Original article

The role of men in fertility and family planning program in Tigray Region

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Abstract

Objective: To assess men's role on fertility and their attitudes towards family planning, to compare in which ways and to what extent they differ from their wives/partners and its implications for future family planning programs.

Design: The study involved a cross-sectional comparative study design. Both closed and openended questionnaires were used.

Subject: The study included couples of the reproductive age group, who were married or in union for greater than six months at the time of the survey. Four hundred and ten respondents (205 men and 205 wives/partners) were included.

Setting: sub-Districts-Mekelle and Kuha (urban and semi-urban) in Tigray, Ethiopia.

Main outcome measures: Couples' fertility intentions, ideal mean family size preferences and attitude towards family planning.

Results: The study for the two sample proportions showed that Tigrian men in general wanted a greater number of children than their wives/partners (χ^2=11.08, df=1,P<0.001). Men showed greater family size preferences (ideal family size) than their wives/partners (4.9 children for men and 3.7 for women). Differences for the two groups are statistically significant, with 95% CI:
1.2(0.87 to 1.53). The data on current use of family planning versus husbands' approval showed strong association, (χ^2=8.88, df=2,P=0.012\).

Conclusion: Men's fertility intentions, reproductive preferences and their attitude towards family planning seem to influence the fertility behavior of their wives and their attitudes towards the use of modern contraceptives. Traditional socio-cultural norms, economic and property ownership status mean that Tigrian men dominate decision-making at all levels of the reproductive processes. Men's attitudes towards family planning (which was assessed in terms of partner approval and discussion were important in determining the role of husbands regarding the use of family planning methods by women, and on the fertility level of the family. Therefore in an attempt to promote reproductive health through the increasing use of modern contraceptives, family planning programs need to target men specifically at all levels of the program. Men should be actively involved at 'knowledge' level, 'supportive' level and 'acceptor' level. Their decision-making role should be used (exploited) in order to promote contraceptive use by couples in the study population. [*Ethiop.J.Health Dev.*2002; 16(3):247-255].

Introduction

The roles and responsibilities of men in family planning and fertility regulations have been ignored, understudied and underutilized. For many years, family planning program planners have focused their attention largely on women's attitudes and behaviors in matters Concerning reproduction. The fact that women bear the physical and emotional strain of pregnancy and childbirth has meant that fertility and prevalence rates are based solely on the female population. Thus the social roles of men who are dominate, not only within the family but also at community leadership levels has been ignored.

Most family planning programs offer and promote certain contraceptive methods, such as pills and injectables to be used by women. But the effectiveness and continuous use remains unsuccessful because of lack of approval from their partners/husband (1,2,3,4).

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Most of the family planning programs, moreover, have less attention towards the understanding of men's role in the effective and consistent utilization of contraceptive methods. Though women are using contraceptives, the methods that require male involvement, such as condoms, periodic abstinence, withdrawal and vasectomy are less used. Family planning providers in general (governments and private) fail to address men's concerns and fears, which are different from that of women. Many studies have also suggested that family planning programs in many African societies were unsuccessful because they failed to take into account the power relations between couples, and the patriarchal nature of the societies (5, 6). African men are heads of the house; they are over all responsible for their families. This is also true for the Tigrian families, where the organization of the society is governed by the characteristically male dominant and partrilineal traditions. Sociological factors (culture, religion, etc) are in favor of Tigrian men as decision-makers both at family levels and community levels. Traditionally, wives in Tigrian societies consider their husbands as overall heads. The husbands decide upon most things, and his wife is expected to abide by his spoken decisions or his perceived wishes. This male dominated family structure has great influences in matters of reproduction.

Not surprisingly African men generally desire larger families than do their wives. As Caldwell and Caldwell have observed, (6, 7) that African men want to have more children because they thought they gain socially and economically from having a large number of children. Men are proud of the number of their children particularly sons, because of the present and future benefits derived from them. In the absence of social welfare and security programs, children constitute an important source of old age support for their parents. According to a study on the perception of fertility regulation in a remote community, south Ethiopia, female respondents reported that because of the male dominance in the culture, women would be forced to bear large number of children (9). This is reported to be a major obstacle in the fertility regulation decisions by women.

Ezeh has shown that women's reproductive preference and behavior are strongly influenced by their husbands' reproductive motivation (10). Both reference are from DHS studies have also shown that in societies where communication between partners about sexual matters is culturally unacceptable, the risk for unintended pregnancy and sexually transmitted disease is high (5, 11). The use of family planning methods is comparatively very low; especially condom use. Communication between partners is therefore a key factor in achieving correct and consistent use of barrier methods. Yet, in many African societies few couples ever talk to each other about reproductive health issues (12, 13, 14). A study on fertility regulations among women in rural communities around Jimma, Western Ethiopia, disclosed that men are important source of information concerning family planning sources and their advantages for their wives (15). Moreover, different studies also revealed that involvement of husbands in family planning programs would result in a subsequent rise in the prevalence of modern contraceptive (17, 18, 19).

Indeed, their participation and involvement in programs like family planning is indisputably vary useful to its success. Hence, men are "the forgotten 50% of family planning programs". The present study therefore aims to assess men's role and the impact that they have on fertility and family planning, in the context of the Ethiopian and particularly, Tigrian societies.

Study methods

The study design was a cross-sectional, comparative study, which involved both quantitative and qualitative methods. Qualitative information was collected using open-ended questionnaires. It was carried out among couples with a total sample of 410 respondents (205 men and 205 women) in semi-urban districts, in Tigray. For the sample size determination a

preliminary estimate of the two sample proportions from previous studies showed a 22% and 12% for men and women respectively (8).

A multistage cluster sampling technique was used to define the study population. The study was carried out in only a sample of the five urban districts, which include; North Mekelle, South Mekelle, Kuha and Wukro. The primary sampling units were the two districts: South Mekelle and Kuha, chosen by sampling with probability proportional to size (PPS). Within each of the two selected districts, three kebelles from the south Mekelle and one from Kuha were chosen by lottery at the time of the survey, the secondary sampling units. The ultimate sampling units were households. The first out of 10 households within each village were chosen randomly by spinning a pen and subsequent households by serial proximity.

Selection of study population (sample eligibility)

The study consisted of two samples for men and women partners (husband and wife) living in semi-urban areas. Different eligibility criteria's were set for both groups (1). Men included in the study were those partners of eligible women either formally married, or living together in a stable relationship for at least six months. Those aged 22 years and above were considered in the study. Any married or unmarried men living in the same household with an eligible woman were considered eligible to answer the male questionnaire. Husbands living in a different residence (town) were not included in the study as it would have been difficult to locate and approach them. Eligible men with multiple wives were considered if they were found with their original married wife at the time of the survey and were permanent residents (2). Women age 14 to 49 who were married, living together with a partner, or in a stable sexual relationship for at least 6 months were eligible for the study. In order to be eligible for the interview a woman had to be a regular resident of the household. The rationale for the 6-month cut-off was that non-marital, short-term relationships would be less likely to initiate logterm issues for negotiation concerning family formation, family planning. The wider age range for the men was because men could continue to father children and also multiple partners at later ages.

The study involved both closed and open-ended questions to collect the quantitative and qualitative data. Female interviewers were used to interview female respondents; and a male interviewer questioned the husband or partner. Both were interviewed separately and on the same day. This was to prevent bias after communication between responders.

Analytic method

The survey data double entered on EPI INFO software package for proper data processing and analysis. Data analysis involved using Chisquare for categorical variables and one-way analysis of variances. The attitudes of both men and women, as to their ideal family size preference were recorded and compared. Comparisons for the differences in proportion for the dichotomous (categorical) variables were carried out using chi-square and two sample hypothesis testing for the ideal mean number of children desired (confidence interval, P-value).

Results

Demographic profile: A total sample of 408 respondents (204 men and 204 wives/partners) was studied; only 2 respondents refused to participate, making the response rate to be 99.3%. The mean age of the individuals in this study was 36 years (range: 15-80 years). Men were older on average: 42.6 years (range: 2480), average of women 30 years (range: 15-49), (Table 1). Respondent's educational status according to sex and level achieved at the time of survey showed that among the female partners 31.8% had no education as compared to 19.6% of the male partners. Moreover, men were more likely than women were (43.1% verses 25% respectively) to have achieved in educational level beyond elementary. difference among the couples in the study area with respect to their desire for more children, with X^2 11.08, df=1, and P<0.001. For

both men and women the desire for more hildren decreased with age. The value for chi-square for trend shows a strong evidence of linear trend of decline of the desire for more children with age (X^2_{trend} for men=29.76, df=1,P<0.001 and X^2_{trend} for women=25.26, df=1, P<0.001). However, the proportion of men desiring more children was found to be higher than the proportion of women desiring more children, 96.2% for men and 31% for women) among those in the age group of 45 and above.

Table 1: C**omparative socio-demograp hic profile of currently married or union couples, Tigray, 2000**

Characteristics	Men (n=204		Women (n=204)	
	N	(%)	N	(%)
Age				
15-19		(-)	13	(6.4)
20-24	2	(1.0)	39	(19.2)
25-29	15	(7.4)	46	(22.7)
30-34	34	(16.4)	30	(14.8)
35-39	41	(20.1)	5	(17.2)
40-44	37	(18.1)	24	(11.8)
45-60	53	(25.9)	16	(7.9)
60+	21	(10.3)		(-)
Educational level				
No schooling	40	(19.6)	65	(31.8)
Some primary	76	37.3)	88	(43.1)
Some secondary	68	33.3)	7	(3.4)
Beyond secondary	20	(9.8)	44	(21.6)
Employment status				
Employed	91	(44.6)	31	(15.2)
Self-employed	90	44.1)	27	(13.2)
Non-employed	23	11.30	146	(71.6)
Religion				
Orthodox	160	(78.8)	161	(79.3)
Muslim	43	(21.2)	42	(20.7)
Others		(-)		(-)
Marital status				
Married	181	(88.7)	180	(88.2)
In union	23	(11.3)	24	(11.8)
Among currently Married or in union				
% in polygamous		(10.0)		(7.0)
% in first marriage		(90.0)		(93.0)

Regarding employment status, at the time of the survey, 44.6% of men and 15% of women were working for salary, either in cash or in kind. About 72?% of women and only 11.3% of husbands were not employed at the time of the survey, (Table 1). In the study area, Tigray, of the respondent couples 78.8% were of Orthodox Christian and 21.2 were Muslims. The respondent marital status data indicated that 88.5% (n=361) were living married and
11.5% (n=47) were partners living in union for more than 6 months. The overall mean number of living children was 4 for husbands and 3 of wives were in monogamous relationships. Ten percent of men and 7% of women reported that they are living in a polygamous relationship.

Fertility intentions and reproductive preferences: desire for more children: as Table 2 shows among the study population 80.9% of men would like to have another child. Among currently married or in union women 64.2% wanted another child. A notable difference is the higher proportion of men (80.9%), than women (64.2%) who want more children. The group proportion difference for men and women shows a statistically significant

Table 2: **Desire for more children among currently married/union couples, Tigray, 2000**

	Men		Women			
Respondents	N	(%)	N	(%)	X^2	P
Desire more children	165	(80.9)	131	(64.2)		
Don't desire more children	39	(19.1)	73	(35.8)		
Total 204 204		(100.0)		(100.0)	11.08	0.0009

The desire for more children decreased with better education for both partners. The difference between men and women is, however, not statistically significant, (P>0.05).

Reproductive preference: Ideal and expected family size: Men and women were asked that they considered an ideal family size in order to assess the mean family desires of both partners.
The difference in the mean family size preference of each partner is shown in Table 3, according to (1) the age of couples and (2) the number of living children. The average desired ideal fertility (family size) was 4.9 children for men and 3.7 children for women a difference of about 1.2 children between groups. The mean desired number of children (ideal family size) for the sample of men differed significantly as compared to that of women (95% CI: 1.2 (0.87 to 1.53). Ideal family size desire increased with age and number of living children for both groups.

Table 3: **Mean number of children: Expected versus ideal, according to age and living number of children, Tigray, 2000**

Respondents	Men		Women	
	Expected[1]	Ideal		
Total sample by age	6.3(SD=2.7)	4.9(SD=2.0)	5.0(SD=1.8)	3.7 (SD=1.7)
15-19			3.8	3.4
20-24	5.0	3.0	4.5	3.5
25-29	4.5	3.5	4.3	3.1
30-34	5.3	4.1	5.2	3.9
35-39	5.5	4.7	5.7	4.1
40-44	6.0	4.7	6.3	4.5
45-60	7.3	5.4	6.5	4.5
60+	8.5	6.4		
	95% CI: (0.87, 1. 53)			
By number of living children				
0	4.7	4.3	3.8	3.6
1-2	4.9	3.9	4.1	3.3
3-4	6.1	4.6	5.3	3.8
5-6*	7.1	5.1	5.9	3.8
7+	9.5	6.8	7.5	5.0
	*95 % CI: 1.3 2, 2.18) (0.4			

Better educational achievement was also observed to influence, positively the extent of approval of contraceptive use by both partners, (P<0.05). *Discussion versus current use of contraceptives*: the data on discussion with partner showed that, one third of the partners had discussion (including:-once or twice to more often) concerning family planning with their own partner, (30% for men and 31% for women). About 35% of men 31 of women reported that they had frequent (more often) discussion with their partner. However, 36% of

[1] Expected = is the actual number of living children plus additional desired
[2] Ideal = is the number of children that partners want to have during their whole life

men and 37% of women reported that they had had no discussion concerning family planning with their partner in the previous one-year. The current use of contraceptives was found to be strongly associated with the frequency of discussion with which currently married or inunion couples had with their partners in the last year (X^2=8.88, df=2P=0.012 OR=1.4), (Table 5). Women who were currently married or in union and who had frequent discussion were more likely to use contraceptives than those who had no discussion concerning family planning with their spouses. Analyses of the strength of association between partners' discussion and current use of family planning, using a binary response, using the prevalence odds ratio shows a strong association (OR=1.4). Better educational achievement was observed to promote the frequency of discussion on matters related to reproduction by partners, (P<0.05).

Table 4: **Current use of contraceptives by women according to partners' attitude, Mekelle, Tigray**
Women married or in union (n=203)

Partner's attitude	Current Use N	Current Use (%)	Don't Use N	Don't Use (%)	X^2	P	OR
Partner approve	44	931.0)	100	(69.0)			
Partner disapprove	8	(16.0)	43	(84.0)			
No opinion	0	(0.0)	8	(100.0)			
Total (N)	52		151		7.24	0.027	1.3

Table 5: **Current use of contraceptives by women versus frequency of discussion with the spouse, Tigray, 2000**

Level of discussion	Women married or in union (n=203) Current Use N	Current Use (%)	Don't Use N	Don't Use (%)	X^2	P	OR
More often discussed	23	(36.5)	40	(63.50)			
Once or twice discussed	18	(27.7)	47	(72.3)			
11 (14.7)	64	(85.3)					
Total (N) 52		151		8.9	0.012	1.4	

Discussion

The study findings showed that Tigrian men differ from their wives concerning their sociodemographic characteristics. Men showed a higher employment status and were found to have better educational achievements as compared to their wives. Men and women (partners) have different perspectives regarding fertility in Tigray. Men are striving for larger family size as compared to their wives/partners, (P=0.009). Men's desire for more children was higher, as compared to their female partners, at all age levels and number of living children. The desire for more children by male partners is, however, prominent at latter ages, particularly at or above 30-34 years. According to the present study, a greater proportion of men than women who already had 5-6 children, sought more children, (70% of men and 31% of women). Pregnancy and childbirth at ages greater than 35 and parity greater than 5 are, however, associated with higher level of ill health for the mother and child. The ideal and expected family size preference, in this study, also revealed a higher preference for large family size by men. Differences for the group proportions are significant with 95% CI: 1.2 (0.87, 1.53). Ideal family size indicates the socially acceptable reproductive behavior for couples in a society. Ideal family size desire increased with age and increasing number of living children for both men and women. In fact, difference between men and women is lower among the young. This would indicate the changing reproductive norms and accords with the growing awareness for smaller family size and demand for family planning among the young couples.

A comparative study in Zaire had showed similar findings in that men were found to have greater desire for more children than women (8). Results are also in agreement with the previous findings by Caldwell and Caldwell, that African men want to have more children because they thought they gain socially and economically from having a large number of children (6).

The education level they achieved moreover influenced the desire for more children by men. Desire for more children decreased with better education. The finding is in agreement with the finding from different DHS and FP surveys carried out in sub-Saharan African countries. An education - fertility reduction hypothesis that higher education is consistently associated with reduced fertility levels (2, 3, 5). Tigrian societies in general are male dominated. Most ethnic groups in Tigray are characterized by the strong patriarchal tradition. This is in fact, true for the majority of the Ethiopian families. This gives men the power and confidence to dominate their families and societies on social and cultural matters including sexuality and reproduction. Wives are generally dependent socially and economically on their husbands, as also observed in this study. Traditional cultures and religions participate by emphasizing the decision-making roles of men in their families even where women have an important economic role in the family.

Moreover, this study demonstrated the influence of the partners' attitude and discussion between couples on matters like fertility. Husband's approval of family planning promotes family planning method use. Discussion between a couple on matters like fertility is also strongly associated with current use of modern contraceptives, (P=0.012, OR: 1.4). Hence, partner's approval of family planning, the extent and frequency of discussion among couples concerning fertility and family planning appear to be an important determinant and predictor variables of current use of family planning methods. A similar association was observed by the study carried out in Ghana, 1997 (10) that greater approval and more frequent discussion among couple enhanced contraceptive use by women in the Ghanaian families as well.

Though more fertility research on the underlying factors determining men's fertility preferences, behavior and intentions, is necessary, this study findings bear some policy implications for future design and formulation of family planning programs. Current family planning programs not only should focus on women but also should specifically target men. Men should be encouraged to apply their decision-making power to influence their wives in the promotion of family planning use and hence to make the right decision for better health of their family. Family planning method use by men can be improved by mobilizing men to deliver service to other men. Men who are convinced and satisfied users can serve as peer motivators to reinforce use of family planning methods by other men. Moreover, involving men along with women in encouraging communication and joint decision making on issues like family size and reproduction can help exercise their responsibility and address their concerns towards family planning within their family. Men hat are aware of the harmful effects of early child bearing and closely spaced pregnancies, by virtue of their respected social decision making power, can be motivated to play and important role in their families and their communities. Indeed, to set and endorse policies and legislations on marriage age and the right of access to safe and legal abortion in the country, program planners need to encourage and utilize the socially respected decision making power of men. The need for men's involvement in family planning cannot therefore be over emphasized.

In conclusion, messages, media use, outreach programs and family planning service outlets need to focus on changing men preferences and appeal to them directly. This could include, at knowledge level, supportive level and acceptor level.

Knowledge level: Information, education and communication programs can change the attitude

and practices of men. Men can easily be approached as they have greater access to the mass media, and are better educated than their wives. Broad education programs using mass media, community meetings, professional association and out-reach workers, and other communication channels can strongly help modify traditional social norms among men. Media's should encourage men to use their decision making roles and responsibilities on the expansion and promotion of contraceptive use, safe sex, and make men aware of women's health problems and encourage them to take responsibility for the effects of their behaviors on the fertility behavior of their wives.

Supportive level: men can be involved in the dissemination of information and knowledge to their wives and communities concerning family planning sources and their advantages. They can be motivated to support and encourage their wives in using contraceptive methods. Programs could utilize the decision making power of men to encourage and promote family planning method use by women at household and community levels.

Acceptor level: Family planning for men can be improved by mobilizing men to deliver services to other men. Men who are convinced and are satisfied users of family planning could serve as peer motivators to reinforce use of family planning methods by men. Men can be involved in delivering services at special male clinics. Men can also be approached at places where they work, professional associations, entertainment places, market places, informal associations like- 'Senbete', 'Edir', etc.

To increase men's commitment and joint responsibility in all areas of sexual and reproductive health and sensitize men to gender issues would also be an essential element in ensuring women's equality. Increased investment on the education of couples and particularly women is instrumental in brining about sustainable change in the fertility behavior of that of women and men. Education can enhance the social and economic empowerment of women and thereby their decision-making powers including those related to their sexual and reproductive health. Counseling women in negotiating skills is also necessary to develop confidence and persuade their partner's attitude towards fertility regulations.

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