Exploration of roles and barriers of husband involvement in family planning among married couples in Afar pastoral communities of Ethiopia

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Abstract

Background: Despite its potential to improve the lives of women, family and community, family planning service use remains low among less educated and rural resident couples. Evidence shows that husband involvement in family planning service significantly improves uptake of the service. However, in pastoral communities where family planning use is affected by range of socio-cultural barriers, the role of husband involvement and the barriers associated with it are less evident. The current study aimed to explain the potential roles husband from pastoralist communities and exploring the barriers for husband involvement.

Methods: An explorative qualitative study that employed 16 purposively selected participants (ten family planning users and six non-users) to explore the potential roles of and barriers to husband involvement in family planning use. Each in-depth interview was conducted using semi-structured guide for a minimum of 45 minutes. Each interview was audio-taped, transcribed verbatim and imported into Atlas ti, window for qualitative data software, for coding and analysis. Thematic analysis was applied to explore roles of and barriers for husband involvement from the use and non-user's perspectives.

Results: The critical roles husbands from pastoralist communities played were discussing with spouse about the need to use family planning, approving spouse's intention to use it if it comes from her, authoritative decision to use the service and accompanying wives to health facility, though rarely, for the service. Husbands remained behind their wives to proactively initiate discussion about the need to family planning. Both the users and non-users agreed that the decision to use family planning lay to the husband and its disapproval leads to strict service non-use. Moreover, accompanying wife to health facility for obtaining family planning services were rarely reported. Religious disapproval, husband's low awareness on the need to regulate fertility and desire to have more children were the paramount barriers for husband involvement.

Conclusion: Husband's low involvement in companionship and discussion in family planning kept the service utilization low in pastoralist communities. The decision on family planning use continues to depend on the husband and, in turn, the barriers for husband involvement are backed in religiously and culturally based predisposition to have more children than regulating fertility. Thus, Targeting and involving husbands in family planning awareness and demand creation activities is crucial for increasing uptake of family planning among pastoralist community.

Key words: Husband involvement, family planning, pastoral community, Afar region.

Introduction

Pastoral community lifestyle is different from the agrarian community. Customary rules and regulations govern by a clan. Gender determines the different roles that men play great role in decision making in pastoral society (1). Women from pastoralist societies are often represented as silent and subordinate individuals already marginalized by the system (2). Women in pastoral community often concerned to financial constraint, all financial expenditures' depend on their husbands. There is also gender supremacy of men and supported via politics, media and religious institutions (3,4).

Moreover, family planning is an effective means to women's empowerment and gender equity by providing a chance for economic and school attainments (5), as well as to an overall health and economic well-being of a family, a community and a country as well(6).Men and women have different abilities to access and use new information, opportunities and improved technologies. Women have the opportunity to make more decisions within the household, unless it's depend on man (1,7). Involving husbands have been a prominent part of the shift from family planning to the broader reproductive health agenda(8).

Decision-making and leadership at all levels women's freedom to participate in all aspects is part. Not only limited to politics but extend to participation and leadership in public life, the private sector and civil society in general(9). Traditionally men were decision makers in all issues of the household. They decided the FP use and the number of children to have. Women are considering as the implementer of a decision without questioning men's decision, not decision maker what men believe and practiced(10).In opposite of Ugandan, a study conducted in India showed that men were supportive and positive in decision making regarding FP and increase communication after intervention was done. This was men showed a change in gender norms, more equitable and increased in joint decision making on FP issues(11). Despite the inequality of women to men, Afar pastoral women make higher contributions to household-level including wealth production, wealth inheritance, opportunities for community-level participation, household burdens and health(12).

Concurrently, the shift is accompanied by a transference in objectives, of male

p-ISSN: 2664-0775, e-ISSN: 2664-0783
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participation and concerns, from increasing contraceptive use and achieving demographic goals to gender equality and fulfilling various reproductive responsibilities (8,13). Effective FP use and level of husbands' involvement has been shown to influence women's use of maternal health services.

Men believe that, FP utilization is considered as marital infidelity and can cause infertility. ''If a woman ask to use family planning she is intended to cheat with other man''. But some of the women use FP without consent of their husbands' even though reject not to use(3).

A study conducted in Osun state Nigeria and South Africa showed that religion, marriage type, occupation, and educational attainment were some of the socio-demographic factors predict male involvement in family planning use(14,15). To continue lineage and to get more boy children are reasons for men not support FP utilization and traditional FP practice also another barrier not use FP(10). Most of women in pastoralist community in Ethiopia use FP without the consent of their spouse, but women usual in fear, if suddenly knew the husband, it might cause quarrel including divorce(16).

Despite the multi-benefits of family planning, literature indicates that family planning use is extremely low among women from pastoralist community in Sub Saharan countries(17–20).Pastoralist women are often accompanied by in decision-making power to use family planning (21,22), and it is affected by disapprovals from the husbands, the religious norms and the culture (23,24).

Lack of time and overall lack of awareness regarding the specific of men in reproductive health was also thought to deter men's meaningful involvement in issues of FP utilization(25). Marriage type, family size, religion, and educational status of men is factor in FP utilization involvement(15,26). women educational status ,engaged in skilled works, acquainted with high knowledge on contraception, soundly interconnected with social network and get message about family planning and reproductive health from it, favorable spousal and communication had high involvement in FP(27).

Understanding role of husband involvement in family planning utilization, could help to underpin intervention that promote among women disadvantaged communities in general, pastoralist setting in particular. In

p-ISSN: 2664-0775, e-ISSN: 2664-0783
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sub-Saharan Africa, the size of pastoralist population is estimated to be around 50 million, and Ethiopia accounts 11% of them(28). Despite the Ethiopian government shows its commitment to improving utilization of contraceptive methods in the previous decade and gained significant increment at the national level, but it's very low in a pastoral community of Afar 15% in 2016(29,30). Though some studies highlighted husband's involvement in family planning and it is appreciated to improve utilization of the service in the agrarian community, but no evidence how really makes a difference among women residing in the pastoral community. Thus, the current study aimed to explore the involvement of husbands in family planning in Afar pastoral communities.

Methods and participants

Settings

The study was conducted in the Afambo district of zone one in Afar Regional State, Ethiopia. The Afar Regional State is one of the nine Regional States in Ethiopia, which is bounded by the Amhara and Tigray regions in the West and Northwest, by Tigray region and Eritrea in the North, by Djibouti and Ethiopian Somali region in the East and Southeast and by Oromia region in the south. The vast majority (91.9%) of the population of the region lives in the rural part of the region and 90% of the population is pastoralist(31). The majority (95.3%) of the population is Muslim in religion and Afar (90%) in ethnicity(31) and women consist of 44% of the population of the region(21).

Administratively the region is divided into 5 zones, 34 woredas, 2 city administrations and 402 rural kebeles with a total population of 1,769,002 as projected for the year 2015/16 and there are six hospitals, 58 health centers, and 294 health posts which are owned by the regional government.

Study design

A community based explorative qualitative study was conducted to explore the roles and barriers of husband involvement in family planning from the perspectives of current family planning user and non-user couples in the pastoral communities.

Population

The study was conducted in purposefully selected four kebeles of Afambo district. Couples who were married, residence of the community in the selected kebeles were eligible for the study. For the comparison on the roles and barriers of husband

involvement, we recruited participants from both current users and non-users of family planning. Among the list of eligible individuals, potential participants were selected purposefully. A potential wealth of information was the main criterion to recruit the potential participants and criteria related to the status of modern contraceptive use (ever and never), socio-demographic characteristics (age, educational attainment, the number of children ever born) were applied for selection alongside. Health extension workers and civil leaders were used as entry gates for the respective kebeles to facilitate recruiting of the participants.

Sample size and sampling procedure

The first intention was to include six family planning users and six non users. Combination of sampling techniques were applied to recruit participants. We initially applied typical case sampling techniques with assumption that it can help to capture the views the average people in the community. Consequently, we applied snowball sampling for to recruit FP users because we found family planning use as a rare case in the selected kebeles. After we achieved our targets(six user and six non users), we added two participants from each group using critical case sampling to enhance case transferability to other users and non-users respectively. Our ongoing evaluation of information saturation, a point when conducting additional interviews brings no more additional information, informed us that saturation is almost achieved after sixteenth interviews. Thus, six current FP user women, three FP non-user women, four husbands of current FP user women and three husbands of non-user women were participated in the study.

Data from each newly conducted interview were compared with the data generated from its preceding interviews and the preliminary result of the comparison was considered in determining the next potential participants. Recruiting of samples was done in four phases. In the initial phase, the typical sampling technique was used to recruit two family planning ever user women and two non-users with due effort to ascertain the potential participants' share the source-demographic profile of the district. In the second phase, maximum variation technique with consideration of potential participant's age, educational status, and distance of health facility from home was applied to select two husbands whose spouse have ever used family planning and two husbands whose spouse have never used.

Consequently, forever user women were recruited using the maximum variation sampling during the third phase of recruiting participants. In the final phase, two husbands of ever family planning user women, one non-user woman and one husband of the non-user woman were recruited using a maximum variation sampling technique to explore if there is new information emerging for comparison in reference to the information from previous in-depth interviews.

Data collection methods and procedure

The authors developed a semi-structured guide for literature and conducted a discussion with experts of various disciplines that consisted of experts of reproductive health, health education and behavioral science and language to improve dimensions and the contents under each dimension that should be included in the guide. The guide was developed first in English and a language expert translated it into the Amharic language. Two fluent speaker translators used to collect the data. The guide mainly consisted of three sections; 1) participant's description, 2) awareness and use regarding family planning 3) perceived and actual husband's involvement in family planning. Finally, the tool was contextualized to two versions as FP users' and FP non-users'. During interview, interviewer contextualized the questions appropriate to the sex of the participants.

Four data collectors and two supervisors were recruited to collect the data based on proven experience and qualification. Three master's degree holders (one MPH in reproductive health with nurse background, one MPH in public health with nurse background, one MSc in maternity with midwife background) and MPH degree student with public health background) collected the data. Data collectors were with known similar experience in collecting qualitative data. Two of them were native local language speakers (Afar aff) while two of them used translators for data collection. Three days through training supported by demonstration was given to data collectors and supervisors on the objective of the study, the contents of the guide, the techniques to take consent and conduct an in-depth interview. Each data collector has conducted one in-depth interview to pre-test the guide and their skill on how to operate the necessary techniques for in-depth interviews and interviews were audio-taped and transcribed. Two days after the end of

the training, the authors collected each transcription and written descriptions of the procedure the data collectors applied in the pretest (the time, the place, taking consent, conducting the interview, and probing questions) for critical appraisal. Conseq-uently, the data collectors, supervisors, and authors conducted a one-day discussion for critical appraisal of procedures and suggestions suggested in the discussion were incorporated into the guides.

Finally, each participant was asked for a convenient time and place and the interviews were conducted in place where both the privacy of the participants was highly assured and the natural setting was ascertained.

Data analysis

All interviews were audio-taped and recorded independently. The data collectors' transcribed the data word by word (verbatim) after a minimum of two times listening and translated into English in separate MS-word file documents. Then, each transcript was separately labeled and imported into Atlas. ti windows for qualitative data analysis version 7.5 for coding. Data were analyzed side to side of data collection. Meanings and realities held by the community regarding the roles and barriers of husband involvement in family planning were compared.

Two investigators who actively involved in the data collection period coded each transcript. Later, both investigators come together to assess how their coding was reliable to each other and jointly revised for disagreements. The investigators have followed three phases in the coding process. They examined and compared codes (open coding stage), put back in to new ways of categories and looking for connections between categories (Axial coding) and finally selecting the core categories/themes, validating their relationship (selective coding). Emerged themes related to husband's involvement among family planning users were husband's approval, decision making, discussion with a partner, and accompanying wife to a health facility.

Trustworthiness

To improve the quality of the data, we trained the data collectors thoroughly on how to probe the dimensions and depth of information during data collection. Additionally, bracketing of preconceived ideas, expectations, and views related to earlier experiences was held and left aside with the intent to minimize introducing bias during data collection and analysis. The

data collectors conducting side to side data transcription and we coded and analyzed the data before the succession of the next interview. Moreover, we conducted a debriefing session after each round of data collection to share the insights of the investigators on the emerging data. Thus, the authors believe that these procedures (probing, side by side analysis and debriefing) allowed to improve the quality of the data.

Ethical consideration

Ethical approval of the study was found from Mekelle University, College of Health Sciences Institutional Review Board. Written permission was obtained from the respected health Office of Zone One in Afar region. Prior to data collection, informed written consent was obtained from all potential study participants.

Result

Participant's description

Sixteen individuals have participated in the study; nine of them were women and seven men. The age of the respondents ranged from 25 to 56. Ten of the participants/their spouse was currently using family planning users while six were nonusers. All participants were married, Muslim and Pastoralist and the maximum education status of participants are attending elementary school.

Table1. Socio-demographic characteristics of participants on husbands' involvement in FP utilization in Afar Region, Eastern Ethiopia

S.no	Characteristics		FP ever Users (N)	FP Non-users (N)
1.	Sex	Male (n=7)	04	03
		Female (n=9)	06	03
2.	Age	(Minimum, Maximum)	(25,47)	(30,46)
3.	Educational status	(Minimum, Maximum)	(Unable to read and write, grade 7)	(Unable to read and write, Grade 8)
4.	Number of children	(Minimum, Maximum)	(6, 8)	(4, 10)

The current study yields five key themes for the husband's involvement in family planning. The themes that emerged in the discussion were, couples discussion on the need to use FP, Husband's approval/ acceptance for FP, Decision-making to use FP methods, and accompanying wives to a health facility for FP and barriers for husband's involvement.

Couples discussion about spacing births: The pattern analysis of participants'

response indicated that parents do discussion family planning related issues and select the method of their choice together. On the contrary, it is not mentioned by FP non-users that there is a spousal discussion on the matter. The participants reported that, for most of the parents, the women tend to initiate a discussion by telling their husbands to consider using FP to space childbirths. At 32 years old, a volunteer explained his wife's request to space births as, *"... My wife asked me that she wants to get rest because she gave birth at a closer interval.[...] and told me that she wants to use either pills or injectable. Then, I told her that you, not me, will suffer from frequent births that is why I should understand that you should get rest to recover from the suffering of births. She started to use FP and I appreciated her".* A 30 years old female FP user also specified that the women should discuss to convince their partner for FP use. She also stated the extent of the discussion that parents should exercise as, *"... After couples have discussed and agreed upon using it, they can select the method of their choice to space birthing."* Almost all of the husbands, which their spouse ever or is currently using FP reported that their wives bring the issue of using FP to space births for discussion.

However, most of the FP non-users and few FP users reported that most of the parents in their community do not discuss openly to consider using FP. The participants also reflected a fear of opposition from and disapproval by the husband as reasons for not having an open discussion. A 25-year female FP user reported that the women in the community do not discuss issues related to family planning. She also reasoned out as, *"The husband may intimidate her that he would divorce the marriage because she does not want to give him many children".* Another 26 years old ever FP user also agreed with the view and stated it as, "… the women in our community felt ashamed to tell and discuss FP use to their partner. They fear that he will be disappointed by her view. I think it is better if husbands try to understand their wives' concerns."

Despite most of the participants mentioned that educated husbands discuss and approve FP use, some participants also disclosed that regardless of their educational attainment few husbands apply the information from training in the community to discuss with their spouse to use FP, putting the religious and cultural concerns to use it. Among FP non-users, older participants highly tend to oppose FP use in comparison to the younger

non-users, which the latter at least explained that it is a women's right to use FP. A 56 elder man opposed the discussion by parents as, *"... let me ask you one thing, why will discuss an issue that disfavor childbirth. You never know what is allowed by Allah. […] For example, my son's wife often goes to the pharmacy and buys such methods. When I asked her, she replies that she went to a health facility to use the methods (FP). But I never discuss with my wife in my life about such things."*

Besides, the participants reported that there were considerable numbers of women in their community who use FP without informing their husbands' fear that he will be disappointed if they tell him, which the participants explained it as *"not appropriate*". They underlined that every woman should try her best to convince her husband.

Regarding the discussion on FP, the existence of governmental and non-governmental interventions on awareness creation, adult learning, and settlement programs was reported that they are allowed to initiate discussion on FP use and improving the ability of the women to convince their parents. In the discussion, views associated with getting the health of the mother well recovered and opportunity for a longer duration of breastfeeding for the current child was the core benefits raised while the parents discuss spacing the next childbirths. However, the discussion on family planning was focused on spacing births and no participants raised the possibility of a couple's discussion on the need to limit the number of children.

Husband's approval for FP use: According to the participants, as far as the women often raise the issue FP use for discussion with their husbands, the trend of husband's acceptance or approval for FP use was analyzed. Thus the result indicated that though there is increasing intent of husbands to approve the women's concern to use family planning methods, most of the husbands tend to refuse FP use. A current FP user woman stated the husband's negligence to accept FP use as, "They do not think about the pain of having frequent births with a close time interval. They do not care about the health of their wives', rather they only think about getting more number of children." Another woman who attained grade four also uncovered that she have used FP methods, hiding from the husband because her husband refused to accept her request. She said "… Because the males in

our (Afar) community are not aware of the benefits of spacing childbirth, I raised to my husband that we need to use FP to space birth until the recently born child grows well. However, he refused to accept it and I get started to use it without disclosing to him (a woman with a three-year interval between her last consecutive births).

Another woman also reported that it is hardly occurring phenomenon to get women who use FP getting approval from their husbands'. The participants also revealed that it is common in health facilities in their community to see husbands intimidating health professionals as a result of providing FP service for their wives without informing their husbands. Another 25 years old female FP user also reported that she ever saw husbands refusing awareness creation activities in their community because they do not want to let their wives using FP. She also underlined that it is hardly possible to make husbands in their community accept FP use. At 48 years old traditional birth attendant also agreed with the view and reflected that, according to her information from a health worker, her son refuses her advice to let his wife use FP because he wants to have many children.

As reasons for the husband's disapproval lack of awareness- unaware of the consequences of frequent birthing, getting children to share domestic work burden and perceived religious disapproval to intentionally limit the number of children was the paramount reasons reported in favor of husband's demand for having many children.

The decision to use family planning: The participants of both the FP user and non-user participants were alike to reflect that the husband is culturally determined legitimate authority to decide and/or approve on all issues of the family including fertility regulation and FP use. Therefore, acts of the women to regulate fertility that disobey the husband's autonomy were reported as highly discouraged by the community. In specific to FP use, without variation, the participants agreed that the decision to use FP belongs to the husband, though few of the respondents reflected that the continuous awareness creation activities are currently making influence the husband's dominance in the decision. The patterns of the responses if a woman disobeys the husband's decision regarding FP use were assessed and divorce of marriage, creating a poor relationship with FP service providers, discrimination of

p-ISSN: 2664-0775, e-ISSN: 2664-0783
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the women were frequently reported as the consequences of disobedience actions undertaken by the women. Dissimilar with the other participants, a 34 years old woman FP user reflected her observation as, "… but nowadays women in Afar become empowered to decide on everything that belongs to them. This was not the culture of our community. For example, while I and my husband discuss issues targeted to our family and my opinion, mostly wins for decision and my husband tends to accept it."

Accompanying wives to a health facility for FP service: Though the FP users are very few, the respondents reported that most husbands of FP users accompany their wives' to health facilities to get FP services. A 28 years old male whose spouse currently uses FP highlighted the need to accompany wives for FP as *"In previous times the culture was referred to prohibit FP use. However, after we get aware of its benefits for both the mother and the child, the culture is less to be a concern for us. We couples who get aware of the benefits are going to the health facility together for FP"*. Another 26 female FP users also reported her husband's willingness to accompany her to a health facility for FP, as "*My husband has a strong desire to let me use FP. The reason is that instead of giving birth with a closer interval, we prefer to use the methods to delay births somehow, which is helpful for me and the child. Thus, I always go to a health post to get the methods with my husband."* The FP non-user participants also reflected that there are husbands in their community who accompany their spouses to a health facility to select FP methods. A 30-year male whose spouse does not use FP stated it, *"Though few, husbands nowadays are tired of trying to help their spouses to share what they know about its benefits and to accompany to a health facility for use"*.

The FP participants who, or whose spouse were FP users also recurrently reported that there is a situation, which husbands approve to let their spouses to use FP methods but do not accompany them to a health facility. A 30-years old woman stated it as *"There are husbands, whom I know, that accompany their wives' and select either pills or injectable as per their choice of the method. However, I usually go to the health facility alone after we discussed with my husband at home on what methods I would use."* Another male non-user also explained how some husbands involve in accompanying their wives for FP use as *".., they [couples] would go together and the husband reflects*

his consent to use FP for the health workers and then the health workers provide her [the woman] method of her choice". At 40 years female participants also reflected that accompanying women by her husband is not as such a common for couples in their community and added that it could be done in the town residents. Few participants also mentioned that some women would be accompanied by their relatives like mothers and mother in law in the absence of her husband.

A contrary view was also reflected, most come from FP non-Users, that the husbands never accompany their wives unless they are educated and/or urban dwellers. A 45 female participant who never used FP shows her argument to this idea, explaining that husbands never go to a health facility accepting the condition that their wives would use FP to prevent childbearing. 45 years old FP non-user women reported her view regarding accompanying wife to a health facility for FP as, *"Husbands in our community would never go to a health facility to select methods to prevent pregnancy. From the very beginning, they do not allow their spouse to use the methods."*

Barriers for husband's involvement

Lack of husband's awareness: Both the users and nonusers for FP were alike to report that there is limited awareness of the community in general and among the husbands in particular regarding FP. A 30-years old female FP user explained it, "There are few individuals who know about the benefits of FP. At the same time, there is also a lot who do not know about it. The non-users try to discourage us [the users] why then do use it and what we benefited from that [family planning".

The FP users were asked to specify what they gained after they have started to use FP and they specified health gains associated with FP use. A family planning user with six children stated it as "I have benefited a lot from spacing births. For example, I have got time to rest until my latter child grows well, unlike the earlier time of my reproductive age when I have been suffering from sickness associated with giving birth." Another male whose spouse uses FP also stated, "[…] previously, we were passing our dark age. Now we are aware that we need to be out of it. My wife is currently taking pills and injectable depending on the advice from the health providers to delay births".

Another 32 years old male whose spouse use FP stated the need to use FP as, "[…] my wife asked me what she needs to get time to rest because she gives two consecutive births and I assure her to use FP to delay pregnancy by explaining that she is the one who suffers from it if births are not spaced. […] Then after years, when our son's age reaches two years and seven months, she asked me that she wants to give birth and I agreed with her". Another Male whose spouse uses FP also complimented the view as "[…] when she gets pregnant and gives birth after a longer time referencing her last time she gave birth, she will also get enough amount of food and money for consumption while she gives birth. If she is giving birth over and over, I have noticed that the money you have will out for caring for them."

In contrary to the view of FP users, the non-users reflected that they're less to be benefited from using FP. "I do not know the benefits associated with family planning. I have heard others talk about urban residents who use pills and injections to space childbirth. However, they do not come to me and I don't go to them to ask the details. Thus, I do not know it well. […] I also assume that most of my neighbors do not know about it". A 48 years old TBA who never used FP in her reproductive age also stated that *"Nowadays, I am not sure if couples do want to use it [family planning]. If some others in our community are told to do so, they may use it. However, I haven't told to use such kind of methods before."* She also added to it, *"However, if I am going to tell you what was in the past, there was no discussion about such kinds of preventing pregnancy and there no one notifies that giving birth will have a problem associated with it".* Similarly, another female FP non-user strongly opposed to the need to use FP to space births as *"No! No! No! Never! What we (women in the community) want is giving birth. Our husbands also never do want to use methods to prevent birth. The reason is that because we want to have more children".*

Religious related concerns: Regarding religious concern towards family planning use, both the FP users and non-users agreed that there is disapproval from religious leaders intending exists in their community. A female FP user stated it *"For me, neither my husband nor the culture prohibits me to use family planning. It would be the religion that prohibits using it [family planning]. Religion would prohibit using family planning".* The other 25 years old female FP

users also added, *"Their religious leaders in our community that tells us not to use family planning and they say that delaying or quitting to give birth is prohibited in Islamic religion".* A female FP user also elucidated, it as *"People say that it [family planning] is prohibited religiously. Similarly, our religious leaders never do let us use it. I think it will be good if the awareness creation done for us could also include the religious leaders".* Similarly, almost all FP non-user participants also shared that religious disapproval for family planning is evident in their community. A 30 years old FP non-user (she is also a traditional birth attendant) *"Any intentional act to space births is not allowed religiously".*

Few participants, all were FP users, also reflected their view that, though they know that many residents in their community assume family planning is against the religious norm, they do not think that it prohibits. A 47-years old male whose spouse was FP user reported it, *"It is more about perception. It is not appropriate as well to prevent women to use family planning. There are individuals, which refer the religion to prohibit it. However, it is not about religion, it is merely about their perception".* Other FP users also described their view that state what religion prohibits is to abort after a fetus is already conceived but not pregnancy prevention.

Clan related concerns: FP planning non-user participants tend to specify clan-related explanations for their low tendency to use FP. 32 years old male FP non-users stated it as *"It is advantageous to have a strong clan with many members. […] Fight among different clans was frequently happening in our community. Therefore, powerful clans that dominate us may suppress us to own water resources and field for grazing. But if our clan becomes stronger, they fear to touch us for fighting."* Another 48 years old FP non-user male also added, *"Our clan leaders want to be recognized as the head of a strong clan. Thus, they do want to have many children and they inspire us [members of the clan] to have more children".* A 25 years old female FP user also complimented that the members of a clan want to have many female children, assuming that their sons will have plenty of wives to marry, as well as sons, assuming that they will solve a problem targeted to their clan together.

Contradictory to the non-users, the majority of the FP users reflected that the potency of the concerns related to the clan is coming to be deteriorated currently. A 40-year-old

p-ISSN: 2664-0775, e-ISSN: 2664-0783
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female user disagreed with the view that clan leaders pressure their members to have more children. She states, *"In the past time, they had to want to have more children. However, when we look at the present, I don't think that there is an individual who thinks like this"*. Another male user also added that, nowadays, the fights among clans have been reduced substantially and the government security takes the necessary measure to maintain peace. He also concluded that clan related a concern no longer inspires to have more children.

Discussion

The current study aimed to explore the roles and barriers of husband involvement in family planning in the context of pastoralist communities in Ethiopia. Couples' discussion on the need to space birthing tends to exist among family planning users and seldom among FP non-use couples. The husband's disapproval to use FP was repetitively reported by FP non-users and both FP user and non-user participants shared the view that the decision to use FP belongs to the husband. Furthermore, accompanying wives to a health facility for FP was repeatedly mentioned to be highly likely among FP users and hardly likely for the non-users. Both lacks of awareness on the benefits of FP and religious related concerns were barriers that hinder FP use among the community members while a clan related concern was frequently reported barrier.

Spousal discussion on family planning was reported to be unlikely among FP non-users. And women's intent to raise such an issue could be followed by intimidation from the husband. In contrary to that the women were reported as initiators for discussion among FP users. This may imply that women, as they are directly affected by the problems associated with birthing with close interval, would be happy if supported by their husbands. The finding was in line with a previous study from the Bale zone of Ethiopia that reveals the majority of (70%) of the pastoralist women never discussed the issue of family planning and pregnancy spacing with their husbands(20). However, spousal communication and educational levels of both men and women are among the contributing factors for husband involvement (27). However, according to the Mini Ethiopian demographic and health survey 2014, near to three-fourth of the women in Afar pastoralists attained no schooling(30).

A notable difference in husband's disapproval, accompanied by a lack of awareness, towards FP use was observed among FP users and non-users. However, the low decision power of women on it continues to be a barrier for FP in the pastoral community. Even the FP users also underlined that the ultimate decision making power is given to the husband. Previous studies also revealed similar findings that highlighted considerable husband's opposition attributed to FP non-use (20,32) and the low autonomy of the women in decision making power to utilize maternal health service(23,33). This may indicate that the women continue to be less empowered and lower educational attainment and their low socioeconomic status (30) may lead them to be highly dependent on their spouse.

Religion concurrently appeared as a source of disapproval for FP in Afar. This was in line with a recent study conducted in the Bale pastoral community in Ethiopia that shows more than one in two women specified religious opposition as a reason for FP non-use (20). This may indicate that the FP programs need to consider addressing the religious beliefs held by husbands towards FP use.

Preferences to have more children and large family size, for reasonssuch as contributing to the power of the clan they belong, continue to drive the couples in the Afar region to decline FP use. Similar findings were reported from Uganda, Cameroon, Southern Ethiopia and Southwestern Ethiopia(20,25,26,34). This could imply that the possible computation for the scarce resources (water and grazing grass for cattle) may yield husbands opt to have a powerful clan by giving more children.

Strength and Limitation of the study

The strengths of the current study revolves around the triangulation of ideas generated from participants, concurrent collection and analysis of data, peer debriefing during data collection and analysis. However, the study was not without limitation. The study applied qualitative approach to explore roles and barriers with few sample size. Including more sample size per subgroups and inclusion of participants with lower age group might have been substantiate the findings of the study.

Despite the current study able to explore the difference in the role of husband involvement among current FP users and the non-users, the study was not without

limitation. As the study was qualitative, the study lacks to detect the strength of the husband's involvement to predict FP use, which could be further complemented by longitudinal studies like cohort and Interventional study designs.

Conclusions

Substantial role of husbands tends to exist in family planning users from pastoralist communities including discussion with spouse, approving their intention to use, pass decision that favors its use and accompanying them to health facilities for use. However, missing these supportive roles of husband was reported among non-family planning users. It is noted that decision to use family planning and fertility regulation lays on the husband. Despite the detrimental role of the husbands in the pastoralist community their decision to use family planning is affected by lack of awareness, fear of religious disapproval, and the desire to have more children. Thus, culturally tailored and contextualized social and behavior change communication intervention needs to be designed and undertaken to heighten the involvement of husbands on FP. Moreover, advocacy and community mobilization for FP that considers the involvement of religious leaders at the center of its approach could yield a promising power in reducing perceived religious opposition of husbands.

Acknowledgment

We would like to thank study participants,health institutions found in Afambo district, the community, data collectors and supervisors for their contribution they made for the completion this research.

We would also like to thanks to MU-CHS- RIF project for sponsorship and the whole team of the project, Samara University and Mekelle University, College of Health Sciences

Our special gratitude also goes to Afar regional health bureau and Afambo district health office for giving us a letter of support needed to conduct the research.

List of abbreviations and acronyms

AIDS- Acquired immune deficiency syndrome; **EDHS**-Ethiopian Demographic Health Survey; **FP**- Family Planning; **HIV**-Human immune virus; **ICDP**- International Conference on Population and Development; **MCH**- Maternal and Child Health; **RIF** –Reproductive health Innovation Fund; **RH**- Reproductive Health; **SSA**- Sub-Saharan Africa; **STD**- Sexually Transmitted Diseases; **UNFPA**-United Nations Fund for Population Activities; **WHO**- World Health Organizations

Declarations

Funding

The research got a grant from Mekelle University, College of Health Sciences RIF Project and Samara University. However, the grant agency has not role in the design of the study and collection, analysis, and interpretation of data and in writing the manuscript. And they simply need the final report which is submitted by the research team.

Availability of data and materials

Our data will not be shared in order to protect the participants' anonymity

Authors' contributions

MKC, ZHK, MAG, AAM, AMB, had taken a principal role in the conception of ideas, developing methodologies, data collection, analyses and write up of the article. MKC, ZHK and AAM participate in data analysis and had a great contribution to the write up of the draft and approval of the final version of the manuscript. All authors read and approved the final manuscript.

Competing interests

The authors declare that they have no any competing interests.

Consent for publication

Not applicable.

Ethics approval and consent to participate

The Ethical Review Committee of Mekelle University, College of Health Sciences approved the study protocol and the verbal consent for the participants. Informed verbal consent was obtained from each participating woman after the purposes of the study were explained to them. The right of the respondents to withdraw from the interview was assured. Any personal identifier was not encoded; identifiers of the women were replaced with identification numbers.

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