

ENGAGING MEN FOR POSITIVE MATERNAL AND REPRODUCTIVE HEALTH OUTCOMES IN ETHIOPIA

TECHNICAL BRIEF

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Global evidence demonstrates the positive effect of men's involvement on family planning use, antenatal care (ANC), safe birth practices, and postnatal care (PNC). This technical brief presents the benefits of, and opportunities and considerations for, male engagement in achieving positive maternal and reproductive health outcomes in Ethiopia.

MATERNAL AND REPRODUCTIVE HEALTH IN ETHIOPIA

Health status in Ethiopia has dramatically improved in recent decades due to increased use of healthcare services among disadvantaged groups, particularly in rural areas. Yet, substantial inequalities exist in health outcomes linked to differences in economic status, education, place of residence, and sex. Both supply and demand factors contribute to differences in maternal health service use in Ethiopia: indirect cost, cultural barriers, transport, perceived quality of care, and autonomy needed for urgent interventions. To respond to these factors, the Federal Ministry of Health has accelerated expansion of primary healthcare coverage through health posts to deliver preventive maternal and child health interventions. Ethiopia's 5-year plan for the health sector prioritizes quality and equitable services, and use of maternal health services.ⁱ

In Ethiopia, use of any modern contraceptive method increased from 14 percent in 2005 to 41 percent in 2019. However, family planning use remains relatively low,

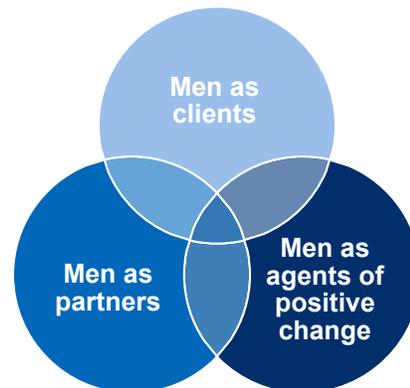
with 41 percent of currently married women using modern methods and 1 percent traditional methods. Injectable contraceptives are used the most (27 percent), followed by implants (9 percent), and the pill and intrauterine device (2 percent each). The contraceptive prevalence rate among married women increases with age (37 percent among women aged 15–19, 52 percent among women aged 20–24), and declines steadily to 18 percent among women aged 45–49. Urban women are more likely than rural women to use any method of contraception (50 percent versus 38 percent). Contraceptive prevalence rate ranges by region from 3 percent in Somali to up to 50 percent in Addis Ababa and Amhara. Contraceptive use increases with women’s education and household wealth, and varies according to the number of children.ⁱⁱ

The percentage of Ethiopian women receiving ANC from a skilled provider has gone up from 28 percent in 2005 to 74 percent in 2019. Four (4) in 10 women (43 percent) had four or more ANC visits for their most recent live birth, and the percentage of women who used a skilled provider for ANC services and had four or more ANC visits for their most recent birth grew with education and household wealth.ⁱⁱⁱ In terms of safe birth practices, among the total live births between 2014 and 2019, 50 percent were delivered by a skilled provider and 48 percent in a health facility. This represents a steady increase over time in deliveries by a skilled provider (6 percent in 2005, 11 in 2011, and 28 in 2016) and live births that occurred in a health facility (from 5 percent in 2005 to 48 in 2019). More urban than rural births were assisted by a skilled provider (72 and 43 percent, respectively) and delivered in a health facility (70 and 40 percent, respectively).^{iv} For PNC, 34 percent of women reported receiving a check-up in the first 2 days after birth. The proportion of women living in urban areas who received a check-up within 2 days of delivery was higher (48 percent) than in rural areas (29 percent)—the lowest was in Somali region (10 percent) and the highest in Addis Ababa (74 percent).^v

BENEFITS OF ENGAGING MEN IN MATERNAL AND REPRODUCTIVE HEALTH

The world has set ambitious goals for reproductive health and family planning, such as reaching an additional 120 million women and girls with contraception by 2020, and achieving universal access to reproductive health and family planning by 2030. Women and girls are the focus of these goals; yet, men’s involvement in a gender-transformative way is critical to improved health and well-being for both sexes.^{vi} Male involvement leads to improved family planning, ANC visits, birth and complications preparedness, use of skilled birth attendants, birthing in health facilities, postpartum care, and reduced post-partum depression.^{vii, viii}

Exhibit 1: Male Engagement Activities



Historically, male engagement activities have centered on three overlapping areas (see *Exhibit 1*). When engaging men as clients, services address men’s prevention and healthcare needs in a way that extends the same range of services women receive. Engaging men as partners makes them central to supporting women’s health as equitable and supportive intimate partners. In working with men as agents of positive change, they are actively involved in promoting gender equality to improve men’s and women’s health, and as an end in itself.^{ix}

Positive associations between male engagement and maternal and reproductive health outcomes reflect men’s influential and frequently disproportionate role in health-related decision making. Global studies indicate that providing men with information and counseling can boost their support for contraceptive

use and improve shared decision making.^x However, including men in reproductive health programs remains nascent and spans only a few interventions, such as training male and female community health workers to engage men during routine household visits and counselling, conducting men-only education and behavior change communication sessions, and deploying male role models as gender equality champions to carry out peer-to-peer outreach.^{xi} These interventions are mostly led by non-governmental organizations at a small-scale.

The Government of Ethiopia recognized the important role men play in its *National Guideline for Family Planning Services in Ethiopia*, which includes a section on male involvement in family planning activities and services. The Guideline acknowledges patriarchy in the Ethiopian family system that views men as the primary breadwinners and decision makers, more involved in polygamous relationships, more mobile and prone to take more risks, and more knowledgeable about family planning methods. Yet, the burden of family planning is on women. The Guideline states that men should be engaged in family planning programs and services as clients, partners, and change agents in several ways (see box).^{xii}

Ethiopia's Approach to Engaging Men in Family Planning

- Increase couples' communication on fertility and family planning
- Ensure that family planning services address specific needs of men and are male-friendly
- Provide men with information to participate responsibly in family planning use and decision making
- Encourage men to accompany their partners on family planning visits
- Support men as responsible adults and parents who prevent unwanted pregnancy and sexually transmitted infections
- Make information on family planning, sexually transmitted infections/HIV, and other reproductive health topics available to men through formal and informal channels (e.g., work and recreation locations)
- Involve men in designing and implementing family planning and reproductive services, and allow them to express how they can take more responsibility

Engaging men in gender-transformative ways can advance maternal and reproductive health in Ethiopia by addressing key barriers: (1) sociocultural norms and beliefs that cultivate men's opposition to their partner's use of family planning methods,^{xiii, xiv, xv, xvi, xvii} (2) failure to participate in antenatal care,^{xviii, xix, xx} and (3) perceptions that healthcare services are unfriendly to them.^{xxi, xxii} For example, a case study in southern Ethiopia showed that culture and religion influenced the perception that family planning is a women's issue.^{xxiii} In a study in Harari State, women stated that men felt shame when accompanying their spouses to ANC appointments, and men believed that ANC is primarily their partner's concern.^{xxiv}

OPPORTUNITIES TO ENGAGE MEN IN MATERNAL AND REPRODUCTIVE HEALTH

In 2018, the United States Agency for International Development (USAID) Transform: Primary Health Care project conducted a gender analysis in 16 *woredas* in its four target regions of Amhara; Oromia; Southern Nations, Nationalities, and Peoples' Region (SNNPR); and Tigray. Data were collected via semi-structured interviews with 91 health providers, health facility managers, health extension workers, and government representatives from *woreda* and zonal health offices, and the office of Women and Children's Affairs. The team also conducted 96 participatory group discussions with married and unmarried men and women in separate groups by marital status, sex, and age: 15 to 24 and 25 to 45 (see *Exhibit 2*). Findings corroborated existing evidence on male engagement in maternal and reproductive health in Ethiopia, and demonstrated the need to further expand men's awareness of family planning methods and associated benefits; boost men's understanding, participation, and involvement in family planning; and raise awareness of harmful practices such as early marriage and female genital mutilation. Three key opportunities for engaging men to transform maternal and reproductive health outcomes emerged from the data.



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Key Informant Semi-Structured Interviews



Healthcare Providers



Facility Managers



Health Extension Workers



Government Representatives



96

Participatory Group Discussions



Married Women



Married Men



Unmarried Youth

Men as Clients. Men generally believed that healthcare services were unfriendly or dissatisfactory. Male group discussion participants referenced a range of health providers' negative attitudes and behaviors, such as discrimination in treatment and bias linked to personal connections. The degree to which men perceived inequitable treatment varied by age range and region. Some young, unmarried men (across all regions except Tigray) said that healthcare services were not tailored to their needs. They cited a lack of awareness about family planning and HIV testing services, as well as a lack of education on the use of condoms. Husbands expressed a desire for their wives to be more involved in their healthcare by accompanying them when seeking services and supporting their healthcare-related decisions.

services by discussing the decision with them, providing advice, or exerting full authority in the decision. Many women said they had autonomy in decisions about their health, and that their partners supported them in accessing specific healthcare services by accompaniment, financial support, transportation, or childcare.

“I WILL BE HAPPY IF MY WIFE IS INVOLVED IN MY HEALTHCARE. THIS ALSO ADDS LOVE AND AFFECTION BETWEEN US AS MARRIAGE PARTNERS. I ALSO KNOW THAT SHE WILL HAVE THE SAME POSITIVE FEELING IF I AM INVOLVED IN HER HEALTHCARE.”

— MALE PARTICIPANT, GROUP DISCUSSION WITH MARRIED MEN, AGES 15–24, AMHARA

Men as Change Agents. Men's opposition to family planning use was prevalent, sometimes leading women to seek family planning services in secret. The rationale behind men's opposition varied by region, and included the desire for more children, religious beliefs, concern for their partner's health (e.g., perceived side effects of modern family planning methods), and general beliefs regarding cultural inappropriateness of family planning and health more broadly.

“ONE GOOD THING ABOUT THE QURAN IS THAT IT HELPS PEOPLE TO REMAIN FAITHFUL TO THEIR PARTNERS. CLEARLY, THE QURAN DOES NOT ALLOW MUSLIMS TO USE CONDOM FOR SEXUAL INTERCOURSE. IT REGARDS SEXUAL PRACTICE BEFORE MARRIAGE OR ADULTERY AS HARAM (SIN). BUT, AS AN UNMARRIED YOUNG PEOPLE, WE USE CONDOM IRRESPECTIVE OF ISLAMIC RELIGIOUS LAWS ABOUT SEXUALITY.”

— MALE PARTICIPANT, GROUP DISCUSSION WITH UNMARRIED MEN, AGES 15–24, AMHARA

“IN MY EVALUATION, I WAS AFRAID TO SAY THEIR SERVICE IS GOOD, SINCE THEY HAVE NO MEANS TO EDUCATE YOUTHS LIKE ME. THERE IS NO CONDOM IN A FREE SPACE, AND THEY ARE NOT TEACHING THE PEOPLE ABOUT HIV/AIDS. FOR INSTANCE, LAST WEEK, I AND MY FRIENDS CAME TO THE HEALTH CENTER TO GET CONDOMS, BUT IT IS ONLY THE CARTON—YOU CAN SEE NO CONDOMS INSIDE, SO HOW IS IT POSSIBLE TO SAY IT IS GOOD?”

— MALE PARTICIPANT, GROUP DISCUSSION WITH UNMARRIED MEN, AGES 15–24, SNNPR

Men as Partners. Both men and women remarked on men's involvement in maternal and reproductive decisions, and the potential for making it more equitable. Some men felt responsible for their wives' decisions on how and why they accessed family planning, ANC, and other reproductive and maternal health services. Women across age groups and marital status stated that men often influenced their decisions on when and where to access healthcare

The USAID Transform: Primary Health Care project commenced several activities to respond to these findings, and take advantage of these opportunities and expressed needs:

Health extension worker orientation

- A 1-hour orientation on male engagement approaches in maternal and reproductive health was integrated into 2-day primary healthcare unit review meetings with healthcare managers, service providers, and health extension workers in specific catchment areas to review team performance, identify gaps, and coordinate responses.

Male religious leader outreach

- Key messages on maternal and reproductive health and gender equality were included in 2-day capacity-building workshops for religious leaders who are among the most influential community members.

Male-inclusive social and behavior change communication

- Immunization diplomas^{xxv} were redesigned to include language and messages appropriate for both mothers and fathers.
- Community-based health insurance promotional fliers that addressed men as breadwinners and head of households, and ignored women's economic contributions and roles in decision making were modified to emphasize husbands' and wives' joint decisions, encouraging both to discuss and enroll in the program.
- Family folders^{xxvi} on child health were revised from addressing the mother only to addressing both mothers and fathers.
- Posters on patients' rights and responsibilities were modified from general patients' rights that addressed men only, and rights related to reproductive, maternal, or child health that addressed women only, so that all sections address both men and women.

Implementation research

- Implementation research is underway to adapt and scale Promundo's Program P^{xxvii} in two regions to change men's attitudes on family planning and ANC, and increase their positive involvement in their partners' use of healthcare services.

CONSIDERATIONS FOR TRANSFORMATIVE MALE ENGAGEMENT

Engaging men in maternal and reproductive health can benefit everyone. However, it is necessary to consider social value, power, and access inequalities that affect men and women differently. Therefore, engaging men as clients, partners, and change agents requires a careful balance to make sure interventions do not exacerbate harmful gender norms or put women at risk. *Exhibit 3* provides important considerations for engaging men and boys in ways that acknowledge and meet their unique needs as clients, partners, and agents of change.^{xxviii}

Exhibit 3: Considerations for Engaging Men and Boys in Reproductive and Maternal Health

Men as Clients

- ✓ Include men in reproductive health programs considering that they often access health services (e.g., HIV and sexually transmitted infections) later than advised, which leads to adverse health outcomes and high mortality rates.
- ✓ Ensure privacy, convenience (e.g., after-work hours) and a welcoming environment (e.g., staff prepared to receive men). Like other clients, men need options and information that meet their needs.
- ✓ Inquire as to the best place to provide health services to men—for example, community-based services instead of health facilities, which global evidence shows men are reluctant to access.
- ✓ Design interventions that reflect critical dimensions of men's diversity, such as gender identity, sexual orientation, race/ethnicity, fatherhood, class, religion/faith, and age.
- ✓ Engage men and boys during transformative moments in their life—puberty, school graduation, marriage, parenthood—when their needs and outlooks are changing.

Men as Partners

- ✓ Ensure that male engagement efforts do not compromise women's safety, and ability to make decisions and access services. Pay particular attention to potential increases in gender-based violence and know referral pathways to support survivors.
- ✓ Engage men in recognizing how restrictive masculine norms negatively affect their own health and well-being, as well as that of their partners, children, and families, and how shifting these norms will benefit everyone.
- ✓ Provide sufficient ongoing staff training on how to balance engaging men and women, and monitor programs to ensure women are not excluded.
- ✓ Speak directly to men and boys (as well as women and girls) when designing a male engagement intervention.
- ✓ Build skills in positive communication and shared decision making within couples and families.

Men as Change Agents

- ✓ Implement interventions that explicitly seek to shift gender norms for more effective and improved health outcomes, such as engaging men in caregiving as an entry point.
- ✓ Find and amplify voices of men who support gender equity and demonstrate positive male norms.
- ✓ Ensure boys' and young men's access to mentors who endorse equitable gender norms and model healthy behavior.
- ✓ Implement male-only groups so men can freely discuss and consider harmful gender norms, the benefits of change, and sensitive topics; express worries; practice healthy communication; and seek advice. Ensure opportunities for men to engage in dialogue that includes women and girls.

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Transform: Primary Health Care Gender Analysis:

The full Gender Analysis report is available on EnCompass' website:

<https://encompassworld.com/resource/transform-primary-health-care-project-gender-analysis/>

ENDNOTES

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- ^{xxv} Immunization diplomas are given to parents when their child has received all prescribed vaccinations by their first birthday.
- ^{xxvi} Family folders are interactive booklets with preventive, promotional, and environmental health messages that are provided to each household in a kebele, and used with health cards to enable health extension workers to monitor progress on positive health behaviors and provide counseling based on identified gaps.
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