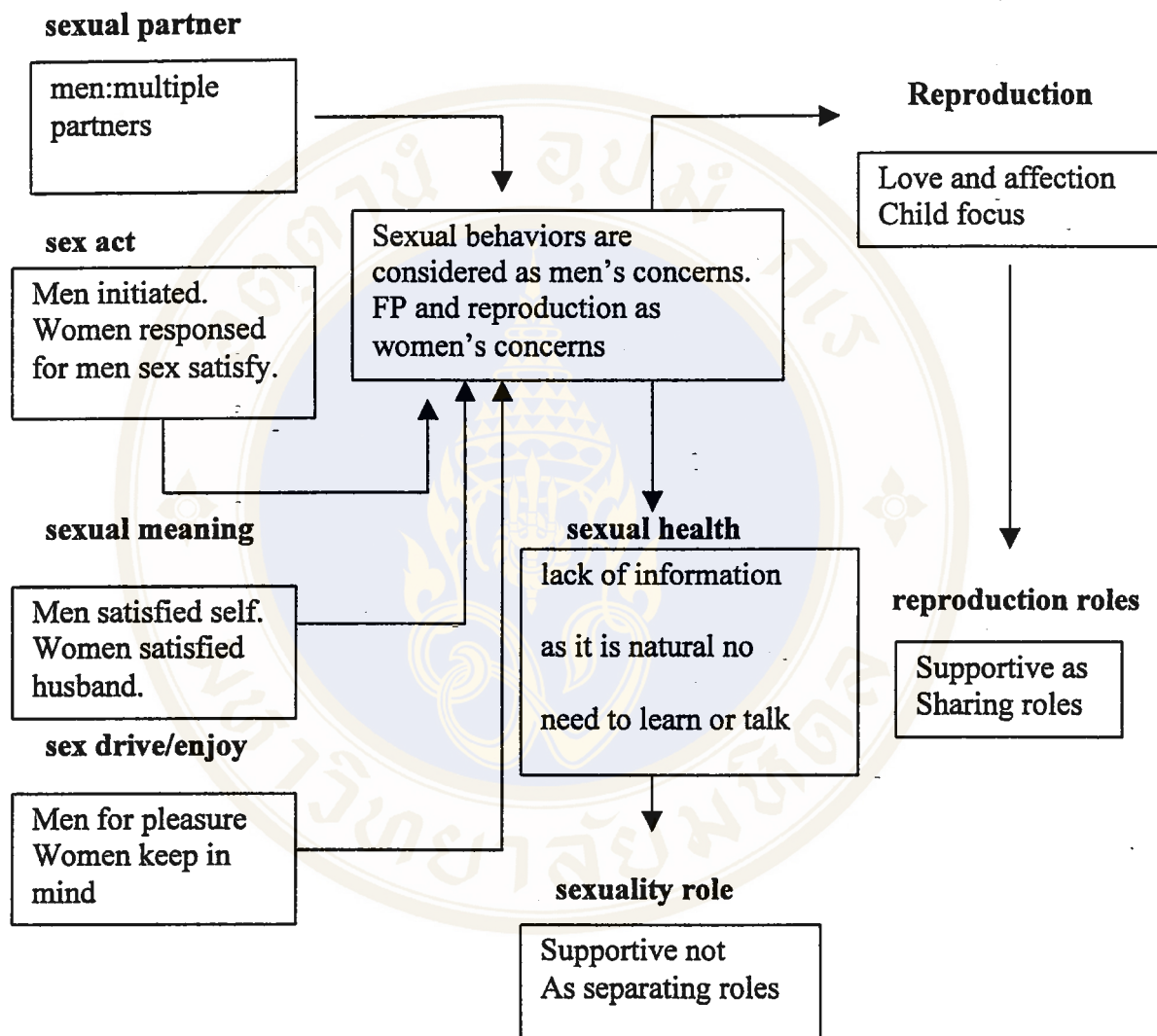
**social construction**

**of sexuality and**

**reproduction**

**Reproduction**

(supportive).



**Figure4** Linkages between the sexuality/gender framework and reproduction

#### **4.4 The summary of the findings on men's roles in reproductive process**

In sum, both the survey and in-depth interview reflected the meaningful results that supported men's separating roles in sexuality including throughout the reproductive process. Men's dominated sexual behaviors and their learning process about sexuality were two main indicators of men's separating roles in sexuality. That child was a focal point of attention is an indicator of men's sharing roles in pregnancy supportive roles. Paternal relation also happened during this period. It leads to father and newborn bonding after childbirth.

With regard to gender perspectives on men's roles in reproductive process, it is quite clear that men and women viewed differently in sexuality related issues. They both viewed quite similarly on either reproduction or no reproduction in term of contraceptive use as women's affairs.

The results presented recently should not yet be viewed and included an interrelation among factors but rather to understand respondents' characteristic, their roles and some subjective reasons behind. The examining of the factors significantly determined men's roles would then made clearer insights of men's roles.

## CHAPTER V

### FACTORS INFLUENCING MEN'S ROLES IN REPRODUCTIVE PROCESS

This chapter presented why men performed different roles in reproductive process.

To apply discriminant analysis in order to determine whether men who are likely to perform the sharing roles in reproductive process can be distinguished from those who were not. The analyst first specified which variables were in an independent metric and which one was in a dependent category.

The dependent variable was focused first and it was initially a categorical dependent. The objective would be to discriminate between a separating and a sharing role in reproductive process as scoring system on chapter 3.

Then the independent variables to be included in the analysis were identified from the previous research and theory existed, as detailed on chapter 2.

Men's characteristics are used in differentiating a sharing role from a separating role. That is, the 10 characteristics of those men may be as best discriminators of a sharing and a separating role playing in reproductive process.

Since this technique is the most appropriate where there are a single categorical dependent variable and several metrically scaled discriminating variables (Hair, 1987: 79). It makes clearer that men's roles can be distinguished or explained by a set of independent variables selected.

With regard to their natures of data such as occupation and personality, those nominal scaled variables were rearranged into dummy variables. Those variables used for the analysis were defined as tabulation follows.

Label	Variable Description
1. newage	the ratio of husband's higher age
2. newinc	the ratio of husband's higher income
3. newed	the ratio of husband's higher education level
4. ocdp	1= the husband's higher status 0= the husband's not higher status
5. mpersp	1= the androgynous personality 0= the non-androgynous personality
6. loves	scores on the premarital love relation ranged from 9 to 45.
7. genops	scores on men's opinion towards gender role norms ranged from 7 to 35.
8. mpercs	scores on men's perception on sexuality and reproduction ranged from 13 to 65.
9. dms	scores on couple decision made on family related matters ranged from 0 to 45.
10. dlabor	scores on couple's shared housework ranged from 0 to 50.
11. msexr	1= men's sharing in sexuality roles 0= men's separating in sexuality roles

12. mpregr            1= men's sharing in pregnant supportive roles  
                              0= men's separating in pregnant supportive roles
13. mbirr             1= men's sharing in childbirth involved roles  
                              0= men's separating in childbirth involved roles
14. rp                 1= men's sharing roles throughout the  
                                      reproductive process  
                                      0= men's separating roles throughout the  
                                      reproductive process

However, the discriminant analysis was also tested. Test for normality of the distributions was conducted to test the discriminant assumptions. Histogram showed that independent variables were normal distribution. Test for collinearity using a pool within group correlation matrix. Finding indicated that no any independent variables had the large correlation coefficient more than .430 (see Appendix C: 185). The finding suggested that no multicollinearity existed among the independent variables.

When applying the discriminant analysis, the analyst tested the validity of the discriminant function that had been derived. In deriving a discriminant function, the stepwise method was considered. As it was not known in advance which of these variables are important for group separation. One of the desired end products of the analysis was identification of the "good" predictor variables. Stepwise selection was an available in the SPSS discriminant analysis procedure. A relatively large number of independent variables would be included in the function. By sequentially selecting the next best discriminating variable at each step. Variables

that were not useful in discriminating between the groups were eliminated and a reduced set of variables was identified. Only minimization of Wilks' lambda would be considered.

Since one of the study's objectives is to determine men's role in reproductive process as a whole and 3 subsets role of men's role in reproductive process, so called sexuality role, pregnancy supportive roles and childbirth involved roles. In order to distinguish men who perform a sharing role in reproductive process and in sexuality role, pregnancy supportive roles and childbirth involved roles from those who do not, 4 classification equations were obtained.

Let us begin the analysis of the two-group discriminant analysis as the following tables:

### **5.1 Factors determined men's role in reproductive process**

The two-group linear discriminant function equation was used to identify the variables that distinguished the group where men belong to and examine the factors that discriminated between men who perform a sharing role in reproductive process from those who perform a separating role.

360 (unweighted) cases were processed. Eleven(3.1percent) of these were excluded from the analysis because of at least missing discriminating variables. Therefore 349 (96.9 percent) cases were used in the analysis.

### **5.1.1 The characteristic of the men group who perform roles in reproductive process: a sharing group and separating group**

Among the two men groups, 50 men with sharing roles and 310 men with separating roles were found. The average of husband's higher age, income and occupation of a sharing group compared to their partners were less than those men in a separating group. But husbands' higher education level compared to their partners' was more than of those men in a separating group. A sharing men group had higher mean score than those men in separating group in terms of the androgynous personality, mature love, good perception on sexuality and reproduction, egalitarian gender role norm, shared housework and decision made (see Table 11).

**Table 11** Group means and standard deviation of discriminating variables used in the discrimination function analysis of men's roles throughout the reproductive process.

Variables	Men's roles throughout reproductive process			
	Separating		Sharing	
	Mean	S.D	Mean	S.D
Husband's higher age	3.02	5.09	2.47	3.14
Husband's higher income	3471.29	5533.27	2303.57	3931.25
Husband's higher education level	0.15	3.62	1.14	2.94
Husband's higher occupation status	0.48	0.50	0.37	0.49
Androgynous personality	0.40	0.49	0.49	0.51
Premarital love relation	33.57	4.19	34.41	3.77
Gender role norm opinion	22.41	2.71	23.86	2.78
Perception on sexuality and reproduction	46.10	4.85	46.82	5.33
Couple decision made	25.45	4.11	25.80	2.59
Couple shared housework	25.94	5.36	28.00	3.76

### 5.1.2 Factors determine men's roles in reproductive process

For interpretation purposes, any discriminating variables exhibiting loading (structure) = .30 and higher or higher standardized coefficients are considered significant to distinguish best between a separating role from a sharing role.

The result (see Table 12) indicates that the 2 discriminating variables regarding their discriminating power; "Gender role norm opinion" and "couple shared housework" could distinguish best between a sharing role throughout the reproductive process from a separating role in the positive direction. While "Gender role norm opinion" (standardized coefficients of .779) is the most discriminating variable which distinguishes best the men who perform sharing roles in reproductive process from those who do not.

"Gender role norm opinion" (unstandardized coefficients of .286) shows that those men who play sharing roles in reproductive process differ from the separating regarding their opinion towards gender role norm. In other words, men who share in reproductive process are found to be more egalitarian norms than those separating.

"Couple shared housework" (unstandardized coefficients of .104) which ranks as the second most important discriminating variable and in positive direction shows that the sharing and separating men differ regarding the shared housework. Men who share at least an equal or more housework done are predicted to perform more a sharing role in reproductive process.

In other words, men who are more egalitarian norm and share more housework tended to perform more sharing roles throughout the reproductive process.

**Table 12** Unstandardized, standardized discriminant function coefficient and structure coefficients of men's roles throughout the reproductive process.

Variable	Unstandardized Coefficients	Standardized Coefficients	Structure Coefficients
Gender role norm opinion	.286	.779	.847
Couple shared housework	.104	.537	.634
Constant	-9.199		-

To determine whether or not a statistically significant function can be derived to separate the two groups. Table 13 shows that the function is highly significance (.000) and displayed a canonical correlation of .214, Wilks' lambda of .954 and Eigen value of .048. These values indicate not quite high but the classification power of the function constructed from the two variables is justification for further analysis.

**Table 13** Canonical discriminant function of men's roles throughout the reproductive process

Function	Eigen Value	Canonical Correlation	Wilks' Lambda	Chi-square	df	Sig.
1	0.048	0.214	0.954	16.195	2	.000

Note that Eigen value is the ratio of the between groups to within-group sums of squares. Large eigen values are associated with good function. The canonical correlation is a measure of the degree of association between the discriminant scores and the group variable, which is coded 0 and 1. Wilks' lambda is the ratio of the within- groups sum of squares to the total sum of squares. Small values of lambda are associated with functions that have much variability between groups and little variability within-group.

To assess the predictive accuracy of the function, a classification matrix is developed. The result from Table 14 shows that the overall percentages of cases correctly classified into two groups by the two discriminating variables is 66.1 percent. The classification result also shows that of 310 cases in separating group (1), 205 cases were predicted correctly to be members of group 1(66.1percent). While 105 (33.9 percent) were assigned incorrectly to sharing group. Similarly, 33 Of 50 (66.0 percent) of the sharing group were identified correctly, and 17(34.0 percent) were misclassified.

**Table 14** Classification results of men's roles throughout the reproductive process

Actual group	Number of cases	Predicted group membership	
		Separating	sharing
separating	310	205(66.1%)	105(33.9%)
sharing	50	17(34.0%)	33(66.0%)

Percent of "grouped" cases correctly classified 66.1%

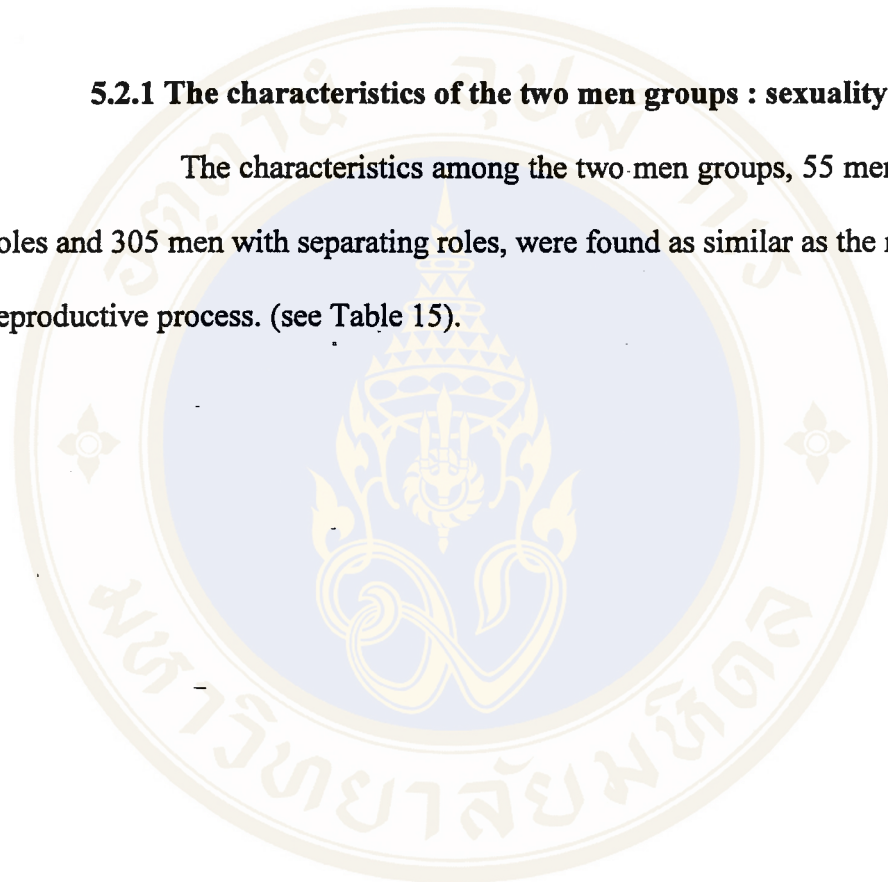
The findings support the hypothesis that the gender role norm opinion and shared housework affect men roles throughout the reproductive process.

## **5.2 Factors determined men's sexuality role**

360 cases were processed. Eleven (3.1percent) cases of these, were excluded from the analysis because of at least missing discriminating variables. Therefore 349 (96.9 percent) cases were used in the analysis.

### **5.2.1 The characteristics of the two men groups : sexuality roles**

The characteristics among the two men groups, 55 men with sharing roles and 305 men with separating roles, were found as similar as the men groups in reproductive process. (see Table 15).



**Table 15** Group means and standard deviation of discriminating variables used in the discrimination function analysis of men's sexuality roles

Variables	Men's sexuality roles			
	Separating		Sharing	
	Mean	S.D	Mean	S.D
Husband's higher age	3.00	5.11	2.62	3.20
Husband's higher income	3361.44	5253.20	3005.19	5895.22
Husband's higher education level	0.13	3.62	1.21	2.92
Husband's higher occupation status	0.49	0.50	0.36	0.48
Androgynous personality	0.40	0.49	0.47	0.50
Premarital love relation	33.58	4.20	34.30	3.71
Gender role norm opinion	22.41	2.73	23.74	2.72
Perception on sexuality and reproduction	45.98	4.82	47.40	5.31
Couple decision made	25.46	4.13	25.72	2.53
Couple shared housework	25.93	5.39	27.91	3.67

### 5.2.2 Factors determined men's roles in sexuality

The result (see Table16) indicates that the 3 discriminating variables regarding their discriminating power; "Gender role norm opinion", "husband's higher education level compared to partner" and "couple shared housework" could distinguish best a sharing role in sexuality from a separating

role, all in the positive direction. . “Gender role norm opinion”(standardized coefficients of .690) is the most discriminating variable which distinguishes best the men who perform sharing roles in sexuality from those who do not.

“Gender role norm opinion”, (unstandardized coefficients of .286) shows that those men who play sharing roles in sexuality differ from the separating regarding to their opinion towards gender role norm. In other words, men who share in sexuality are found to be more egalitarian norms than those separating.

“Husband’s higher education level compared to partner” (unstandardized coefficients of .141) which ranks the second most important predictor variable and in positive direction shows that the sharing and separating men differ regarding to the husband’s higher education level compared to partners’. Men who have higher education level than partners are predicted to perform more sharing role in sexuality.

“Couple shared housework”(unstandardized coefficients of .093) which ranks the third most important predictor variable and in positive direction shows that the sharing and separating men differ regarding to the shared housework. Men who share at least equal or more housework done are predicted to perform more sharing role in sexuality

In other words, men who are more egalitarian norm, share more housework, and higher education level compared to spouses tended to perform more sharing roles in sexuality.

**Table 16** Unstandardized, standardized discriminant function coefficient and structure coefficients of men's sexuality role.

Variable	Unstandardized Coefficients	Standardized Coefficients	Structure Coefficients
Gender role norm opinion	.253	.690	.723
Husband's higher education compared to partner	.141	.496	.457
Couple shared housework	.093	.482	.569
Constant	-8.209		

To determine whether or not a statistically significant function can be derived to separate the two groups. Table 17 shows that the function is highly significance (.000) and displayed a canonical correlation of .235(2), Wilks' lambda of .945(3) and eigen value of .058(1). These values indicate not quite high but the classification power of the function constructed from the three variables is justification for further analysis.

**Table 17** Canonical discriminant function of men's sexuality role

Function	Eigen Value	Canonical Correlation	Wilks' Lambda	Chi-square	df	Sig.
1	0.058	0.235	0.945	19.624	3	.000

Note that Eigen value is the ratio of the between groups to within-group sums of squares. Large eigen values are associated with good function. Canonical correlation is a measure of the degree of association between the discriminant scores and the group variable, which is coded 0 and 1. Wilks' lambda is the ratio of

the within- groups sum of squares to the total sum of squares. Small values of lambda are associated with functions that have much variability between groups and little variability within-group.

To assess the predictive accuracy of the function, a classification matrix is developed. The result from Table 18 shows that the overall percentages of cases correctly classified into two groups by the three discriminating variables is 62.5. The classification result also shows that of 305 cases in separating group (1), 191 cases were predicted correctly to be members of group 1(62.6percent). While 114 (37.4 percent) were assigned incorrectly to sharing group. Similarly, 34 Of 55 (61.8 percent) of the sharing group were identified correctly, and 21(38.2 percent) were misclassified.

**Table 18** Classification results of men's sexuality role

Actual group	Number of cases	Predicted group membership	
		Separating	sharing
separating	305	191(62.6%)	114(37.4%)
sharing	55	21(38.2%)	33(61.8%)

Percent of "grouped" cases correctly classified 62.5%

The findings support the hypothesis that the gender role norm opinion, shared housework and husband's higher education level affect men sharing roles in sexuality.

### **5.3 Factors determined men's pregnancy supportive role**

360 cases were processed. Eleven (3.1percent) cases of these were excluded from the analysis because of at least missing discriminating variables. Therefore 349 (96.9 percent) cases were used in the analysis.

#### **5.3.1 The characteristic of the two men groups: men's pregnancy supportive roles**

Among 360 men, 287 men perform sharing roles and 73 men perform separating roles. The characteristics among the two men groups were found as similar as the men groups in reproductive process and sexuality in terms of the androgynous personality, mature love, good perception on sexuality and reproduction, egalitarian gender role norm, shared housework and decision made. A sharing men group had higher mean score than those men in separating group. In addition the average of husband's higher age, income and education level of a sharing group compared to their partners' were less than those men in a separating group.

But differences are found in term of the mean of the husband's higher education level compared to partner among the sharing men group which was quite less than of the separating group. The husbands' higher occupation status compared to their partners was also found little more than of those men in a separating group. (see Table 19).

**Table 19** Group means and standard deviation of discriminating variables used in the discrimination function analysis of men's pregnancy supportive role

Variables	Men's pregnancy supportive roles			
	Separating		Sharing	
	Mean	S.D	Mean	S.D
Husband's higher age	3.24	6.40	2.87	4.40
Husband's higher income	3425.35	5855.49	3277.20	5221.60
Husband's higher education level	0.73	4.16	0.18	3.37
Husband's higher occupation status	0.46	0.50	0.47	0.50
Androgynous personality	0.28	0.45	0.45	0.50
Premarital love relation	32.39	4.38	34.02	4.01
Gender role norm opinion	22.23	2.81	22.71	2.75
Perception on sexuality and reproduction	44.99	4.98	46.51	4.86
Couple decision made	24.65	5.46	25.72	3.41
Couple shared housework	24.77	5.50	26.60	5.08

### 5.3.2 Factors determined men's pregnancy supportive roles

The result (see Table20) indicates that the 3 discriminating variables regarding to their discriminating power; "Premarital love relation", "couple shared housework" and "the androgynous personality" could distinguish best a sharing pregnancy supportive role from a separating role, all in the positive direction. "Premarital love relation"(standardized coefficients of .664) is the most predictor variable which distinguishes best the men who perform sharing pregnancy supportive roles from those do not.

"The androgynous personality" (unstandardized coefficients of .990) shows that those men who play sharing roles in sexuality differ from the separating regarding to the androgynous personality. In other words, men who share in pregnancy supportive roles were found to have more the androgynous personality than those separating.

"Premarital love relation", (unstandardized coefficients of .146) which ranks the second most important discriminating variable and in positive direction shows that the sharing and separating men differ regarding to love pattern. Men who have the mature love tended to perform more sharing pregnancy supportive role.

"Couple shared housework"(unstandardized coefficients of .109) which ranks the third most important discriminating variable and in positive direction shows that the sharing and separating men differ regarding to the shared housework. Men who share at least equal or more housework done tended to perform more sharing pregnancy supportive role.

In other words, men who have mature love, share more housework, and have androgynous personality tended to perform more sharing roles in pregnancy supportive roles.

**Table 20** Unstandardized, standardized discriminant function coefficient and structure coefficients of men's pregnancy supportive role.

Variable	Unstandardized Coefficients	Standardized Coefficients	Structure Coefficients
Premarital love relation	.146	.595	.664
Couple shared housework	.109	.562	.591
The androgynous personality	.990	.484	.562
Constant	-8.167		

To determine whether or not a statistically significant function can be derived to separate the two groups, Table 21 shows that the function is highly significant (.000) and displayed a canonical correlation of .235, Wilks'lambda of .945 and Eigen value of .058. These values indicate not quite high but the classification power of the function constructed from the three variables is justification for further analysis.

**Table 21** Canonical discriminant function of men's pregnancy supportive role

Function	Eigen Value	Canonical Correlation	Wilks' Lambda	Chi-square	df	Sig.
1	0.058	0.235	0.945	19.558	3	.000

To assess the predictive accuracy of the function, a classification matrix is developed. The result from Table 22 shows that the overall percentages of cases correctly classified into two groups by the three discriminating variables is 62.5. The classification result also shows that of 73 cases in separating group (1), 48 cases were predicted correctly to be members of group 1(65.8percent). While 25 (34.2 percent) were assigned incorrectly to sharing group. Similarly, 177 Of 287 (61.7 percent) of the sharing group were identified correctly, and 110(38.3 percent) were misclassified.

**Table 22** Classification results of men’s pregnancy supportive role

Actual group	Number of cases	Predicted group membership	
		Separating	sharing
<b>separating</b>	73	48(65.8%)	25(34.2%)
<b>sharing</b>	287	110(38.3%)	177(61.7%)

Percent of “grouped” cases correctly classified 62.5%

The findings support the hypothesis that the gender role norm opinion, shared housework and husband’s higher education level affect men sharing in supportive pregnancy roles.

#### **5.4 Factors determined men's childbirth involved role**

360 cases were processed. Eleven (3.1percent) cases of these were excluded from the analysis because of the least missing discriminating variables. Therefore, 349 (96.9 percent) cases were used in the analysis.

##### **5.4.1 The characteristics of the two men groups : childbirth involved roles**

Among the two men groups, 323 men with sharing roles and 37 men with separating roles, were found. The characteristic among the two men groups were found as similar as the men groups in reproductive process, sexuality and pregnancy supportive roles in terms of the androgynous personality, mature love, good perception on sexuality and reproduction, egalitarian gender role norm, shared housework and decision made. A sharing men group had higher mean score than those men in separating group.

But differences were found in term of the average of husband's higher age, occupation status and education level of a sharing group compared to their partners were more than those men in a separating group. Except the average of husband's income, which found to be less than those in a separating group (see Table 23).

**Table 23** Group means and standard deviation of discriminating variables used in the discrimination function analysis of men's childbirth involved roles

Variables	Men's childbirth involved roles			
	Separating		Sharing	
	Mean	S.D	Mean	S.D
Husband's higher age	2.67	6.20	2.98	4.70
Husband's higher income	4150.00	7272.79	3210.42	5087.06
Husband's higher education level	0.28	4.14	0.29	3.47
Husband's higher occupation status	0.44	0.50	0.47	0.50
Androgynous personality	0.25	0.44	0.43	0.50
Premarital love relation	31.42	3.53	33.95	4.13
Gender role norm opinion	22.28	2.69	22.65	2.77
Perception on sexuality and reproduction	44.97	4.83	46.34	4.92
Couple decision made	24.64	6.15	25.60	3.59
Couple shared housework	25.69	5.23	26.29	5.21

### 5.4.2 Factors determined men's childbirth involved roles

The result (see Table 24) indicates only one discriminating variable regarding to their discriminating power; "Premarital love relation" could distinguish best a sharing childbirth involved role from a separating role in the positive direction.

"Premarital love relation", (unstandardized coefficients of .246), the most important discriminating variable shows that the sharing and separating men differ regarding to premarital love relation. Men who have the mature love tended to perform more a sharing childbirth involved role.

**Table 24** Unstandardized, standardized discriminant function coefficient and structure coefficients of men's childbirth involved roles.

Variable	Unstandardized Coefficients	Standardized Coefficients	Structure Coefficients
Premarital love relation	.246	1.000	1.000
Constant	-8.279		

To determine whether or not a statistically significant function can be derived to separate the two groups. Table 25 shows that the function is highly significant (.000) and displayed a canonical correlation of .186, Wilks' lambda of .965 and Eigen value of .036. These values indicate not quite high but the classification power of the function constructed from the variable is justification for further analysis.

**Table 25** Canonical discriminant function of men's childbirth involved roles

Function	Eigen Value	Canonical Correlation	Wilks' Lambda	Chi-square	df	Sig.
1	0.036	0.186	0.965	12.265	1	.000

To assess the predictive accuracy of the function, a classification matrix is developed. The result from Table 26 shows that the overall percentages of cases correctly classified into two groups by the predictor variable is 65.6. The classification result also shows that of 37 cases in separating group (1), 22 cases were predicted correctly to be members of group 1(59.5percent). While 15 (40.5 percent) were assigned incorrectly to sharing group. Similarly, 214 Of 323 (66.3 percent) of the sharing group were identified correctly, and 109(33.7 percent) were misclassified.

**Table 26** Classification results of men's childbirth involved roles

Actual group	Number of cases	Predicted group membership	
		Separating	sharing
<b>separating</b>	37	22(59.5%)	15(40.5%)
<b>sharing</b>	323	109(33.7%)	214(66.3%)

Percent of "grouped" cases correctly classified 65.6%

The findings support the hypothesis that the mature love affect men sharing in childbirth involved roles.



### **5.5 Summary of the factors determined men's roles in reproductive process**

With regard to men's roles, the set of variables that took together to discriminate men's sharing roles throughout the reproductive process are: (1) egalitarian gender role norm opinion, and (2) couple shared housework

The variables discriminated men's sharing roles in sexuality are: (1) egalitarian gender role norm opinion, (2) husband's higher level of education compared to partner, and (3) couple shared housework

The variables discriminated men's sharing roles in pregnancy period are: (1) mature love, (2) androgynous personality, and (3) couple shared housework

At last, the variables discriminated men's sharing in childbirth is mature love. The data summarized as Table 27.

**Table 27** Summary of results by men's roles and 10 discriminating variables

Discriminating Variables	Men's roles in reproductive process			
	Sexuality	Pregnancy supportive	Childbirth involved	Overall
The premarital love relation		*(+)	*(+)	
Gender role norm opinion	*(+)			*(+)
Androgynous personality		*(+)		
Perception on sexuality and reproduction				
Husband's higher age compared to partner				
Husband's higher income				
Husband's higher education	*(+)			
Husband's higher occupation				
Couple decision made on reproduction and family related matters				
Couple shared housework	*(+)	*(+)		*(+)

It is included that the findings support the hypothesis that the premarital love relation, psychosocial and gender power relation affect men's roles in reproductive process but with a different level.

## CHAPTER VI

### DISCUSSION

The findings of the study previously presented were the analysis on men's roles in reproductive process and factors determined men's roles derived from both the survey findings and the in-depth interview.

The findings clearly showed that Thai men still keep distance from reproductive process. They share more in reproductive roles, less in sexuality roles. They keep distance from reproductive process because of their patriarchal gender role norm and less shared housework. They share less in sexuality roles not only because of their patriarchal gender role norm and less shared housework, but also their lower level of education, especially in term of sex education. They share more on reproductive roles because of the mature love, androgynous personality and more shared housework.

Furthermore, the issues to be discussed are divided into 2 parts regarding to the research objectives as follows.

6.1 Men's roles in reproductive process

6.2 Factors determined men's roles in reproductive process

## 6.1 Men's roles in reproductive process

Men's roles by mean of roles as supportive sex partners and fathers were discussed on sexuality, pregnant supportive and childbirth involved roles as follows.

### 6.1.1 Men's sexuality roles

Once lack of information on men's reproductive roles, but socially accepted male sex promiscuity, overemphasized female responsibility for contraceptive used, pregnancy and child care (Greene, 1997: 9). Thus it was not surprising that the finding was quite the same. Only one-seventh of respondents (13.9 percent) performed sharing role in the overall reproductive process.

When 3 subsets in reproductive process were considered, only 15.3 percent of respondents performed sharing sexuality roles. That the patriarchal gender role norm opinion was found to be the dominant factor significantly affecting men's separating roles.

Not only the gender role norm, but also the gender power relation was found to affect men's sexuality roles. Men with higher education compared to partner tended to perform sharing sexuality roles.

It should be concluded that Thai men's sexuality roles still were separating, not supportive and responsible. That men's power in sexuality as traditional still exists. Since sexuality was structured by socialization, then re-socialization process through better information and education in sexual related sharing issues would encourage men's roles more on sexual supportive partners and responsible behaviors.

Furthermore, sexuality are learned, not primary influenced by biological factors but socio-cultural agents. Sexuality is learned, especially by men, from the old pattern of socialization. They lacked of some information for new socialization. Results from both the survey and the interview indicated that only few efforts of sex role learning present in the new modern ways.

Sex roles were learned not by the way of sex education but sex arousement which induced more separating roles. In addition, more than half of respondents never be consulted or trained about sex. Men perceived that it was not men's way of lifestyle to consult or train about sex and also there was no sex problems at all. Not only sex but also their general health was also ignored.

Another men's sexuality role was a contraceptive use. The result seemed to show that men emphasized the use of contraceptive method for the purpose of birth control than the family planning. They concerned more sex for pleasure than sex for procreation. Since they were not ready for family formation, almost all were unmarried and cohabited. Therefore, contraceptive used is quite the women's concern, men, then, were excluded and made the requirement.

### **6.1.2 Men's pregnant supportive roles**

That was to learn how men dealt with their spouses' pregnancy and the onset of fatherhood. The study provides some information on male reproductive roles. Results showed that men performed more sharing roles in pregnant supportive and childbirth involved roles (reproductive roles).

Pregnancy is the time that men begin to consider their self-image as fathers. The survey result indicated that more than half of respondents (60.6

percent) reported the onset of paternal click as wives' pregnancy. Pregnancy time, thus, is an important period to develop men's consciousness participating in child care as their children are their focus of attention.

It was interesting to note why men concerned more on spouses' health even though they did not take care of their own health and how they act to support their wives. It was found that the mature love, androgynous personality, and more housework shared significantly affected men's sharing in pregnancy supportive roles.

From both the survey and interview, we learn more about men's experiences in supporting their spouses, for instance, sharing more on household chores that they had never done before, helping wives as developing morning sickness, talking gently, finding the favorite food, and trying to reduce or stop smoking. Men paid more attention on children. Their sexual activities were diminished and stopped after 3-4 months of pregnancy, because they fear of coitus harming to the fetus. But they did less about accompanying wives to antenatal clinic and mother class including discussing how to care the child and the safer sex.

The result also showed that men felt less frustrated when wives refuse to have sex during pregnancy period than the time prior the pregnancy. This was because they care more for the children but they seldom express or let anybody knew even their spouses about this. Therefore, it is interesting to learn also how men cope with their sex desire when there was no sex with others or wives refuse.

It is found that men do various ways to decrease or cooling down the sex desires as follows.

6.1.2.1 The masturbation done

6.1.2.2 Self control, pay more attention to the child, aware and care for the child such as touching and talking with fetus in spouses' womb.

6.1.2.3 Talking with wife, some kidding words.

6.1.2.4 Hobbies done such as reading books, watching the television, exercising, singing.

6.1.2.5 More work done.

6.1.2.6 Alcohol drinking in order for easier sleeping.

However, the existing health services did not supported men to participate in this period. Men were excluded from the mother class or any medical advice even they also accompanied their spouses to hospitals. They were interviewed that the mothers and children would have better health if men attended medical advice together with the spouses.

From this point of view, men were treated as strangers. They, then, think that reproduction was not concerned to them. This false stereotype of dominating men limited their opportunity to obtain information about correct and supportive sexuality and reproductive roles which lead to men's separating roles. It is quite different from the practice in the old Thai tradition before the westernization influences. On the other hand, the existing of paternal and fetal attachment behavior during pregnancy is observable. It is supposed to be positively correlated with the strength of marital relationship and the continuation of further care through childbirth and child care.

### 6.1.3 Men's childbirth involved roles

The father participation in birth period is not quite common in Thailand, except in a few private hospitals. Men waited separately until the birth was announced. They were excluded because of the hospital regulations. Therefore, an excellent opportunity of the study was to examine not father attendance at birth but as early as father faced their newborns.

It is believed that early father-infant interaction might make the quality of his subsequent parenting (May & Perrin, 1985: 69). Men's childbirth experiences were touching and talking to their newborns and discussing the name of the newborns. They did less on holding, kissing and discussing how to care the children.

However the result from both the survey and interview indicated that men performed more sharing role in childbirth. Although they were afraid of holding the newborns, since they were not taught to do that. Fathers expressed themselves on the emotional ties to their newborns. The bonding between father and child occurred. They felt of nurturance, protectiveness, and responsibility.

This finding also strongly supported from the survey result on factors affected men's sharing roles in childbirth. Men with mature love tended to perform more sharing roles. The main conclusion is that instead of emphasized more on male's sex promiscuity, it is worthy emphasizing on the positive new model image of sharing roles in reproductive roles and advocate more sharing roles in sexuality through new socialization process.

#### **6.1.4 Men's roles throughout the reproductive process**

Again, only one-seventh of respondents (13.9 percent) performed sharing roles in overall reproductive process. The findings lend support to the research problem about the "distant father syndrome". It significantly has its roots on social construct of gender. Factors related to social construct of gender determined men's roles in reproductive process. Men who had the opinions on gender role norm as egalitarian type and the balance wife-husband shared housework tended to perform sharing roles. Factors determined men's roles are more discussed on later section.

#### **6.1.5 Gender perspectives on men's roles in reproductive process**

On the process of analysis, the differences of couple concerns and their interaction provide insight information to learn more men's roles in reproductive process. Therefore gender perspectives are needed to analyze men's roles in reproductive process from men's report and spouses' perception on men's contribution to their concerns.

The Programme of Action ICPD is clear in its commitment to reducing gender inequality. Thus, it is an attempt to include the perception and behaviors of both men and women in order to understand a particular issue or behaviors.

Sexuality and reproduction are gendered activities within household. Family constructs gender in their daily operations. A gender applied to sexuality and reproduction implies the ways men and women interact and explaining existing difference both in meaning and behaviors. That why gender perspectives would be

applied to understand men's sexuality and reproductive roles. Thus the study examine the women's perception and men's behaviors on men's roles in reproductive process.

Yet, men own reports a checklist of sexuality, pregnancy and childbirth involved roles comparing to their spouses' perceptions on husbands' activities showed that men and their spouses reported differently in men's sexuality roles and throughout the reproductive process.

Gender perspectives on sexuality and reproduction were still traditionally remained. Men gained more power in sexuality. Sexual behaviors were considered as men's concerns, and male denomination (Gross, 1978: 87-107). While the contraceptive used and reproduction were women's primary concerns. Although traditional sexuality still existed, the reproductive roles tend to be changed in positive way. Some factors were relevant to affect men's roles.

## **6.2 Factors determined men's roles in reproductive process**

This section are discussed more on factors both significantly determined and not determined men's roles in reproductive process.

### **6.2.1 Factors determined men's roles throughout the reproductive process**

Men's roles throughout the reproductive process were significantly determined by gender role norm opinion and their power relation relative to their spouses in term of couple shared housework. Under the feminist theory of gender and other theoretical rationales (Anmandale&Clark, 1996: 17-44; Greene&Biddlecome, 1998: 1-34; Napaporn Havanon, 1981: abstract; Scanzoni,

1976: 677-690; Tong, 1989: 11-38), they supported that gender role norm opinion through the socialization process affected the roles of men in reproductive process.

Among the six variables of men and women power relation, couple shared housework was another variable which determined men's roles throughout the reproductive process. Under the theoretical bases, men tend to dominate in sexuality and reproduction since they gain more power than their spouses (Collin, 1995: 184-185).

This finding supported the scientific view in term of couple shared Housework. Men with less shared housework tend to perform separating roles and men with balancing shared housework tend to perform more sharing roles.

It was interesting also to note why the other factors studied did not affect men's roles throughout the reproductive process.

Firstly, the premarital love relation, even the survey result showed quite high percent of the mature love of men to their spouses, but it, in fact, did not affect men's roles throughout the reproductive process. When it was considered through the in-depth result, it came up with the answer that men's love and affection developed as their wife got pregnant including with another survey result showed that their paternal click as their wives, not during they performed sexuality roles.

Men separate sex from affection. Sex from love and affection is a defense against male vulnerability, otherwise they become dependent on their partner (Gross, 1985: 1-37). These were the reasons why love affected not men's roles throughout the reproductive process.

The androgynous personality was another variable that did not affect men's roles throughout the reproductive process. According to the psychological construction of androgyny to person who combine of feminine and masculine attributes (Bem, 1978: 196; Kaplan&Sedney, 1980: 3-31; Spence&Helmreich, 1978: 17-18), sexuality roles were male-dominated socialization (Anmandale&Clark, 1996: 17-44; Greene&Biddlecome, 1998: 1-34; and Gross, 1985: 1-37; Tong, 1989: 11-38). Therefore, men's roles throughout the reproductive process were not affected by the androgynous personality.

Perception on sexuality and reproduction was a variable that significantly did not affect any men's roles in reproductive process.

Perception is the psychological process related to learning experiences and influenced by the socialization. Men's perception was emphasized on the provider's roles. This finding could be explained under the theoretical rationale, the empirical bases and the finding of this study. According to Chamnien Choungchot (1982: 5-6) and Schermerborn (1982: 409-410), the perception influences individuals differently whether they are socialized through the same social norms or not. Perception is related to learning experiences. Similarly, learning enhances the perception developed.

With regard to the study of Jordan (1990: 11-16) on expectant and new fatherhood indicated that men's perception on sexuality and reproduction as a father-to-be was limited because of no role models to assist them in taking on the role of active and involved parent.

In addition with the finding of this study supported the rationales above that men are limited both role model and men's learning experiences in sexuality and reproduction. They were seldom trained or consulted. They did not access to information and services in relation to sexuality and reproduction according to their gender role norm as women's reproductive concerns.

Therefore, men's learning experiences increase not because of men's better perception on sexuality and reproduction. Men's report on good perception on sexuality and reproduction, but less significantly distinguished men than gender role norm opinion and other factors.

Lastly, among the six variables of the gender power relation factor, in terms of income, occupation, age, education and couple decision made, least power distinguish between the men groups could be explained under the theoretical rationale, the empirical bases and the finding of this study.

According to Collins (1985: 184-185) and UNDP's study on gender, urban development and housing (1996: 11-15) indicated that the spouses with more age, income, occupation, and education tend to dominate in family roles, except among the lower-working class since they have fewer socio-economic power.

With regard to men groups of this study, it is also an exception, since these men have low socio-economic status and their relative power in terms of income, age, occupation, and education are not large. Husband-wife's age gap is only 3 years, the income is 500 Baht different, and both mostly work as workers or officers in the factories and companies, including their education level.

In case of couple decision made also explained that couple differences in decision are not large which means less important than other predictors. This reveals that there is not larger gap in terms of income, occupation, age, education and couple decision made. Therefore, these 5 variables did not significantly affect the men's roles throughout the reproductive process.

### **6.2.2 Factors determined men's sexuality roles**

The finding on sexuality roles looked the same as men's roles throughout the reproductive process, the separating roles. Factors affected men's sexuality were also quite the same as of gender role norm opinion and couple shared housework, including the men's higher education level.

Therefore, the explanation on variables affected men's sexuality roles in terms of gender role norm opinion and couple shared housework were the same. Including the variables did not affect men's sexuality roles in terms of the premarital love relation, the androgynous personality, the perception on sexuality and reproduction, income, occupation, age, and couple decision were the same explanation as men's roles throughout the reproductive process. Except the men's higher education level was needed to be explained more in details why it affected men's sexuality roles.

Among the six variables of gender power relation, only two of them; men's higher education level compared to partners and couple shared housework were significantly affected men's sexuality roles. It meant that with regard to men's higher education level compared to partners, men tend to perform more sharing roles.

This finding did not support the scientific view that the spouses with more education tend to dominate in family roles, except among the lower-working class (Collins, 1985: 184-185 and UNDP, 1996: 11-15).

With regard to men groups of this study, it is also an exception, since these men have low socio-economic status and their relative power in terms of income, age, occupation, and education are not large. Husband-wife's age gap is only 3 years, the income is 500 Baht different, and both mostly work as workers or officers in the factories and companies, including their education level.

In spite of the small gap of education, it was also affected men's roles in opposite direction of the theoretical bases. It is also explained from the survey and the in-depth results that even both are in the same level of education, but men and women were differently accessible in sexual and reproductive information. Men's higher education level compared to partners, then, significantly determined men's sexuality roles.

### **6.2.3 Factors determined men's pregnancy supportive roles**

Factors significantly determined men's pregnancy supportive roles were the premarital love relation, the personality and couple shared housework. All variables affected men's pregnancy supportive roles in positive way. The meaning were that men with the mature love, the androgynous personality and the balance couple shared housework tended to perform the sharing pregnancy supportive roles.

The premarital love relation, both the survey and in-depth result indicated quite clear that almost all were unmarried and cohabited, they also had the mature love. Either men planned or not for family formation. The couple committed their marital status with love and affection but not either the tradition or legislation. They focus more on children and family in the future.

Men's love and affection developed as their wife got pregnant including with another survey result showed that their paternal click as their wives got pregnant. It implied that the mature love gradually developed but it was less than that they perceived themselves to be fathers.

Mature love is defined as genuine care for the other person while preserving one's own honesty and respect one's own rights (Collin, 1985: 101-104). The love means to give care, affection and supportive to the other while allowing a breathing space for their own independence, respect the others' right, trust each others and better communication (Saisuree Jutikul, 1985: 15-23).

However this finding was supported by the study on gender relations and women' economic security in Thai family (Moragot Srisuk, 1999: 85-88). It was found that patriarchal ideology seemed to be changed with regard to the husband paid attention more love and affection to his wife and children, especially when wife got sick, got pregnant or gave birth. The men would then shared housework, support wives and participated more in family roles.

Those who belong to androgynous personality would then be one model of new men's attributes with more adaptive, better adjusted, assertive and compassionate both provider and nurturer roles (Bem, 1977: 196; Kaplan & Sydney, 1980: 3-31 Spence & Helmreich, 1978: 17-18), thus the higher percentage found

(41.1 percent) of the androgynous personality among the respondents. It significantly determined men's sharing roles in pregnancy supportive roles.

The couple shared housework was another variable significantly determined men's pregnancy supportive roles. The finding supported the scientific view in term of couple shared housework. Men with balance shared housework tend to perform more sharing roles. The result from in-depth also supported the survey finding that men shared more housework that they never did before during pregnancy period.

In addition, the study on gender relations and women's economic security in Thai family (Moragot Srisuk, 1999: 85-88) found that patriarchal ideology seemed to be changed with regard to the husband paid more attention on love and affection to their wife and children, especially when wife got sick, got pregnant or gave birth. The men would then shared housework, supported wives and participated more in family roles.

However, it was interesting to note also why not the other 7 variables; gender role norm opinion, perception on sexuality and reproduction, the gender power relation in term of age, income, occupation, education and couple decision made did not affect men's pregnancy supportive roles.

Even Thai men's gender role norms are characterized by both patriarchal gender role norms among those urban elite and egalitarian gender role norms among the rural people (Amara Pongsapich, 1997: 26-27). Since the rapid change of Thai society at present time, Thai gender role norms among married couples in urban area found were changed to more egalitarian role. According to

Moragot Srisuk (1999: 85-88), gender role norm opinion was loosen among men at this period.

Perception on sexuality and reproduction and the gender power relation in term of age, income, occupation, education and couple decision made, could be explained the same as men's roles throughout the reproductive process.

#### **6.2.4 Factors determined men's childbirth involved roles**

Premarital love relation was only one variable significantly determined men's childbirth involved roles. It could be explained the same as the pregnancy supportive roles. The in-depth result strongly supported that the father and newborn bonding happened. This meant that as men love and paid more attention on child, they tended to perform more sharing childbirth involved roles.

The other 9 variables did not significantly determined men's childbirth involved roles, because only men love and bond with the child, the patriarchal ideologies were loosen and their gender power relation had no meaning to their roles. This finding was supported by Ferree (1990: 868). It indicated that the greater men's family roles were depended on couple's meaning defined. If couple carried the meaning of doing housework as the expression of love and care, both partners would share this task, on the contrary, if the meaning of subordination, both struggle to avoid it.

Thus the finding supported the hypothesis that 3 factors studied, the premarital love relation, the psycho-social and gender power relation, were significantly determined men's roles in a different level.

Furthermore, something learned from this study was that shared housework is the core of predictor that made patriarchal gender role norm loosen. It leads to men's sharing roles in reproductive process. While mature love is another predictor that did not determine men's sharing reproductive roles in terms of pregnancy and childbirth involved roles but it determined men's sexuality roles if men were more accessible in sexual and reproductive information and services. Men as sex supportive partner with love and affection contributed meaningful triad relation of men, women and child.

The conclusion and recommendation will be presented in the next chapter.

## CHAPTER VII

### CONCLUSION AND RECOMMENDATION

#### 7.1 CONCLUSION

Since the complementary family roles, the closeness and flexibility in gender relation among Thai women and men were affected by the westernization influences and substantiated by the sharply division of labor. Women are homemakers and men are income earners outside the household. Women and children seem to be independent to men. Men's roles in family, then, keep distance not only from family's roles but also the reproductive roles.

That Thai complementary and closeness relationship has changed greatly regarding to feminine gender role norms socializes women to perform the double roles of provider and nurturer. Care of the children become a problem and questioned that why men have not increasing their family roles, especially-child care in response to their wives' increased in the labor force.

Thus far, I argue the "distant father syndrome" or men's under involvement with their children might have its root in lack of men's experiences throughout the reproductive process.

The men's opportunity for closed, nurturing, loving relationship with children was limited along the initial phase of reproduction; sexuality to reproductive outcome (children).

To increase men's involvement in childcare benefit both empowering the women and the limitation of children; both the feminist and population goals, redefining men's gender roles as loving, responsible and supportive men to be throughout the reproductive process, from sexuality to reproduction, must be encouraged.

A large number of research reports claimed a variety of men's involvement in reproductive process. The benefit is not only for the subsequent parenting but also for HIV protection, shorter and easier labor, healthier mother and child, child growth and development, and family strengths. Men's own health is also benefited for longer life expectancy.

Does it benefit enough to revolutionize the Thai belief that " a good" husband and father would not be only provider but would participate in a physical and emotional expression of love and affection throughout the reproductive process and childcare?

Is it men job?: the roles in reproductive process, then, intends to examine men's roles in reproductive process whether it is the patriarchal-separating roles or egalitarian-sharing roles. Identifying the selected determinants affecting men's roles are also examined to understand more why men performed such roles.

The reproductive health agenda of the 1994 ICPD POA and the feminist theory of gender are two main conceptualizations guide the understanding of how and why men acted throughout the reproductive process to improve women's health and status. These concepts suggested that men performed different roles either the separating or sharing roles. Such men's roles are influenced by the social construct of gender and gender power relation.

To achieve the research objectives, then, the quantitative method was mainly applied and verified by the qualitative approach.

The population was mainly men in Bangkok who experienced the early years of marriage and entry into parenthood, in which concerned more on sexuality and reproductive activities. These activities can affect men's health, their spouses and offspring, feminist goal of empowering women and population goal of limiting children. Thus, approximately 60,000 men whose wives gave their first birth in the government hospitals of Bangkok Metropolitan, whom were greatly affected by the westernization were studied. The sample size was 360 men. Since men and women interaction are vitally important for reproductive outcome, then 360 men's spouses were included.

The instruments used in the study were the husband self-administered questionnaire, the wife's questionnaire and the in-depth interview guidelines. The husbands' questionnaire consisted of 8 parts. The last part contained 3 subsets of men's sharing role activities. Then, 15 activities of sexuality roles, 19 activities of pregnant supportive roles, and 8 activities of childbirth involved roles were measured. Therefore, the overall men's roles in reproductive process comprised 42 activities. The wife's questionnaire was the statements on men's roles in reproductive process of 42 activities. A separate answering of men and their spouses was done to avoid each other's influences on the response given.

The nurses in 5 hospitals distributed the questionnaire to the respondents and their spouses. Those nurses were well informed by the investigators. The investigator distributed the questionnaire in the other hospital left. Finally all 25 respondents in 6 hospitals were in-depth interviewed by the investigator. Because

of the sensitive issues of both the survey and the interview, the ethical consideration was also made. The completed data from survey was then analyzed by the program SPSS /PC+ for windows version 7.5. Statistic used were frequencies, percentages, arithmetic means, standard deviation and stepwise discriminant analysis. Data from in-depth interview was also contents analyzed.

The results significantly demonstrate as follows.

8.1.1 For the distant men's involvement in reproductive process, only 1/7 of men performed sharing roles in reproductive process. This finding proves what the investigator argue that men's distance from child care was rooted in their distant throughout the reproductive process.

The study further suggested that traditional sex role still existed. Men performed more (almost all) separating roles in sexuality, but shared more on reproductive roles. Men are not sexual supportive, loving, and responsible partners. Men's sexuality role is biologically restricted to the initial phase of reproduction.

Although traditional sexuality still exists, the reproductive roles tend to be changed. Many variations are evident. Socially accepted the role for women as providers, half of the women employed. Men do more sharing of traditional household work. More than half of men accept egalitarian gender role norm. Almost half of men (41.1 percent) had androgynous personality, only 16.7 percent to be masculine. Alternative marital life patterns are becoming more common for cohabitation which both partners prefer emotional relationship to traditional or legislative ones.

8.1.2 Furthermore, the gender role norm and gender power relation significantly determined men's sexuality roles. While the reproductive roles either

the pregnant supportive or childbirth involved roles, not the gender role norm affected men's roles but the love relation, androgynous personality, and the balance of gender power relation in terms of couple shared housework. Education is found to be the one important factor affected men's roles in sexuality. The more education the men have, the more sexuality roles the men perform.

8.1.3 Gender perspectives on men's roles in reproductive process also lend support to the finding above that men and women had quite different perception in sexuality but not the reproduction. Both perceive that reproduction is women's concerns.

In addition, the in-depth interview indicated that men who performed as supportive, loving, responsible partners paid more attention on child during pregnancy and childbirth period. This tends to improve the quality of subsequent parenting. Issues on how men act to support women are quite gender sensitive information for educating men.

Nevertheless, the findings aimed to encourage more men's involvement in reproductive process. Changes in men's involvement would necessary be either "good or bad" in themselves. Clearly each couple must weight the potential costs and benefits in light of their own marital shares and family goals.

## 8.2 The body of knowledge gained from this study

The major findings, lead to some practical implementations, are as follows.

8.2.1 Men's sharing roles throughout the reproductive process as supportive sex partner and father with love and affection would lead men's committed child care through the pathway of premarital mature love → supportive sex partner → care and talking to child during pregnancy period → talking and holding with newborn → father's feeling of bonding, nurturance, protectiveness, and responsible father → committed child care in the long run.

8.2.2 The coping strategies on sex behavior control whether in case of pregnancy or not.

8.2.3 The mature love promoted among adolescents would lead to family formation strenghts.

8.2.4 Love and affection lead men to be more supportive and responsible sex partnaer and father.

8.2.5 That child is the primary focal point of men's attention, leads men to have more child care.

8.2.6 Education is a powerful factor that affects men's sharing roles.

8.2.7 Family relation pattern is shifted from traditional and social norm to personal and gender affairs and tied them together with emotional commitment (love) and responsibility.

8.2.8 Re-socialization will be done by way of men's sharing roles in reproductive process instead of men' sexual promiscuity.

The roles in reproductive process should be finally concluded that men's roles in reproductive process is still far from the achievement of performance

required under the ICPD concepts. Men's sharing roles defined as grade B. Various interventions are then recommended to keep men closer to the reproductive process.

### **7.3 Recommendations**

The findings do have clear implications for social policy makers, educators, and health professions to facilitate more men's sharing roles in sexuality and maintain men's sharing roles in reproduction. In general, the recommendations needed for the future changes flow from two general themes.

First, there is strong evidence that men performed more separating in sexuality, but sharing roles in reproduction. They lacked of available information on sex and gender education but sex arousalment. Their patriarchal gender role norm still exists, additionally, with the higher power relation in income and occupation. Re-socialization practices of parents, teachers, peer, and health professions including the society as a whole are needed.

Second, Available data suggest that the more education, the more men's sharing roles in reproductive process, especially in sexuality roles. Mature love is another factor that affected men's sharing in reproductive roles even not in sexuality. To be sexual supportive and responsible partners, love factor is needed to be promoted. More specific implications of these overall themes are presented as follows.

### **7.3.1 Implication for social changes**

7.3.1.1 Paid family leave. Not only maternity leave, but paternity leave or additional formal birth leave, known as “daddy day” when father could take a leave initially after childbirth for five or seven days.

7.3.1.2 Flexible working hours

7.3.1.3 Subsidized childcare

7.3.1.4 Working mothers are encouraged to raise the power relation in occupation status and income.

7.3.1.5 The family or population policy makers should be informed for the new images of men’s sharing roles.

### **7.3.2 Implication for educators and health professionals**

Since the education tends to have a “liberalizing or egalitarian” effects in many schemes of beliefs and behaviors, gender differentiation should be not excepted. Gender roles are learned (Scanzoni, 1975: 27). The result also indicates quite clear that there is less sex inequality in education than occupation world. Once learned, gender differentiation is explored. The new social image of masculine will be redefined “success” in a new model concept of sharing roles in reproductive process and childcare.

Educators and health professionals have good opportunity to help prospective father (and mother) understand their roles throughout the reproductive process as follows.

7.3.2.1 The course in high school and college, prenatal and parent education are offered by hospitals and educational institutions.

Instead of sex education, love education is recommended, specifically, on how men act as sexual supportive, loving, and responsible partners. Gender sensitive education is also included. Not only information providing but also raising their consciousness awareness to be more effective marital couple and parents is needed. Some specific married skills such as effective two-way communication, and sex with love, are also encouraged to learn and understand each other needs.

7.3.2.2 Free and alternative sexual-reproductive services would be available for both men and women as a co-joint approach.

7.3.2.3 Men would be allowed to attend premarital, mother class or specific father class. The institutional routines and policies that restrict men's participation in pregnancy and childbirth should be also revised. The preparation class for new mothers after the childbirth should be included with the new fathers. Possible benefits include the direct demonstration of basic childcare techniques, providing an opportunity for observing other new parents interacting with their infants including the opportunity to share ideas, experiences, and problem of becoming parents. Finally, they experience how to care the newborns.

### **7.3.3 Implication for additional research**

Recommendations for future study on men's roles in reproductive process can be made with respect to needed improvements in research design and to specific topics. With regard to the key finding is the initial trend on committed childcare as the study aimed to find out. Men focus more on child during pregnancy period and act something never done before in order to save and care the child. The

attachment and bonding found to occur as early as they met the children with the effect of the mature love. This evidence confirm trend on further childcare. But no evidence to predict on the limitation of the child, because these men have not experienced yet with the childcare. Then it is needed for additional research whether men have the experiences of parenting prefer for the child limit or not.

Needed improvement in research design in this area include: (1) study with larger and more representative samples of Thai men; (2) studies with data collection extending to the first year of fatherhood; (3) other variables needed such as their residence, value on child, the migration status and type of the family; (4) a longitudinal study to examine their father-child relationship.

Areas that have been little studied to date and that provide valuable information include: (1) the examination of experiences of the second-child father to see the effect of their previous experiences on the roles; (2) the effect of men's roles in reproductive process on the subsequent quality of childcare; (3) the in-depth studied on unwanted child and wife; (4) the in-depth interview of women and men contraceptive used essentially on pill taken; (5) the teenage father.

#### **7.3.4 Implication for advance theory**

This finding strongly supported the Marxist feminist theory of gender, that whenever women gain more power in public sphere, the men would share more in domestic sphere. In addition, regarding to Tong (1989: 11-35) reference to the feminist theory of gender, the intimate heterosexual love is the ultimate cause of oppression for all women. The finding indicates the way to free women from this oppression by mean of the mature love developed to their spouses

and offspring. The liberal feminist radically and psychologically advocates the androgynous personality and dual parenting. Lastly according to postmodern feminism, Ferree (1990: 868) hypothesized that men's family roles depended on couple's meaning. If couple perceive more their love relation, they will share more, but if they perceive the subordination, they will try to escape.

The findings also strongly support not only the theory but also advance the theory. To liberate women and also men from the culturally cages of masculine and feminine, the study suggests a mature love initiated, men's androgynous personality, balance power relation and more men's involvement in sexuality and reproduction.

Beyond this, to weaken the patriarchal ideology, the education is crucial, since gender roles are learned.

In conclusion, the proposed changes in pattern of new socialization and education of men and women as recommended will lead to increased alternatives and benefit for individuals of both sexes and society as a whole in the long run.

#### **7.4 The limitation of the study found**

7.4.1 With regard to the sample of the study, even it represents the male population in Bangkok, the study has missed men who did not visit their wives during the times of data collection. Some refused answering due to the sensitivity of the topic in the questionnaire. One of them was not permitted to answer by the mother-in-law, even he, himself, was willing to answer.

Thus men in the study were quite the ones who participate in reproductive process depended on the degree of participation. These constraints, however, cannot lead to serious distortion of findings. The results of this study, then, provide information on men's roles among men who visited their spouses at the hospitals.

7.4.2 With regard to the limitation of each hospital's regulations, the study is permitted to collect data from those men whose wives were admitted at the general unit of patient wards. The private wards were excluded. Then the result provides information more on the middle to lower class of the population in Bangkok.

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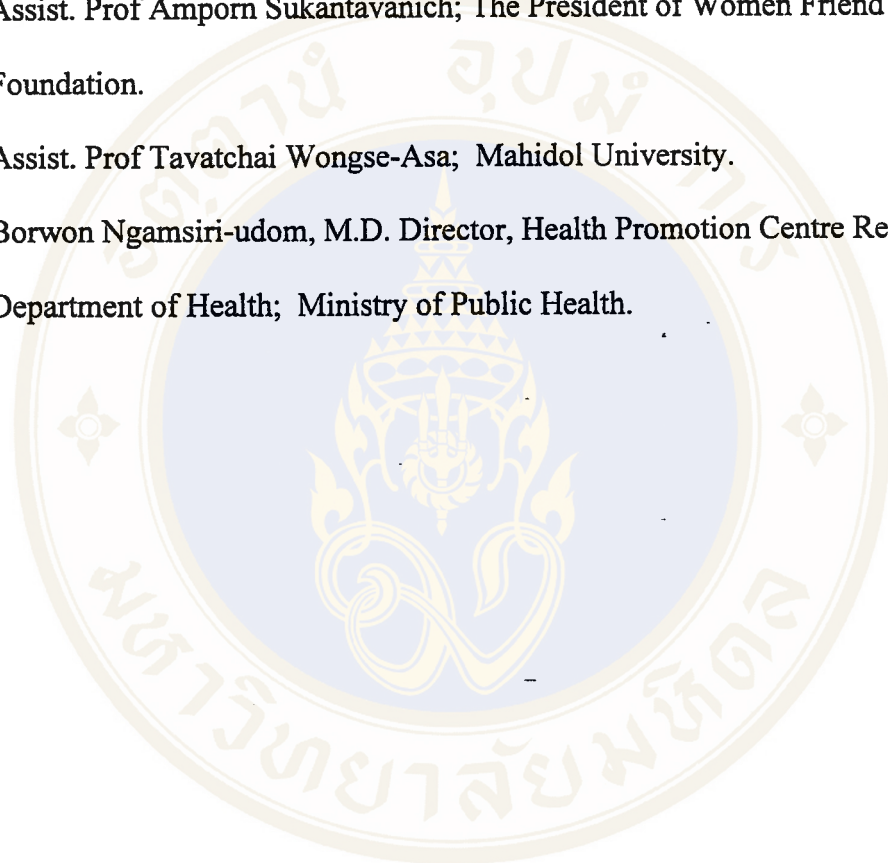
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## APPENDIX

### APPENDIX A Names of the experts

1. Assoc. Prof Chittinan Dechkupt, Ph.D. Sukothaithammirat University
2. Assist. Prof Amporn Sukantavanich; The President of Women Friend Foundation.
3. Assist. Prof Tavatchai Wongse-Asa; Mahidol University.
4. Borwon Ngamsiri-udom, M.D. Director, Health Promotion Centre Region 1 Department of Health; Ministry of Public Health.



**APPENDIX B-1 The self-administered questionnaires for husband and wife**

**The Roles of Men in Reproductive Process**

Respondent No. 

Husband			
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Date of data obtained.....Name of hospital.....

Name of distributor.....

**Part 1 The family background**

1. The following questions, you will be asked about your family background
  - 1.1 your age is.....years old, and your wife’s age is .....years old
  - 1.2 your age at first marriage is.....years old, and your wife’s age at first marriage is .....years old
  - 1.3 your marital status
    - marriage ceremony with legal license
    - marriage ceremony without legal license
    - no marriage ceremony but legal license
    - cohabiting
  - 1.4 you and your wife’s year of schooling completed
    - 1.4.1 yourself is     none  
 1-6 years     7-12 years     13-14 years  
 15-16 years     17-18 years     more than 18 years
    - 1.4.2 your wife is     none  
 1-6 years     7-12 years     13-14 years  
 15-16 years     17-18 years     more than 18 years
  - 1.5 you and your wife’s occupation privilege
    - 1.5.1 yourself is     non-working     government officer     agriculture  
 merchant     worker in factory or company  
 officer in factory or company  
 administrator in factory or company  
 labor     other.....(specify)
    - 1.5.2 your wife is     non-working     government officer     agriculture  
 merchant     worker in factory or company  
 officer in factory or company  
 administrator in factory or company  
 labor     other.....(specify)
  - 1.6 you and your wife’s monthly income
    - 1.6.1 yourself is..... Baht/month
    - 1.6.2 your wife is.....Baht/month

**Part ii Men's premarital love relation to their wives**

2.1 How long did you and your wife know each other before you decided to spend your marital lives together?.....years.....months

2.2 How frequent did you and your wife(as loving partner) meet each other?

Most frequent  frequent  quite frequent  seldom  none

2.3 Did both of you and your wife practise premarital se activities?

Most frequent  frequent  quite frequent  seldom  none

2.4 To what extent did your love with your wife before married actually happen?

Please indicate / correctly under the following five-point scale of each statement you agree or disagree with the given statements below.

statements	Most	More	Moderate	Less	Least
1) Just seeing your wife(once was your lovemate and the following statements <u>her</u> will be used instead) excited you					
2) You felt frustrated whenever your wife missed the appointment					
3) Your wife always begged your pardon					
4) You always gave her presents or did anything she requested					
5) You were expected your love for her to last for the rest of your live					
6) you were committed to maintaining your relationship with her					
7) Even when she was hard to deal with, you remained committed to your relation.					

**Part iii Men's gender role norm opinion**

3.1 To what extent do you agree or disagree with the given statements. Please indicate / correctly under the following five-point scale: strongly agree (SA), agree (A), undecided (U), disagree (D), and strongly disagree (SD).

Statements	Degree of the opinion				
	SA	A	U	D	SD
1) Husband should be the head of the family					
2) The most important wife's duty is to take care of husband and children					
3) Husband should share equally in the responsibilities of child care					
4) Husband should share equally in household chores such as cooking, cleaning, and washing					
5) Compared to the elephant's legs. Thai proverb, a wife represents the hind leg that always follow a husband who represent the front legs					
6) Wife and husband should equally shared decision made on any family related matters					
7) Wife should have their own decision to choose the job					

**Part iv Men's personality characteristics**

4.1 To what extent do you agree or disagree with the given statements. Please indicate / correctly under the following five-point scale: strongly agree (SA), agree (A), undecided (U), disagree (D), and strongly disagree (SD).

Characteristics	Degree of the opinion				
	SA	A	U	D	SD
1) feel very superior					
2) independent					
3) emotional					
4) submissive					
5) not at all excitable in a major crisis					
6) active					
7) able to devote self completely to others					
8) gentle					
9) helpful to others					
10) competitive					
11) home oriented					
12) kind					
13) highly needful of other's approval					
14) feeling easily hurt					
15) aware of feeling of others					
16) can make decision easily					
17) self-confident					
18) warm relation with others					
19) strong need for security					
20) stand up well under pressure					
21) understanding of others					

**Part v Men’s perception on sexuality and reproduction**

5.1 To what extent do you agree or disagree with the given statements on safer sex, contraceptive used and the meaning of husband and father. Please indicate / correctly under the following five-point scale: strongly agree (SA), agree (A), undecided (U), disagree (D), and strongly disagree (SD).

Statements	Degree of the opinion				
	SA	A	U	D	SD
1) Your meaning regarding to sex act is the husband and wife expression of love and affection					
2) Your meaning regarding to sex act is reproduction					
3) Your meaning regarding to sex act is the husband and wife expression of sex drives					
4) Safer sex acts mean condom used whenever sex practised					
5) Only men are the ones who initiate sex					
6) The sexual act is men’s natural instinct and women should only respond to					
7) Only men are able to express their sexual desires and feel satisfaction regard to sexuality					
8) Contraceptive use is women’s concerns					
9) It is essential to use condom effectively whenever to do extramarital sexual acts					
10) Sex and birth are natural events necessary not to learn					
11) Men who prevent themselves from sexual transmitted diseases and HIV infected mean they love and are responsible to their family					
12) Your family role as providers will enhance happy family					
13) Your family role as nurturer and supporter will enhance happy family					

5.2 When should it be the starting point to perform father roles? (one response is allowed)

- since being lovers
- after the marriage
- pregnant period
- childbirth
- the grown up child
- others.....(specify)

**Part vi Couple's shared housework**

6.1 To what degree do you share the following activities with your wife? Please indicate / correctly under the following six-point scales: wife alone (WA), wife more (WM), jointly (J), husband more (HM), husband alone (HA) and others (O).

Household tasks	Degree of sharing					
	WA	WM	J	HM	HA	O
1) buying food or shopping						
2) cooking						
3) clothes washing						
4) clothes ironing						
5) dishes washing						
6) in-door house cleaning						
7) in-door house mobbing						
8) repairs						
9) out-door house cleaning						
10) going to pay bills for electricity, telephone and etc.						

**Part vii Couple shared decision made**

7.1 To what degree do you share the following activities with your wife? Please indicate / correctly under the following six-point scales: wife alone (WA), wife more (WM), jointly (J), husband more (HM), husband alone (HA) and others (O).

Issues	Degree of sharing					
	WA	WM	J	HM	HA	O
1) time to have children						
2) number of children						
3) household budgets						
4) more earning						
5) money lending						
6) major purchase						
7) wife's starting or return to work						
8) change in husband's current work situation						
9) family day going out						



9) The husband is the one who choose the contraceptive method used as mentioned on question no. 8.

Yes

No (specify) →  wife  both

10) Does husband tell wife to have pills or see doctors as appointment.

Yes

No (specify) →  wife take care herself  others

11) Does husband take care wife when wife face any side effect from contraceptive used?

Yes

No (specify) →  wife take care herself  others  
 no any complications

12) After married, does husband ever consult about sexuality?

frequently  sometimes  never (specify reasons) .....

13) After married, does husband ever attend any training course about sexuality?

frequently  sometimes  never (specify reasons) .....

14) After married, does husband ever read any books or educational materials about sexuality?

frequently  sometimes  never (specify reasons) .....

15) After married, does husband ever physical check up?

frequently  sometimes  never (specify reasons) .....

8.2 To what extent does the husband care and support the wife during the pregnant period?

1) Accompany wife to the first antenatal visit.

frequently  sometimes  never

2) Tell wife to see doctor at appointment

frequently  sometimes  never

3) Share household work

frequently  sometimes  never

4) Support when wife got morning sickness

frequently  sometimes  never

5) Ask on any changes related to wife and fetus

frequently  sometimes  never

6) Gently talk whenever wife complaint or feel frustrated

frequently  sometimes  never

7) Provide an adequate food as wife's favor

frequently  sometimes  never

8) Support wife exercise

frequently  sometimes  never

9) Go back home early than before

frequently  sometimes  never

- 10) Husband smoke or not
  - No
  - Yes → specify how husband acted during wife's pregnant period
    - Stop smoking       Reduce smoking
    - Smoking as usual even wife was beside
    - Smoking as usual but far from wife
- 11) Husband discussed or read books about the pregnant and child care
  - frequently     sometimes     never (specify reasons) .....
- 12) Attend the mother class with wife
  - frequently     sometimes     never (specify reasons) .....
- 13) Perceive what the wife is advised
  - frequently     sometimes     never (specify reasons) .....
- 14) Sex act with wife during pregnant period
  - normal     reduce     none (specify reasons) .....
- 15) Practise the extramarital sex relation
  - more     normal     never
- 16) Talk with wife about safer sex
  - frequently     sometimes     never
- 17) Practise sex acts with appropriated position due to the progress of pregnancy
  - yes     normal as before     no sex at all
- 18) Feel frustrated when wife refused to have sex
  - frequently     sometimes     never     wife refused not
- 19) Your sexual relationship with your wife is compatable
  - compatable     not sure     not compatable     no sex at all

8.3 To what extent does the husband involve after childbirth?

- 1) Husband prepared clothes for wife and newborn for hospital admission
  - Yes
  - No (specify) →  wife did herself     Both     others
- 2) Husband waited for wife's progress report at the waiting room of the hospital
  - Yes       No (specify reason).....
- 3) Husband already touched the newborn
  - Yes       No (specify reason).....
- 4) Husband already kissed the newborn
  - Yes       No (specify reason).....
- 5) Husband already talked the newborn
  - Yes       No (specify reason).....
- 6) Husband already holded the newborn
  - Yes       No (specify reason).....
- 7) Husband discussed on how to care the newborn
  - Yes       No (specify reason).....
- 8) Husband discussed to name the newborn
  - Yes       No (specify reason).....

Please check your answer and complete all items. Sincerely Thanks !

**APPENDIX B-2 The in-depth interview guidelines on men's role in****reproductive process**

1 What is your ideal family that you expected before married? How is it at present? Is it what are you expected?

1.1 If it is so. How you support or care for your family in terms of sex behaviors, family planning, and any supportive roles.

1.2 If it is not. What is the reasons?

2 Your sexual behaviors

2.1 How much you care for wife's sex desire and sex satisfaction? And how you know?

2.2 Any sex talk to each other? On what items?

2.3 Do you foreplay?

2.4 Do you practise the extramarital sex relation? Even you know about HIV spread, you still practised. What is the reason?

2.5 What is you sexual behavior during wife's pregnant period? Do you feel frustrated? Why or why not?

2.6 What have you done when your wife refused to have sex?

2.7 What kind of sources that you learn about sexuality, and reproduction? Why don't you use the existing health services for sex related information?

3. The contraceptive use

3.1 Why the contraceptive methods are used among women? Why not men? Both husband and wife talk about how to use the methods? Both are satisfy? Both care each other if the another one is the one who used the methods. Any complications from the contraceptive used were found? How did you cope with those complications?

4. During wife's pregnant period, how did you practise sexual acts. How about your personal times, you went home earlier, help you wife did the housework, created happy and sound home's environment, care your wife or prepared your ready to be father.

5. When your wife delivered, how much you care for your wife and the child.

6. In overall, how much do you satisfy of your roles in family?

Note: The guidelines are used along with the questions of part 8 of the husband's self-administered questionnaire in order to gain more detailed to verify the survey results.

**APPENDIX C The Pooled Within-Groups correlation Matrices of the 10 predictor variables of Men's roles in reproductive process**

Var.	Loves	genops	mpercs	mpercp	New age	New inc	New ed	ocdp	dms	dlabors
Loves	1.000									
genops	.085	1.000								
mpercs	.109	.304	1.000							
mpercp	.108	.054	.081	1.000						
Newage	.029	-.005	-.001	.053	1.000					
Newinc	-.030	-.084	-.030	.069	.312	1.000				
Newed	.035	-.036	.153	.108	.179	.012	1.000			
ocdp	-.036	-.076	-.018	.089	.141	.430	-.041	1.000		
dms	.134	.032	.070	-.068	-.180	-.143	-.131	-.116	1.000	
dlabors	.045	.146	-.010	.039	-.067	-.146	.014	-.202	.059	1.000

**APPENDIX D Table of Detailed Men's Roles**

- 1. Table 7 Percent distribution of couple decision made on production, reproduction, and family related matters**
- 2. Table 8 Percent distribution of couple shared housework**
- 3. Table 10.1 Percentage, mean score, and test of difference of men's sexuality role performed by activities between husband and wife**
- 4. Table 10.2 Percentage, mean score, and test of difference of men's pregnancy supportive role performed by activities between husband and wife**
- 5. Table 10.3 Percentage, mean score, and test of difference of men's childbirth involved role performed by activities between husband and wife**

**Table 7 Percent distribution of couple decision made on production, reproduction, and family related matters**

<b>Items</b>	<b>Wife alone</b>	<b>Wife more</b>	<b>Jointly</b>	<b>Husband more</b>	<b>Husband alone</b>	<b>others</b>
1. Timing to have a child	2.2	5	80.0	5.3	1.1	6.4
2. Number of children had	2.8	6.9	79.1	7.5	1.4	2.2
3. Budget management	3.9	12.8	71.1	9.4	1.4	1.4
4. To do more income	1.4	3.3	69.2	22.2	2.8	1.1
5. Money lending	1.1	3.9	69.4	16.9	3.3	5.3
6. Major purchase	1.7	7.5	75.3	10.6	2.2	2.8
7. Wives' starting or return to work	9.2	25.6	49.7	10.3	2.8	2.5
8. Changes in husband's current work situation	1.4	2.8	58.3	24.7	8.1	4.7
9. Family day going out	2.2	2.8	79.4	11.1	1.7	2.8
<b>Total</b>	<b>2.8</b>	<b>7.7</b>	<b>70.5</b>	<b>13.1</b>	<b>2.7</b>	<b>3.2</b>

**Table 8 Percent distribution of couple shared housework**

Items	Wife alone	Wife more	Jointly	Husband more	Husband alone	others
1. shopping	8.1	44.4	38.3	6.4	0.6	2.2
2. cooking	9.4	53.6	27.5	6.4	0.8	2.2
3. clothes washing	12.8	55.6	23.3	7.5	0.6	0.3
4. clothes ironing	19.2	57.5	16.4	3.9	0.8	2.2
5. dishes washing	11.9	48.6	32.5	5.3	0.3	1.4
6. mobbing	9.2	49.4	32.5	6.7	0.3	1.9
7. indoor cleaning	11.7	47.8	28.6	8.6	0.6	2.5
8. repairing	1.7	1.9	8.3	60.8	25.8	1.4
9. outdoor cleaning	1.7	16.1	31.4	35.3	11.9	3.6
10. going to pay bills	6.4	9.2	24.7	35.6	13.1	11.1
<b>Total</b>	<b>9.3</b>	<b>38.5</b>	<b>26.4</b>	<b>17.6</b>	<b>5.4</b>	<b>0.1</b>

**Table 10.1** Percentage, mean score, and test of difference of men’s sexuality role performed by activities between husband and wife

Activities	Husband			Mean	Wife			Mean	t value
	frequent	some time	none	S.D	frequent	some time	none	S.D	(p<.05)
1. acceptance of husband’s extra-marital sex relation				1.09 (.64)				1.19 (.62)	.014*
♥Accept, none condom			16.1				11.7		
♥Accept, none condom but act		58.9				57.8			
♥Not accept, no act	25				30.6				
1.1 accept opinion				.40 (.49)				.83 (.38)	.000*
yes	60				17.5				
no	40				82.5				
1.2 sex act with others				.51 (.50)				.38 (.49)	.000*
Yes, not sure	49.4				62.2				
no	50.6				37.8				

**Table 10.1** Percentage, mean score, and test of difference of men's sexuality role performed by activities between husband and wife (cont.)

Activities	Husband			Mean S.D	Wife			Mean S.D	t value (p< .05)
	frequent	some time	none		frequent	some time	none		
1.3 condom used when have sex with others				.74 (.44)				.38 (.49)	.000*
yes	73.9				38.3				
none	25.8				61.7				
2.frustrated as wife	6.9	41.9	33.9	1.33 (.62)	6.9	38.9	37.2	1.36 (.63)	.986
refuse to have sex									
Not refuse					16.7				
3 the one who initiate sex				.98 (.99)				.73 (.96)	.000*
♥ interchange	48.3				31.6				
♥ wife		1.4				.6			
♥ husband			50.3				63.3		

**Table 10.1** Percentage, mean score, and test of difference of men’s sexuality role performed by activities between husband and wife (cont.)

Activities	Husband			Mean	Wife			Mean	t - value (p<.05)
	frequent	some time	none	S.D	frequent	some time	none	S.D	
4 sex talk between couple	16.4	62.2	21.4	.95 (.61)	15.8	63.9	20.3	.96 (.60)	.886
5 fore-playing	50.3	43.3	6.4	1.44 (.61)	50.6	40.6	8.9	1.42 (.65)	.587
6 both feeling satisfy to have sex	65.6	32.2	1.7	1.64 (.51)	54.2	43.1	1.9	1.53 (.54)	.000*
7 family planning talking between couple	51.1	37.2	11.7	1.39 (.69)	51.9	35.3	12.2	1.40 (.70)	.896
8 contraceptive method used				.67 (.60)				.65 (.60)	.478
♥none			39.7				41.4		
♥women method		53.6				52.2			
♥men method	6.7				6.4				

**Table 10.1** Percentage, mean score, and test of difference of men's sexuality role performed by activities between husband and wife (**cont.**)

Activities	Husband			Mean	Wife			Mean	t - value (p<.05)
	frequent	some time	none	S.D	frequent	some time	none	S.D	
9 the one who choose the method				1.01 (.78)				1.09 (.73)	.343
No use, no answer	39.2				40.8				
♥both		18.6				17.8			
♥wife			23.3				25.8		
♥husband			17.8				12.8		
10 the one who tell to have regular Contraceptive used				.79 (.98)			.62 (.93)		.419
♥husband	21.7				16.7				
♥wife taking care herself	33.3				36.9				
♥others	.6				.3				
No use, no answer	40.8				42.5				

**Table 10.1** Percentage, mean score, and test of difference of men’s sexuality role performed by activities between husband and wife (cont.)

Activities	Husband			Mean	Wife			Mean	t value (p<.05)
	frequent	some time	none	S.D	frequent	some time	none	S.D	
11 the one who take care when wife face with the complication				1.27 (.97)				1.07 (.96)	.419
♥husband	22.2				17.2				
♥wife	12.8				10.8				
♥others	-				-				
♥no complication	21.1				26.9				
♥no use, no answer	40.8				42.2				
12 ever sex consulted	4.7	44.2	50.6	.54 (.59)	6.1	25.6	67.8	.38 (.60)	.000*
13 ever be sex trained	4.2	46.9	48.1	.56 (.58)	11.1	18.9	69.4	.41 (.68)	.002*
14 ever read books about sex practices	9.7	61.1	28.3	.81 (.59)	4.4	43.3	51.9	.52 (.58)	.000*
15 ever be physical check up	23.9	41.1	34.2	.90 (.76)	11.1	43.6	45	.66 (.67)	.000*

**Table 10.2** Percentage, mean score, and test of difference of men's pregnancy supportive role performed by activities between husband and wife

Activities	Husband			Mean	Wife			Mean	t - value (p < .05)
	frequent	some time	none	S.D	frequent	some time	none	S.D	
1 the frequent of men accompany wife to antenatal clinic	57.5	28.3	14.2	1.43 (.73)	53.9	30.0	16.1	1.38 (.75)	.084
2 men tell or accompany wife to hospital for follow up	73.9	17.2	8.9	1.65 (.64)	73.3	20.6	5.8	1.68 (.58)	.513
3 helping wife the housework	56.9	40.8	1.9	1.55	52.5	43.6	3.9	1.49	.061
4 taking care as wife develop morning sickness				1.66 (.57)				1.69 (.53)	.239
♥ yes	51.4	17.2	3.6						
♥ no sickness	27.5								

**Table 10.2** Percentage, mean score, and test of difference of men’s pregnancy supportive role performed by activities between husband and wife (cont.)

Activities	Husband			Mean	Wife			Mean	t - value (p<.05)
	frequent	some time	none	S.D	frequent	some time	none	S.D	
5 asking for the change of wife and child	79.7	15.8	4.2	1.76 (.52)	78.3	18.1	3.3	1.75 (.50)	.929
6 gentle talking when wife frustrated	61.1	33.6	4.7	1.57 (.58)	59.2	33.9	6.9	1.52 (.62)	.298
7 finding the favorite food for wife	69.4	28.6	1.9	1.68 (.51)	71.1	26.7	1.9	1.69 (.50)	.217
8 supporting their wife to exercise	33.3	46.4	20.3	1.13 (.72)	31.1	41.1	27.8	1.03 (.77)	.032*
9 going home early or spend more times with Family or calling wife	54.2	34.2	11.1	1.43 (.69)	59.7	28.6	11.1	1.49 (.69)	.180
10 smoking				1.72 (.57)				1.74 (.57)	.442
♥still smoke even wife beside you			5.8				6.4		
♥reduce smoking or far from wife		16.7				13.3			
♥stop or no smoking	77.5				80.3				

**Table 10.2** Percentage, mean score, and test of difference of men's pregnancy supportive role performed by activities between husband and wife (cont.)

Activities	Husband			mean	Wife			mean	t
	frequent	some time	none	S.D	frequent	some time	none	S.D	value (p< .05)
11 talking about how to take care the pregnant and newborn	21.4	63.9	14.4	1.07 (.60)	31.4	43.6	25	1.06 (.75)	.837
12 accompanying wife attending mother class	23.1	47.5	29.2	.94	27.8	43.9	27.8	1	.203
13perceiving what wife practised	68.9	27.8	3.1	1.66 (.54)	69.4	25.8	3.9	1.66 (.55)	1.000
14 sex with wife during pregnant period				.86 (.46)				.89 (.44)	.103
♥ none			18.6				15.8		
♥reduce		76.9				79.7			
♥ normal	4.2				4.4				

**Table 10.2** Percentage, mean score, and test of difference of men’s pregnancy supportive role performed by activities between husband and wife (cont.)

Activities	Husband			Mean	Wife			Mean	t-value
	frequent	some time	none	S.D	frequent	some time	none	S.D	(p< .05)
15 sex with other during wife pregnant				1.90 (.35)				1.91 (.36)	.901
♥none			91.1				92.8		
♥sometimes		6.4				5.0			
♥more	1.7				2.2				
16 discussing with wife for safe sex	31.1	42.2	31.1	1.04 (.76)	33.3	34.2	32.2	1.01 (.81)	.469
17 safer sex position				1.28				1.36	.028*
♥No sex	23.1			(.82)	20.8			(.81)	
♥normal		25.6				22.2			
♥depend			50.6				56.7		
18 feeling frustrated when wife refuse to have sex	6.4	38.3	46.1	1.44 (.62)	6.7	27.2	60	1.57 (.62)	.000*
♥not refuse	8.6				6.1				
19 sex relation with wife are getting along				1.33 (.81)				1.37 (.80)	.345
♥well	54.2				57.5				
♥so and so		24.2				21.7			
♥not at all			21.1				20.6		

**Table 10.3** Percentage, mean score, and test of difference of men's childbirth involved role performed by activities between husband and wife.

Activities	Husband		Mean S.D	Wife		Mean S.D	T-value P<.05
	yes(%)	No(%)		yes(%)	No(%)		
1 Preparing clothes for wife and child for hospital admission	281 (78.1)	78 (21.7)	.78 (.41)	270 (75)	89 (24.7)	.75 (.43)	.186
2 staying with wife at The hospital	273 (75.3)	85 (37.4)	.76 (.43)	269 (74.7)	91 (25.3)	.75 (.44)	.355
3 already touching the child	330 (91.7)	30 (8.3)	.92 (.28)	329 (91.4)	31 (8.6)	.91 (.28)	.819
4 kissing the child	263 (73.1)	97 (26.9)	.73 (.44)	263 (73.1)	97 (26.9)	.73 (.44)	1.000
5 talking with the child	249 (83.1)	61 (16.9)	.83 (.38)	309 (85.8)	50 (13.9)	.86 (.35)	.055
6 holding the child	231 (64.2)	128 (35.6)	.64 (.48)	213 (59.2)	146 (40.6)	.59 (.49)	.029*
7 talking with wife how To care the child	322 (89.4)	38 (10.6)	.89 (.31)	309 (85.8)	50 (13.9)	.86 (.35)	.077
8 discussing to name The child	339 (94.2)	20 (5.6)	.95 (.24)	343 (95.3)	16 (4.40)	.96 (.21)	.415

## BIOGRAPHY

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