

Shining Light on Men's Lack of Support for Family Planning through Appreciative and Participatory Approaches to Gender Analysis in Ethiopia



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Introduction

When researchers empower participants to shape conversations, studies focused on one specific purpose can shine light on other, less explored areas of inquiry. The United States Agency for International Development (USAID) Transform: Primary Health Care project conducted a gender analysis in 2018 to determine gender gaps and opportunities related to the quality of primary healthcare services. This analysis used participatory and appreciative approaches to qualitative data collection, fully grounding the gender analysis in participants' voices and experiences. The analysis thereby captured a rich set of data that extended beyond the original research mandate and illuminated a largely underexplored topic in rural Ethiopia: barriers that men face in supporting family planning.



HERAN TADESSE, USAID TRANSFORM: PRIMARY HEALTH CARE PROJECT

Results

While the study did not explicitly inquire about men's involvement in family planning decision making, the topic frequently arose during the discussions. Data suggest widespread lack of male support for the uptake of family planning due to the dominant role of men in healthcare-related decision making for households in rural Ethiopia; pre-existing gender norms; childbearing norms, desires, and societal perceptions; religious beliefs; and concerns about the perceived health risks of family planning methods. The promotion of family planning methods and services do not explicitly target men, and men believe that current services do not respond to their needs. Participants clearly indicated the need for additional male engagement activities at the community level and identified possible entry points for future efforts.

Findings reinforce existing knowledge on the dominant role of men in healthcare-related decision making in rural Ethiopia. Although such decision making is not always unilateral in practice, social, cultural, and systems-level barriers impede men's use of or support for family planning services. Data also suggested a number of opportunities to mitigate these barriers, such as including men in the promotion of family planning services in community initiatives, educating men about family planning during antenatal care (ANC) or outpatient visits, and the expansion and improvement of youth-friendly services. By addressing this knowledge gap, the gender analysis deepened the project's understanding of men's experiences and led to the development of evidence-based transformative male engagement activities in the project regions.

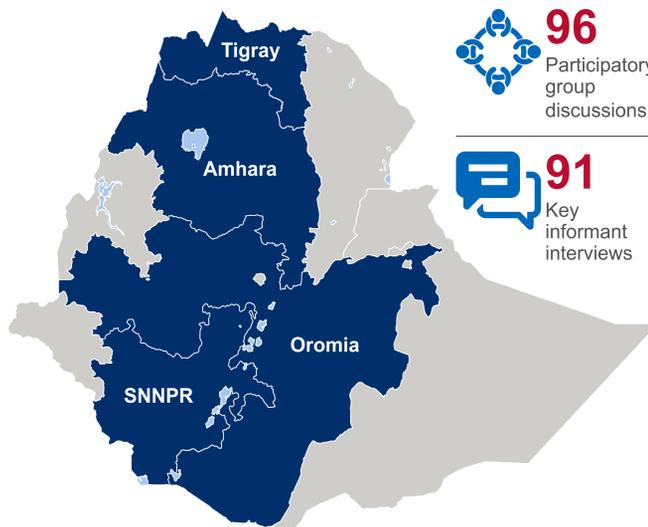
“Nevertheless, since quite the majority of our rural men are proud of having as many children as they could, while women have least interest of having more. In this case, most women fearing their husband's outright objection of using family planning, they went to the health facilities by their own. They also keep its confidentiality.
—Female participant, group discussion with married women, ages 25–40, Oromia region”

Methods

The research team conducted 96 participatory group discussions, including community mapping, with men and women, disaggregated by sex, age, and marital status, as well as 91 key informant interviews with health care service providers, health system managers, and health extension workers. The purposive sample of discussants and interviewees was specifically selected from 16 rural districts, or *woredas*, in four project regions.

The project's gender analysis data collection tools incorporated principles of appreciative inquiry, framing open-ended questions to gather information in a way that allowed participants to explore topics of greatest relevance to them (Preskill and Catsambas 2006). The participatory group discussions included a unique “Paving Stones” activity, which drew upon visual aids to help participants collaboratively identify and map community health resources. A grounded theory approach (Glaser and Strauss 1967) guided the entire data collection and analysis process, by employing semi-structured guides with open-ended questions, comparative data analysis, and the development of thematic coding categories rooted in the key topics that emerged from the interview and discussion transcripts.

After the research team deductively and inductively coded transcripts and identified emerging themes, they shared and discussed their insights during a participatory data analysis and interpretation session to collaboratively develop preliminary findings. Finally, the team held a data consultation meeting with key technical project staff and stakeholders to validate the findings, discuss conclusions, and co-create project recommendations.



OPPORTUNITIES

Include men in the promotion of family planning services in community initiatives

Educate men about family planning during ANC or outpatient visits

Expand and improve youth-friendly services

Conclusion

The use of appreciative questions and participatory methodology helped participants feel more comfortable exploring sensitive topics without judgement and moving the conversation to topics most important to them. The visual aids fostered in-depth discussions among the participants, enabling them to share their health-seeking experiences and challenges. These discussions provided a deeper understanding of the gender gaps and opportunities that shape access to and quality of healthcare services within their communities. This interactive activity, in particular, embodied participatory design by creating an environment in which participants, rather than facilitators or the researchers themselves, could discuss matters of utmost relevance, effectively shifting the paradigm of whom is likely to benefit from the research (Institute for Development Studies 1998). Thus, this participatory, appreciative gender analysis grounded in participants' voices and experiences provided rich information to better understand men's lack of support for family planning in rural Ethiopia.

References

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