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The Impact of Male Involvement in Family Planning: A Case Study in Yeka Sub-city, Addis Ababa

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Acronyms

EDHS	Ethiopia Demographic and Health Survey
FGAE	Family Guidance Association of Ethiopia
FP	Family Planning
GAD	Gender and Development
HIV	Human Immune Deficiency Virus
HC	Health Center
HEW	Health Extension Worker
HEP	Health Extension Program
HSDP	Health Sector Development Program
ICPD	International Conference on Population and Development
IUD	Intrauterine Device
MOH	Ministry of Health
MCH	Mother and Child Health Clinics
NGO	NON-Government Organization
PLC	Private Limited Company
POA	Program of Action
UNFPA	United Nations Population Fund
WID	Woman in Development

Abstract

This study assessed the impact of male involvement in family planning by taking Yeka sub-city as a case study, which is found to be the least in contraceptive usage form the 10 sub-cites found in Addis Ababa. The study used both qualitative and quantitative data and to gather the required information used semi-structured interview with key informants, structured questionnaire to collect information from married individuals living in the sub-city, and a focus group discussion held with women who use FP program in Kotebe health center. The study used simple random sampling to select the individuals included in the study. From the three health centers found in this sub-city, kebeles with the largest number of clients coming to those HCs for contraceptive selected to take the samples. To analyze and interpret the data Micro-Soft Excel used to arrange the data. The qualitative data decoded and incorporated in the analysis to draw inference.

The study disclose that men involvement could have a multiple advantage in promoting shared reproductive decision making such as contraceptive usage, fertility desire and intention, as well mutual responsibility in house chores and child caring. The finding indicate that men involvement play important role in the use of contraceptive, a lot has to be done related to fertility related attitudes and behaviours and for effective provision of family planning. Also found out men are considered to be beyond the scope of family planning programmes; the reason include the notions that reproduction is primarily a women's issue and that men usually do not take responsibility for reproductive health and family planning. The study suggests that a need to design a program which involves men to meet their needs and to change their attitudes towards RH/FP issues motivate them to be partners.

CHAPTER ONE

1. INTRODUCTION

1.1. Overview View of the Study

Traditionally reproductive health (RH) services have been used by women. Reproductive health in its broader sense should be a concern for all not just that of women. The matters of reproductive health need the attention of the entire family and the society at large (Yemane, 2006). The importance of providing such services to men has received increased international support in recent years. In different international conferences such as the International Conference on Population and Development (ICPD), held in Cairo, Egypt in 1994 agreed that information, counseling and services must be made available for men. And the Fourth World Conference on Women, held in Beijing, China, in 1995, argued that shared responsibility between men and women on these matters would improve women's health.

ICPD and World Conference on Women held in Beijing expanded the right to family planning to include the right to better sexual and reproductive health. Building on the World Health Organization's definition of health, the Cairo Programme defines reproductive health as:

> *A state of complete physical, mental and social well-being and...not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant (UN, 1995:58)*

This shows that males and females must have access to appropriate information regarding reproductive health and family planning services to achieve good sexual health, to make informed decision and exercise their reproductive rights and responsibilities. Furthermore, the Cairo Programme of Action clearly spells out the concept of reproductive rights as:

> *Reproductive rights embrace certain human rights...these rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes the right to make decisions free of discrimination and coercion or violence (UN, 1995)*

The Platform for Action, which was adopted by 189 delegations at the Beijing Women's Conference, reaffirms the Cairo Programme's definition of reproductive health and advancing women's wider interests by stating that:

> *The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence. Equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the integrity of the person, require mutual respect, consent and shared responsibility for sexual behavior and its consequences. (UN, 1997)*

UNFPA, 1995; Raju, 1997; Toure, 1996 claimed that family planning programs in the past have focused on women instead of men for several reasons like women bear the risks and burdens of pregnancy and childbearing, most modern contraceptives are prepared for women and many service providers have assumed that women have the greatest stake and interest in protecting their own reproductive health. The focus on women merely couldn't bear the intended fruits as social and cultural factors have provided men the dominance in reproductive health decisions making. As a result, in many societies the idea of involving men becomes a necessity. USAID (2008) also supports this argument by saying that:

When men are involved in reproductive health decisions and concerned about equity, both men and women are more likely to communicate with each other, make joint decisions about contraceptive use, discuss how many children they would like to have, and be actively involved in child rearing and domestic chores.

Women traditionally have borne all of the responsibility for their reproductive health care, whether for the purpose of controlling fertility, protecting against sexually transmitted infections (STIs), or caring for a pregnancy. Lately, many factors are suggesting that these issues are better addressed by women and men.

Men support or opposition to their partners' practice of FP has a strong impact on contraceptive use in many parts of the world. Men typically have more say than women in the decision to use contraception and in number of children that the couples will have (Toure, 1996). When men are involved in reproductive health decisions and concerned about equity, both men and women are more likely to communicate with each other, make joint decisions about contraceptive use, discuss how many children they would like to have, and be actively involved in child rearing and domestic chores. Generally, male involvement as a partner i.e. as client, supporter and change agent/advocator should be there to achieve the desired result in family planning and reproductive health.

Cognizant of the stated fact and paucity of relevant researches in the country, this paper explores the importance of involving men in family planning by taking Yeka sub-city of Addis Ababa as a case. It also tries to determine how working with men contributes to the health of their partners as well as to the proper usage of contraceptives. It was based on a data collected from married men and women in three kebeles found in the sub-city. The study used both qualitative and quantitative data from both primary and secondary data sources to reach at its findings. The study has found that the involvement of men in family planning and reproductive health do have considerable benefits in continuous and proper contraceptive usage. Despite that majority of males do have an understanding about the benefits of their involvement; they lack the initiative to take part in utilization of family planning services.

1.2. Statement of the Research Problem

In patriarchal society, where male dominance deprives women of power and decision making, women will not be in a position to reverse a significant inch of the problem let alone changing the entire course of the deep-rooted traditional gender norms. This calls for a new approach to target both women and men. Since ICPD 1994, the men perspective of gender work in health care provision has been emphasized. The new approach challenges the nature of the relationship between men and women and works for transformation of the gender division and roles. In other words it appreciates difference and uses these differences to bring quality of life for all.

In line with this, research shows that "male knowledge of contraception" is generally linked with positive attitudes and increased contraception use. Yet, there is limited picture about the actual knowledge and perceptions men have about family planning methods (Jessica, 2006). This shows that a lot has to be done to assess men knowledge about contraception in order to understand their perception and attitude about it. On the other hand, no matter how many men want to know about and utilize contraception, most family- planning programs have not yet given adequate attention to serve them (Toure, 1996). Still FP programs given in mother and child service centers make men uncomfortable to go there. Even if they go, they would not get what they want as what they want is not known. The health service organization for reproductive health is still largely female-oriented (Yemane, 2006). Alemu (2007) found out that men's involvement could have multiple advantages in promoting reproductive decision making such as sexuality, contraceptive prevalence rate, FP and fertility decision making as well as combating gender based violence. He suggests for programs to involve men and change their attitudes towards gender, RH and rights. He also suggests that motivating them to be partners would have a lot to offer to effective family planning. Mohammed, 2000, cited in Alemu, 2007 explained the importance of couples' discussion about FP as well investigated the ways and means of enhancing women contraceptive decision making by working with men.

Misrak (2007) revealed that husband – wife communication on family planning issues is relatively rare. This is because some men consider FP solely the problem of women. Women, on other hand, prefer to discuss these things with female friends because their husbands would perceive them as

promiscuous. It was also revealed that few men want to be involved in FP discussion, which contradicts the general notion that men are not interested in FP issues.

At the other edge of the debate (Goldie, 2009; Kara, 1997; Levy, 2006; USAID, 2009; ICPD, 1998) affirm that women's health advocates feared that adding men to family planning initiatives would both damage the quality of women's services and appropriate already scarce resources devoted to the field. Furthermore, men were viewed as "gatekeepers" who, if involved in decisions regarding reproduction, would, in fact, jeopardize women's control over their own bodies and ultimately hinder their ability to regulate fertility. Involving men was also portrayed as taking away women's ability to make decisions and challenging women's right of privacy and confidentiality.

Cognizant that the debate has not settled, this study is undertaken to understand the benefits of engaging men in FP and to understand men's knowledge and perception about FP. It also investigates how women - men partnership in family planning and reproductive health can be achieved. The study has made use of both men and women to collect the data required recognizing that RH/FP is a gender issue and it touches everyone's life.

1.3. Research Objectives

1.3.1 General Objective

The main objective of this study is to assess the involvement of men in family planning and its impact on contraceptive utilization.

1.3.2 Specific Objectives

The specific objectives of the study are:

- To explore how men perceive their responsibilities to family planning by taking Yeka sub-city of Addis Ababa as a case.
- To identify how far health centers in Yeka sub-city that work on family planning have involve men in reproductive health interventions.

- To examine the importance of men's involvement in family planning in bringing partnership in contraceptive decision-making.
- To explore the perception of women towards involving men in family planning.

1.4. Research Question

The study aims to answer the following research questions

1. How do men perceive their responsibility in FP/RH?
2. How much do the FP/RH interventions of Yeka sub-city involve men?
3. How far do partners discuss about FP before and after choosing their FP methods?
4. What is the importance of involving men in FP to bring gender equality in reproductive responsibility among couples?
5. What are the challenges observed by women and health workers to get men on board in FP/RH?

1.5. Significance of the study

By assessing the level of men's understanding and knowledge about FP, usage of contraceptive and by exploring the extent of men's support to their wives in effective utilization of FP programmes the study would fill the research gap identified above. The study would also contribute in crafting strategies for correct use of contraceptives. This would inform organizations that work on RH/FP to see the existing knowledge gap in order to design appropriate intervention if required. The study may also invite more scholars in our country to study the involvement of men in gender related works in order to create a responsible society, in which equal participation and benefit sharing is guaranteed.

1.6. Scope of the study

The study was carried out at Yeka sub-city. In this sub-city there are three health centers. Amongst the kebeles under the sub-city, three kebeles which highly utilize family planning and contraception are included in the study, one for each health center. In order to get the required information, 150 married individuals are included in this study, 50 from each of the kebeles embraced by the study. Of the respondents, 75 were men while the remaining 75 were women. It

is believed that this would avoid any gender bias from the study. The study is also limited in theme to exploring the knowledge – base, benefits, ways and means of involving men in reproductive health and family planning. The study focuses on the support that men provide to their partners and the effect of their support on FP/RH decision making.

1.7. Organization of the Study

This thesis has four chapters. *Chapter One* gives an introduction to the study by outlining the problem, objectives, significance, scope of the study and briefly outlines the methodology employed by the study. *Chapter Two* is vested to the review of relevant literature. *Chapter Three* presents the results and discusses of the findings in the study. *Chapter Four* provides a summary of the findings as conclusion and forwards appropriate recommendations.

2. METHODOLOGY

2.1. Data Source and Data Collection

The study has made use of both qualitative and quantitative data. By using qualitative data, the study obtained information about personal experiences, beliefs and perspectives that in turn enabled it to contextualize the finding in depth. To collect the required data used in-depth interview and focus group discussion. Semi-structured interview was used to collect data on individuals' personal perspectives and experiences, while focus group discussion was utilized to generate broad overviews of family planning and reproductive health issues of concern to the informants represented. Quantitative information was collected to understand how men perceive FP and contraceptive use so as to help their wives in FP. Women were also asked on whether their husbands help them to properly use contraceptive and how they make decisions regarding FP. The quantitative information had helped to reflect the number of incidences and occurrences of subjective judgments about men involvement in family planning. To collect the quantitative data, structured questionnaire was used.

The study has also made use of both primary and secondary data sources. Primary data was gathered through semi-structured interview of key informants, focus group discussion and questionnaire. Semi-structured interview was used because it would give a room to discuss issues in depth. The questionnaires were filled by 150 married individuals. Who were selected from the

three kebeles; with the largest number of clients coming to health centers for contraceptive usage, by using simple random sampling. 50 married individuals from each kebele of which 75 are married men and 75 are married women, summing up to give total of 150 married individuals from the three kebeles. The questionnaire comprises both closed-ended and open-ended questions. One focus group discussion was held with women who use FP programmes in Kotebe Health Center, and an interview was conducted with 9 key informants from the three health centers, Yeka Sub-City Health Bureau, Yeka Sub-City Administrative Bureau, Ministry of Health, Family Guidance Association of Ethiopia and City Government of Addis Ababa Health Bureau.

As Secondary data sources both published and unpublished materials have been used. Published information sources include books, journals, and documents while the unpublished sources of information comprises of sub-city documents, and reports. Secondary data sources were made use of as they have important and reliable information that provide a better understanding of the issues under review.

2.2. Sampling Technique

The study used simple random sampling (SRS) which is free from bias and prejudice since this would give each unit of the population an equal chance of being selected into the sample. In Yeka Sub-city, there are three health centers. From each center's list of clients, those kebeles with the largest number of clients coming to health centers for contraceptive usage were selected to take samples from. These are kebele 08/15 from Yeka Health Center, kebele 19 from Kotebe Health Center and kebele 06/07 from Entoto Number 1 Health Center.

The sample population taken from community extension workers, those households included as a pilot to conduct health education and communication, from 2500 households in each kebele, 2 percent of them included in this study. 50 married individuals from each kebele of which 75 are married men and 75 are married women, summing up to give total of 150 married individuals from the three kebeles, were taken to administer the questionnaire. Not least, purposive sampling was used to choose the key informants.

2.3. Data Analysis and Presentation

As enumerators were involved in data collection, the data was cross-checked to detect error in collection of facts and to ensure its accuracy with other gathered facts. The data was, then, classified and grouped into homogenous groups in order to get meaningful relationships and finally tabulated. Tabulating the data has helped to classify it in a compact and meaningful way so as to facilitate comparisons and show the involved relations. It was also in great help to analyze and interpret the data. To simplify the analysis, Micro-Soft Excel was used as an instrument of arranging the data. The qualitative data obtained through interview decoded, arranged and incorporated in the analysis, complementing in drawing inferences by usisng content analysis. The data analyzed in this way is presented by using tables' and graphs, the outputs are incorporated in this thesis report.

3. STUDY AREA

3.1. Justification for Study Area Selection

The study was carried out at three health centers and three kebeles which are found at Yeka sub-city. Yeka sub-city is one of the 10 sub-cities found in Addis Ababa. It is also the least in contraceptive usage from the rest of the sub-cities according to the 2009 Health Sector Performance Report of Addis Ababa Health Bureau.

Table 1.1 Number of Individuals that have Used Family Planning Service in 2009 from the Ten Sub-Cities Found in Addis Ababa.	
Arada	31,226
Addis Ketema	23,208
Akaki Kality	22,294
Bole	31,274
Gullele	27,709
Lideta	23,613
Kolfekeranio	29,930
Kirkos	38,378
Nefassilk Lafto	36,421
Yeka	19,997

3.2. Location and Population of the Study Area

Yeka sub-city covers a total area of 8252 hectares. It has 11 kebeles, reformed after 1997, which are 01/02, 03/04, 05, 06/07, 08/15, 09/10, 11/12, 13/14, 16/17/18 & Anqorcha, 19 & Luqe, and 20/21, Yeka Abado & Yeka Tafo. The sub-city is found in north eastern part of Addis Ababa, it is bounded with Kirkos sub-city in south west, Arada sub-city in west, Gulelae sub-city in North West, Bole sub-city in south, and Oromia regional state in north and east. It has a total population of 346,484 from which 161,480 are men and the rest 185,004 are women. In this sub-city there are 3 health centers and this study has included all the health centers. Three kebeles with high FP and contraceptive utilization had been targeted to get information about how male knowledge of contraception/FP affects contraceptive use and family planning. The map depicted below shows the sub-city and kebeles found in the sub-city.

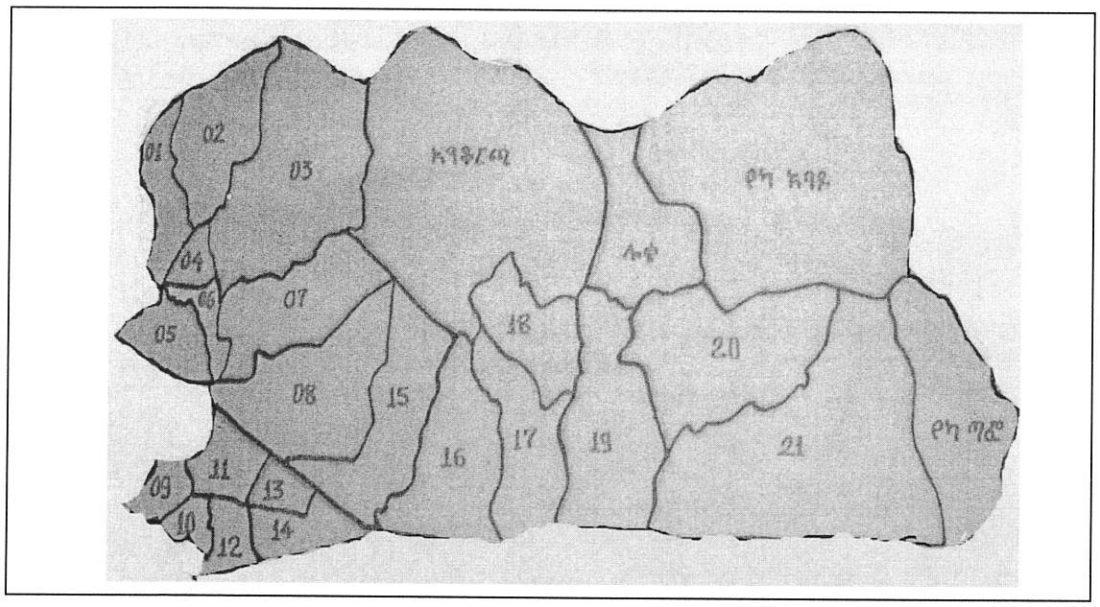


Figure 1.1 Map of Yeka Sub-City: Source Yeka Administrative Bureau

3.3. Socio-Economic Situation of the Study Area

The vast area Yeka sub-city predominantly forested and has a vast area covered by Yeka Mountains. The sub-city gets its name from these mountains. Availability of economic infrastructures like road network, electricity and telecommunication is good. According to 2000

report the sub-city road network coverage was 890 kms as well there is expansion in road network in 2001 and 2002; like from Megenagna to Arat-killo, from Megenagna to Ayat and from Ayat to Legetafo.

There are many economic activities in this sub-city; business like automobile and spare part shops, electronic shops, building construction shops, used commodity outlets, boutiques, furniture shops, supermarkets, and bars and restaurants are observed in the area. Institutions like banks, insurance, hotels, real-states, importers, exporters, NGOs, private limited companies and government bureaus also situated in this sub-city. Furthermore there are 15 embassies, and 10 different religious institutes.

There are 10 public schools, 14 government owned and 74 private first level; 5 government as well as 10 private second level, 9 collage, 1 university college and 25 different training centers and technical colleges. Regarding health institutes there are 26 pharmacies, 3 health centers, 1 government clinic, 60 private clinics, 1 government hospital and 4 private hospitals to meet the needs of the community.

As understood from interview from key informants of Yeka administration bureau; voluntary social institute 249 iddirs, 10 HIV clubs, and government initiative 6 youth centers are active to strengthen cooperation, peer discussion, and experience sharing. In order to increase the culture of reading the government built 3 book centers. But regarding the youth still a lot has to be done since the number of unemployed increases.

By individual inventiveness and government support, 461 small micro-institutes are found in Yeka, that provide employment opportunities to 5391 individuals; more over 6 Micro leather industries and 1 small food processing industry opened in 2002. The sub-city engaged in development extension works in order to meet the needs of the community, like having a goal of building HC in or near by all the kebeles found in the sub-city, out of which it started the construction of 8 health centers. In order to meet the housing need in this sub-city it has built 3169 group houses at 12 sites.

CHAPTER TWO

2. LITERATURE REVIEW

2.1. Conceptual Framework

Almaz and Larson (1993) has noted that rapid population growth, which in many instances far outstrips economic growth and environmental sustainability, is the reality in most developing countries of Sub-Saharan Africa. In Ethiopia, the current population is 79 million, with annual rate of population growth of 2.1 percent (MoH, 2008). According to EDHS (2005) fertility continues to be high in Ethiopia, with women having an average of 5.4 children during their life time. The use of modern methods of contraception in Ethiopia is lower than their use in many other neighboring countries. The same report shows that only 15 percent of currently married women are using any contraceptive method. So the importance of controlling fertility is unquestionable.

Family planning is one of the methods for controlling birth, which if not controlled would dwarf economic growth and environmental sustainability, as indicated by Almaz and Larson (1993). MoH (1997) defines family planning as:

> *"A decision made by an individual or couples about how many children one would like to have, when to start having children, when to stop having children and how long to rest between each pregnancy. The decision has to be made freely without any coercion, after the individual has fully informed about the benefits of planning of family size, the method one can use, and the relative advantage of each of the methods as well as the expected side effect of all the methods"*

UNFPA (1995) supports this by noting that:

> *"Male as well as female must have access to appropriate information and services to achieve good sexual health and exercise their reproductive rights and responsibilities".*

In Ethiopia contraceptive usage is insignificant among men as there is a dominant understanding that women are the ones to bear the burden of unintended pregnancy and sexual transmitted

diseases, hence, shall shoulder the responsibility of using contraceptives and family planning. Yet, the recent increase in sexually transmitted diseases including HIV/AIDS makes it very important to encourage the participation of men in family planning and reproductive health (FGAE, 2002). Almaz and Larson (1993) argue that the involvement of men is imperative since the decision regarding family size and contraception are dominated by husbands in Ethiopia.

Similarly, Salway (1994) has noted that African family planning programmes are severely hampered by their neglect of men. These programmes are also hindered by the relative scarcity of information about men's knowledge, attitude and practice regarding family planning. Most investigations in this areas focus only on women, ignoring the partner's role and the interaction between the sexes in fertility behavior. The same study note down that woman only cannot be taken as representing the couples on family planning and reproductive health decisions.

When there is an open discussion between couples and when men are committed to plan the family, the contraception use defaults rate is lower. Hence involving men in the provision of services and motivating them to use the sexual and reproductive health (SRH) services contribute for the healthy development of individuals that make up the whole society. The more they are involved the better will be their support. If men are not aware of that a problem exists, they will not be able to help. Hence, men should be seen as having a complementary role for their women partners and not as enemies. Virtually, the bottom line is "men should not be excluded." (FGAE, 2002; Panos-Ethiopia, 2004).

Successful involvement of men, however, would require a change in social values. Mindful of the fact that reproductive rights and health affected by socially constructed norms, values and culture that determine behaviours and relationship for men and women, this would make the issue of men involvement a gender issue. Therefore, as indicated in Panos-Ethiopia (1999), working with sexual and reproductive health from gender perspective allows us to go beyond a biological focus on women's bodies to a better understanding of men and women's socially constructed identities and needs. This shows that it's not only women who have to change, but men have to change too. For this to be addressed in development and reproductive planning, men's gender interest must be identified and analyzed. Otherwise, men can present major obstacles to change.

2.2. *The Progress of Integrating Men in Achieving Gender Equality: WID & GAD Approach*

Recognizing that involving men in family planning and reproductive health is both a gender as well as a development issue, any approach that aims at it shall view it from both aspects. The different approaches that had been employed to absorb gender issues in development examine men involvement differently. Women in development (WID), one of these approaches, places primary emphasis on the development of strategies and programs aimed at minimizing the disadvantages of women in the productive sector and ending discrimination against them by focusing only on how women could better be integrated into ongoing development initiatives. The approach also gives attention to the productive aspects of women's work, ignoring or minimizing the reproductive side of women's lives. It began from an acceptance of existing social structures, rather than examining why women had fared less from development strategies during the past decade. According to this approach, the involvement of men in development issues is a rather marginal theme. Furthermore, the approach has no take at all on reproductive health and rights, and their wider implication on the wellbeing of men and women (Eva, 1990).

The WID approach usually seeks to integrate women in development by making more resources available to women, in an effort to increases women's efficiency in their existing roles. Very often, this approach has increased women's workloads, reinforced inequalities, and widens the gap between men and women (Oxfam, 1994). This approach used women as a basis of analysis, i.e. it underlines the importance of women in development and targets them through 'women-only' projects and/ or women specific components of broad programs (Panos Ethiopia, 2003)

The GAD, or gender-and-development, the second approach, emerged in the 1980s as an alternative to WID. The GAD approach takes into account all aspects of women's lives. It rather starts from a holistic perspective, looking at the totality of social organization, economic and political life in order to understand the shaping of particular aspects of society. GAD is not concerned with women as such but with the social construction of gender and the assignment of specific roles, responsibilities, and expectations to women and men. In contrast to the WID that emphasis on women solidarity, the GAD approach welcomes the potential contributions of men who share a concern for issues of equity and social justice (Eva, 1990).

Oxfam (1994) states that GAD approach seeks to base different interventions on the analysis of men's and women's roles and needs in an effort to empower women to improve their position relative to men in ways which will benefit and transform society as a whole. GAD is thus driven by powerful motivation to work for equity and respect for human rights for all people.

Razavi and Miller (1995) mentioned that GAD approach signals three important departures from WID. First, it identifies the unequal power relations between men and women. Second it reexamines all social, political and economic structures and development policies from the perspective of gender differentials. And third, it recognizes that achieving gender equality and equity will demand 'transformative' change in gender relations from household to global. Moreover, emphasizing the need for equity in gender relations and responsible sexual behavior is also another focus area for it. So, this approach, in contrast to the WID approach, gives due recognition to the role of men in overhauling the socially constructed values of laying all reproductive burdens on women.

2.3. Involving Men Reproductive Health / Family Planning

2.3.1. Why to Involve Men?

Women have been both the principal targets and beneficiaries of international and national family planning and reproductive health programs. Policy makers, health planners and service providers have overlooked and even ignored the influential role that men could play in the SRH of their families, and especially their sexual partners. The failure to incorporate men in SRH promotion, prevention, and care programs has had a serious impact on their health, the health of women, and the success of the programs themselves (PAHO, 1998).

The same paper states different reasons for growing interest for involving men in SRH to improve women's health, and the necessity for their own sexual and reproductive health and wellbeing. Some of the reasons are:

- Recognition of men's influential role in the sexuality and reproduction of couples;
- Recognition that men have their own distinct SRH needs and demands;
- Awareness that inequitable gender relations affect the SRH of both sexes;

- Increasing evidence of the negative effects of men's risk behavioral patterns on women and children;
- Concern over increasing rates of STIs and HIV/AIDS;
- Desire to prevent unwanted or unplanned pregnancies through the increased or more effective use of family planning methods;
- Requests from women to incorporate their partners into SRH promotion, education, and service delivery, particularly pregnancy and delivery.

The message from World Conference on Women in Beijing supports men involvement by stating:

> *"Shared responsibility between men and women in matters related to reproductive and sexual behavior is essential to improving women's health."(UN, 1995)*

According to UNFPA, 2000, cited in Mahlet, 2009 has noted that men play an important role in safeguarding the sexual and reproductive health of the women in their lives. But it is also evident that they also have reproductive health needs of their own that should be met.

2.3.2. Why more Men aren't Involved?

PAHO, 1998; USAID, 2008; Walston, 2005 state different factors that limit men's involvement in their and their partners' SRH:

- Masculinity includes a strict set of norms that influence men's sexual and reproductive health behaviour and attitudes;
- A man's virility is measured by his sexual conquests and number of children.
- Young and adult men often view sexual initiation and intercourse as a way to prove they are "real men" and to gain status in their peer group, rather than as an opportunity for intimacy;
- Though it is expected that men will be sexually knowledgeable, in reality, both boys and men are frequently either uninformed or misinformed, but do not seek information for fear of appearing inexperienced;
- Most men know about contraceptive methods, though this knowledge does not always translate into practical or consistent use of contraceptives;

- Despite global recognition, many countries have not developed large-scale programs that reach out to men. As a result, many men are not aware of why they need to be involved in SRH, how they can be involved, and what services are available for them and for their partners.
- Men are not accustomed to seeking reproductive health care and are often uncomfortable accessing reproductive health services. This may be because they have been socially conditioned to believe that an important part of being a man is to be "strong" and not to ask for help.

2.3.3. Potential Benefits of Working with Men

Involving men in RH help in achieving some major development goals, such as a decreased maternal mortality rate and an increased contraceptive prevalence rate. Involving men could also help reduce the overall prevalence of HIV/AIDS—an outcome possible only if men are involved not just as clients of RH but also as partners (Walston, 2005). UN (1995) support the involvement of men by stating that men's shared responsibility with women in matters related to sexual and reproductive behaviour is essential in improving women health.

The last 15 years have witnessed increasing global recognition of the importance of men's involvement in SRH. Issues such as the AIDS epidemic have reinforced the urgency of encouraging men to take responsibility for their own sexual and reproductive health and that of their partners Salem, 2004, cited in Mahlet, 2009. Walston (2005) claimed that involving men in SRH is complicated and demands a long-term commitment. Yet, the rewards are profound like expanding rights for women, improving family health, better communication between partners, and joint and informed decision making within households. Regardless of whether the method is one in which the male partner participates most actively in its use (such as the condom) or whether the female partner participates most actively in its use (such as injection, oral contraceptives, or the IUD), men can play an important role in a method's use and effectiveness. (USAID, 2008)

Bringing a sustainable improvement and growth or development calls for both male and female to equally participate and use their fullest potential to live and build a more balanced society. So any development strategy and/or service should involve abolishment of all forms of suppression of

actions and activities that denies their natural rights, since, a society, in order to develop, is dependent on the utilization of all human resources.

2.4. Current Effort to Involve Men in RH/FP

The program of action adopted at the 1994 ICPD stresses the importance of reproductive rights and reproductive health for both men and women. It also emphasizes the importance of men involvement, in bringing equity in gender relations, as means of empowering women, to reach broader societal goals of population stabilization and economic development. The Program of Action (POA) noted that:

> *Special efforts should be made to emphasize men's shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behaviour, including family planning; prenatal, maternal and child health; prevention of sexually transmitted diseases, including HIV; prevention of unwanted and high-risk pregnancies; shared control and contribution of family income, children's education, health and nutrition; recognition and promotion of the equal value of children of both sexes. Male responsibilities in family life must be included in education of children from the earliest ages. Special emphasis should be placed on the prevention of violence against women and children (Family Care International, 1994:5)*

UNFPA, 1995 provide information on different international conferences which set different points to stress male responsibilities and participation. Some of them are

1. World conference to Review and Appraise the Achievements of the United Nations Decade for Women (Nairobi, 1985)

    - Educate men to share family responsibilities.
    - Promote new or modified gender roles for better sharing of family responsibilities, including decision-making on family size and child-spacing.

2. International Conference on Population and Development (Cairo, 1994)

- Ensure responsible parenthood and equal sharing of domestic responsibilities including child rearing and house work.
- Ensure male responsibilities for sexual and reproductive behaviour.
- Ensure male responsibility for family planning.
- Including male responsibilities in family life in the education of children.

3. Fourth World Conference on Women (Beijing, 1995)

- Educate men in importance of women's health, sexuality, fertility, STD's, HIV/AIDS and violence against women.
- Encourage male sharing in child-care, house work, and financial support.
- Promote responsible male sexual and reproductive behaviour.
- Involve men in activities for gender equality.

4. World Summit on Social Development (Copenhagen, 1995)

- Ensure opportunities for family members to understand and meet their social responsibilities.
- Promote equal partnership between women and men in the family.

2.5. Opposition/ Challenges and Support to Male Involvement

Goldie (2009), in a research on women's attitude to men's involvement, shows that women generally express interest in man's participation in sexual and reproductive health like a participation in antenatal care, post-partum visits, and family planning visits. Some of them want the presence of their husbands during physical examinations or during delivery. Young mothers also expected their husbands to be involved in family planning and child care and want men support in decision to practice contraception. The same study also noted that women wanted to be counseled separately from their partners on the issue of sexually transmitted infections. USAID (2008) recognize that female's have a concern and discomfort with men learning about women's bodies in fear of losing control over family planning information.

Some family planning programs have avoided men because they assume that men are indifferent or even opposed to family planning. Indeed, men as a group are frequently blamed for many of

women's reproductive health problems. ICPD, 1998; Goldie, 2009 state that there have been genuine fears that involving men in family planning education and services could further erode women's control over reproductive health decisions. Reproductive health services have allowed many women a degree of autonomy over their own lives. Many fear that, without genuine gender equity, involving men will perpetuate existing gender inequalities. Kara (1997) supports Goldie (2009) by stating:

> *Program planners view men as potential obstructionist. Who, if involved in decision making, will defeat women's efforts to regulate fertility.*

USAID (2008) noted down that questions arises when involving men as partners, when programmes for men compete for funds with programs designed for women's health; where resources are limited and needs are abundant. Since in many countries, where women still carry the burden of sexual and reproductive health, it is vital that funding for women's health services not to be taken away. Goldie (2009) argues that while there are still gaps in the research regarding the benefits of involving men in reproductive health programs and even data on proven successful strategies with men, it would be difficult to commit fully to men's health where there are limited financial and human resources. Adding to this, USAID (2008) identifies that creating special programs to provide reproductive health services to men might increase costs at some facilities. But this might not always be the case as many facilities have found creative ways to design services that incorporate both women's and men's needs. Meanwhile, many ideas have yet to be explored to determine how best to meet women's and men's needs in ways that are free or low-cost.

In similar line of argument, it was found that clinic-based service delivery designs for family planning have made it difficult to include men; since such services have often been offered in MCH clinics. Many men see MCH clinics and their staffs as serving only women and children and feel uncomfortable seeking information or services in that setting (ICPD, 1998). This shows that men have their own RH need and want to get services in a comfortable and motivating way. Thus, these all imply that health programs should learn more about their concerns and needs, especially in designing programs for them.

Generally, as discussed above, men were long considered to be beyond the scope of family planning programmes; the reasons including the notions that reproduction is primarily a women's issue and that men usually do not take responsibility for reproductive health and family planning. Furthermore, there are few male based contraceptives, as most of the available methods are female-based. Lately, though, there is a shift towards promoting informed contraceptive choices and a client centered approach that called for men to take responsibility for reproductive health and family planning (Govinda, 2008).

2.6. Involving Men in RH/FP vs. Gender Equality

Gender equality implies a real partnership between women and men and their shared responsibilities in removing imbalances in public and private life (Oxfam, 1994). But, in most cases, gender works focused on involving women needs and wants, ignoring or giving less attention to the other part of the population, men, who are also part of the problem as well as the solution. Kimmel (2000) argues that efforts to further gender equality that do not include men are doomed to failure.

Akinrinola and Singh, 1998; FAO, 1998 argued that if men obtain more information on available family planning, can support their wife's use of family planning or can take responsibility themselves for contraceptive use. Failure to involve men in family planning programmes can have serious implications. Even when women are educated and motivated to practice contraception, they may not do so because of opposition from their husbands. The ICPD (1998) in its POA support the importance of innovating men by stating:

> *Innovative programmes must be developed to make information, counseling and services for reproductive health accessible to adolescent and adult men. Such programmes must both educate and enable men to share more equally in family planning and in domestic and child rearing responsibilities and to accept the major responsibility for prevention of sexually transmitted diseases (UNFPA, 2005).*

Efforts to promote family planning in developing countries have often been criticized for their exclusion of men. The consequence of female-only approach has been that some men view family planning with suspicion, regarding it as being aimed at undermining their authority in the family

(Akinrinola and Singh. 1998). So involving men can create rooms for discussion and communication which in turn leads to common understanding and mutual benefit with their spouse and contribute to the road of gender equality. Govinda, 2008; Biruk and Michelle, 2008 claimed that since men in developing countries make most of the decisions regarding family formation, it is important to involve men in FP and RH. Family Care International (1994) supports Govinda (2008) by recognizing men's dominant role in many societies and their influence on women's contraceptive use and reproductive decision making, so decision makers of population and development programmes need to promote the idea of male involvement. This shows that men exercise power across all areas of public and private life. So their cooperation is essential in the domestic, community, national political, financial and at government level. Since gender equality and the social transformation, is most likely to be achieved when men recognize that the lives of men and women are interdependent and that the empowerment of women benefits everyone.

> *Men have to be involved in the process of bringing gender equality because of their position in the society. They influence whatever goes in the society. They have the power and they could use the power. If they would use the power in a positive way to assist women, the pace towards gender equality would have been much faster (Panos Ethiopia, 2004)*

According to Govinda (2008), woman's contraceptive choices and family size may not translate into practice unless they confirm to their husbands' wishes. Which shows that involving men and creating the awareness about the importance of FP and contraceptives is an important step in order to gain their commitment to help their partners. It is also not adequate to take female alone or male alone to reproductive issues. Even though "men and women do not necessarily have similar fertility attitudes and goals" (Akinrinola and Singh, 1998). This shows the importance of involving men as clients as well as partners. The cardinal reason that emerges for the need to promote men's involvement in family planning is that of fostering partnership between men and women.

On the other hand, Rxton, 2004 cited in Mahlet, 2009 claimed that the beneficial impact of involving men and boys is likely to be felt in the long-term, and that such an approach will contribute to raise the next generation of boys and girls in a framework of gender equality and

respect for human rights. Shifting the attitudes and behaviour of men and boys also improve the lives of women and girls in the home, the workplace, and the community.

2.7. Support for RH/FP and Male Involvement in Ethiopia

There are a number of notable initiatives undertaken to serve the health needs of all Ethiopians. Amongst these are the 1993 Health Sector Policy of Ethiopia, which was followed by formulation of a comprehensive Health Sector Development Program (HSDP) in 1998 and the recent Health Extension Program (HEP). The ongoing medium term development plan of the country, Plan for Accelerated and Sustained Development to End Poverty, also gives priority to RH/FP. The HEP also provides priority to family planning and behavioral change on the use of contraceptives by strengthening community mobilization and awareness creation (MOH, 2008).

2.5.1. Policy Support

High fertility ranks second to HIV/AIDS which is the greatest perceived threat to individual and social well-being (MOH, 2006). Accordingly, the National Population Policy of Ethiopia, issued in 1993, under a scenario of continuing high fertility, achieving important national goals as food sufficiency, universal primary education, improving the accessibility of health services to the largest possible number in the shortest possible time, increasing employment opportunities, reducing underemployment in the labor force and improving housing conditions, among others, are proving to be exceedingly difficult. The policy also claims that wherever fertility is high; maternal, infant and child mortality rates are high. Fetal deaths, low weight at birth and related problems are also associated with unregulated fertility.

So to tackle the scenario of high fertility, it sets a general objective of " Closing the gap between high population growth and low economic productivity through planned reduction of population growth and increasing economic returns". It sets its specific objectives as:

- ✓ Reducing the current total fertility rate of 7.7 children per woman to approximately 4.0 by the year 2015;
- ✓ Reducing maternal, infant child morbidity and mortality rates as well as promoting the level of general welfare of the population;

- ✓ Mounting an effective country wide population information and education programmes addressing issues pertaining to small family size and its relationship with human welfare and environmental security.

2.5.2. Strategies

In order to achieve the objectives set, different strategies were designed:

- ✓ Expanding clinical and community based contraceptive distribution services by mobilizing public and private resources;
- ✓ Making population and family life related education and information widely available via formal and informal media;
- ✓ Developing Information Education and Communication/Behavioral Change Communication programmes specially designed to promote male involvement in family planning;
- ✓ Diversifying methods of contraception with particular attention to increasing the availability of male oriented methods.

The national RH strategic document of 2006-2015 set fertility and family planning as a priority in order to reduce unwanted pregnancies and enable individuals to achieve their desired family size. It outlined different strategies to create acceptance and demand for FP, to increase access to and utilization of quality FP services and to delegate the service delivery to the lowest level possible without compromising safety or quality of care. The main targets sets to measure the progress toward this goal are reaching contraceptive coverage rate of 60 percent by 2015, ensuring awareness and increasing demand satisfied to 80 percent, and level of inclusion of long-term FP service in the job description of mid-level health care providers (MOH, 2006)

One of the goals set in strategic document of MOH is "To reduce unwanted pregnancies and enable individuals to achieve their desired family size". To achieve this it set different **strategies:**

- ✓ Create acceptance and demand for FP,
- ✓ Increase access and utilization of quality FP services, particularly for married and unmarried young people and those who have reached desired family size.

And to measure the outcomes; the document set **targets**:

In order to achieve those targets lay down **key actions** to be under taken:

- Establish mechanisms to facilitate the outreach activities of HEWs.
- Ensuring the presence of at least two HEWs and/or community-based agents in every kebele with the training, knowledge, and skills needed to provide basic FP services and refer for long-term and permanent methods.
- Improve pre- and in-service training on FP to health care providers.
- Ensure availability of long term and/or permanent methods, either on-site or through appropriate referral systems, to all women who wish to stop childbearing.
- Provide pre-service training to all mid-level health workers on long-term and permanent methods of FP to ensure that STI detection and treatment services are fully integrated into existing RH programs.

2.8. Spouse Communication

As mentioned by Ashraf and Stan (1997), men and women should discuss their reproductive goals and sexual needs and come to an agreement regarding appropriate actions for them as a couple. Communication between partners is also identified as an essential factor in joint decision making and contraceptive use.

Talking with one's partner about reproductive and contraceptive decisions is likely to increase understanding, help and support to partner's decision. It implies a sharing of decision making. Couples who have discussed their reproductive goals tend to come closer to achieving their desired family size and using contraception correctly and consistently, compared with other couples (Family Care International, 1994). This signifies the essentiality of communication between men and women on issues of RH/FP and the understanding of their joint responsibilities.

Regarding husband domination, Rajo (1987) revealed that the dominance of the husband precludes the wife from taking an equal part in decision making. Consequently, the effective practice of contraception become as much more a difficult task than when the decision to practice contraception is mutually agreed upon. Salway (1994) argues in favor the importance of

communication between partners. She has underlined that lack of communication between spouses regarding family size was an important factor in the low levels of contraceptive use and discussion between spouses was positively associated with contraceptive use.

The problems also prevails in Ethiopia, where low contraceptive prevalence rate is found to be a result of the combination of limited availability, access to specific methods, and cultural and religious barriers including male opposition. Husband-wife communication and women's autonomy about family planning are found to be the main challenges to the effective use of modern contraception (Biruk and Michelle, 2008). All in all, there seems to be s shift towards a consensus on encouraging men to take responsibility for their sexual and reproductive behaviour, including their social and family roles.

CHAPTER THREE

3. RESULT AND DISCUSSION

This chapter presents the results and discussion of the findings of the study. The results are discussed in five subparts; profile of the respondents, contraceptive and reproductive health knowledge and attitude, the gender perspective of reproductive decision-making, partnership and mutual support in family planning, and challenges and prospects of engendering family planning interventions. In this chapter, the importance of men in influencing the utilization of contraceptive is illustrated, aside providing an insight into men's' behavior towards family planning interventions. The chapter also highlights the role of men in reproductive decision-making process.

3.1. Profile of Respondent

The study has involved a total of 150 married individuals as informants, of which 75 are women while the other 75 are men. The respondents were asked to provide the study with general information that would lay the foundation of the analysis.

Educational status was one of the indicators that have been employed by the study to presume the awareness level of the informants. In this regard, amongst the 150 respondents 21.33 percent have studied beyond secondary or technical education level. Whereas 12.67 percent of the respondents did not have any formal educational experience, 32.67 percent of the respondents are found to have been educated up to elementary school level. The remaining 33.3 percent of the respondents have studied up to secondary/ technical level. The results found would show that 87 percent of the respondents have a formal educational experience up to or above elementary education. Similarly, the results show that the number of respondents that had finished higher education tends to be lower for both women and men. Meanwhile, it is found out that women tend to spend fewer years in school than men.

Regarding the occupation of the respondents, out of the 75 married men that the study has involved, 41.33 percent are civil servants, while 26.67 percent and 20 percent are daily laborers and employees of private companies respectively. The remaining 12 percent of men respondents

are self-employed merchants. In contrast to the stated occupational categorization of men respondents, dominated by civil servants. Majority of the 75 women respondents, 44 percent, are unemployed house-wives. Amongst the women respondents only 16 percent are civil servants, while only 9.33 percent are self-employed merchants. According to the responses found in this regard 16 percent of the women respondents have stopped their education or work to raise their children. Of the women respondents of the study, 9.33 percent, 4 percent and 1.33 percent are found to work in private companies, as daily laborers and are students respectively. The comparative occupational categorization of the respondents would show that women are economically heavily dependent on their partners for livelihood. *Table 3.1* below summarizes the educational and occupational categorization of the respondents.

Table 3.1 Percentage of Respondents Educational Level and Occupation

	Husband n=75	Percentage	Wife n=75	Percentage
Educational level				
No education	11	14.67	8	10.67
Elementary	17	22.67	32	42.67
Secondary/Technical	27	36	23	30.67
Diploma	3	4	4	5.33
BA	16	21.33	7	9.33
MA	1	1.33	1	1.33
Occupation				
House wife	-	-	33	44
Civil servant	31	41.33	12	16
Daily laborer	20	26.67	3	4
Merchant	9	12	7	9.33
PLC	15	20	7	9.33
Still in education	-	-	1	1.33
Stop work/school dropout	-	-	12	16

The respondents were also asked to fill in the number of children they have and the number of their children that they wish to have, as an indicator to their family planning experiences. The results found in this regard show that there is considerable disparity amongst partners on the number of children that they want to have. As a showcase, amongst the total number of respondents 70 percent have said that they want from one to three children. When this is disaggregated on gender basis, 72 percent of the men respondents and 76 percent the women respondents are found to be with a view of having from one to three children. Yet, the number of

women and men respondents, who want to have more than 3 children, is found to be relatively the same, with 17.33 percent of the women and 16 percent of the men respondents standing in favor. From the men respondents of the study, 2.67 percent have said that they do not want to have any children, though they don't know how many children their wife wants. Considerable numbers of the respondents, 8 percent, are found to be having a view that children are God's gifts.

Table 3.2 Percentage / Number of Respondents Regarding the Desired Family Size and Fertility intention

	Husband n=75	Percentage	Wife n=75	Percentage
Number of children desired				
Do not want any	2	2.67	-	-
1--3	54	72	57	76
4--6	9	12	11	14.67
7--9	2	2.67	1	1.33
>9	1	1.33	1	1.33
Do not know	3	4	1	1.33
God's gift	4	5.33	4	5.33
Number of children desired by your partner				
Do not want any	1	1.33	2	2.67
1--3	44	58.67	37	49.33
4--6	5	6.67	8	10.67
7--9	-	-	2	2.67
>9	-	-	-	-
Do not know	23	30.67	26	34.67
God's gift	2	2.67	-	-
Number of children you currently have				
0--3	62	82.67	71	94.67
4--7	13	17.33	4	5.33
>8	-	-	-	-
Fertility intention				
Yes	37	49.33	39	52
No	38	50.67	36	48

The knowledge of the respondents about the desired number of children that their partners want to have is another aspect that had been explored by the study as an indicator to the context of reproductive decision making amongst partners.

As shown in *Table 3.2* above, 58.67 percent of the men respondents and 49.33 of the women respondents have said that their partner wants to have from one to three children. From the men respondents of the study, 30.67 percent have said that they do not know the desire of the partners

on number of children, while the number of women respondents with similar view amount to 34.67 percent. Of the women respondents of the study 13.33 percent have said that their partners want to have more than 3 children, while the comparable number for men respondents with similar views is 6.67 percent. As per the response of a women about whether she knows the number of children her partner want, said that

> *"I get the clue about the number of children he wants to have when we jock about kids, I prefer to talk with my friends how many children I want to have and the method I have to use than to talk it with my husbands."*

The results found in this regard show that there is a sizable gap in discussing about fertility desires between partners. This goes in line with findings mentioned in Biruk and Michelle (2008), which show that disparity in fertility desire between husbands and wives, and spouse communication are of the key determinants of secret use of contraceptives.

The difference between the number of children that partners want to have and the number that they do have would affect the utilization rate of contraceptives. In view of this, the respondents were asked about their fertility intention and number of siblings. As indicated in *Table 3.2* above, among the 11.33 percent (n=17) of respondents who have more than 3 children, 29.4 percent are found to have the desire to add more children while the rest 70.6 percent are found to have the desire to stop. Similarly, out of the 11.33 percent respondents that have more than 3 children, 23.5 percent women respondents utilize modern contraceptive users, though they also want to have more than 3 children. The results also show that out of 50.67 percent (n=76) men and women who want to have more children than what they already have, 6.6 percent found to already having more than 3 children. This proves that contraceptive usage is not a guarantee to limit the desire to have more children, though the desire to have more children would affect contrastive usage. The results also show that the number of children that partners already have would directly influence their fertility preference.

3.2. Contraceptive and Reproductive Health Knowledge and Attitude

The information that individuals have about contraceptive and family planning methods would determine the type they would prefer to use. Cognizant of the fact that this would also affect the

utilization and discontinuation rate of contraceptives, the respondents were asked to identify the methods that they have known and the methods that they are using. Presented hereafter is the results found in this regard.

The respondents were asked to identify the family planning methods that they have known, amongst two sets of methods. The first set includes Non-medical methods – withdrawal, monthly cycle and periodic abstinence. The second set, medical contraceptive methods, include pills, implants, IUD (Intrauterine Device), injection, male condom, female condom, diaphragm, Tubal Litigation (female sterilization), and vasectomy. The results found show that the proportion of men, 44 percent, who know more than 6 methods of contraception, out of 12 methods listed in the above, is more than that of women, which is found to be 30.67 percent. The number of men who know about all of the 12 methods of contraception is also more than that of women, as can be seen from the 17.33 percent of men who fall under this category compared to that of the 5.33 percent women. From the set of contraceptive methods listed, it is found that pills and injection are the most known methods. The disaggregating results, however, shows that men are most likely to have heard of the male condom, pill and injection *Table 3.4.*

Table 3.3 Number/ Percentage of Respondents Regarding Contraceptive Methods They Know and Used

	Husband n=75	Percentage	Wife n=75	Percentage
Contraceptive Methods heard/know				
Do not know any	2	2.67	-	-
1—6	40	53.33	52	69.33
>6	33	44	23	30.67
Contraceptive method used				
Do not use any	-	-	10	13.33
Non -medical method only	8	10.67	8	10.67
medical or mix	59	78.67	57	76
Do not know the method she is using	8	10.67	-	-

Similarly, it is identified that 53.33 percent of men and 69.33 percent of women know up to 6 different contraceptive methods. Yet, the study has also revealed that only 2.67 percent men respondents not know any of the method listed, which is greater than that of women respondents, all of whom know at least one method of contraceptive. The results show that almost all women

and men do know at least one method of family planning. Besides, it is also found that the proportional gender difference in contraceptive knowledge is lopsided towards men, who are found to know more number of contraceptive methods than women.

With regard to contraceptive utilization, it is found that more than 75 percent of the respondents are users of either single medical contraceptive, a mix of medical contraceptives or a mix of medical contraceptive with non-medical method. In relation to this, 10.67 percent of the respondents have said that they use only traditional method. Amongst the women respondents of the study, 13.33 percent are not using any method of contraception. Yet, as can be witnessed from the 10.67 percent of men respondents who do not know which kind of contraceptives their wife's use, it could be said that insignificant number of cases there is little discussion between partners in choosing contraception methods.

Table 3.4 Number of Women and Men, Who have Heard and Use Contraceptives

	Husband n=75	Wife n=75	Total	Husband n=75	Wife n=75	Total
	The methods you know			The method you or your partner use		
Non-medical						
Withdrawal	39	12	51	4	2	6
Monthly cycle	46	36	82	17	8	25
Periodic abstinence	30	18	48	-	2	2
Medical						
Pills	59	72	131	18	16	34
Implants	36	52	88	4	6	10
IUD	27	15	42	-	-	-
Injections	59	73	132	25	34	59
Male condom	61	64	125	18	5	23
Female condom	35	16	51	1	-	1
Diaphragm	27	27	54	-	-	-
Tubal Ligation	29	10	39	2	-	2
Vasectomy	23	11	34	-	-	-

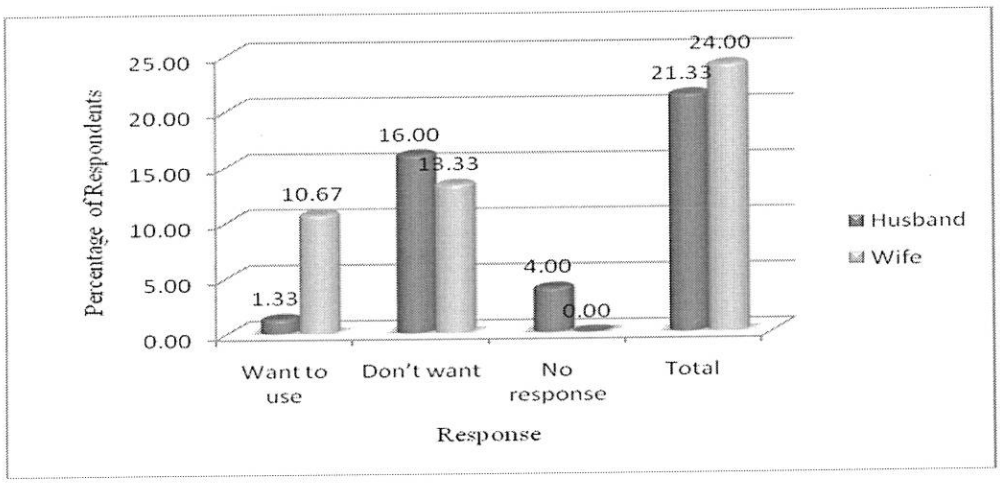
The data also shows that a small number of men do not have the knowledge about a contraceptive method his partners use, indicating a communication gap amongst couples. The results also reveal that contraceptive use increase with the status of education. As substantiation to this argument, it is found that of the 22.67 percent of the respondents who do not use modern contraceptive, 17.65

percent are found to have educated up to secondary/ technical level while the rest 82.35 percent are either educated to elementary level or do not have any formal educational background. Of the different contraceptive methods listed above, Tubal Ligation, Vasectomy and IUD are found to be poorly utilized. One woman who used tubal litigation said that:

> *"My husband wants to have eight to ten children, I know he loves kid but after I gave birth to the fifth one I decided to use the permanent method. If by any means he finds out I did this I don't want think what's going to be his reaction. One thing is for sure, at some point I have to make a decision regarding this issue."*

The interview conducted with the health centers raveled that even if they advise women to use the long-term or permanent method they resist to use either afraid to discuss this issue with their husbands or their husband's disapproval. In contrast, injections are highly utilized to avoid or delay pregnancy followed by pills. Similarly, the result shows that traditional methods are known and used less than modern contraceptives for both women and men *table 3.4.*

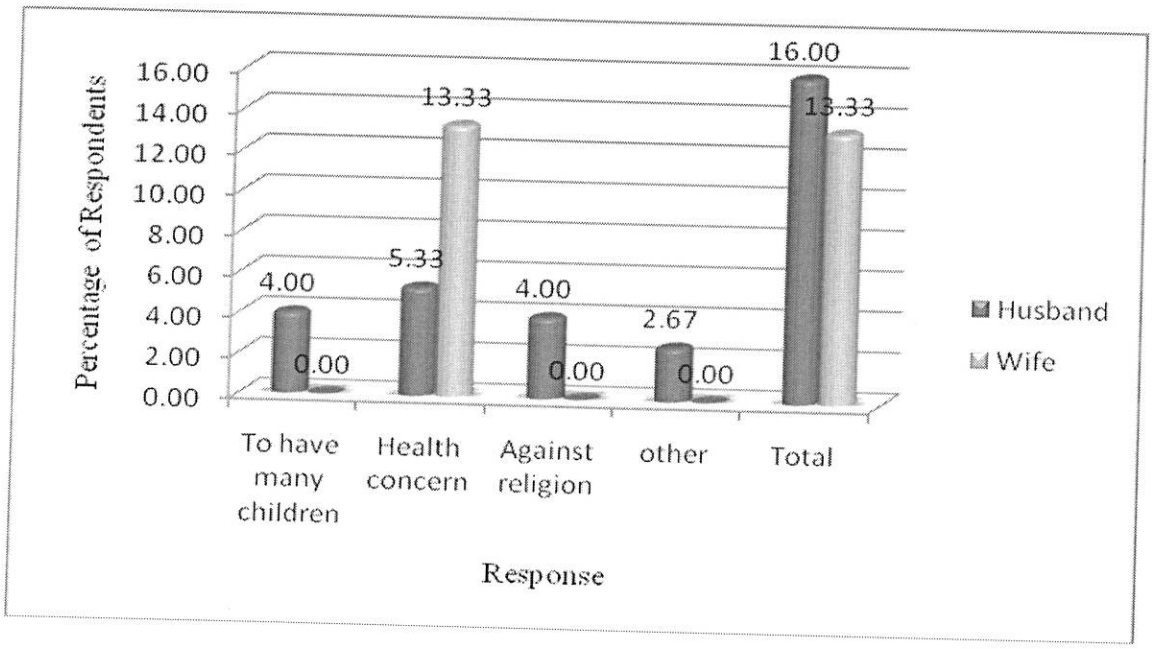
Figure 3.1 Percentage of Respondents Not Use Modern Contraceptives and Their Intention to Use Any.



The fiigure above shows that, out of the 21.33 percent men respondents who have said that they do not know whether their partners are using modern contraceptives or not, 16 percent have said that they do not have a desire to use any modern contraceptives. The reasons that they have given for this range from health concerns about different contraceptive methods, desire to have more

children, religious belief to age related concerns. From the above mentioned respondents, only one (1.33 percent) has expressed a desire to use modern contraception in future. The utilization of modern contraception among women respondents is found to be different from what men respondents have mentioned as their desired methods for their partners. Accordingly, of the 24 percent women who do not use any of the methods or use non-medical methods only, 13.33 percent have said that they do not want to use medical contraception at all. They attribute their decision to health concern. On the other hand, 10.67 percent of them have indicated that they have an intention to use medical contraceptive in the future. This shows that women have more readiness to use contraceptive than men. *Figure 3.1 and 3.2* depict the contraceptive use and reasons for not using of the respondents.

Figure 3.2 Percentage of Respondents Reasons for Not Using Modern Contraceptive



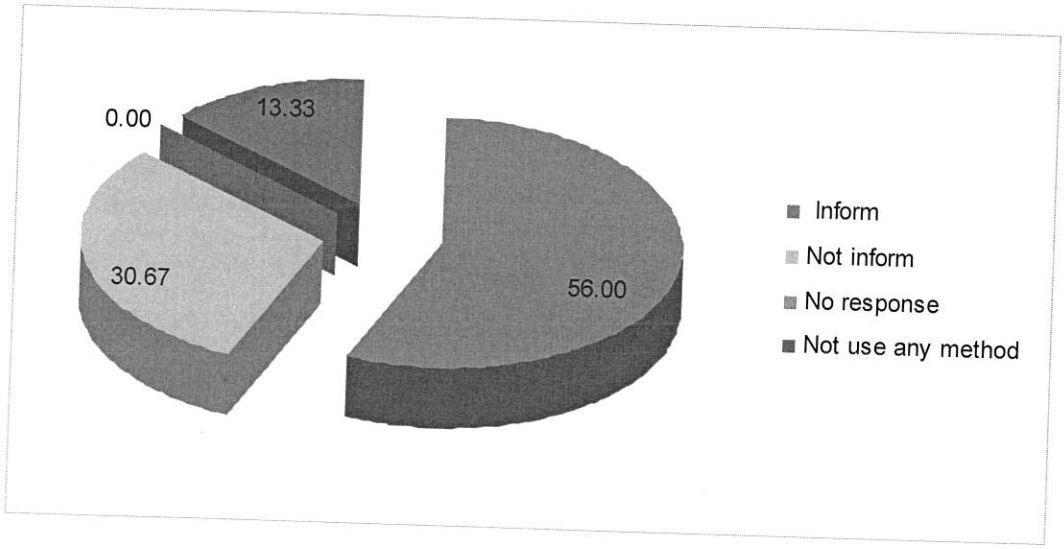
The secretive utilization of contraception is also found to be common amongst women. This could be shown from the 30.67 percent of women respondents that have said that they don't inform their husband about the method that they are using. On the other hand, 46 percent of the respondents have said that they do inform their husbands about the method that they are using.

As per the response of one woman who did not want to inform her husband about the contraceptive she is using said that:

> *"He did not even know that I use a medical contraceptive; he wants to use monthly cycle and when we are using this method I get pregnant before I was ready to have children so I get abortion and from that time on I start to use injection with out his knowledge."*

In support of this, from the focus group discussion held with women, it was understood that women may tell their partners the method she uses but not the detail benefits, schedule and side effect that it would have as most husbands just want to know the method not the detail. Gender roles; socially determined behaviour between men and women; set reproductive role as a responsibility of women and girls, because of this reason most women to take reproductive role only as their responsibility and for husbands to leave reproductive or family planning roles to their partner's.

Figure 3.3 Percentage of Wife Respondents Who Inform Their Husbands



The attitude of the respondents towards family planning and contraception is also found to vary along the line of their sex. As shown in *Annex 1- table 3.5*, more than 50 percent of men and women believe that both men and women should use contraceptives to limit birth by approving that family planning is not the responsibility of women alone but that of men also. On the other hand, 34.67 percent of men and 21.33 percent of women did not agree on the need of men to use

any contraceptive method, while 32 percent of men and 20 percent of women respondents consider family planning as the responsibility of women. Of the men respondents that support the use of contraception to limit birth, 34.67 percent said that men shall never use contraception. Hence, the results show that more of the men respondents do not want to take responsibility in limiting or avoiding birth as they accept the notion that family planning is the responsibility of women. Similarly, substantial number of women respondents also agree on the idea that men shall not use contraception, taking family planning as the responsibility of women.

Furthermore, more than 85 percent of the respondents accept that the idea of spacing birth means to wait a while between pregnancies. They also believe that it is not good for a woman to have many children even if she can (both natural and physical capability). In addition, about 70 percent of the respondents recognize that the importance of meeting the desired number of children without any sex preference. To the contrary, 24 percent of women respondents and 17.3 percent of men respondents agree to the idea of giving birth till sex preference met. In relating number of children with other exogenous factors, about 60 percent of the respondents believe the need to limit family size even if one has enough money while 32 percent men and 38 .67 percent women respondents think that it is delightful to have large family as long as one has enough money. This shows the need to work on creating awareness about the importance of limiting a family regardless of the economic capability that one might have.

With regard to attitudes about the different types of contraception methodologies, more men (56 percent) than women (34.67 percent) think that modern contraceptive do not result in either sterility or fertility, whereas there are 38.67 percent of women and 17.33 percent of men, who believe that it can cause sterility. The rest of the respondents are uncertain about this. In relation to this, nearly 70 percent of women and men have a positive attitude regarding the effectiveness of modern contraceptive methods in preventing unwanted pregnancy. To this end, more women, 17.33 percent, than men, 4 percent, respondents are not sure about the effectiveness of it in preventing pregnancy. Yet, 14.67 percent men and 10.67 percent of women respondents have said that they are uncertain whether it's effective or not. The results points to the fact that there is a need to increase in both men and female knowledge about family planning and contraception so as to increase men's acceptance rate of family planning, enhance communication between partners, raise contraception use and decrease the rate of discontinuation. The results found in this regard

also show that male involvement in family planning would increase female decision-making power, aside ensuring the sharing of decision-making among couples.

The support of men to their partners would extend beyond family planning to taking care of household activities. In this regard, almost equal number of men and women respondents, 78.67 percent and 81.33 percent respectively, agree on the equal role that men should have in household activities like child caring and housework. But, in contrast to this, equal number of men and women (18.67 percent) believe that household activity is the responsibility of women, with no need for men to engage in it. Overall, of the 78.67 percent men who believe that men should have equal role in child caring and household works, 64.41 percent of them support their wife in child care and 28.81 percent help their wives in household work while the rest do not support their partners in housework and child care.

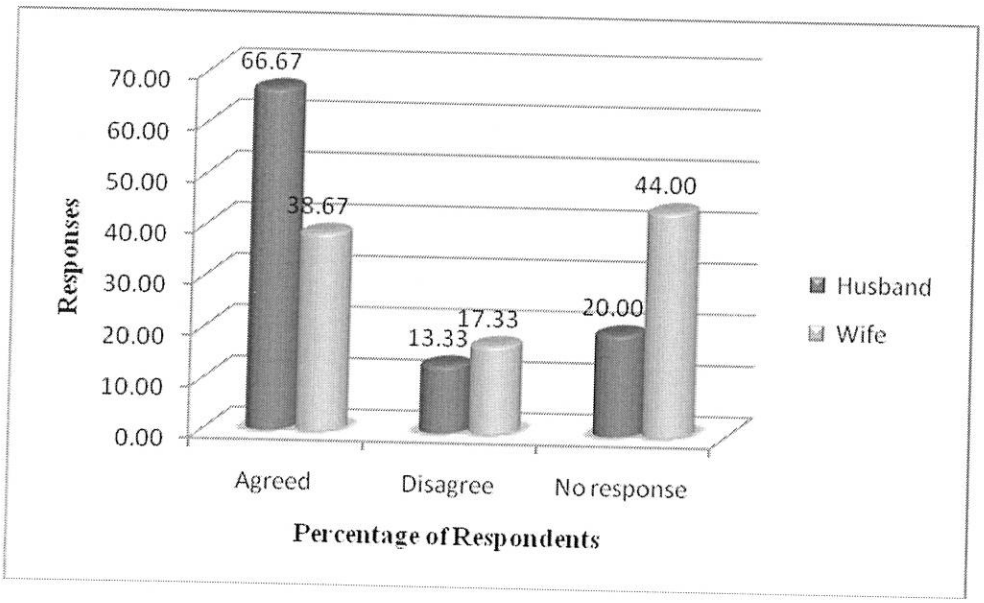
3.3. The Gender Perspective of Reproductive Decision Making

As shown in the previous sections, there is difference between men and women with regard knowledge, attitude, desire and utilization of contraceptives. The impact of such a difference, summed up with the socially constructed gender bias, would cause lopsidedness in reproductive decision making among partners. This section is vested to the discussion of the findings in this regard.

The respondents were asked on whether their partner 'agree' or 'disagree' on the use of contraceptives. The results show that about 66.67 percent of the men respondents have said that they do agree with their wives on the use of modern contraceptive. On the other hand, 38.67 percent of women respondents have reacted that their husbands do agree with them on the use of modern contraceptives. In contrast, 13.33 percent of men respondents and 17.33 percent of women respondents have clued-up that their partners disagree on the use of modern contraceptive, some of the reasons raised for the disagreement are health concern about the medical contraceptives method, religious belief and children's are God gift. Whereas 20 percent of men and 44 percent women respondents have reported that they did not know the attitude of their partners towards contraceptive use and family planning. Wives who believed that their husbands agree on family planning more likely to practice contraception than those wives who felt their husbands disagree or those who said they did not know their husband's attitude. A study done by Ashraf and Stan

(1997); Salway (1994), pointed that the wife's perception of her spouse's approval was significantly influence the proper utilization of family planning methods. *Figure 3.4* below shows the gender differentiated response of the respondents on partner's agreement to contraception and family planning.

Figure 3.4 Percentage of Respondents View towards Contraceptive Use



The reasons that women respondents have mentioned as causes for their husbands disagreements are:

→ Health concern on modern contraceptive methods;
→ Prefer to traditional methods;
→ A belief that use of modern contraceptive is against religion;
→ Lack of knowledge about modern contraceptives;
→ Cultural values and lack of previous experience;
→ Desire to have more children

One way to explore the reproductive decision-making trend between partners would be to look into the inception of the idea for the use of contraception. As shown in *Table 3.6*, out of the 88 percent of the respondents that use traditional and/or modern contraceptive, 52.67 percent have

said that the utilization is initiated by wife, while for 18 percent of them it is reportedly initiated husbands. The rest 17.33 percent have asserted that they initiated the utilization together after discussion. The results shows the belief that contraceptive usage is a women issue dominates, as could be substantiated by most of the contraceptive use initiated by wives. However, with regard to the decision-making trend, 47.33 percent of contraceptive users reported joint decision-making on issues related to contraceptive use. Yet, when the response is disaggregated, 46.67 percent of women respondents have reported that they made decision alone, the comparable proportion of men respondents, who said contraceptive decision were made by wife alone, is that of 16 percent. Only 9.33 percent of the respondents have reacted that contraception was a husbands-only decision.

Table 3.6 Percentage /Number of Respondents Who Take the Initiative and Make the Decision in the use of Contraceptives

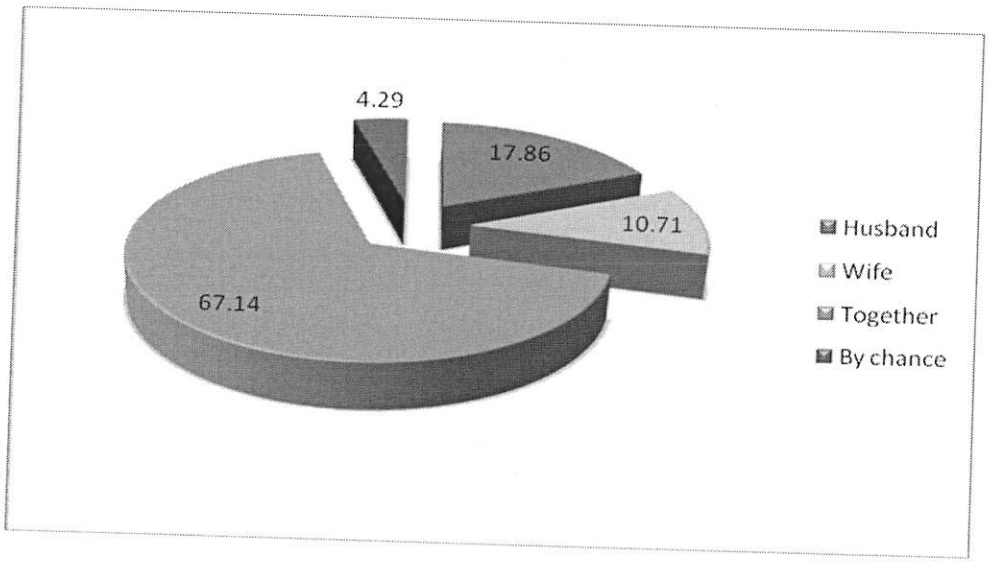
	Husband n=75	Percentage	Wife n=75	Percentage	Frequency n=150	percentage
Who initiated the idea of using contraceptive						
Husband	19	25.33	8	10.67	27	18
Wife	38	50.67	41	54.67	79	52.67
Together	10	13.33	16	21.33	26	17.33
Do not know the method she is using	8	10.67	-	-	8	5.33
Do not use any	-	-	10	13.33	10	6.67
Who decide the use of contraceptives						
Husband	1	1.33	13	17.33	14	9.33
Wife	12	16	35	46.67	47	31.33
Together	54	72	17	22.67	71	47.33
Do not know the method she is using	8	10.67	-	-	8	5.33
Do not use any	-	-	10	13.33	10	6.67

As depicted in *Figure 3.5* below, out of the 140 respondents who have children or are pregnant to have one, 67.14 percent have said that they decided birth interval and number of children they want to have together. Similarly, 17.86 percent have said that the decisions was made by husbands while, reportedly, 10.71 percent have said that wives have made the decision. 4.29 percent of them, however, it has all happened by chance and agreed to give birth. In support of this, 17.33 percent women respondents, as shown in *Figure 3.4* above, have replied that their partners do not agree with them in the use of contraceptives, make decisions regarding number of children and

birth interval alone. In half of the decisions made together, economical capability, health of children and maternal health were found to be taken as important factors that were considered while making decisions together. A women support the idea of making a decision by saying a quote "ተመካከረው ያሩት እንካን አይሸነም". In the remaining half of the cases, the decision was on joint basis though the initiative could be taken by either the wife or the husband. Some of the reasons set by husbands who make the decision alone are man is the bread-winner of the family, a thought that man is the family's health decision-maker and women letting them decide. Comparatively, for those wives who made such decisions alone, bearing the burden of child birth and care is thought to give them an authority to the decisions regarding those issues.

Virtually, the results show that family planning decisions are dominantly a joint decision among couples in the Sub-City. Yet, significant number of individuals in the Sub-City still thinks that family planning decisions are an individualistic decision to be made either by husband or wife.

Figure 3.5 Percentage of Respondents Regarding Decision of Birth Interval and Number of Children



3.4. Partnership and Mutual Support in Family Planning

In section 3.3, it is indicated that majority of the respondents make family planning decisions jointly. Yet, this would by no means guarantee that there exists mutual support between partners in

the process of utilizing the methods. This could be evidenced by the results indicated below that reveal the findings on the level of mutual support between couples on utilization of family planning methods.

As shown in the *Table 3.7* below, out of the 41.33 percent men respondents, were their partners use pills or/and condom, only 6.45 percent of them have said that they would get contraceptive for their wives while the rest 93.55 percent have said that they would not do this at all. Out of the formers, 61.3 percent of them believe that family planning is not the responsibility of women but both. In the same way, from 25.33 percent of women respondents who use pills and/or condom, only 26.32 percent have said that their husbands would get contraceptive to them, while 68.42 percent of them have reacted that they would not do this.

Table 3.7 Support between Couples Regarding Family Planning Issues

	Husband	Percentage	Wife	Percentage
Getting the contraceptive				
Yes	2	6.45	5	26.32
No	29	93.55	13	68.42
No response	-	-	1	5.26
Total	31	100	19	100
Go with your partner to get contraceptive				
Yes	16	27.12	5	8.77
No	41	69.49	52	91.23
No response	2	3.39	-	-
Total	59	100	57	100
Remind the time to take contraceptive				
Yes	23	43.4	23	46
No	30	56.6	26	52
No response	-	-	1	2
Total	53	100	50	100
Child caring				
Yes	38	50.67	30	40
No	29	38.67	34	45.33
No response	-	-	-	-
No children	8	10.67	2	2.67
Pregnant for the first time	-	-	9	12
Total	75	100	75	100
House work				
Yes	19	25.33	26	34.67
No	55	73.33	46	61.33
No response	1	1.33	3	4
Total	75	100	75	100

Of all the men respondents whose partners use modern contraceptive, 27.12 percent of them have said that they would go with their wives to get contraceptives. On the contrary, 69.49 percent fail to demonstrate their support by going together with their partners. Paradoxically, 84.75 percent of them believe that family planning is not a responsibility of women alone. Furthermore, out of 76 percent of the women respondents using modern contraceptive. The support that women are getting from their partners is so low as can be seen from the 91.23 percent of women respondents who have said that their husbands do not go together with them to get contraceptive. Those who are getting support are only 8.77 percent, back-stopping the above support. One women responded to this issue as:

> *"he came with me to HC or hospital if one of our children get sick and when I gave birth besides that I did not even think the importance he coming with me to get contraceptive let alone getting me the contraceptive by himself."*

The interview conducted with health centers also reveled that most o fthe time women only came to HCs to get contraceptive and other services. Even in times of HIV/AIDS test we recommend wives to come with their husbands but few of them came with their husbands.

When viewed in terms of the type of contraceptives that their partners' uses, out of the 70.67 percent of the men whose partners use short-term contraceptives, 43.4 percent of them have reported that they do show their responsibility by reminding their wives to use her contraceptive on time. In comparison, 56.6 percent of these respondents fail to do so. In the case of women respondents, the response is different. Amongst the 66.67 percent of the women respondents that use short term modern contraceptive, 52 percent have said that their husbands do not support them in reminding the time to use her contraceptive.

When the findings in the regard of child caring and house work support disaggregated, out of the 89.33 percent of men respondents who have children, 66.67 have said that they provide support in child caring. Considerable number of men, 33.33 percent, however, have said that they have left child caring to their wives. In the women side, out of the 85.33 percent (n=64) women having children, 46.88 percent have said that they do get help from their husbands in child care. On the other hand, 53.13 percent of these women have said that their husbands left this responsibility to

them. In the other side of support, out of the total men respondents, 25.33 percent of them reported that they do help their wives in housework, while 73.33 percent have said that they do not engage themselves in these kind of responsibility. The findings at this point also show that what men say that they believe in and what they actually do are really different. In support of this, for example, out of 78.67 percent of men respondents who support the idea of men having an equal role in child care and house work, only 28.81 percent have said that they do get engaged in house work. The finding shows that majority of men do not share the responsibility of child caring and house work even if they believe it is the responsibility of both women and men.

One man said that:

> *"I will do some house cleaning but I don't want to go to kitchen because the current setting is not comfortable with all the smoke and traditional cooking system."*

And another man said that:

> *"My wife does not want me to support her in house work she even wants me to stay away from the kitchen."*

The support that men do provide shall be effective only if it is accompanied by open discussion among partners, as mutual understanding is the basis of thoughtful decision. In line with this argument, the results do also show that there is open discussion between couples about contraception and family planning issues. As shown in *Annex 2-Table 4.8*, about 60 percent of the respondents have reported that they would discuss with their partners family planning issues like number of children they want to have, spacing of births, use of contraceptives, child care, problem of large family size, education and future carrier. Out of the respondents of the study, 48.67 percent have the practice of discussing about STIs including HIV/AIDS, while 48 percent do not have such an experience. The focus group discussion held with women revealed that most of the time they get tested for HIV/AIDS during pregnancy and some of them told their husbands the result and do not want to ask him to get a check up together because:

- → Some of them do not want to get in argument with their husbands in explaining the reason.
- → Their husbands said he will go and get tested, no need to go together.

→ If I ask him to get HIV test he may think that I did not trust him and I don't want that.

As the results in *Annex 3-Table 3.9* show, out of those who would discuss some issues of family planning with their partners, about 15 percent have reported that they had frequent discussion, while the rest said that they discuss those issues occasionally. This all reveal that family planning is not a commonly discussed matter among couples in the Sub-City. But studies show that a frequent and occasional discussion among couples about family planning will contribute to effective and continued use of contraceptives, and compare with men who never discussed family planning with their wives; those who regularly discussed it were more likely to use condoms or other temporary method than to use no method. (Salway, 1994; Govinda, 2008)

With regard to discussing sexual matter, the number is much lower than the case for discussing other family planning issues. As the results show, only 20.67 percent of the respondents said that they have the practice of discussing sexual matters with their spouses including when and how to make sexual intercourse. Of the remaining respondents, 60.67 percent of the respondents have said that they do not discuss these issues openly. The opinions collected from the focus group discussions held also affirm that sexual issues are not of the openly talked issues among couples, while for women, talking about these issues is considered to get out of the norm. Which show openness between partners to talk about sexual behaviour and want is still at infant stage. But, as opposed to the findings in this regard, USAID (2008) noted down that mutual consent is the basis for discussion of healthy sexual activity or relationships.

The other critical support that men would offer to their partners on contraceptives and family planning is supposed to be reminding their partners to utilize their preferred method on schedule. To this end, as *Table 3.10* below displays, out of the 66.67 percent of women respondents who use short term modern contraceptive, 30 percent have reportedly forgotten to take their contraceptive on time and get pregnant, while 66 percent of them have said that they have not forgotten to use their contraceptives on time. From the 30 percent of women respondents who forgotten to take their contraceptive, 80 percent have said that they gave birth and while the rest 20 percent did abort. The result vividly shows that unwanted pregnancies can be avoided if men could share the responsibility on contraceptive utilization.

Table 3.10 Percentage/ Number of Women Who Forget or Stop Their Contraceptive; The Reason and Measure They Take		
	Wives	**Percentage**
Forget to take your contraceptive on time		
Yes	15	30
No	33	66
No response	2	4
Total	50	100
The measures taken		
Gave birth	12	80
Abortion	3	20
Total	15	100
Forget to take your contraceptive in the last 12 months		
Yes	22	44
No	28	56
Total	50	100
The reason for stopping		
Desire to get pregnant	9	40.91
Switch to other method	9	40.91
Health problem	4	18.18
Total	22	100

The findings, shown in Table 3.10, also displays that from the 66.67 percent of the short term contraceptive users, 44 percent have reported that they have stopped to take contraceptives. They attributed the interruption to their desire to get pregnant, switching to other method like non-medical methods and health problem. One woman respondents explain her contraceptive experience as

> *"First I started to use pills because I keep forgetting it I changed to injection and my menstruation did not come for three months and with the health problem I have, blood pressure, I stopped and change it to implant but the effect continues that is I still could not see my menstruation which result a problem in my health.....now I am confused which method to use. The idea of using condom is unthinkable, afraid not to raise the idea to my husband."*

The result obtained shows that women still bear the primary burden of trying to avoid unplanned or unwanted pregnancies and suffer the risks of pregnancy, childbirth, and unsafe abortion. This is

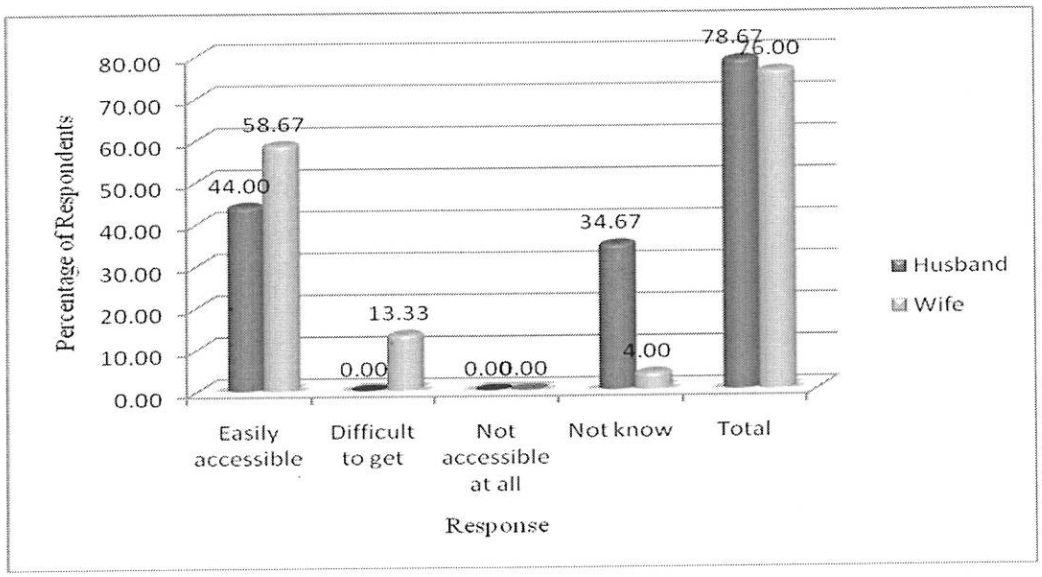
due to man play a small part in FP and still some women fail to use the contraceptive correctly or consistently.

Generally, as described above, the support of men to their partners is constrained to their belief on the benefit of sharing family planning responsibilities between partners. Their belief has not transformed to sufficient level of practical support. Furthermore, it was also identified that socially constructed gender roles have laid their shadow on the mutual support that shall prevail between partners, with regard to contraceptive utilization and family planning.

3.5. Challenges and Prospects of Engendering Family Planning Interventions

The challenges that are found to affect the utilization rate of family planning methods range from accessibility of contraceptives to training and on to lack of alternative family planning methods. One of the challenges that affect the utilization rate of family planning methods is accessibility of contraceptives. As the results of the study show, 17.54 percent of women respondents have said that contraceptive is not easily accessible, mentioning distance as the foremost factor to get the contraceptive. As understood from the focus group discussion, this factor is found to lead many women to interruption as well as stopping of contraceptive utilization.

Figure 3.6 Percentage of Responses regarding the Accessibility of Modern Contraceptive



The second challenge found to threaten the utilization of modern contraceptive is availability of family planning training. As the results show, 60 percent of the men respondents and 72 percent of the women respondents have never taken part in any family planning trainings. When the data is disaggregated on gender basis, 22.22 percent of men respondents believe that they are not expected to take part in family planning training as they think that it is women's responsibility. The case for women is different as 72 percent of the women respondents have said that they did not get any family planning training. Worryingly, 57.41 percent of women respondents have said that they did not even have heard for family planning training. On the other hand, 18.52 percent of the women respondents have said that they are not interested for such training. The results found in this regard prove that there is shortage of training and awareness creation programmes in the Sub-City.

From the interview conducted with the health centers it was found that only one health center, Kotebe HC, have a mass training/ awareness creation program which is conducted in the morning from 7:30 -8:30 a.m. in weekdays. In these awareness creation programmes, participants would be informed about the benefits and side effects of different types of contraceptives, aside provide with detailed information about HIV/AIDS. But all HC provide information to the first time users. Further, it also highlights that there is lack of customized training for men on how to support their partners in the overall process of family planning and contraceptive utilization. In this regard all health centers responded that they are willing to serve men if the came alone or with their partners in providing the required information.

The interview conducted also revealed that out of the three HCs only in one, Yeka HC, there was a health post which is working on men and youth. At that time men were coming to get contraceptives to their wives and a mass awareness creation programs provided to youth. But after 2008 this health post closed because the program set by the government give priority to health communication services to be done by health extension workers.

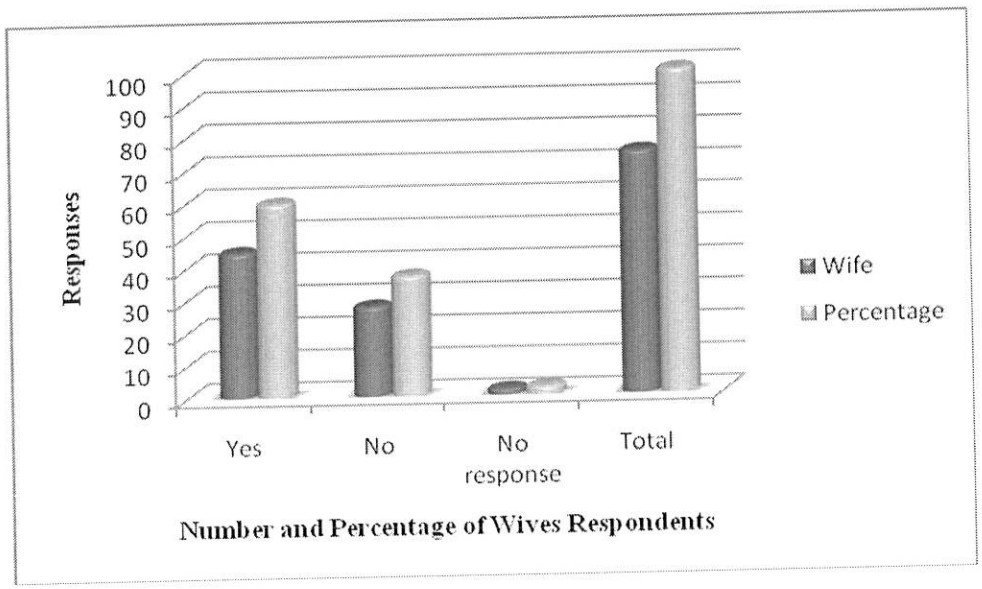
Table 3.11 Percentage of Respondents Who Participate/ not Participate in FP Training, and Source of Information about Family Planning				
	Husband	Percentage	Wife	Percentage
Participate in family planning training				
Yes	28	37.33	21	28
No	45	60	54	72
No response	2	2.67	-	-
Total	75	100	75	100
The reason for not participating in FP trainings				
Do not heard/ get the chance	14	31.11	31	57.41
Do not think the need/ importance	7	15.56	-	-
Do not thought, or give attention	7	15.56	6	11.11
It's her responsibility so she have to take the training	10	22.22	-	-
Not interested/want	4	8.89	10	18.52
Do not get a time	3	6.67	7	12.96
Total	45	100	54	100
Go to health center to get information about FP and contraceptive				
Yes	21	28	-	-
No	54	72	-	-
No response	0	0	-	-
Total	75	100	-	-
Source of information				
Media	55	73.33	9	12
Friends	36	48	21	28
HC	21	28	23	30.67
Hospitals after birth	-	-	5	6.67
Training from other opportunities	2	2.67	2	2.67
Leaflets/ publication	4	5.33	4	5.33
No information	2	2.67	-	-

The third challenge that is identified is lack of customized training and service provision for men on family planning and contraception. Added onto this is the fact that men have less interest to go to health centers to learn about the available service being provided in the health centers of the sub-city. As the findings show, 72 percent of men respondents have said that they do not go to health centers to get any information about contraceptive and family planning. Yet, despite the fact that there is no program set or designed to address men need in any health centers found in Yeka sub-city, they are willing to give any information if they come.

With regard to sources of family planning information, it is understood that the most commonly cited sources of family planning information are media and health workers at health facilities. In addition, experience shared through friends is identified as additional source of information. In this regard, many researches like Govinda (2008) argue in favor of the immense role of media to teach the public about contraceptive and family planning by stating that "those with media exposure were more likely to use temporary methods rather than no method".

Information should be provided to the public, as well, is expected to show both the benefits as well as the side effects of the different types of contraceptive and family planning methods. It is only then that the couples could make an informed decision on which method they shall use.

Figure 3.7 Percentage of Women Who Knows the Benefit and Side Effects of Contraceptive



To this end, as indicated above, majority of the women respondents, 60 percent have reacted that they know the benefit and side effects of some of the contraceptives. But sizable proportion of the women respondents, over 37 percent, has said that they do not know the detail of the benefits and side effects of contraceptives that they are using. As learned from the focus group discussion held with women, friends are found to be the utmost sources of information.

Virtually, it is learned that the foremost challenges identified to hinder the utilization of contraceptives and family planning methods in the sub-city could be solved if an integrated effort from the local government, the health centers and media.

Table 3.12 Percentages of Women Who Want Their Husbands to Get Family Planning Training

	Wife	Percentage
Want their husbands to get FP training		
Yes	57	76
No	17	22.67
No response	1	1.33
Total	75	100
Reasons for wanting their husbands to get family planning training		
He did not have time, but if he get it he will help me in making decision	19	33.33
He will understand my Burdon	5	8.77
To make decision together	11	19.3
To have the knowledge	8	14.04
To help me in child caring, house work and go with me to HC	14	24.56
Total	57	100

The table above shows that wives' response regarding their interest on their husbands' involvement, significant number of respondents, 76 percent, want their husbands to get Family planning training so that her husband can understand the burden and help her in child caring, house work and to support her in getting/ reminding or using contraception, to be equipped with the required knowledge which make discussion and agreement between partners easy. Even if women want their husbands to get FP training there is no program designed to address men. The interview conducted with MOH, FGAE, Addis Ababa Health Bureau, and Yeka health bureau revealed that there is no program planned to address married men need. Even if the government set the importance of involving men as client and as a partner is necessary by stating educational and behavioral change programs should be designed to promote male involvement in family planning, but actual steps taken are limited.

As per the response of MOH they started to give reproductive health services at community level through Health Extension Workers; one of the goals set by government is 'to reduce unwanted pregnancies and enable individuals to achieve the desired family size', to achieve this outreach

activities of HEWs to provide basic health services set as a means to achieve this goal. HEWs provide information/ knowledge about health at grass root level or at community level.

HEWs are responsible to equip households with information on environmental health, maternal and child health, disease prevention and control, and health education as major health areas; with this program the government expects to reach men and involve them. But this program is at its early stage, only started at Addis Ababa.

All in all, even if the government recognizes the importance of involving men to achieve its population goals; actual work done is limited.

CHAPTER FOUR

4. CONCLUSION AND RECOMMENDATION

4.1. Conclusion

The objective of this study was to assess the involvement of men in family planning and its impact on contraceptive utilization in Yeka sub-city. The study has also looked into how far health centers found in the sub-city have engendered men in their family planning and reproductive health initiatives. Pertinent information was gathered through structured questionnaire, semi-structured interview, and focus group discussion. Secondary data was also used to back up the result of the study.

It is learned from the study that there is a considerable disparity among partners on the number of children they want to have, also sizeable gap in discussing about fertility desire between partners which has resulted in secret contraceptive use or discontinuation in use. It is also found out that family planning decision making role was mostly influenced by both couples, where the role of men is also significant. The desire to have more children was high with those who already had 1-3 children.

The finding indicates that almost all women and men do know at least one family planning method. Men tend to know more methods of contraceptive than women. Tubal litigation, Vasectomy and IUD are poorly utilized methods among couples due to the preference of most women to use short-term contraceptives methods as either their husbands do not approve the use of long-term or permanent methods to limit family size or lack of knowledge about it. Yet, it is also found out that local governments have given great attention for the use of long-term and permanent methods by increasing the knowledge of the community.

The research also reveals that about 15 percent of the respondents do not want to use modern contraceptive due to health concern about different contraceptive methods, religious believes and desire to have more children. Considerable number of women, however, is found to use modern

contraceptive secretly without the full knowledge of their partners, affecting the effective use of contraception.

The study disclosed that the notion of assigning reproductive role as a primarily women's issue is heavily accepted by both men and women. Men are found to fail short of taking responsibility for reproductive health/family planning or contraceptive use by pointing socially ascribed identities as attributions. About 35 percent of men and women directly relate the number of children one should have with economic capability. Showing a knowledge gap about the importance of limiting family size irrespective of economic capability, mothers health and sex preference.

The research shows that wives who believed that their husbands do agree on family planning are found to more likely be practicing contraception than those wives who felt their husbands disagree or those who said they did not know their husband's attitude. The study pointed out, that the wife's perception of her spouse's approval would significantly influence the proper utilization of family planning methods.

From the study it was found that contraceptive use either to space births or to limit family size it's likely to be initiated by wives rather than husbands. But success in achieving a smaller family is found to depend on how responsive husband's fertility preference and interest of contraceptive usage is to the changes of spouses' preferences. In addition, husband's preference on couple's reproductive behavior is also found to determine the size of the family. The finding also discloses a significant number of individual's still believe family planning decisions are an individualistic decision to be made either by the husband or wife.

From the finding it is also found that significant number of men do not demonstrate their support to their partners in getting the contraceptive, going with their partners to get the contraceptive and remind her the time to take her contraceptives, which, combinedly, help to avoid the discontinuation in use of contraceptives and in avoiding unwanted pregnancies.

The result highlights the need to transform men's positive attitude in to positive behaviours through intensive reproductive health education. Discussion among couples on fertility issues is found to be strongly associated with the use of contraceptives, indicating the importance of frequent discussions. Similarly, it is observed that in cases where a greater approval and more

frequent discussion among couples enhanced contraceptive use by women. Furthermore, it is identified that considerable amount of respondents do not openly discuss sexual matters, showing that a lot has to be done regarding attitudinal change about the importance of discussion among couples in order to have a healthy sexual relationship. This also high lightened that promoting communication and information dissemination on family planning could have an impact in fertility regulation.

The results found as prove that there is shortage of training and awareness creation programmes in the Sub-City that involve men as partners or clients. Further, it also highlights that there is lack of customized training and awareness creation programs for men regarding reproductive health and how to support their partners in the overall process of family planning and contraceptive utilization. It was also found that the reproductive health service provision in the sub-city is found largely being female -oriented. Efforts to include men are still in their primary stage.

Generally, the study has identified that the involvement of men do have considerable impact on contraceptive utilization, reproductive decision-making and partners' health. Yet, the effort to reach men out and provide them with customized family planning services in the sub-city is found to be underdeveloped, unrecognized and poorly resourced.

4.2. Recommendation

Based on the findings of this study, the following possible recommendations are forwarded:

- Family planning interventions shall focus on enhancing men's awareness of contraceptives by providing them with information on the advantages and disadvantages of a wide range of methods and by underscoring the importance of improved communication and shared decision making within the family.

- Family planning service provision shall embrace assertive education and awareness creation schemes about the impact of large family size on women's health and family well-being.

- Providing full-fledged information regarding reproductive health and rights, in the context of human rights, shall be one of the focal points of interventions aimed to achieve better sexual health and exercise of rights and responsibilities.

- Training should be given to health care providers on how to include husbands in the health care services, including training on joint counseling. Raising awareness of policy-makers and stakeholders about the need for providing reproductive health services for men, including youth, shall also be give due attention.

- So health facilities shall institute creative ways to serve both men's and women's need - like having different time schedule. Further, there is a need to change the current set-up in family planning clinics to allow for the presence of husbands with their wives and to integrate services for men within current services. Nevertheless, attention should be given not to compromise women's privacy and autonomy rights as a result of involving their husbands.

- Community attitudes about male involvement and gender equality shall be addressed through grass root interventions. The initiative taken by government to reach the community through health extension works should be expanded and supported by other stakeholders.

- Local governments shall give due accord to establishing men-centered clinics to give tailored reproductive health and family planning services, aside providing information on women family planning methods and cooperative reproductive decision making.

Generally, it shall be emphasized that family planning is not an issue that only concerns women. Rather, it requires active commitment from both men as well as women. In addition, men shall play important role in safeguarding the health of women, in view of the fact that the more they are involved, the better will be their partners' health situation. As also shared by Kimmel (2000), efforts to further gender equality in family planning and contraception that do not include men are doomed to failure. Hence, there is an urgent need to consider that men do also have their own reproductive demands and these demands should be met.

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Annex

Annex 1 -Table 3.5 Percentage Men and Women Attitude towards Family Planning Issues				
	Husband n=75	Percentage	Wife n=75	Percentage
Men must also use contraceptive to limit birth				
positive	40	53.33	56	74.67
Negative	26	34.67	16	21.33
Uncertain	9	12	3	4
FP is the responsibility of women				
positive	24	32	15	20
Negative	50	66.67	57	76
Uncertain	1	1.33	3	4
Both should use contraceptive to limit birth				
Positive	52	69.33	58	77.33
Negative	22	29.33	14	18.67
Uncertain	1	1.33	3	4
Women should bear many children as she can				
positive	9	12	7	9.33
Negative	66	88	68	90.67
Uncertain	-	-	-	-
Need to have more children if sex preference not met				
Positive	13	17.33	18	24
Negative	55	73.33	57	76
Uncertain	7	9.33	0	0
Good to wait between pregnancy				
Positive	69	92	71	94.67
Negative	6	8	4	5.33
Uncertain	-	-	-	-
One has enough money, need to have large family				
positive	24	32	29	38.67
Negative	49	65.33	45	60
Uncertain	2	2.67	1	1.33
Modern contraceptive Cause sterility				
Positive	13	17.33	29	38.67
Negative	42	56	26	34.67
Uncertain	20	26.67	20	26.67
Modern contraceptive Effective in preventing pregnancy				
Positive	61	81.33	54	72
Negative	3	4	13	17.33
Uncertain	11	14.67	8	10.67
Men should have equal role in FP				
Positive	59	78.67	61	81.33
Negative	14	18.67	14	18.67
Uncertain	2	2.67	-	-
Child care and house work is the responsibility of women				
positive	14	18.67	14	18.67
Negative	59	78.67	61	81.33
Uncertain	2	2.67	-	-

Annex 2 -Table 3.8 The rate and practice of discussion about family planning issues between partners.

	Husband n=75	Percentage	Wife n=75	Percentage	Frequency n=150	Percentage
Partners practice of discussing family planning issues						
No of children you want to have						
Yes	51	68	43	57.33	94	62.67
No	23	30.67	32	42.67	55	36.67
No response	1	1.33	-	-	1	0.67
Use of contraceptive						
Yes	52	69.33	42	56	94	62.67
No	19	25.33	33	44	52	34.67
No response	4	5.33	-	-	4	2.67
Sexual matters						
Yes	26	34.67	5	6.67	31	20.67
No	36	48	55	73.33	91	60.67
No response	13	17.33	15	20	28	18.67
Spacing birth						
Yes	61	81.33	39	52	100	66.67
No	13	17.33	32	42.67	45	30
No response	1	1.33	4	5.33	5	3.33
Problem of large family size						
Yes	50	66.67	39	52	89	59.33
No	25	33.33	35	46.67	60	40
No response	-	-	1	1.33	1	0.67
Child caring						
Yes	58	77.33	35	46.67	93	62
No	17	22.67	36	48	53	35.33
No response	-	-	4	5.33	4	2.67
Education and future carrier						
Yes	44	58.67	42	56	86	57.33
No	33	44	32	42.67	65	43.33
No response	1	1.33	1	1.33	2	1.33
STIs including HIV/AIDS						
Yes	44	58.67	29	38.67	73	48.67
No	28	37.33	44	58.67	72	48
No response	3	4	2	2.67	5	3.33
How often u communicate with your partner about FP						
Frequently	15	20	4	5.33	19	12.67
Occasionally	45	60	49	65.33	94	62.67
Never	15	20	22	29.33	37	24.67

Annex 3 -Table 3.9 Percentage/Number of Respondents Who Discuss Family Planning Issues						
	Husband	Percentage	Wife	Percentage	Frequency	Percentage
Number of children you want to have						
Frequently	11	21.57	4	9.3	15	15.96
Occasionally	40	78.43	39	90.7	79	84.04
Total	51	100	43	100	94	100
Use of contraceptive						
Frequently	12	23.08	4	9.52	16	17.02
Occasionally	40	76.92	38	90.48	78	82.98
Total	52	100	42	100	94	100
Sexual matters						
Frequently	6	23.08	-	-	6	19.35
Occasionally	20	76.92	5	100	25	80.65
Total	26	100	5	100	31	100
Spacing birth						
Frequently	12	19.67	3	7.69	15	15
Occasionally	49	80.33	36	92.31	85	85
Total	61	100	39	100	100	100
Problem of large family size						
Frequently	11	22	4	10.26	15	16.85
Occasionally	39	88	35	89.74	74	85.15
Total	50	100	39	100	89	100
Child caring						
Frequently	12	20.69	2	5.71	14	15.05
Occasionally	46	79.31	33	94.29	79	84.95
Total	58	100	35	100	93	100
Education and future carrier						
Frequently	9	20.45	3	7.14	12	13.95
Occasionally	35	79.55	39	92.86	74	86.05
Total	44	100	42	100	86	100
STIs including HIV/AIDS						
Frequently	10	22.73	3	10.34	13	17.81
Occasionally	34	77.27	26	89.66	60	82.19
Total	44	100	29	100	73	100

Annex 4 - Questionnaire Designed to Collect Information from Married Individuals

Annex 4.1-Questionnaire for husbands

Addis Ababa University

School of graduate studies

Institute of regional and local development

A questionnaire to be filled by Husband **Code No. _____**

Dear:

I would like to express my heartfelt appreciation, in advance, for taking your time to respond the following questions. The questionnaire as part of the study work designed for the preparation of a thesis under the title "The Impact of Male Involvement in Family Planning"

The purpose of this questionnaire is to assess the involvement of men in reproductive health and family planning and its effect on their and their partner's health. The response you provide will be highly valuable for the successful completion of the study. Be confident that the information you provide will be kept confidential and used only for academic purpose. So you are kindly requested to give your genuine answer.

Personal information

1. Education level
   - No Education ☐ Elementary ☐ Up to Grade _____
   - Secondary ☐ Technical ☐ Dimploma ☐
   - BA ☐ MS ☐
2. Occupation
   - Merchant ☐ Civil servant ☐
   - Daily laborer ☐ Other _____
3. How many children do you want to have? _____
4. How many children does your wife want to have? _____
5. Number of children you currently have _____
6. Do you want to have more children?
   Yes ☐ No ☐

Contraceptive knowledge, attitude and decision practice

7. Which method of contraceptive do you know to delay or avoid pregnancy?

Non-mwdical method	Withdrawal	
	monthly cycle	
	Periodic abstinence	
Medical method	Pills	
	Implants	
	IUD (intrauterine device)	
	injections	
	male condom	
	female condom	
	diaphragm	
	female sterilization	
	Vasectomy	

8. Which contraceptive method (s) did you use in the last one year to delay or avoid pregnancy?

Non-mwdical method	Withdrawal	
	monthly cycle	
	Periodic abstinence	
Medical method	Pills	
	Implants	
	IUD (intrauterine device)	
	injections	
	male condom	
	female condom	
	diaphragm	
	female sterilization	
	Vasectomy	

9. If you don't use modern contraceptive; do you intend to use any modern method at some time in the future?

Want to use ☐ Don't want to use ☐ No response ☐

10. If the answer is 'No' why you don't want to use any contraception method?

a. To have many children ☐
b. Health concerns about the methods ☐
c. Spouse opposes ☐
d. It is against religion ☐
e. Other please specify ☐
f. Hard to get it ☐
g. Knows no method to use ☐

11. How is the accessibility of the contraceptives?

Easily accessible ☐ Difficult to get ☐

Not accessible at all ☐ Not know ☐

12. What do you think the benefits of family planning?

a. Limiting family size b. To avoid unwanted pregnancy

c. Spacing child birth d. For mother and child health

e. Other please specify _____

13. Who initiated the idea of using Modern contraceptives?

Husband ☐ Wife ☐

14. Who decide the use of Modern contraceptive?

Husband ☐ Wife ☐ Together ☐

15. Did your partner agree on the use of modern contraceptive?

Agreed ☐ Disagree ☐ No response ☐

16. If not agreed; Why?

_____

_____

_____

17. Who decides on a number of children and birth interval in family?

Husband ☐ Wife ☐ Together ☐

18. Please specify the reason

_____

_____

_____

19. Did you support your wife in

	Yes	No	No response
Getting the contraceptive			
Go with you to health center to get contraceptive			
Remind you the time to take your contraception			
Child caring			
House works			

20. Do you have the practice of discussing with your partner about

	Yes	No	No Response
The number of children you would like to have			
The use of contraceptive			
Sexual matters like how and when to make sexual intercourse with your husband?			
Spacing birth			
Problem of large family size			
Child caring			
Education and future carrier			
STIs including HIV/ AIDS			

21. Men attitude towards family planning?

	Positive	Negative/ oppose	Uncertain
Men should also use contraceptive methods to limit birth.			
Family planning is the responsibility of women only.			
Do you agree that men and women to use contraceptive method to limit birth?			
Every woman should bear many children as she can.			
People should continue to bear as many children as they can if thedesired number is met but not sex preference.			
It is a good idea to wait a while between one pregnancy and the next.			
If one has enough money he/she needs to have large family.			
Modern contraceptive can affects fertility or produce sterility in women.			

Modern contraceptive methods are effective in preventing pregnancy.			
Men should have equal role in family planning. (child care, house work)			
Child care and house work is the responsibility of women.			

22. How often you communicate with your wife about family planning issues?

Frequently ☐ Occasionally ☐ Never ☐

23. Did you participate in any family planning trainings?

Yes ☐ No ☐ No response ☐

24. If 'No' why?

_____

_____

_____

25. Did u go to health centers to get information about FP and/or contraceptives?

Yes ☐ No ☐ No response ☐

26. How did you get/ know information about FP or contraceptives?

Media ☐ Health centers ☐

Friends ☐ Other please specify _____

27. What type of services you want to get from health centers?

_____

_____

_____

28. Any comment you want to add about male involvement in Family planning?

_____

_____

_____

Thank you

Annex 4.2-Questionnaire for wives

Addis Ababa University

School of graduate studies

Institute of regional and local development

A questionnaire to be filled by wives **Code No. _____**

Dear:

I would like to express my heartfelt appreciation, in advance, for taking your time to respond the following questions. The questionnaire as part of the study work designed for the preparation of a thesis under the title "The Impact of Male Involvement in Family Planning"

The purpose of this questionnaire is to assess the involvement of men in reproductive health and family planning and its effect on their and their partner's health. The response you provide will be highly valuable for the successful completion of the study. Be confident that the information you provide will be kept confidential and used only for academic purpose. So you are kindly requested to give your genuine answer.

Personal information

29. Education level

Elementary ☐ Up to Grade _____

Secondary ☐ Technical ☐ Dimploma ☐

BA ☐ MS ☐ No education ☐

30. Occupation

House wife ☐ Merchant ☐

Civil servant ☐ Daily laborer ☐

Other _____

31. How many children do you want to have? _____

32. How many children does your husband want to have? _____

33. Number of children you currently have_____

34. Do you want more children?

Yes ☐ No ☐

Contraceptive knowledge, attitude and decision practice

35. Which method of contraceptive do you know to delay or avoid pregnancy?

Non-mwdical method	Withdrawal	
	monthly cycle	
	Periodic abstinence	
Medical method	Pills	
	Implants	
	IUD (intrauterine device)	
	injections	
	male condom	
	female condom	
	diaphragm	
	female sterilization	
	Vasectomy	

36. Which contraceptive method (s) did you use in the last one year to delay or avoid pregnancy?

Non-mwdical method	Withdrawal	
	monthly cycle	
	Periodic abstinence	
Medical method	Pills	
	Implants	
	IUD (intrauterine device)	
	injections	
	male condom	
	female condom	
	diaphragm	
	female sterilization	
	Vasectomy	

37. If you don't use any modern contraceptive; do you intend to use modern method at some time in the future?

Want to use ☐ Don't want to use ☐

Unsure about use ☐ No response ☐

38. If the answer is 'No' why you don't want to use any contraception method?

a. To have many children ☐
b. Health concerns about the methods ☐
c. Spouse oppose ☐
d. Hard to get it ☐
e. It is against religion ☐
f. Knows no method to use ☐
g. Other please specify ☐

39. How is the accessibility of the contraceptives (modern contraceptives)?

Easily accessible ☐ Difficult to get ☐

Not accessible at all ☐ Not know ☐

40. What do you think the benefits of family planning?

a. Limiting family size b. To avoid unwanted pregnancy

c. Spacing child birth d. For mother and child health

e. Other please specify _____

41. Who initiated the idea of using Modern contraceptives?

Husband ☐ Wife ☐ Together ☐

42. Who decide the use of Modern contraceptive?

Husband ☐ Wife ☐ Together ☐

43. Does your husband know the method you use?

Informed ☐ Not informed ☐ No response ☐

44. Did your partner agree on the use of modern contraceptive?

Agreed ☐ Disagree ☐ No response ☐

45. if not well informed or disagreed Why?

_____

_____

_____

46. Did you know the benefits and side effects of different modern contraceptive methods?

Yes ☐ No ☐ No response ☐

47. How did you know this information?

Media ☐ Health centers ☐ Friends ☐

Other please specify _____

48. Who decides on a number of children and birth interval in family?

Husband ☐ Wife ☐ Together ☐

49. Please specify the reason

_____

_____

_____

_____

50. Does your husband support you in

	Yes	No	No response
Getting the contraceptive			
Go with you to health center to get contraceptive			
Remind you the time to take your contraception			
Child caring			
House works			

51. Did you forget your contraception and get pregnant in the last one year? (modern contraceptive users)

Yes ☐ No ☐ No response ☐

52. What did you do?

_____

_____

_____

53. Did you stop taking your contraception within the past 12 months of beginning to use? (modern contraceptive users)

Yes ☐ No ☐

54. Why?

a. Desire to get pregnant ☐
b. Switch to another method ☐
c. The method used fail ☐
d. Health concerns ☐
e. Other specify _____

55. Did you participate in any family planning trainings?

Yes ☐ No ☐ No response ☐

56. If 'No' why?

_____
_____
_____
_____

57. What type of services you want to get from health centers?

_____
_____
_____
_____

58. Do you want your husband to go to health center and get FP trainings, contraceptives?

Yes ☐ No ☐ No response ☐

59. Please specify the reason?

_____
_____
_____
_____

60. Do you have the practice of discussing with your partner about

	Yes	No	No Response
The number of children you would like to have			
The use of contraceptive			
Sexual matters like how and when to make sexual intercourse with your husband?			
Spacing birth			
Problem of large family size			
Child caring			
Education and future carrier			
STIs including HIV/ AIDS			

61. Women attitude towards family planning?

	Positive	Negative/ oppose	Uncertain
Men should also use contraceptive methods to limit birth.			
Family planning is the responsibility of women only.			
Do you agree that men and women to use contraceptive method to limit birth?			
Every woman should bear many children as she can.			
People should continue to bear as many children as they can if thedesired number is met but not sex preference.			
It is a good idea to wait a while between one pregnancy and the next.			
If one has enough money he/she needs to have large family.			
Modern contraceptive can affects fertility or produce sterility in women.			
Modern contraceptive methods are effective in preventing pregnancy.			
Men should have equal role in family planning. (child care, house work)			
Child care and house work is the responsibility of women.			

62. How often you communicate with your husband about family planning?

Frequently ☐ Occasionally ☐ Never ☐

Thank you.

Annex 5 - Interview Checklist for Key Informants

Addis Ababa Health Bureau

- What are the current efforts to involve men in RH/FP?
- What opposition has there been to male involvement in reproductive health?
- Possible Areas in Which to Expand Work with Men?
- What would make it easier to work more extensively with men?
- What are the benefits of working with men?
- The challenges of male involvement in Ethiopia?
- What are the difficulties of working with men?
- Are people well informed about RH matters and the dangers associated with STDs and HIV/AIDS etc?
- How does it set plan regarding FP services?

Yeka Sub-City Administration Bureau

- General background of Yeka sub-city?
- Describe the socio-economic status of the sub-city?

Yeka Sub- City Health Bureau

- Is there any initiative that work with men?
- What are the benefits of working with men?
- The challenges of male involvement in Ethiopia?
- What are the difficulties of working with men?
- How did you set your plans regarding contraceptive coverage?

Workers in Health Centers

- In what way that the health center involves men in RH/FP issues?
- Do men and women come together to ask for contraceptive? If 'no' who is asking for services most of the time?
- What efforts that your health center do to encourage men involvement in FP?
- Do you believe that both husbands and wife should discuss on the FP issues? Why?
- What do you think about the potential benefits of working with men?

- Does your organization include men in any of its reproductive health activities? (e.g., as partners of women, as direct clients) Please describe.
- Do the women beneficiaries of your RH programs want men to be more involved? How?
- In what additional ways would you like men to be involved in your reproductive health programs?
- What would make it easier to work more extensively with men?
- What are the challenges of working with men?

Family Guidance Association of Ethiopia and Ministry of Health

- What is the recent rate of population growth?
- What is the percentage of modern contraceptive usage in Ethiopia?
- What is the percentage of modern contraceptive usage for married women?
- What would make it easier to work more extensively with men?
- Do you have any plans to work with men in your reproductive health programs? Yes_____ No_____ If not, why not?
- If you already working with men, what were the reasons your organization started to work with men?
- What are the benefits of working with men?
- What are the challenges of working with men?
- Are people well informed about RH/FP matters and the dangers associated with STDs and HIV/AIDS etc?
- Are there any policies, laws, or regulations that you are aware of that are related to male involvement in reproductive health? If so, which ones?
- To which sources did/do you look for guidance on working with men in reproductive health? (e.g., documents, websites, organizations)

Annex 6 - Issues for Focus Group Discussion

- The benefits of getting your husband support.
- Want your husbands to come with you to HC during pregnancy, childbirth, and to get contraceptive.
- The reasons for stopping the contraceptive you are using?
- Discussion with the husband about number of children you want to have, spacing of birth, contraceptive use, sexual matters, and HIV/AIDS.
- Whose responsibility is Family planning? (men, women, both)
- Knowledge about contraceptive, from where you get information about the benefit and side effects of it?
- How did you choose to use a specific contraceptive?

Statement of Declaration

I Samrawit Fikre, declare that this study is my own work. I have carried out the research work independently with the guidance and support of the research advisor.

This study has not been submitted to any degree/diploma in this or any other institution and any work used has been properly acknowledged. It is done in partial requirement of the M.Sc degree for regional and Local Development Studies.

Declared by;

Name Samrawit fikre

Signature

Date 16/7/10

Confirmed by Advisor;

Name Woldeab Teshome

Signature

Date 16/7/10