



## Factors associated with male partner participation at participatory learning action meetings in Malga District in Sidama of Ethiopia

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### Abstract

*This study investigates factors associated with male involvement in the Participatory Learning Action (PLA) program in Malga District, Sidama Zone, SNNPR. A qualitative research design was employed, utilizing three focus group discussions, each comprising 10 to 12 participants. Two of these groups—one male and one female—consisted of members actively participating in the PLA program, while a third group, composed of non-PLA male participants, served as a comparison. Data were analyzed qualitatively using thematic analysis. The findings reveal that, although community knowledge and understanding in areas of reproductive health, maternal and child care, and family planning have improved, various factors still discourage male participation in the district. Traditional cultural norms, particularly among older men, were identified as the primary barrier to male involvement. Additional factors include the distance to program centers and the availability of household labor, both of which limit participation. Age and gender differences also emerged as significant factors influencing men's engagement in the program. The study suggests that addressing cultural norms is essential for increasing male participation.*

**Keywords:** PLA program, Male involvement, Reproductive Health, Malga Woreda

### Full length original article

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## 1. INTRODUCTION

Globally, there was a substantial reduction in maternal and child mortality between 1990 and 2010 (Prost et al., 2013). However, sub-Saharan Africa and Ethiopia remain among the poorest-performing regions in this regard. According to the 2016 Demographic and Health Survey, infant mortality decreased from 97 deaths per 1,000 live births in 2000 to 48 in 2016. Under-five mortality also markedly declined from 166 per 1,000 to 67 per 1,000 live births during the same period (DHS, 2017).

Despite these improvements, the 2016 survey reported that only 28% of births were delivered by skilled health professionals, and just 32% of women had at least four antenatal care (ANC) visits during their last pregnancy. Alarming, 37% of women in Ethiopia had no ANC visits, with rural women being more likely to fall into this category compared to their urban counterparts (41% versus 10%). Additionally, the pregnancy-related maternal mortality ratio was 412 per 100,000 live births, while neonatal mortality stood at 29 per 1,000 live births, reflecting a 40% reduction over the past 15 years (CSA, 2017). These statistics indicate that Ethiopia is among the countries with the highest maternal and neonatal mortality rates.

Despite recent gains, addressing maternal and neonatal mortality remains a priority. The country has adopted a renewed focus on these issues within its current health sector transformation plan, aiming to reduce maternal mortality from 412 to 199 per 100,000 live births by 2020, in line with sustainable development goals (FMOH, 2015). Community-based interventions play a crucial role in achieving these targets. In such programs, community mobilization is facilitated through Participatory Learning and Action (PLA) cycles with women's groups. This approach involves a four-phase participatory process, guided by a trained facilitator, during which women's groups collectively identify priority actions and organize activities accordingly. The cycle consists of the following phases: Phase 1) identifying and prioritizing problems during pregnancy, childbirth, and postpartum; Phase 2) planning activities; Phase 3) implementing strategies to address priority problems; and Phase 4) assessing the activities (WHO, 2014).

Although the participation of men in reproductive health, maternal and child health programs, and family planning is vital for the success of these interventions, their involvement has historically been minimal or neglected until the 1990s. Since then, male involvement gained significant attention following the 1994 International Conference on Population and Development in Cairo and the Fourth World Conference on Women in Beijing in 1995 (Onyango et al., 2010; Davis et al., 2016). This shift has been explored in greater detail elsewhere (Davis et al., 2016; Sternberg & Hubley, 2004; WHO, 2015).

Engaging men in reproductive health, maternal and child health programs, and family planning is crucial for several reasons: first, it addresses “the needs of men themselves”; second, it recognizes men as significant factors in the reproductive health of others, where they can either support their partners positively or act as barriers to health; and third, it highlights men as potential service providers (Groenewold et al., 2004). However, it is essential to design “context-appropriate” strategies to address men's concerns and enhance their engagement (Davis et al., 2016).

This study reports the findings of a study investigating factors associated with male involvement in the PLA program in the Malga District, Sidama Zone, SNNPR. By doing so, it aims to broaden the existing body of knowledge regarding men's behaviors, perceptions, and attitudes toward reproductive health issues (Cleaver, 2000), maternal and child health, and the understanding, attitudes, and practices of local communities in this regard. The study was part of an ongoing maternal and newborn health project in the district that employs PLA as a primary intervention strategy. The general objective of the study was to identify factors associated with male involvement in the PLA program. Specific objectives included exploring factors that promote or hinder male involvement, assessing the level of male participation, and examining the perceptions of both men and women regarding male partners' involvement in the PLA program.

## 2. MATERIALS AND METHODS

### 2.1. Study Location

The study was conducted in the Malga Woreda (District) of Sidama Zone, located in the South Nations, Nationalities, and Peoples' Regional State. Malga district is approximately 30 km from Hawassa town. According to the 2007 population and housing census, the total population of the district is estimated to be 137,772, with 68,786 women and 68,986 men (CSA, 2008). Administratively, the district is divided into 23 rural and 3 semi-urban kebeles, with a significant proportion of the population (93%) residing in rural areas.

### 2.2. Study Design and Data Collection

This study employed a qualitative data collection design, utilizing three focus group discussions (FGDs) comprising 10 to 12 participants each. The first group consisted of ten women who were all members of the Participatory Learning Action (PLA) program, while the second group included twelve men who were also members of the PLA program. The third focus group consisted of twelve men who were not involved in the PLA program. All participants were farmers, with the exception of two students who practiced agriculture during their free time. Since all participants were from the Malga District, the composition of the discussion groups is believed to be homogenous and representative of the district population.

The focus group discussions were conducted under the guidance of facilitators, all of whom were native Sidama speakers. In addition to the FGDs, a review of available literature—both local and global—as well as the health sector's local strategic plan (FMOH, 2015) was conducted. This literature review assisted in providing a broader analysis of the situation, including insights into the existing healthcare system, social conditions, government efforts, and a comprehensive list of stakeholders. By reviewing these documents, a clearer understanding of the study objectives was achieved.

### 2.3. Data Analysis

The data gathered from the three focus group discussions (FGDs) were analyzed qualitatively and thematically. Initially, the audio recordings were transcribed from the Sidama language to English by a trained research assistant. The transcribed data were then thematically organized to identify patterns and relationships among the themes. When necessary, direct quotations from individual participants were included to accurately reflect the insiders' perspectives within the community.

## 3. RESULTS AND DISCUSSION

### 3.1. Women's level of participation in PLA meetings and knowledge of the PLA program

All the participants were born in the Malga District and live in Malga District; therefore, it is a homogenous group. Discussants focused on key problems in their community including sexual, maternal, and child health, family planning, livelihood issues, and others. The level of participation and knowledge about PLA differed from group to group as presented below in groups.

### **3.1.1. Occupation and daily activity**

There are ten women in this focus group discussion; all women except two are housewives who regularly farm, especially ensete farming, besides domestic chores. Two of the females who participated in this focus group discussion are students who also do regular domestic work besides schooling; one of the students also participates in petty trade in her free time. One female student also said that “they are organized in local student groups and advocate about sanitation and use of private pit toilets”. All the women also participate in kebele community meetings when the kebele calls them to discuss communal issues.

### **3.1.2. Knowledge about maternal and newborn health**

Women participants in this group discussion told the facilitator that they have good knowledge of maternal and newborn health and have good knowledge of what to do during pregnancy and after birth. Most of the participants believe that “mothers should regularly visit health clinics & check their pregnancy status”; moreover, they said, “mothers should visit health clinics regularly to check their health status besides following the advice of health workers”. Almost all participants also believe that “delivery should be in health centers where there are medical facilities and where professional health attendants provide the necessary support to mothers”. In health centers, health attendants check blood pressure, check weight, and teach about maternal and childcare health, sanitation and cleanness, what foods to eat during pregnancy, and how to keep and care for children. If laboring women need a blood transfusion, health attendants advise them to easily access blood transfusion.

Most participant women also have a good understanding of keeping clean and environmental sanitation including using toilets, washing hands, utensils, and clothes. Moreover, as one woman said and others also agreed, “mothers should eat a balanced diet like fruits, meat, milk and kocho, ensete food; eating good food is for mothers health and the health and growth of the fetus”. After delivery and before delivery, mothers should strictly vaccinate and avoid problems and complications that may result from being unvaccinated.

Most discussant mothers also know about the dangers of home delivery using unpasteurized tools and with the help of untrained traditional delivery attendants; “this should be taught to women in the community regularly” as one woman said. Most participant women also agree that “pregnant mothers should also avoid heavy work & carrying heavy things”. Health workers check blood pressure during pregnancy & at the time of delivery. We have a saving program and we discuss the advantages of saving.

### **3.1.3. Knowledge about the ongoing PLA program and participation in the program**

All the participants in the focus group discussion agree that “most women in their neighborhood participate in the PLA program and discuss on issues related to mothers’ and childcare, pregnancy, family planning, regular check ups and learn lots of things about these issues; we also discuss about the importance of cleanness and sanitation keeping cleann, and what materials to prepare for delivery time”. By participating in this group “we learn a lot and know what we did not know before this program began” as the participant women said. Because of this participation and the awarness and knowledge we gained from the activities and discussion, “health problems we used to encounter during delivery have now been reduced; for example,

in the past delivery was at home with the help of untrained traditional delivery attendants who used unsafe tools and herbs but this is not practiced anymore problems and death related with home delivery have been reducing significantly”, as the discussant women spoke.

In addition to health-related issues, women also discuss saving, supporting each other, and other important things environment related to our health benefits for the current and future lives of all mothers. Through participation in the program, mothers share their experiences.

By participating in the PLA meetings, “we have learned and gained knowledge; we have changed our attitudes about many things related to maternal and child health, about family planning, and the like and these have improved mothers’ health situation”, which reduced mother and child mortality as most participants agree. One woman summarized her experience gained from participation in the PLA programs as follows.

*We will exchange information and experiences with each other; for example, I, recently delivered at a health clinic during which time I learned a lot about child vaccination, suckling until six months when to start complementary food, and what types of additional food to give to my baby after six months. I also learned delivery in a health clinic reduces the tendency of excessive bleeding; moreover, I learned that suckling the first breast milk is good for the development of babies. In the PLA meeting, I share all this information with other women. Therefore, participation in the PLA meeting and the knowledge gained have changed our previous behavior and attitude towards reproductive and child health and care and family planning. These all have changed our sanitation behavior, our way of feeding, and money saving, and these all have brought significant changes to our life.*

#### **3.1.4. Level of participation in PLA program and perceptions on partner participation**

As most women participants reported, most men do not participate in the meeting because they are not invited. One participant woman reported that her partner does not participate; she disclosed that “my partner participates in other kebele (village) meetings. However, when there is home-to-home training about mother pregnancies, mother’s health, and child care by health extension workers, which often takes place in the morning, he participates”; he does not participate, she said, “because he is not invited; had he been invited he would have come to the PLA meeting”. “It was nice if he participated because it is important for both of us”, she said; “I can’t educate and orient him personally for he is not willing to hear or believe me; so, it is good if they invite him. “If he had attended the PLA program meeting and heard what I heard, he would understand and accept my perspective on our family issues, which could have made our lives easier. Had we participated together, we would share a similar understanding of the program,” she reported

On the other hand, however, some women reported that they are not happy with their partner’s participation because, as one woman put it, “My husband must keep the garden while I go to the PLA meeting; if he leaves home, I would do the something. We can’t leave home at the same time and be unattended. Who will take care of our children and cattle if we leave and go together to the meeting? I would have been happy if we participated together, but one of us must take care of our family and cattle when one of us goes to the PLA program meeting”. However, this does not mean that women are against men’s participation; although

they support men's participation, they want to balance the safety and protection of the family and cattle PLA program participation.

Generally, many women think that men's participation in the meetings is very good because men's participation will increase men's awareness about family planning, maternal, reproductive, and childcare issues. However, they want to balance the safety of their family and the program.

### **3.1.5. Impression on the PLA program and assessment of its use for mothers and the community**

The ongoing PLA program is very helpful for mothers because it helps to improve their and their family life situation as many women agree. Participant women reported that the program has

*taught women ways of maintaining environmental sanitation, children care, health checkups during pregnancy, how to avoid disease-causing practices, how to improve community life, and how to protect against any danger, for example at the time of pregnancy and delivery, and how to support each other, how to prepare oneself for delivery, how to adjust the material to carry a baby, how to protect children from different diseases like measles, the advantages of regular visit to health facilities and so on.*

The use of family planning was very rare in the past; however, many women are now participating in the service program and this was made possible due to participation in the PLA program, incessant teaching by health extension workers, and expansion of health facilities by government and non-governmental organizations. In the past, for example, there was no family planning; recently, however, the use of the service has helped many women to have gaps between children as the number of children causes livelihood problems such as a shortage of food for many children.

### **3.1.6. Factors that encourage or discourage participation in the ongoing PLA Program**

The program should have equal access to men as women; men must be aware, counselled, educated, and advised to understand the advantages of the ongoing PLA program; on the other hand, women also must share what they learned and heard in the meetings to their husbands. But many women participants agree that "there should be separate awareness creation programs for men; as you called us, you must also call men separately and educate aware them about the program; if you do so, they will be convinced and accept the program; if you do so, men will be willing to participate in the program with their fellow men and friends". This is an issue that almost all women address, and it must be given special attention.

As mentioned above, men often do not come to the PLA meetings because they are not invited. More than this, however, the issue is related to the conservative traditional norm that does not allow men and women to gather together and talk about sexual and reproductive issues. For example, about two male participants, among others, responded to the question, "Do you think the man should participate? Yes, why? No, why?" the following answers:

## Participant 1

*It is difficult to discuss these shameful [reproductive and sexual] issues in a meeting where men and women are participating together because our culture prohibits discussing sexual and reproductive issues with women, one's younger brothers, wife, children's wife, etc.*

## Participant 2

*If men and women participate in the meetings separately, they can raise different issues without any secrecy and hesitation; but if men participate with women in the same meeting they do not talk about various health reproductive issues because this is breaking a cultural taboo.*

Similar reflections from male participants have been documented in other societies. Onyango et al. (2010: 38), for instance, report, "Culturally, men don't like discussing issues surrounding reproduction with their wives. They'd rather discuss them outside with other people." Conducting meetings together to discuss sexual and reproductive matters is often avoided, with one participant noting, "Even calling the father-in-law by name is not allowed for women." Treis' research (2005) reinforces this observation. According to Treis, groups such as the Sidama, Kambata, Hadiya, and others in southern Ethiopia practice avoidance language, known as ballisha in Sidama and Kambata, to refrain from using names of mothers-in-law, fathers-in-law, husbands, and clan names. Given these cultural norms, it is unsurprising that both women and men abstain from gathering together to discuss sensitive topics such as sexual, reproductive, and childcare issues.

Age difference presents another challenge; as one woman participant explained, "Elder people are not willing to discuss sexual, reproductive, and family planning issues with younger people because they feel ashamed to talk about these topics with young girls, boys, and women." Educational disparities also contribute to this hesitation, as uneducated individuals often fear embarrassment from educated young people who might highlight their lack of literacy. Young people, on the other hand, feel uncomfortable discussing sexual and reproductive issues with elders and women in public. Additionally, men show limited interest in matters of pregnancy and reproductive health, as they lack firsthand experience with the physical and emotional aspects of pregnancy, childbirth, and motherhood. Young people are more likely to change their views through awareness programs and education, but shifting the perspectives of older individuals remains challenging. Therefore, the PLA program should consider strategies to address these cultural barriers to foster inclusive participation in discussions about sexual and reproductive health.

### 3.1.7. Ways to improve men's participation in the PLA program

Continuous education, awareness creation, and advocacy by government agents, NGOs, and community leaders could eventually solve the problem. The use of separate meeting venues for men and women and different age groups is necessary and this could be facilitated by the government and NGOs. Men and women who participate in the PLA program and meetings need to share their experiences with those who do not participate. Using the authority of community leaders and government officials like village association leaders will encourage people to participate in the program and attend the meetings.

## 3.2. Men's level of participation in PLA meetings and knowledge of the PLA program

### 3.2.1. Occupation and daily activity

There were 12 participants in the male PLA program focus group discussion. Of the 12 individuals, eleven men are farmers while one individual is an elementary school teacher who works in his farming when he has free time and when he is out of school. The farmers do not have additional work; their livelihood depends on mixed farming: cultivation of crops and raising animals.

### 3.2.2. Knowledge about maternal and newborn health

Most participants understand that motherhood has many problems that sometimes result in death; therefore, they say "Mothers should check their health status including blood pressure, their weight, and the lying position of a fetus in their uterus regularly. Mothers also need adequate rest and sleep; this is good for the mothers and normal development of the fetus" as one male participant described. Most men discussants also know and agree that a balanced diet is good for the health of mothers and healthy and normal growth of fetuses and children. Good food includes meat, vegetables, and kocho, etc." as one participant described. Delivery should take place in health clinics with the help of trained health professionals. As some discussants said, the Sidama formerly used different kinds of herbs like soicho to prevent disease in pregnant women. Currently, taking soicho is waning because of advocacy programs that informed mothers to avoid soicho and take more fluid during pregnancy.

Male participants also believe that after birth children should get regularly vaccinated and mothers should follow up on their health status. In addition to these, "husbands must support and facilitate transport and provide the necessary money for health service and other facility expenses, and additional food purchase if necessary" as most male participants agree.

### 3.2.3. Knowledge about the ongoing PLA program and participation in the program

Many participants are aware that the PLA program is a very important program to sensitize men about mothers' and children's wellness and health. In these meetings, participants learn lots of things from the discussions that revolved around "vaccination, birth spacing and utilization of family planning service, eating a different type of food, sanitation, regular health checks, ways fathers could help mothers to lessen the workload of mothers, postnatal childcare, and breastfeeding" as one male participant summarized it.

Men also discuss how to support mothers in domestic work when they are pregnant and weak to do every domestic work like fetching water and wood and farming. Many men discussed that they are not mostly invited to the meetings. One male person summarized the frequency of male participation as follows:

*I live a bit further from here; I walk for 2 hours to reach here. Due to this, I have no chance to participate frequently although I participated one day in the meeting by invitation of Mrs. Aster from our church. At that meeting, she informed us lots of very good things including the benefits of washing the breast and giving breast milk on the first day to a baby; formerly, we were taught that feeding breast*



*milk to a newly delivered baby was bad; this was a new lesson and knowledge that I learned that day. The other thing I learned was about the vaccination of a newly born baby and children who must take 9 types of different vaccinations. Generally, before this day I did not have any interest in the program; this meeting has taught me a lot and I hope to participate in the future.*

Thus, the result of this research strengthens the claim of Davis et al (2016: 2) which says, men “have been excluded from reproductive, maternal and child health services and education” and this makes men not make an informed decision on reproductive, women and childcare health issues.

Other discussants also reported that they discussed harmful practices like female genital mutilation which causes too much bleeding and increases pain to mothers during childbirth. Moreover, men often also discussed how to take a pregnant mother to health centers quickly in the absence of an ambulance; “when we encounter this situation, we use a local stretcher (raro) to carry the woman to health facility center”. “Family planning, livelihood, economic and saving issues as well as improving environmental sanitation and use of latrines were all very interesting and useful topics of discussion”. All focus group discussants agree that they learned a lot from the PLA program.

#### ***3.2.4. Level of participation in PLA program and perception about partners partner participation***

Most men discussants responded that their women partners participate in the PLA meetings every 15 days. However, some men responded that their partners did not always participate because their house was too far away to regularly come to the meetings.

#### ***3.2.5. Impression on the PLA program and assessment of its use for mothers and the community***

Most people live in the lowland areas of the Malga district; because of this the wives of some people do not regularly participate in the PLA meetings and lack similar understanding and are less active in the PLA meetings compared with the people who dwell near the PLA program center. However, because now the advocacy is also provided through the church (in church compounds), our wives attend the program in church compounds closer to them and have good awareness. In the church meetings, our women are oriented on what types of clothes to dress when they go to church and attend church programs and prayer; moreover, they are oriented on the importance of wearing clean clothes. “Our women did not wash their body and clothes in the past and applied butter to their hair and this was unhygienic”, as one participant puts it. Now many women wash their clothes and body and do not apply butter to their hair, at least when they go to church and PLA programs; so, they are now more hygienic and cleaner because of the PLA program and its meetings. “Many women have learned a lot from the ongoing PLA meetings and have improved how to handle their home affairs and children” many men agree, and they are happy with this change in the behavior of their wives. Moreover, men are happy with this program because, as one person put it, they have noticed “attitudinal and behavioral changes in their wives; in the past women did not like visiting health clinics, getting support from health professionals, and delivering in health centers; in the past women were did not even show their body to non-kin during pregnancy and childbirth. Showing one’s naked body to another person was offensive to the morality of the woman and the society and

transgression of Sidama norm”. Although this was reported by women, the attitude of men on this issue is not known; however, probably men also share cultural norms and attitudes because cultural norms and attitudes are shared by all or most community members, I think. On the other hand, “women were often given different types of herbs to pregnant women to expedite labor instead of going to health centers and get support to lessen labor pain and to hasten delivery; newly born children were also given different types of herbs”. Most men agree that this is changing a lot nowadays and many women go to health clinics for checkups, delivery, and vaccination instead of herbs.

Those women who regularly participate in the PLA meetings inform the importance of the PLA meetings to women who do not participate in the PLA program because of different reasons. This experience of sharing and exchange of ideas in the community is changing the attitude and behavior of women. For example, “In the past, a woman stayed at home and other women put many clothes on her and waited until she gave birth; now a day, however, when a woman has any sign of labor, she goes to a health clinic by herself; therefore, carrying mothers to hospitals is now decreasing”. Some men said ambulance usage is decreasing because pregnant women go to health institutions by themselves although this is probably an overstatement. Whatever the case, due to participation in the PLA program and experience sharing through the meetings, the community is changing, and men are very happy with these changes.

Men and women are learning lots of important things in their lives, including improvement of reproductive and child health, antenatal childcare, and nutrition. “For example, if one mother gives birth to a second baby before the first one matures, the mother could not feed enough breasts for both children and this affected their growth. This makes both babies prone to disease and this indulged the family into trouble. Therefore, many mothers who are participating in the PLA program are now aware of the advantages of spaced birth” as one man explained. This shows that family planning service is strengthening its roots in the community and the PLA program is playing an important role. Because mothers’ care for children is improving, associated with the increase in health facilities, the number of children dying in their early childhood is decreasing as most men say. In the past, mothers gave additional food to their children at 3 or 4 months; due to the teachings of health extension workers and participation of women in PLA meetings or programs, mothers now give additional food to their young children at and after six months.

Participating men in the PLA meetings and the program is very useful because it helps men to understand family planning, mother and children’s health, and to make informed participation and decisions on family affairs as described earlier. Men “are now supporting mothers when they are pregnant and weak; this support includes fetching water and wood and farming; husbands also sometimes accompanying them to health centers”, as one male participant explained. On the other hand, the participation of men in the PLA programs and meetings enables the improvement of gender relations; moreover, participation could encourage men to be involved in daily household activities that were solely left to women. It also enables men and women to have similar awareness and knowledge on family planning, reproductive mothers’ and children’s health, and prenatal and antenatal childcare. This shared knowledge and awareness helps to improve the family relationship, reproductive health, and gender relations. Participating in these meetings and the PLA program enables men to facilitate transport to health centers, allocate necessary money for mothers’ and children’s health, etc. As one participant also put it,

in the past talking about reproductive health with women was a shame; after men started participating in the PLA program, and due to the knowledge gained from these meetings, their attitude is slowly changing in a positive direction. In the past, when families wanted to have additional babies, they said, 'ilammohu itawore dihooganno', meaning 'babies will grow according to their luck'. This means, that when a mother wanted to participate and use family planning services, she did not tell her husband because he may not accept her idea; this situation is changing now a day due to the increased participation of men in the PLA meetings and the awareness they get from these meetings. But more has to be done to bring significant change to men's attitudes.

Many men also opined that they encourage women to participate in the PLA program; some men even said that by participating in the PLA program, women came back home with new information to their husbands. However, as one participant says,

sometimes uneducated husbands suspect their wives for they frequently go to the PLA program meetings; this suspicion increases if a woman does not tell the whereabouts of their husband and if the husband does not clearly understand why she participates in the PLA meetings regularly; thus, male participation in the PLA meetings and increased awareness about the program could erase suspicion.

When the PLA program started, many men did not participate because men were not invited; because of this, more women were participating than men. However, as one participant explains, "After the PLA program agents reviewed their approach and widened their focus to include men, many men, including my friends, are participating and even men from faraway places are participating in the program". The level of participation, however, different individuals have different understanding; according to some people also distance discourages participation.

On the other hand, some men are still unhappy to participate with women in the program due traditional attitude that still guides gender relations in the community. Generally, men and women did not have equal participation because of the information gap during those initial periods; currently, however, although men's participation is growing, it is still lower than women's. However, the problem is not related only to tradition; in the context of this rural community, as some male participants say, women and men cannot attend the meeting on the same occasion because when the wife goes to the meeting, the husband must stay home to look after the house and the cattle and the vice versa.

### ***3.2.6. Factors that encourage or discourage participation in the ongoing PLA Program***

One way to increase male participation in the PLA program is networking and organizing men separately; as one participant put it, "Men who participate in the meetings should mobilize fellow men by telling them the advantages and importance of participation in the meetings. On the other hand, men's participation could be increased by increasing and assigning men facilitators than women facilitators."

As one participant says, in Sidama culture, people do not say "I am hungry even though they are very hungry". We do not tell many things to another person because we are afraid, but now we understand everything is for our benefit, so we inform them what is taking place in the meetings and mobilize them to participate in meetings". However, one thing is also important:

“if there is payment for participation in meetings, more men participate in different types of meetings”. Generally, greater understanding and awareness of the PLA program increases when there is increased awareness about the benefits of participation in the PLA program.

Older people are embarrassed when they see female facilitators; this is due to the traditional dominance of the patriarchal system in the community which assumes public spaces are only for men; as one participant described, “Men should gather with men and women with women”. Discussion on sexual issues, FGM, contraceptives, etc., in meetings where the participants admix men, women and young people are unacceptable for adult men as most of these issues are taboos not to be discussed openly in public between males and females. For young and educated individuals of both sexes, this is not the case, anymore. “Younger and educated people are not fettered by traditional taboo and attitude and are free to discuss harmful cultural practices like FGM, piercing of gingival, and the like” as participants said. Generally, the traditional culture is the main factor that discourages the participation of men, especially adult men. Another person also told the interviewer that “some people may not regularly participate in the program because they could face a shortage of labor or have fewer children to look after cattle if the husband and wife go to the meeting together”. Thus, the availability of household labor power is one factor that discourages participation in the PLA program. The availability of male facilitators is also a factor that discourages men’s participation in the meetings.

### ***3.2.7. Ways to improve men’s participation in the PLA program***

To increase men’s participation, women should discuss with their husbands the importance and the challenges related to mother and child reproductive health problems that need the participation of both partners to solve the problems; “traditional norms are very conservative and do not change quickly; therefore, continued education is needed to bring about attitudinal changes in men. This must be done by the government to expand adult education and literacy” as one male participant explained. With education comes a culture of open discussion between partners. NGOs and kebele offices should design alternative strategies for the participation of males and females. “Because the responsibility of preparing food for the family falls on the shoulders of wives, wives must prepare breakfast early in the morning and send husbands to the program or meetings”, another participant says. Women and men should also share what they learned from the meetings with each other because the information shared between wives and husbands enables them to have similar awareness of the PLA program.

There should be strong networking among neighbors- men with men and women. “NGOs may assign different tasks to different neighborhoods and this might result in competition between neighborhoods to agitate and mobilize more men to participate in the program,” a teacher says. Assigning knowledgeable and experienced men to educate their fellow neighbors could be a good strategy to increase men’s participation. While following strict application of schedules increases participation, interruption of schedules discourages participation.

On the other hand, the government should network and use other agents like agricultural and educational extension workers with health extension workers, NGOs, and community leaders to educate and tell the benefits of participation in the PLA program; it should also regularly disseminate information about the PLA program to community members and different stakeholders to increase men’s participation. In addition, the government should also create experience-sharing forums besides giving financial and material support for the PLA program if need be; for example, the government should take the responsibility to arrange meeting

places or halls because if meetings take place in the open air, the sun and rain could discomfort or even disrupt the meetings, factors which may discourage future participation. NGOs on the other part should have awareness programs to orient about the PLA program. As the main actors of the PLA program concerned NGOs should provide stationery and other necessary materials needed to conduct the meetings; facilitators should also strictly inform the attendants to participate in meetings.

Other stallholders should be involved in mobilization and educating the community about the advantages of the PLA program meetings. Moreover, they should give different kinds of aid and support to those people who are physically disabled to positively influence them to participate in the meetings. Churches and other religious institutions are places where most people congregate occasionally for prayer and program purposes. Thus, religious institutions, especially churches should advise and orient their followers to participate in the ongoing PLA program and meetings. On the other hand, elder people should use the seera, Sidama traditional judiciary institutions, to control those community members that do not attend the PLA program meetings.

### **3.3. Non-Participant Male Partners' knowledge of the PLA program**

#### ***3.3.1. Occupation and daily activity***

There were 12 men in the male non-PLA program focus group discussion. All are farmers although half of these men also practice petty trade when they have ample time, especially in the rainy season when farming is not practiced.

#### ***3.3.2. Knowledge about maternal and newborn health***

Although men in this focus discussion group are non-PLA participants, they know that pregnancy is a time when mothers are very weak and need support and care. According to most discussants, "mothers must visit health clinics for regular checkups; they must take vaccination and eat good foods. If she does not eat good foods she may face challenges during pregnancy time; a proper diet is also good for the baby's growth. Mothers should not do heavy work during pregnancy because doing heavy work and carrying heavy loads, which is common in our area especially when they go and come from the market, is not good for the mother's health and the fetus". They also suggested using other options like using horse-driven carts to carry loads. Mothers should vaccinate a baby after birth following the given schedule; this enables the baby to have proper growth, health, and strength. Thus, husbands must support mothers, especially during pregnancy, and should think about how their wives could consume a balanced diet to make them and their babies healthy. Mothers must keep clean and wash their hands and breasts before feeding their babies. Generally, although men in this group are non-PLA, they have good information about the PLA program because they had information from other participants as one person described. They did not mention they have other information sources on maternal and newborn health.

#### ***3.3.3. Knowledge about the ongoing PLA program and participation in the program***

Most men in this group say they do not participate in the PLA program and meetings because they are not often invited. Because of this, most men do not have enough awareness and knowledge about the program and its importance. Most women in my neighbors participate in

the program and talk about health issues, pregnancy, vaccination, childcare, personal hygiene, environmental sanitation, cleanness, diet and food, and about saving and development. Most men agree that mothers in their neighborhood participate in the meetings.

### ***3.3.4. Level of participation in PLA program and perception about partners partner participation***

Although the men in this group do not participate in the PLA program and its meetings, almost all of them said their wives participate in the program and the meetings and they are happy about this. By participating in the meetings, women learn many things about the mother's health, what to do and what not to do during pregnancy, vaccination, how to take care of children, hygiene and cleanliness, and how and when to do her work chore. By participating in the meetings, my wife will be aware of washing her body and clothes regularly, and how to prepare good and balanced food necessary for the health and growth of children. In the meetings women also discuss the issue of saving; therefore, participation in the meeting enables her how to manage and expend money.

### ***3.3.5. Impression on the PLA program and assessment of its use for mothers and the community***

Most men agree that after their wives started participating in the PLA program meetings and educational programs, they regularly washed their hands and their babies every three days; they also shared what they learned from the meetings with their neighbors who did not participate in the meetings. The men also observed, "Their wives wash their hands when they prepare food and at meal times, they regularly wash household utensils. Moreover, they vaccinate their babies according to schedules and follow family planning methods".

None of the respondents in this group participated in the PLA program meetings. However, most non-PLA male discussants believe that the ongoing PLA is very helpful for mothers and families because "it has enabled most mothers to send their children to school, to take better care of their babies, to have active participation in development issues raised in their community, to keep their environmental sanitation and to use pit latrines more than before.

Although some discussants agree that men should participate in the PLA meetings because, as one of the focus group discussants said, "we get knowledge and awareness about reproductive health, family planning, mother and childcare, and sanitation", many participants in this group do not agree on conducting meetings with women together because talking on topics that focus on sexual issues and pregnancy are not culturally proper to discuss with women in public, as one participant pointed out:

I agree men should participate, but not together with women, younger brothers and sisters, and girls; how can you discuss sexual and reproductive issues with young girls, female relatives, your younger brothers, or brother's wives?" asks one discussant; "it is also taboo in our culture to see males or females sex organ; the picture you show us is also shameful that different sexes should not see together.

Therefore, most men agree there should be separate meetings and teaching arenas for different ages and different sexes. However, most non-PLA male participants said that most of their friends do not participate in the PLA as most discussants said.

### 3.3.6. Factors that encourage or discourage participation in the ongoing PLA Program

Women and men, young people and elderly people should conduct the meeting separately; otherwise, we have decided not to participate with women at the same meeting place. The facilitators should also be separated, and male facilitators should facilitate men's meetings the men and female facilitators should facilitate women's meetings. There should also be different meeting venues for different age groups.

As mentioned above discussing sexual and reproductive issues between men and women discourages both men and women from participation.

### ***3.3.6. Ways to improve men's participation in the PLA program***

To increase men's participation male facilitators should be assigned and the meeting venue should be separate for males and females; this would increase male participation. The government and NGOs should continuously create awareness creation programs. The government special should facilitate meeting venues; religious institutions should advocate and convince their followers to participate in the PLA program.

## **4. CONCLUSION AND RECOMMENDATION**

The findings from this study show that the PLA program is working well with women. Distance from the program center and the availability of household labor are common factors that discourage participation in the program for males as well as females. Age differences, sex differences, and cultural norms are the main factors that mostly affect males' participation in the program. Another related factor is traditional gender roles that favor males in public places. As it is known one purpose of discouraging females from the public arena is a traditional control of women. This is seen in the form of suspecting women when they regularly participate in the program and when they appear in the public arena.

On the other hand, these are all related to a lack of education, lack of awareness about the program, and backward culture. Some community members, like elders and men in general, prefer separate meeting venues because traditional norms prohibit open discussion between different age groups and sexes. Therefore, the program should design strategies that enhance male participation. This includes the preparation of separate meeting venues for males, females, and different age groups. Elders, women, and youngsters' sexual behaviors, gender norms, languages, and related cultural norms should be studied, and strategies should be designed based on the results of the findings.

Furthermore, the program must network with agricultural extension workers, development agents, and religious leaders, especially churches as churches are the main congregation areas of community members. On the other hand, the media should be a crucial instrument for awareness creation; dramas and music in the local language are very important instruments for awareness creation and intervention designs. In general, issues related to cultural norms must be studied in detail and used to strengthen the PLA program participation of males and other interventions related to family planning, reproductive health, and maternal and child care.

## 5. FUNDING

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## 6. CONFLICT OF INTEREST

The author declares no conflicts of interest.

## 7. REFERENCES

- Cleaver, F. (2000). Do men matter? New horizons in gender and development. *Insights*, No. 35, December. Retrieved from [http://www.europrofem.org/White-Ribbon/06.contributions/1.contrib\\_en/39.contrib.en.htm](http://www.europrofem.org/White-Ribbon/06.contributions/1.contrib_en/39.contrib.en.htm)
- Central Statistical Authority (CSA). (2008). Summary and statistical report of the 2007 Population and Housing Census: Population size by age and sex. Addis Ababa: Federal Democratic Republic of Ethiopia. Retrieved from [https://www.ethiopianreview.com/pdf/001/Cen2007\\_firstdraft\(1\).pdf](https://www.ethiopianreview.com/pdf/001/Cen2007_firstdraft(1).pdf)
- Central Statistical Authority (CSA). (2016). Ethiopia Demographic and Health Survey. Addis Ababa: Federal Democratic Republic of Ethiopia. Retrieved from <https://dhsprogram.com/pubs/pdf/FR328/FR328.pdf>
- Central Statistical Agency (CSA) [Ethiopia] and ICF. (2017). 2016 Ethiopia Demographic and Health Survey Key Findings. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF. Retrieved from <https://dhsprogram.com/pubs/pdf/SR241/SR241.pdf>
- Davis, J., Vyankandondera, J., Luchters, S., Simon, D., & Holmes, W. (2016). *Male involvement in reproductive, maternal, and child health: A qualitative study of policymaker and practitioner perspectives in the Pacific*. *Reproductive Health*, 13(81). <https://doi.org/10.1186/s12978-016-0184-2>
- Federal Ministry of Health (FMOH). (2015). Health Sector Transformation Plan (HSTP) 2015/16–2019/20. Retrieved from <https://searchworks.stanford.edu/view/11700944>
- Groenewold, G., Horstman, R., & de Bruijn, B. (2004). Gender and the role of men in reproductive health: Applications in studies on HIV sexual risk-behaviour in Zambia, safe motherhood in Nepal. *Netherlands Interdisciplinary Demographic Institute*, February. Retrieved from <https://catalog.ihsn.org/index.php/citations/7966>
- Onyango, M. A., Owoko, S., & Oguttu, M. (2010). Factors that influence male involvement in sexual and reproductive health in Western Kenya: A qualitative study. *African Journal of Reproductive Health*, 14(4), 43. Retrieved from <https://www.ajol.info/index.php/ajrh/article/view/67831>
- Prost, A., Colbourn, T., Seward, N., Azad, K., Coomarasamy, A., Copas, A., et al. (2013). Women's groups practicing participatory learning and action to improve maternal and newborn health in low-resource settings: A systematic review and meta-analysis. *The Lancet*, 381(9879), 1736–1746. Retrieved from <https://www.sciencedirect.com/science/article/pii/S0140673613606856>
- Sternberg, P., & Hubley, J. (2004). Evaluating men's involvement as a strategy in sexual and reproductive health promotion. *Health Promotion International*, 19(3), 389–396. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/15306623/>
- Treis, Y. (2005). *Avoiding their names, avoiding their eyes: How the Kambaata women respect their in-laws*. *Anthropological Linguistics*, 47(3), 292–320. Retrieved from <https://www.jstor.org/stable/25132339>
- United Nations. (1994). Program of action: Adopted at the International Conference on Population and Development, Cairo. UNFPA. Retrieved from [https://www.unfpa.org/sites/default/files/event-pdf/PoA\\_en.pdf](https://www.unfpa.org/sites/default/files/event-pdf/PoA_en.pdf)
- World Health Organization (WHO). (2014). WHO recommendation on community mobilization through facilitated participatory learning and action cycles with



women's groups for maternal and newborn health. Retrieved from <https://www.diva-portal.org/smash/record.jsf?pid=diva2:752791>

World Health Organization (WHO). (2015). WHO recommendations on health promotion interventions for maternal and newborn health. Retrieved from [https://apps.who.int/iris/bitstream/handle/10665/172427/9789241508742\\_re?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/172427/9789241508742_re?sequence=1)