



January 2009

Role of husbands in contraceptive usage in kersa Districts Eastern Hararge, Eastern Ethiopia, January 2008

This policy brief documents the knowledge, practice and attitude of husbands on contraceptive with their wives, and also their communication on fertility.

Based on data from survey done among married men in kersa District.

Introduction

Worldwide, over 500,000 women and girls die of complications related to pregnancy and childbirth each year. Over 99% of those deaths occur in developing countries in which Ethiopia is not an exception. People in Ethiopia disproportionately suffer from the country’s unsustainable population growth which strain the government’s effort in providing health care and education to young people and decreasing unemployment rate and poverty. In many developing countries men desire to have large families than wives and proud of the number of their children.

Historically, most family planning programs focused exclusively on women. Most viewed women as the "target group" and paid little attention to the roles that men might have with respect to women's reproductive health decision making and behavior. Most family planning programs offer and promote certain contraceptive methods, such as pills and /or injections to be used by women. However, their effectiveness and continued use often remains unsuccessful due to lack of approval from their partners /husbands

children. And more than 60% of the husbands needed to have more than 5 children. Nearly half of husbands knew at least one contraceptive method. Long term contraceptives such as IUD and sterilization options are known only by about 7% of the study participants. Most husbands (67%) were not using, any form of contraceptive at the time of interview. The main reasons for not using the contraceptive includes, desire to have more children, lack of awareness, fear of side effects, religious prohibition and wives at low risk of pregnancy. Only one fourth of the husbands need to use family planning in future.

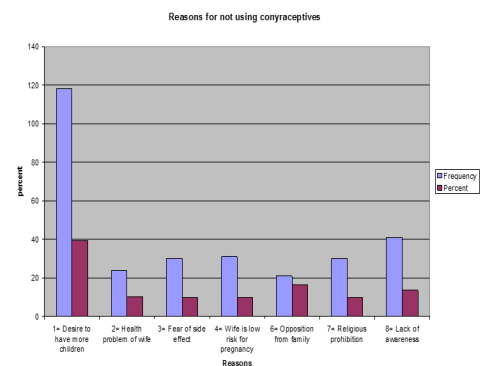


Fig1. Reasons for not using contraceptive in Kersa District, Eastern Hararge, Eastern Ethiopia, January 2008.

More than half of the husbands had three and above

Only about 135 (36.8) of the husbands discussed about family planning with their wife, from which 120(32.7%) approve the use of contraceptive. Majority of the husbands perceived that the number of children the family should have be decided only by husband. We use chi-square statistical method to identify factor associated with contraceptive usage. Husbands those had desire to have more than six children were not the users of contraceptive, where as almost all of the contraceptive users with their husbands were those who discuss about family planning with their wives previously.

Conclusion

This study revealed that even though the respondents have positive attitude toward the use of family planning, husbands have relatively low knowledge and low usage of contraceptive usage. About to half of the husbands believe that fertility is determined by husband alone.

Recommendation

In a patriarchal society, it is the male who makes major decisions,

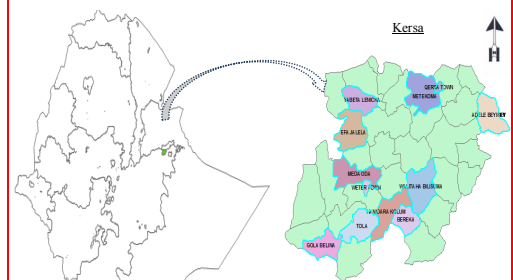
regulates the household economics and also imposes their views/choices on the females. Rural women can not utilize even free contraceptive services against their husbands' wishes. There is a need to adopt a more comprehensive approach to reach men through IEC not only on contraceptive concerning but also other RH of the females and the role men can play in improving their condition. There is also a need to strengthen the government health delivery system through appropriate training and motivation for all level of health workers on the importance of male involvement and how they should involved. Female centered HEW programs could possibly expand to look at couples rather than only females. Men should be encouraged to provide decisions making power to influence their wives in use of family planning. Family planning Services should be designed and accessible in the area.

Kersa Demographic Surveillance and Health Research Center (KDS-HRC), Haramaya University:

The surveillance site was established in September 2007 in Kersa district, Eastern Hararge of Oromia region, East Ethiopia with aim of tracking demographic changes like death, birth, migration and marital status change. The surveillance activities further extended by adding surveys in Nutrition, Reproductive Health, Environmental Health, HIV/AIDS, Morbidity/health seeking behavior and health care utilization during the month of January-March 2008.

The surveillance activity is instituted in 12 kebeles (the smallest administrative unit in Ethiopia with approximate population Size of 4-5 thousand). Two of the kebeles are semi urban and the remaining 10 are rural kebeles.

According to the first census there were 10,256



households and 53,482 people in the study site with an average household size of 5.2 and sex ratio of 104.5. In the study area the crude birth and death rates were 26.8 and 9.2 per 1000 population. Infant and under five mortality rates were 44.9 and 108.2 per 1000 live births respectively.

The activities of the surveillance are lead by a coordinator and a group of six staff members from the College of Health and Medical Sciences.

