

# **Involving Men to improve the Reproductive Health situation in Rural Ethiopia**

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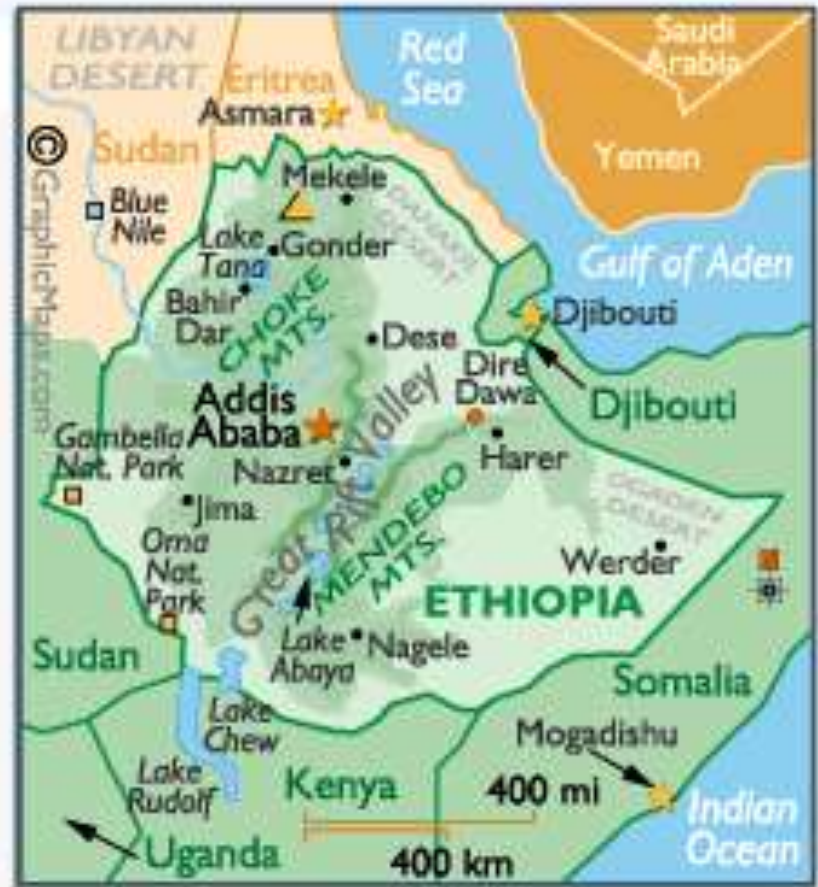
Training Course in Reproductive Health Research  
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# Outline

- Background
- Rationale
- Objectives
- Methodology
- Project Timeline
- Acknowledgement

# Background



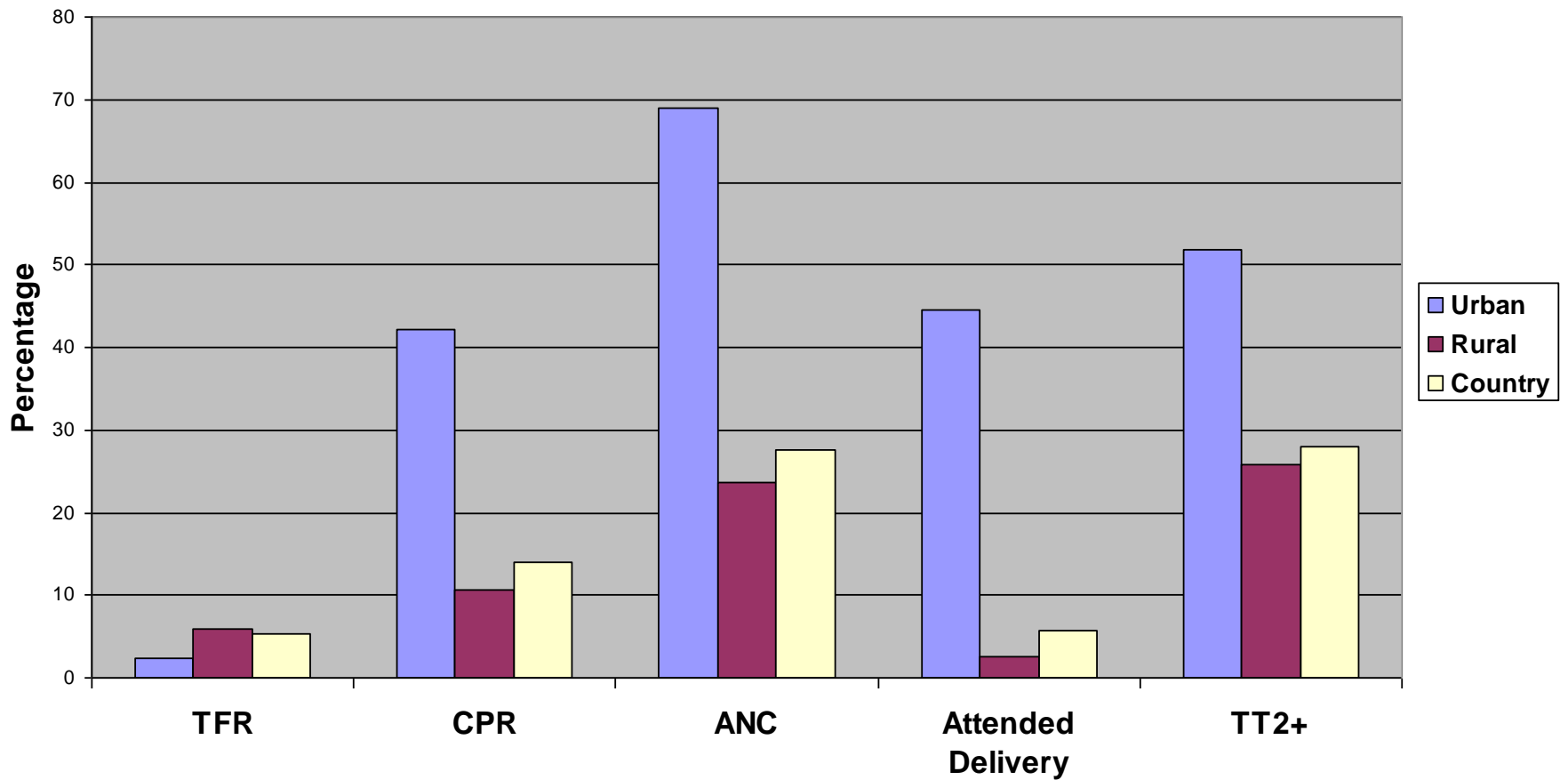
# Background

- Population- 75.1 million (84% Rural)
- M:F ratio- 100.4%
- CBR- 39/1000
- CDR- 15/1000
- RNI- 2.62%
- IMR- 77/1000 LB
- MMR- 673/100,000 LB

*Ethiopia Population Image, 2006*

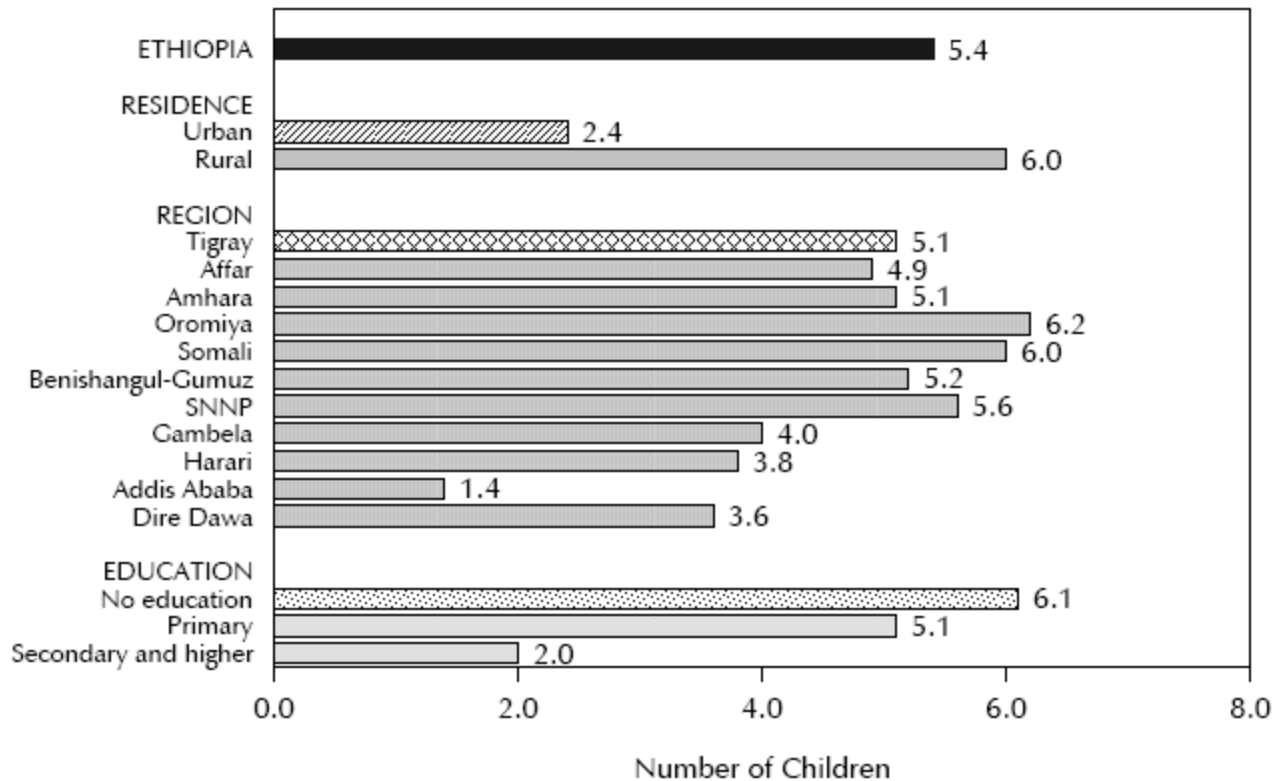
# Background

Maternal Health Service Utilization in Ethiopia, DHS 2005.

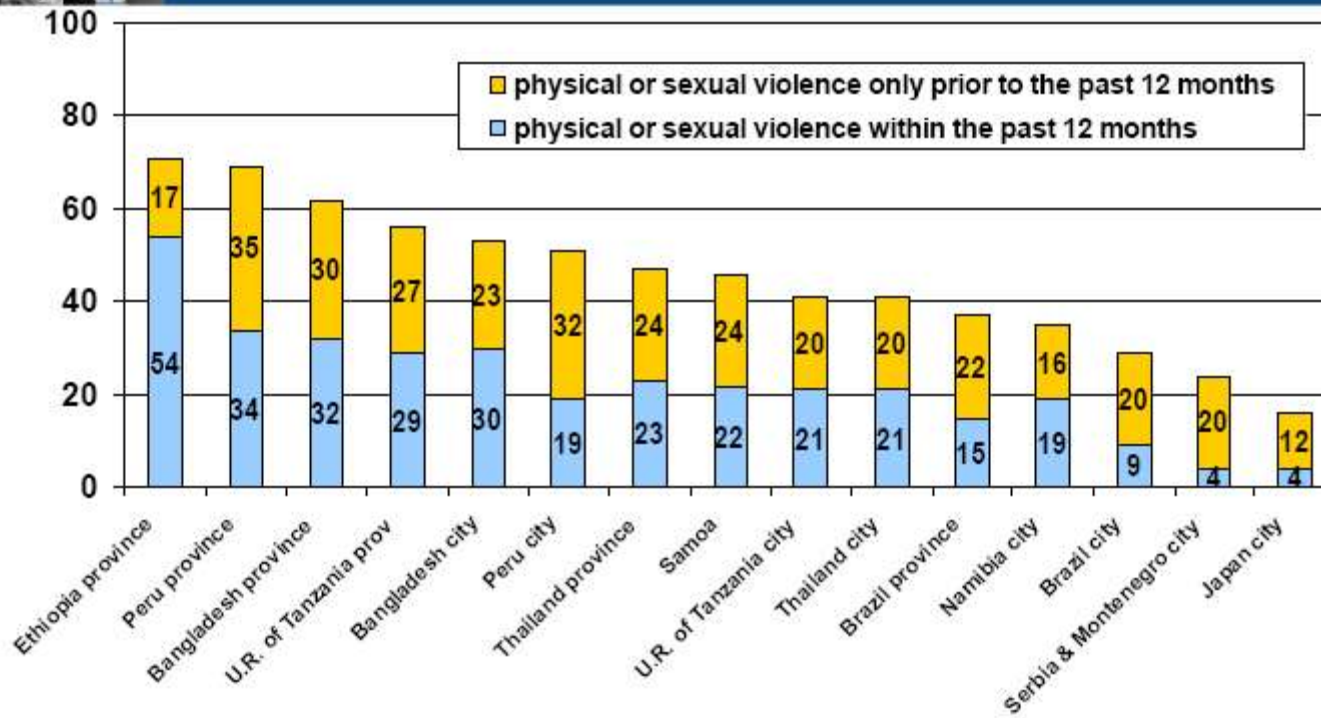


# Background

*Figure 4.2* Total Fertility Rates by Background Characteristics



# Background



# Background

- Persistently higher levels of maternal morbidity and mortality
- Women alone approaches
- Lack of understanding by men
- Family decision predicts health outcome
- Positive SRH outcomes following men involvement



# Background

*The objective is to promote gender equality in all spheres of life, including family and community life, and to encourage and enable men to take responsibility for their sexual and reproductive behaviour and their social and family roles.*

*ICPD Programme of Action (Paragraph 4.25)*

# Rationale

- Men's health and behavior linked with family
  - Men dominance in rural Ethiopia
- Gender inequality affects SRH
- Need for cost-effective BCC strategy

# Objectives

## **General objective:**

- Measure the significance of male involvement in RH through BCC strategy.

## **Specific objectives:**

- Assess factors influencing the reproductive health status at the community level with emphasis on male involvement.
- Identify the KAP (Knowledge/ Attitude/ Practice) gaps and communication opportunities.
- Design and apply a cost-effective BCC strategy to improve men involvement in reproductive health.
- Assess the impact of male focused BCC intervention on RH service utilization rates.

# Methods

- Study area- North Ethiopia (Rural)
- Study design
  - Community trial
  - Two phases

	<b>Two Villages* (Intervention)</b>	<b>Two Villages (Control)</b>	<b>Output</b>
<b>PHASE I</b>	<b>Baseline data collection</b>		<b>-Quantitative data on baseline indicators -Qualitative information for BCC</b>
<b>DESIGN INTERVENTION</b>			<b>-BCC Intervention</b>
<b>PHASE II</b>	<b>Apply Intervention</b>	<b>No Intervention</b>	
	<b>Follow up data collection</b>	<b>Follow up data collection</b>	<b>-Quantitative data on indicators</b>

*\* One village on average has 1000 Households*

# Methods

- Sample size
- Sampling procedure
  - Kebeles → Random selection
  - Individuals
    - Quantitative → Random
    - Qualitative → Purposive
- Data collection
- Data analysis

# Methods

- Inclusion and exclusion criteria
  - Kebeles with accessible RH service
  - Quantitative: Cohabiting, Married, 15-49 years women
- Variables
  - Outcome: CPR, Domestic violence
  - Independent: SEC, Knowledge, Service, Communication....
- Ethical consideration

# Project timeline

Activity	Year I				Year II				Year III			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Secure funds												
Obtain ethical clearance												
Work on study site selection												
Phase I assessment												
Design intervention												
Trial												
Phase II assessment												
Dissemination												



# Acknowledgement

- GFMER Staff
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- WHO Library
- Training Participants
- Mandat International

THANK YOU

