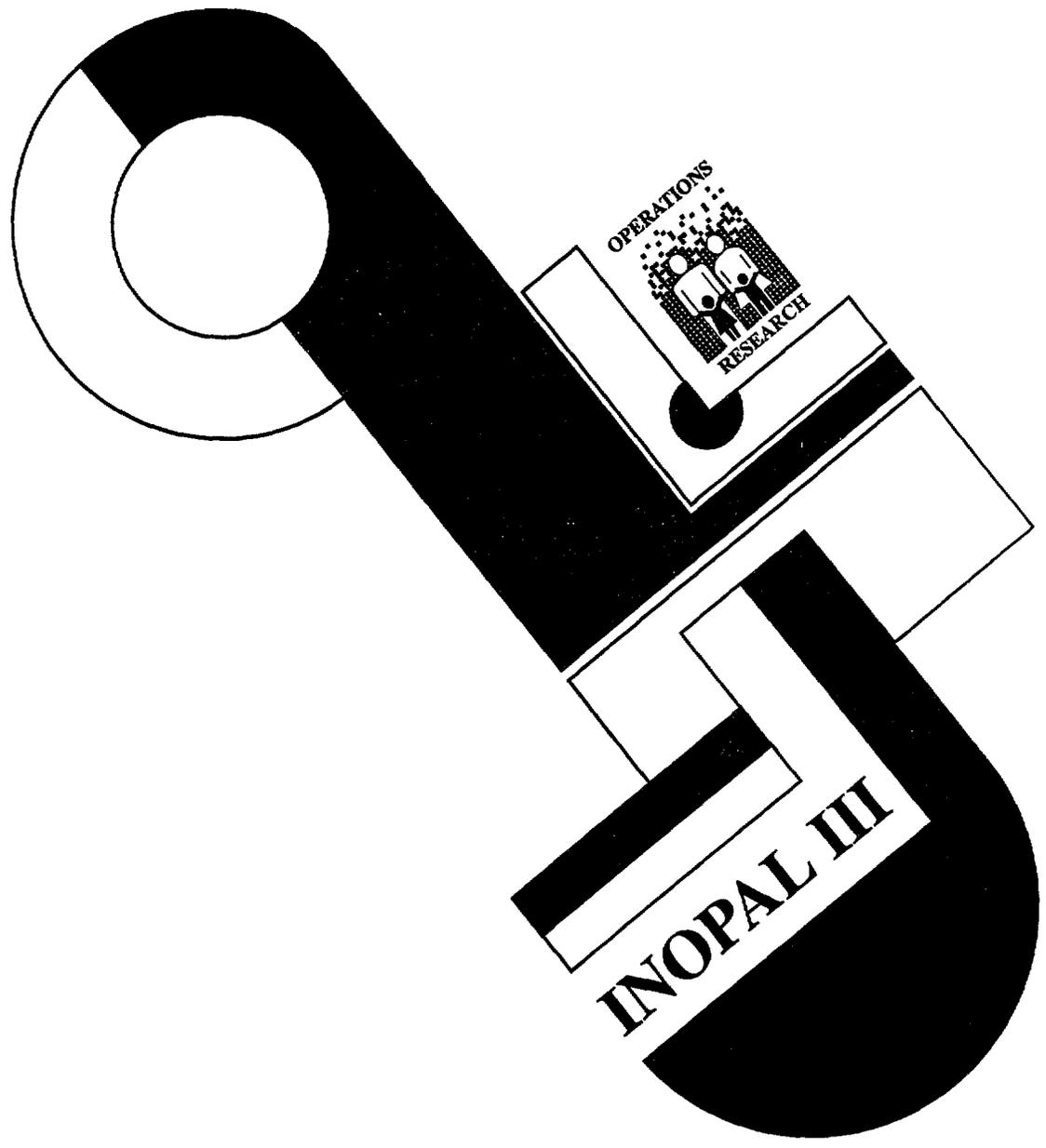


FINAL REPORT



PN-ACE-205

**WOMEN'S PERCEPTIONS - PROVIDERS' CHALLENGES
CEMOPLAF CLIENTS ON PARTNER PARTICIPATION
IN REPRODUCTIVE HEALTH SERVICES**

QUITO, ECUADOR

WOMEN'S PERCEPTIONS - PROVIDERS' CHALLENGES

CEMOPLAF CLIENTS ON PARTNER PARTICIPATION IN REPRODUCTIVE
HEALTH SERVICES

SUMMARY AND CONCLUSIONS

By

Krishna Roy, Teresa de Vargas and Ernesto Pinto

Results of Operational Research supported by the U S Agency for International Development and Population Council, INOPAL III Project, Contract # AID/CCP-C-00-95-00007-00 Views expressed are those of the researchers and do not necessarily reflect those of USAID or Population Council

SUMMARY AND CONCLUSIONS

This study was conducted by CEMOPLAF in collaboration with and funding from INOPAL III, to obtain an in-depth understanding of their clinic clients' attitudes toward their male partners participation in the reproductive health and family planning services women would like to receive. The main objective is designing an intervention, which promotes couple participation in CEMOPLAF services. The study is based on 120 interviews with clients of 3 selected CEMOPLAF clinics. The questionnaire covered 8 modules. Conclusions for each are below.

1 Demographic characteristics

A majority of the sample was in their peak fertility years with an average of 9.3 years in their current conjugal unions and 2.8 mean living children. The sample was therefore fairly experienced and sufficiently mature to provide reliable information on which to base a possible intervention.

2 Socio-cultural familial and other community level barriers to couple participation in rh/fp services

Over three-fourths of the sample thought that their communities were in favor of including rh/fp in health services and also in favor of couple participation in the use of such services. The same percentage of respondents also thought that the population of their communities did not resort to folk healers/witch doctors. Over four-fifths of the sample did not consider social, cultural and familial taboos/prejudices as important barriers to the use of services. Overwhelmingly, it is economic factors and lack of knowledge that appeared to impede demand for or use of services.

(1) Social norms

Over 53% of the respondents thought that women needed their partners' permission, while only half of this percentage thought that men needed their partners' permission, to seek rh/fp services.

(11) Cultural norms

38% thought that cultural norms did not obstruct women and men from accompanying the partner to services.

(111) Economic factors

62% of the respondents saw economic factors, especially lack of time due to work commitments, as the most critical factor keeping men from accompanying their partners to services

(iv) Women venturing out alone

58% thought that women went out to seek services under false pretenses. A higher percentage thought that the community criticizes more fp seekers than rh seekers. 51% believed that when they are discovered seeking services their partners ill-treated or punished or beat them and half of this percentage thought that family members also participated in such punishment.

(v) Economic dependence and health decisions

35% believed that their economic dependence on men prevents women from making independent decisions, nonetheless a quarter of this group thought that they could still make decisions on their own health. Of the 63% who did not consider women's economic dependence on men as an impediment to making independent decisions, three-quarters believed that they can make their own health decisions. 59% of all the respondents thought that women do not make health decisions irrespective of their perception of the impact of women's economic dependence on men, and yet they venture out for fp on false pretenses and expose themselves to the punishment and ill-treatment from male partners and the family. This is the group, which manifests subservience, and therefore, needs to be targeted upon designing an intervention.

3 Couple communication

71% of the respondents perceived that, in their community, the number of children a couple wants is a joint decision while 28% perceived it as "left to God" which might suggest that women perceive a significant degree of couple communication.

Respondents were asked whether women in their communities were able to discuss without causing violence and convince their partners if their views did not match on the issues on having more children, spacing pregnancies and use of fp. 77% of the respondents believed that women who do not want more children but their partners do, can not only discuss the issues with their partners without violence but can also convince them. On the issue of spacing, 92% thought that if the women want to space and their partners don't, they can discuss the issue without violence. 84% thought if women wanted to use fp and their

partners did not, they could not only discuss this without violence but could also convince their partners to use fp. However, when issue discussion and convincing, of these factors (more children and fp use), are separately tabulated against discussion without violence and convincing the partners, the gap is significant (89% vs 77% for the former and 95% vs 83% for the latter, respectively). This is clearly an area on which CEMOPLAF's intervention should focus.

Over 50% of the respondents who could discuss with their partners issues related to pregnancy and family planning could also discuss women's special needs and sexual satisfaction. 18% of the respondents could not discuss family planning without causing violence, 14% could not when discussion on family planning is combined with women's special needs, and 19% could not discuss fp when combined with sexual satisfaction.

4 Violence

43% of the respondents perceived that fear of violence forced women into sex exposing them to unwanted pregnancy and STIs since such sex is often unprotected, while 42% thought forced sex due to fear of violence was not as serious as women imagine.

13% of the interviewed women did not even respond to the question whether they were beaten during pregnancy, possibly due to embarrassment or simple denial. Of the remaining, not considering those who did not respond, 24% admitted to have been beaten during the year prior to the survey. Of these, 45% were beaten 3 or more times. Of those beaten during the last year, 34% were pregnant and 80% of them were beaten 3 or more times. Pregnancy seems to occasion beating and often multiple beating.

Women justified partner beating for the following causes: family neglect (41%), infidelity (57%), and denying sex (20%). Although 20% of the respondents thought denying sex as a justifiable cause, 50% of them were beaten in pregnancy.

30% of the respondents thought that discussion of sexual relations was responsible for partner beating, 19% of whom were beaten during pregnancy. Of the 43% who thought violence led women into forced sex, 23% were beaten during pregnancy. This is a critical area on which CEMOPLAF's intervention should focus.

Respondents also cited causes of violence as machismo-related jealousy or cruelty (34%), alcoholism (20%), women's neglect of family (16%), infidelity (13%), women showing independence (12%) and men's work related stress (5%) Except for women's neglect of family and men's work-related stress all others are strongly rooted in male domination CEMOPLAF intervention should also address awareness-raising among men on the psychological, health, social and economic consequences of violence

5 Sexual Relations

Women cited several factors as leading women to deny sex The four of highest priority were health-related followed by alcoholism The next of most importance was a partner having sex with other women, which is a reproductive health risk besides being emotionally perturbing to women

An interesting aspect of the study is that although in an earlier section we found women's economic dependence on their partners as a strong impediment to their making decisions, of the respondents, while 97% would deny sex if the partner had HIV/AIDS, only 58% would do so if the partner did not provide economic support Not providing economic support was one of the two weakest reasons for denying sex, the other being breast-feeding Respondents were not asked directly how many times or in what circumstances they had actually denied sex Therefore the responses reflect only perception and not practice To what extent women are able to exercise their reproductive rights and protect their reproductive health by denying sex is only partially/indirectly reflected

6 Pregnancy and Delivery

While almost all the respondents consider that pregnancy should be a joint decision between partners, 8 out of 10 thought couples should jointly determine the frequency, and 6 out of 10 thought women did not make independent decisions in this matter Thus only 2 out of 10 respondents appear to be less ambiguous on how joint responsibility actually translates into decision making

Regarding help during pregnancy and the rest of the stages that follow, 90% agreed that male partners help was essential However, only 55% indicated that men of their communities actually helped out during delivery Women's perception of dietary needs during pregnancy was poor Of the 6 food groups (see pg 18 for the list) none of them elicited

more than 22% favoring it, which indicates poor understanding of nutritional needs. The respondents' concept of need obviously reflects affordability.

Respondents were also asked whether men of their communities were conscious of women's dietary needs during pregnancy, breast-feeding and risks of heavy household work. It is noteworthy that men who are perceived as more conscious of partners dietary needs are also those who help in heavy house work.

When respondents were asked whether CEMOPLAF could do any thing to improve men's attitude and behavior during pregnancy and delivery, 80% thought that CEMOPLAF's intervention could motivate men through combined counseling of couples, through mass media and community-level education and explaining women's special reproductive health needs to men.

7 Information to Men to Promote their Participation in RH/FP

Grouping of variables on which respondents considered awareness-creation among men to be important into three sets identified three major areas: pregnancy precautions, STI transmission and human anatomy. 77%, 74% and 61% of the respondents considered these three areas as very important for promotion among men.

Another area identified was how to give sexual pleasure to their female partner. 67% of the respondents thought it was very important to make men aware of this. Although in an earlier section respondents had pointed out that 72% had conversed with their partners in the last year on sexual pleasure, only 67% thought men also needed further information on this aspect.

8 Men Gaining Control over Partners Reproductive Life

A crucial question addressed was, if men were to be motivated to participate in their partners reproductive health seeking and other related aspects, would they gain control over their lives? 60% of the respondents thought that men did gain control. Of this group 85% believed that although the partners gained control their presence was desirable on various grounds. In short, women have such a sense of powerlessness in their lives that further losing control by their partners taking interest in their health does not seem to threaten them any more, or seems a lesser evil. However, this variable - surrender of control over their reproductive health - helps trace profiles of two types of women, subservient and independent. In addition to these two

groups, (See pg 22) there are two other groups in transition, one whose profiles reflect their independence (but these women believe men have control over their lives) and another group whose profile demonstrates that they are subservient (but they do not believe that their lives are controlled by men) These profiles indicate the type of IEC to be addressed to couples by CEMOPLAF's intervention

Notably, while 91% of the respondents considered reproductive process as a joint responsibility, 61% believed that men controlled their reproductive lives Thus the two aspects of joint responsibility, namely, the power to make decisions and the burden to carry them out, are divorced Even in areas where joint responsibility is perceived, men make decisions and women simply carry them out

9 Services for Men that would Motivate them to Visit/Use CEMOPLAF Clinics

Of the 52% of the respondents who thought that men should be compelled to accompany their partners to clinics, 40% believed that men backed them in seeking services Of the 48% who did not want men to be compelled to accompany them, 42% thought their male partners did not back them in seeking services This ties in well with 60% of the respondents' fear of losing control over their health if men participated

Over two-thirds of men are perceived by respondents as not using CEMOPLAF's promoter-provided services and 59% believe that promoters do not make special efforts to reach out to men Thus for a majority of men, the community-based fp delivery system does not work They perhaps only look for and accept services provided by professionals

Regarding the type of improvement that might motivate more male users, the following were suggested more male doctors, caring personnel, counseling and more convenient/comfortable clinic physical facilities Respondents thought that the following occasions were especially important for men to attend community meetings on fp(99%), providers home visits(93%), all rh/fp examinations of female partners(92%), (although 60% of the respondents also believe that men gain control over their lives by their participation), and, men's special meetings in CEMOPLAF clinics(79%)

Many of the views expressed above are consistent with the findings of the earlier more extensive survey of the clients of 9 CEMOPLAF clinics. Based on these two studies it would appear that CEMOPLAF has sufficient basis to design an intervention to motivate couple participation in its rh/fp programs.

WOMEN'S PERCEPTIONS - PROVIDERS' CHALLENGES
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Quito, Ecuador
September, 1998

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Women's Perceptions - Providers Challenges

CEMOPLAF CLIENTS ON PARTNER PARTICIPATION IN REPRODUCTIVE HEALTH SERVICES

Background Of the Study

This survey was conducted by CEMOPLAF to obtain an in-depth understanding of the clinic clients' attitudes toward male partner participation in the reproductive health and family planning services women would like and seek. CEMOPLAF undertook this survey with funding from and in collaboration with INOPAL III. This is a complementary study to the first phase of an extensive operations research (OR) that was conducted in 9 of CEMOPLAF's 21 clinics. Based on results of the larger survey complemented by the present, CEMOPLAF plans to design an intervention to motivate men to participate with their female partners in seeking reproductive health/family planning ("rh/fp") services. The primary sample of the larger survey comprised¹ women clients who visited the nine selected clinics during a period of four weeks in May 1998, or until 400 valid interviews were completed from the start of the study in each clinic, (whichever was reached first). A total sample of 3,670 women and 448 of their accompanying partners was interviewed. A detailed report of this survey is available from CEMOPLAF(1). The present analysis is based on a much smaller sample of 120 in-depth interviews with clients of three of the nine clinics included in the larger study. Interviews were conducted over a 2-week period soon after the earlier 4-week data collection effort was completed. The main objective of the present study was to obtain an in-depth understanding of women's views, perceptions, desires and reservations about couple participation in seeking rh/fp services. The nature of the study demanded a complex questionnaire covering 8 modules and 69 broad items, 20 of which were multiple response questions. To study respondents' attitudes in detail, the following modules were included in the data collection exercise:

- (1) demographic characteristics of respondents,

¹ "Partner Participation in Reproductive Health: Client and Provider Perspectives in CEMOPLAF", by Ross Damelson et al., Quito, Ecuador, Aug 1998, Report to AID and the Population Council on an Operations Research Project under INOPAL III supported by contract AID/CCP-C-00-95-00007-00

- (11) community level socio-cultural factors, familial taboos and traditional barriers to couple participation in rh/fp services,
- (111) couple communication,
- (1v) family violence and its impact on health service seeking practices and behavior,
- (v) sexual relations and locus of family power,
- (vi) pregnancy-delivery cycles and men's share of household responsibilities and mother-care,
- (v11) IEC and incentives to promote male participation in rh/fp services, and,
- (v111) Services and facilities that would motivate men to use CEMOPLAF clinics with their partners

As in the case of the 9-clinic survey, only clients with a current partner were interviewed upon informed consent

The setting

CEMOPLAF an NGO of great social and professional standing has pioneered effort in OR and in seeking innovative ways of meeting the needs of the populations it serves for the last decade or more. This non-governmental organization (NGO) was established in 1974 to serve low-income couples to meet their family planning needs. Initially its clients consisted primarily of low-income working class urban women. However, over the years, recognizing the growing unmet need of the rural population due both to their lack of resources and difficult access to urban facilities, CEMOPLAF, has extended its outreach to rural communities. It now has some leading clinics and growing programs in rural indigenous communities and one experimental clinic in the Amazon jungles.

This agency operates 21 clinics all through the Country. In 1997 the clinics recorded close to 200,000 client visits over 75% of which were for reproductive health/family planning and the remaining for pediatrics, general medicine etc. Close to a third of the clients are at or below the official poverty line.

CEMOPLAF has increasingly learnt the importance of promoting reproductive health/family planning as family health concern and not of women alone. Therefore, it has just completed an extensive diagnosis of the couple's views, attitudes and prevailing practices in couple

participation in rh/fp. An intervention model to provide counseling and services to couples, is being designed and will be implemented shortly. The present study complements the larger study that forms the basis for the intervention.

Socio-demographic characteristics of the sample

A total of 120 clients were interviewed in three clinics during a period of two weeks. Two of the clients were less than 15 years of age and one over 50. Data from these interviews were dropped from most of the analysis. Of the remaining sample, 28% were in their current union for a year or less, 30% for 2-6 years, another 30% for 7-15 years and 12% for 16-25 years. The median length of unions was 4 and the mean was 6.8 years. Out of the 117 clients interviewed, 65% belonged to the age group between 20-45 years (mean age = 27.5, median age 26.5) and were in 2-25 years of current union. Of these, more than four-fifths were in unions of over 2-3 years. In short, a majority of the valid sample was in their peak fertility years with an average of 9.3 years in their current unions, and 2.8 mean living children. As such, the sample was fairly experienced and sufficiently mature to provide reliable responses on which to base a possible intervention. The sample included 26% of respondents of an average age of 24.7 with no living children who had lived an average of 4.6 years in their current unions. Differentials in the views, perceptions and attitudes of this sub-sample (compared to the rest) on the major dimensions of the study modules were not significant. A separate report on this sub-sample is under preparation.

DISCUSSION

Socio-Cultural, Familial and Tradition-Bound Barriers to the Use of RH/FP Services

Seventy-seven per cent of the respondents thought that their communities were in favor of including RH/FP in health services, and 75% of respondents believed that the population of their communities did not resort to folk healers/witchdoctors for traditional remedies. This is an encouraging indicator in support of CEMOPLAF's planned

intervention 82% of the respondents thought their communities were in favor of couples seeking modern rh/fp services 13% thought that their communities would not favor it (of whom a majority was of 23 years of age and had over 6 living children) This suggests that young age and high parity are signs of powerlessness rooted in the perception of outdated cultural contexts It was this sub-sample that had more serious reservations about almost all aspects, yet they also supplied the most inconsistent responses This negative perception seems to be an outcome of their own disappointing reproductive life However, the prevailing majority perception was that their communities would not oppose provision of RH/FP services The picture did not change on the subject of respondents' perception of communities' views on the use, by couples, of such services, especially for preventive purposes

The respondents were also asked to specify socio-cultural, economic, familial and other closely related factors that impede couples seeking rh/fp services This was a multiple response question On deriving multiple response sets (MRS) and through factor analysis we identified five salient factors summarized below

Table 1 Impediments to couples jointly seeking rh/fp services

Factors which impede couples seeking RH/FP services	% valid respondents
Economic factors including work-time constraints	40 7
Lack of IEC/knowledge of CEMOPLAF services and fear of methods	25 9
Cultural, familial & religious factors	19 7
Machismo	7 5
Lack of incentives	6 2

Approximately one-third of the respondents gave invalid responses and were therefore excluded from the above analysis Over four-fifths of those who gave coherent responses did not consider social, cultural or familial taboos/prejudices as important barriers Overwhelmingly, it is economic factors and lack of knowledge that impede demand for and use of rh/fp services

As to the respondents' perception of the community's attitude toward couples seeking RH/FP services as a preventive measure, over 78% perceived it as positive and less than 20% as negative A one-way ANOVA

to examine differentials due to age, parity and length of present union showed no significant differences ($F=0.449$ and $p>.87$ for age, $F=0.447$ and $p>.82$ for parity, $F=.547$ and $p>.741$ for length of current union)

2 (1) Societal Norms on Couple Participation in Service Seeking

To the question whether men and women, in conformity with the social custom, need permission from their partners to seek services, over 53% thought that women need their partners' permission while only half of this percentage (27%) thought that men need it. 25% thought that both need each other's permission. Differentials in these percentages by age, parity and length of current union using one-way ANOVA proved insignificant (based on F and p values)

2 (11) Cultural Norms on Men Accompanying their Partners to Services

For a parallel question on whether partners, in accordance with cultural norms, should accompany each other for services, equal percentages of respondents (38) thought that women and men should accompany the partner. Differentials by age, parity and length of union in these percentages were not significant.

2 (111) Obstacles to Men Accompanying their Partners to rh/fp Services

Respondents were asked whether they perceived any obstacles to men accompanying their partners for services. 62% said that there were obstacles and 37% did not see any. Following are the summary results of the multiple response questions (MRS) when respondents were asked to identify factors other than social cultural and familial that impeded men accompanying their partners to services.

Table 2 Other factors that obstruct couples jointly seeking rh/fp services

Other Factors that Impede Partner Accompanying Women to Services	Percent Respondents
Lack of time due to work commitments	82.0
Machismo and shame in accompanying	8.6
Lack of concern for female partner's health, and ignorance of RH/FP	9.4

The above table does not account for clients who did not respond nor those who did not perceive any obstacles

Thus, from the two sets of factors analyzed above it appears that the respondents consider work pressures and lack of time as the most important reasons that men do not accompany their partners to services. This perception also rationalizes women not communicating with their male partners on the entire subject of RH/FP and seeking their approval, which is not a sustainable long-term strategy for women. These findings are crucial for an awareness raising intervention to be planned. Such an intervention will have to address women, employers and self-employed men. The finding is further validated by the 69% of respondents who believed that there were no obstacles to women going out alone.

2 (iv) Women Venturing Out Alone

To those who saw obstacles to women going out alone, family factors were more important than social or economic. Of this group 43% considered child care/house work as the main problem, 39% believed that partner's disapproval was the issue, and the remaining 18% were divided among a number of minor reasons. With respect to social obstacles, community's disapproval was the most important. Among economic factors, lack of financial resources was most prominent reason women would not go out alone.

Although 69% of the respondents believed that there were no familial, social or economic obstacles to women going out alone, when it comes to going out to seek fp services, 58% thought that women went out to seek services on false pretexts. However, a higher percentage of respondents thought that the community criticizes the fp seekers more than the rh seekers (30 vs 25). This may be a reflection of respondents' own ambivalence/reservations regarding fp.

With respect to consequences of being discovered in seeking fp under false pretenses, 51% believed that partners ill-treated/punished/beat

women in response, and half of these (25%) thought that the other family members also participated in such punishment

2 (v) Women's Ability to Make Independent Decisions

The violent consequences of seeking rh/fp services did not seem to lessen women's ability to make independent decisions as respondents replied that 80% of the women and 90% of the men made their own decisions. Yet when this perception of women's ability to make independent decision is put in the context of their economic dependence on men the picture changes significantly. 37% of the respondents believed that women's economic dependence on their partners prevents them from making independent decisions, while 63% did not believe so. And yet 26% of the respondents who considered that their economic dependence on men impeded their capacity to make decisions also thought that women make their own decisions regarding their health. However, 11% thought those women's economic dependence denies them the ability to make health decisions.

Of the 63% who did not consider women's economic dependence as an impediment, close to three-fourths thought that women are not able to make their own health decisions and the rest are in a position to do so. There is a negative but not significant association between these two variables: economic dependence and ability to make independent health related decisions (Somers'd = - .162, $p < .105$). What is clear is that women seem to take their economic dependence "in stride" and not attach undue importance to it. However, what is also clear is that a large majority cannot make their own health decisions. Thus the common belief that women's economic dependence curtails their ability to pay and therefore their ability to make independent health decisions does not hold good in the perception of our sample.

Table 3 Women's ability to go out alone to seek services as a function of their ability to make rh decisions and of their economic dependence on men

				Economic Dep on Men Impedes Women Making Independent Decisions	
				Yes	No
Women Go Out on False Pretexts	Yes	Women Make Independent decisions on Their Health	Yes	15	11
			No	11	44
	No	Women Make Independent decisions on Their Health	Yes	11	4
			No	-	4

98% of the interviewed women responded to the three questions, namely, women going out on false pretenses, women making independent decisions on their health and their economic dependence on men. Notably 11% of the respondents believed that women go out to seek fp services on false pretenses, their economic dependence on men does not prevent them from making independent decisions and they make their own health decisions. On the other hand, 44% believed that women go out for fp on false pretenses, their economic dependence does not prevent them from making their independent decisions and yet they do not make their own health decisions. At the same time 15% thought that women go out for fp on false pretenses, their economic dependence on men prevents them from making independent decisions and yet they make their own health decisions. Another 11% thought that women go out on false pretenses for fp, that women's economic dependence prevents them from making independent decisions and women do not make their own health decisions. Not a single respondent thought that women's economic dependence prevents them from making independent decisions, does not make her own health decisions and also does not venture out to seek fp on false pretenses. Eleven percent (11%) of the respondents thought that women do not go out for fp on false pretenses, that women's economic dependence prevents them from making independent decisions and yet they make their own health decisions. However, there were 4% who considered that women do not go out for fp on false pretenses, their economic dependence on men does not prevent them from making independent decisions, neverthe

less they do not make independent health decisions. A similar percentage thought that women do not go for fp on false pretenses, their economic dependence on men does not prevent them from making independent decisions and they do make their own health decisions. There were 26% of respondents who thought that women, whether economically dependent on men or not, make their own decisions and go out on false pretenses. A third of the respondents thought that women make their own health decisions whether conscious of their economic dependence on men or not and going out alone for fp on false pretenses was not relevant to making such decisions.

In short, the largest percentage of respondents (44%) did not consider that women's economic dependence prevents them from making independent decisions, and yet, women do not make independent health decisions. There were another 4% who thought like the 44% but did not agree that women venture out for fp on false pretexts.

Notably 59% in all thought that women do not make their independent health decisions whatever their perception of the impact of women's economic dependence on men and whether or not they ventured out for fp on false pretenses. This is the group which manifests subservience and therefore needs to be targeted upon designing an intervention.

COUPLE COMMUNICATION

A block of questions was dedicated to this component, starting with respondents' perception of whether couples jointly decide on the number of children they want or they "leave it to God". This set of questions also covered the issue of whether it was possible for respondents to discuss with their partners matters related to further pregnancies, pregnancy interval, use of fp etc. In addition, there was a block of multiple response items on three aspects of inter-spousal communication: 1) whether there had been in the recent past 1 e , 2 years or less, discussion on pregnancy and fp, 2) women's special needs during pregnancy, delivery and postpartum phase, and, 3) children's care and growth, sexual satisfaction and extra-marital relations.

To the question whether couples jointly decided the number of children they want, over 71% of the respondents perceived this as a joint

decision while 28% thought that it was "left to God" This suggests that there is a significant degree of couple communication in the communities studied Five questions were included to inquire whether the respondents could discuss spacing of pregnancies, not having more children and use of fp with their partners without violence, and whether the respondents could convince their partners about their point of view The following table summarizes the data on discussion without violence

Table 4 Discussion of issues that do not provoke violence on the part of men

Issues respondents could discuss with partners without fear of violence	% Yes	% No
Respondent does not want more children, partner does	89	11
Respondent wants to space pregnancies, partner does not	92	8
Respondent wants to use fp, partner does not	94	5

With respect to discussion with their partners without violence, 11% of the respondents thought that they were unable to discuss not having more children without inciting violence Of this group 23% thought that they could convince their partner not to have more children without actually discussing the issue This seems untenable and may be due to misunderstanding of the question or mis-reporting The remaining 72% (of 11%) could neither discuss this issue nor convince the partners

On the issue of spacing of pregnancies, 8% thought that they could not discuss the issue with their partners without inciting violence The question of whether they could convince their partners of their point of view was inadvertently excluded from the questionnaire

Regarding the use of family planning, 5% of the respondents thought that they could neither discuss this without violence nor convince their partners

There was a high and significant positive association between ability to discuss and ability to convince with respect to having more children (Somers'd=0.405, p<.002), and ability to discuss use of family planning

and ability to convince partners (Somers'd=0 511, p< 005) The following table summarizes the above results

Table 5 Issues which respondents could discuss without violence and convince partners on their views

COUPLE COMMUNICATION	% of respondents who could convince their male partners	
	Yes	No
Respondents could discuss differences without fear of violence		
Respondent does not want more children, partner does	77	20
Respondent wants to use fp method, partner does not	84	11

In summary, although there is a gap between ability to discuss without fear of violence or ill-treatment and ability to convince partners, there seems to be some degree of communication whereby couples are able, at least, to discuss certain rh/fp issues without violence This is clearly an area on which CEMOPLAF's intervention must focus The aim should be to change attitudes and practices to realign them to be compatible with the values and aspirations of the couple rather than one partner alone

One question in this module queried respondents perception on whether when a woman wants to use a fp method and her partner does not, she could go ahead and use it without his permission or consent 61% thought that the woman could proceed to use a method As we saw above a similar question was asked, namely, if the respondent wanted to use a method and her partner did not, could she convince him Cross-tabulation of these two variables indicates that of this 61%(cited above), 86% also thought that women can convince their partners if the partners were not in agreement with fp use In short, 52% of the respondents thought that women who are convinced that they should use a method are also able to convince their partners about it Of the 39% of the respondents who thought that women cannot proceed without their partners permission, 9% perceived that women cannot convince their partners at all and the remaining 91% respondents considered that women can convince their partners possibly post facto Thus responses to these questions are rather mixed and there is no statistical

association between the variables of respondents' perception and their own possibility of discussion without violence and convincing partners. A block of 14 multiple response questions dealing with different areas of couple communication on rh/fp was included in the questionnaire. MRS combined with factor analysis generates 4 sets as follows:

- 1 pregnancy and family planning,
- 2 women's prenatal, puerperal and postnatal special needs,
- 3 children's care and growth, and,
- 4 sexual satisfaction.

Respondents were asked whether they had conversed with their partners on these issues in the last two years or less. Of the total sample only 68% could remember the timing of their last conversation. Of this group 83% had such conversations less than 6 months before the interview and the rest within 6-12 months. Since the reference period was relatively short, memory lapse was not likely to produce serious bias in these responses.

As to the four sets (MRS), 71% of the respondents had conversed on the first subject, 62% on the second, 72% on the third and 66% on the fourth subject in the last six months or within 6-12 months. Following is a simple matrix of the extent of communication on pairs of these four sets. Since there is not sufficient correspondence between the issues on which couples communicated (especially over their differences) and the sets of issues on which they conversed in the last year or less before the interview, it is not possible to check any inconsistencies.

Table 6 Issues on which couples can/cannot communicate

	% Respondents who had conversed on each pair of sets			% Respondents who could not communicate on either of the pair of each set		
	Set 2	Set 3	Set 4	Set 2	Set 3	Set 4
Set 1	50	56	52	18	13	14
Set 2	-	55	47	-	22	19
Set 3	-	-	56	-	-	17

A critical question included in the MRS dealing with sexual satisfaction and extramarital relations was on STI/AIDS. The questionnaire only asked whether the respondents had any conversations

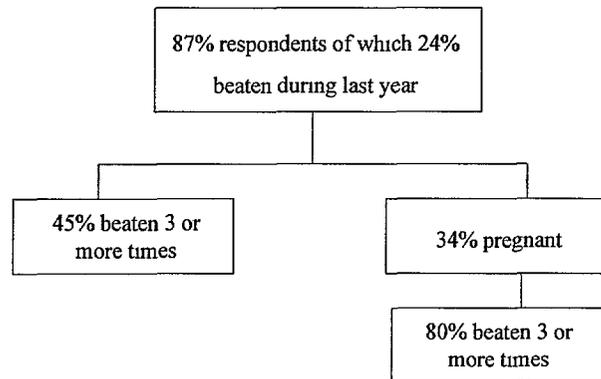
with their partners on these subjects 73% had such conversation, which is encouraging but inadequate from which to draw any relevant conclusions

FAMILY VIOLENCE

The aspects included were violence leading to forced-sex, violence during pregnancy, circumstances that justify beating women, the frequency of such beatings and the most common causes

As regards the first issue, 43% thought that fear of violence often forces women to sex, exposing them to unwanted pregnancy (since most often such sex is unprotected), 16% thought that fear of violence does force sex but not markedly, and the remaining respondents thought that such fear is unfounded

Regarding violence during pregnancy (the question was "did your partner beat you during your pregnancy?"), 13% of the interviewed would not even respond to this question possibly due to embarrassment or simply denial. Of the remaining, not considering those who did not respond, 24% admitted having been beaten during the year prior to the survey. Of these, 45% were hit 3 or more times. Of the 24% beaten during last year, 34% were pregnant and 80% of them were beaten 3 or more times. Thus pregnancy seems to occasion beating and quite often multiple beating.



In all, 8 circumstances or reasons were specified for men beating their partners. Since these were multiple response dichotomies, they were collapsed by MRS) and three main sets of circumstances were derived

family neglect, infidelity, and, denying sex 41% of the respondents thought that family neglect was a justified cause for men beating their partners, 57% thought that infidelity justified beating and 20% considered denying sex was reason enough for such violence Although only 20% of the respondents thought denying sex as justifiable reason for violence 50% of them were beaten during pregnancy And again, 30% of the respondents considered discussion of sexual relations as a cause for (female)partner-beating, and 19% of them were beaten during pregnancy

Of the respondents who believed that fear of violence forced women into sex(42%) 23% were beaten during pregnancy These indicators would suggest that the main cause for beating during pregnancy is sex related Once again, CEMOPLAF-planned intervention must focus sharply on the area of sex related violence -- especially during pregnancy A separate report on profiles of female partner beaters is under preparation so that intervention and counseling can be targeted

The reference period for measuring frequency (number of times the partners beat each other) was the year prior to the interview 76% of the respondents denied being beaten and 84% denied having hit their partners The mean number of times women were beaten by their partners was 2.7 and partners being beaten by respondents was 1.7 The modal groups were 1 followed by 3 for respondents and 1 for partners

Five main causes were cited as leading to violence machismo-related jealousy and cruelty (34%), alcoholism (20%), women's neglect of family and home (16%), infidelity (13%), women showing independence (12%), and, work-related stress (5%) Except for women neglecting their family responsibilities (as judged by partners) and male partners' work-related stress, all the others are strongly rooted in male domination

Although women do not perceive violence as a serious problem the circumstances of perpetration are serious Since sex is one of the factors that plays a major role, and discussion of sexual issues leads to violence, it is untenable to leave unmodified the existing strategy and practices couples employ for inter-spousal communication The existing practices that inhibit communication must be reversed through counseling and awareness-raising among men on the psychological,

health, social and economic consequences of violence. Such a strategy should be more effective than permitting the current situation to continue.

SEXUAL RELATIONS

Twelve multiple response questions were asked to inquire about the reasons or circumstances that justify women denying sex to their partners. In all societies, even in traditional ones, women have intuitively and cognitively, used sex as a tool to exercise their, albeit severely constrained, power. The intention behind this block of questions was to study the circumstances or reasons the respondents use or perceive as used, to exercise such power.

On reviewing individual factors, the following order (based on percentage of respondents confirming that as a valid factor) of importance was assigned to each by respondents:

<u>Factor</u>	<u>% respondents agreeing</u>
After a very recent delivery	97.5
When the partner suffers from STI/AIDS	95.5
During menstrual period	93.3
When women feel unwell	92.5
When partner is drunk	91.7
Partner often has sex with other women	90.8
Partner treats his lover better	87.5
Partner has a lover	85.0
When the woman is tired	67.5
The woman is afraid of an unwanted pregnancy	65.0
Partner does not provide economic support	58.3
When the woman is breast-feeding	55.0

The four factors of the highest priority are health related. It is reasonable that alcoholism should appear as of priority next only to health because of the violence to which it often leads. The next set of factors, which should have received as much importance as the first, is related to other sexual partners, implying serious reproductive risk besides being emotionally perturbing to women. The remaining are a mixture of women's reactions to denial of economic support, fear of accidental pregnancy and not being a sex-object available on demand.

On the basis of an exploratory analysis it was most convenient to group 9 of the 12 questions into two main variables for analytical purposes. These derived variables are women's fear of contracting STIs from partners, and concerns regarding reproductive health. The three remaining variables (partner is alcoholic, partner does not provide economic support, partner treats lover better) are used as free-standing.

In this entire block of 12 questions the two that elicited the highest number of positive responses (97 and 96% respectively) were on the subject of denying sex if the woman had recently delivered a baby, and if the partner is known to suffer from STI/AIDS.

Of the four variables comprising the first set, each got an average of 93% positive responses, indicating that close to 93% of the respondents cited these four circumstances under which women can deny sex. Such circumstances are when she has had a recent delivery, when the partner is known/diagnosed to have HIV/AIDS, when the partner has a lover, and, when the partner has extramarital relations. This final factor was even stronger than the third. Alcoholism provides a powerful reason for women to justify denying sex. 95% of those who favor denying sex when the partner has HIV/AIDS also justify such denial due to his alcoholism. Women are very conscious of not having sex soon after a delivery and 93% of them favored denying sex, especially if the partner was drunk. The respondents respected women's sensitivity to their partners involvement with other women, and therefore justified refusal to have sex with such partners. Further, 98% thought that women would deny sex if the partners were also alcoholics and a 100% if they found their partners treating their lovers better than their spouses.

Regarding the set of responses on women's fear of reproductive health risks and therefore justification for denying sex, the highest percentage, 97%, would deny sex when sick and 94% of this group if the partner is also drunk. When a woman is sick and finds her partner treating a lover better, she finds the most justification for denying sex.

An interesting aspect of the study is, although in an earlier section we found women's economic dependence on their partners as an impediment to their making independent decisions, while 97% of women would deny sex if the partner had HIV/AIDS, only 58% would deny if the partner did not provide economic support to the family. Comparable lower percentages were detected when examining cross tabulations of economic dependence with other variables in this block (circumstances justifying women denying sex)

58% of the respondents find not providing for the family a sufficient justification for denying sex, and this entire group would do so if the partner is also found drunk and also when the partner treats his lover better. There is a moderate positive and significant association between these two variables (men found drunk and not providing for the family) when controlled for denying sex. The following table summarizes the combination of circumstances that reinforce women denying sex.

Table 7 Circumstances women perceive as valid for denying sex

	<u>Percentage of respondents specifying circumstances that justify denying sex</u>		
	When partner is drunk	When partner treats lover better	When partner does not provide for family
When respondent fears STI risk	93	89	59
When respondent fears RH risks	95	90	61

Since the questions were structured more to gather respondents' perceptions than assess actual practice, the extent to which women are actually able to exercise their reproductive rights and protect their reproductive health by denying sex is only partially and indirectly reflected. However, it is clear that this issue of inter-spousal relationship should be of high priority for planning CEMOPLAF's intervention.

PREGNANCY AND DELIVERY

An important objective of this module of the questionnaire was to inquire whether men helped out during pregnancy and delivery, and whether they were more careful about the woman's diet and heavy work.

25

To the questions on whether a pregnancy is perceived as joint responsibility of the couple and who should decide how often to have babies, the percentage of positive responses (joint responsibility) to the former was 80 and to the latter (decide jointly) was 99. To the question of whether women of the community like to make independent decisions on pregnancies, 64% did not. While almost all the respondents thought that pregnancy should be a joint responsibility, only 8 out of 10 thought couples should jointly determine frequency of pregnancies and 6 out of 10 thought women did not make independent decisions in this matter. Thus only 2 out of 10 respondents appear to be less ambiguous about how joint responsibility actually translates into or reflects decision making. When the latter two questions are cross tabulated, 33% are found to indicate that women make independent decisions about pregnancies, 95% of whom think that frequency of pregnancies should be a joint decision. Thus ambiguity in perceptions about joint responsibility and joint decision seems to prevail.

The next set of questions was regarding help during pregnancy. 98% thought that male partners should help, especially in heavy lifting etc., 87% thought that it was dangerous for pregnant women to do heavy work or lifting and only 74% indicated that their partners actually helped out in their last or current pregnancy in such work. Thus a quarter of the male partners are not amenable to, or their female partners are not able to convince them regarding help in heavy housework during pregnancy. 98% of the respondents thought their partners should help during pregnancy, 97% consider help as necessary during delivery, 93% were in favor of help during puerperium and 94% wanted help with the new baby. At least 90% agreed that male partners help was necessary during all the four stages. Only 55% indicated that men of their community helped out during the delivery. Thus there is a big gap between what women would like to get by way of help and what they actually get. This again reflects women's powerlessness in having men meet their responsibilities.

Respondents were asked what special foods pregnant women need. This was a multiple-choice question and MRS gave the following results. None of the six food groups elicited more than 22% favoring it, which shows

poor understanding by women of their nutritional needs in pregnancy
 However, their concept of need obviously reflects affordability

Food groups	% respondents desiring
Animal protein	22
Milk and milk products	20
Fruits	20
Vegetables	19
Cereals	13
Carbohydrates	6

They were also asked whether their male partners were concerned about their special diet during the last/current pregnancy. Partners of 72% were concerned about their diet during pregnancy, 12% did not get such attention. At the same time 88% of the respondents thought that when a woman is breast-feeding she should get more nutrition and special foods. However, of the 72%, referred to above, 99% agreed that their partners had helped them in their heavy household work. This indicates that men who are conscious of their partners' nutritional needs are also aware of the pregnancy risks due to heavy physical work. There was a strong positive and significant association between these two variables (Somers'd= .908, p< .0001).

Two questions were asked as to whether respondents thought that CEMOPLAF could do anything to motivate male partners and what, if anything, CEMOPLAF could do. 80% of the respondents thought that CEMOPLAF could motivate men. Since the following question offered multiple choice, the sets prepared resulted in the following responses (Note that 22% did not respond or supplied irrelevant responses)

What CEMOPLAF Can Do	% Respondents Agreeing
Counsel couples	22
Explain women's special reproductive health needs to men	32
Motivate men through mass media and community level education	46

INFORMATION TO MEN TO PROMOTE THEIR PARTICIPATION IN RH/FP

This module dealt with women's perception on knowledge required by men on different aspects of women's rh, children's vaccinations and giving female partner sexual pleasure, services that CEMOPLAF could provide

that would interest men of their communities to use the services, when it is beneficial for men to accompany women to services, and, situations when they should not. Four out of these 8 questions were multiple choice blocks.

Regarding women's perception on knowledge for men, which covered 10 aspects, each item had 3 choices ranging from very important to not important. 48% of respondents perceived all of them as very important. The mean number of items that got a "very important" rating was 7 and the mean for "not important" was 0.27. For this block of questions we prepared three MR sets: health during pregnancy, STI transmission, and male/female anatomy. The following ratings were given:

Table 8 Women's perception of areas on which information to men is critical

Title of set	Rating	% Respondents
1 Pregnancy precautions	Very important	77
	Important	21
	Not important	1
2 STI transmission	Very important	74
	Important	23
	Not important	3
3 Human anatomy	Very important	61
	Important	36
	Not important	3

When the three sets are cross tabulated the percentages of respondents under each rating are:

Combination of sets	% respondents rating as		
	V Imp	Imp	Not imp
Pregnancy precautions & STI transmission	69.0	16.0	0.1
Pregnancy precautions & Human anatomy	59.0	18.0	0.1
STI transmission & human anatomy	58.0	20.0	0.2

The two tables confirm that women perceive men's knowledge on pregnancy risks as of the highest priority. Next in importance is transmission of STI. Human anatomy is given the least priority.

Regarding knowledge on the type of vaccinations for the children, 72% thought that this was very important while 67% perceived knowledge on how to give sexual pleasure to female partners as very important. In an earlier module it was found that 72% of the respondents had conversed with their partners on sexual pleasure in the last year, however, only 67% considered knowledge by men on this aspect as very important. Respondents considered that the following services and facilities would interest their partners:

Type of Service	% Agreeing
Same services as for women including fp and vasectomy	53
General medical and laboratory services	11
STI check up and counseling	5
Fast and sympathetic treatment & allowing men to be present at partner's examination	16
Couple counseling, IEC on sex through mass media	12
Home and work place visits	3

The above results are quite consistent with their earlier responses to a comparable question.

However, the more crucial question in this module was whether partners gained control over the respondents' reproductive health if they participated at service delivery. 60% of the respondents thought that partners do gain control over women's reproductive health when they participate at service delivery. Of these respondents (60%), 85% believe that although their partners gain control over their rh, their presence is desirable because they can protest against any ill-treatment of women (dependence for security). 99% each believe that the male partners can help out if women need any assistance, by being present they can understand women's rh situation better, they can learn more about reproductive health, they can learn more about CEMOPLAF services and they can pay the clinic bill (economic dependence). And again, even though male partners gain control, respondents thought that men should be present at prenatal check ups, delivery, post-partum check ups, family planning check ups, counseling and while paying clinic bills for these services. The only exceptions would be if male partners are not allowed access during check ups, when men consider these as purely women's responsibility, when they cannot get away from work, and when clinics do not provide services to men. In short, it appears women have

such a sense of powerlessness that their further losing control by their partners taking interest in their health does not seem to threaten them any more or is considered a lesser evil. However, this variable - surrender of control over their rh- helps trace profiles of two types of women, subservient and independent. The characteristics of each profile can be gleaned from questions in other modules of the questionnaire.

Profile of Subservient Women	%agreeing that men gain control over rh
1 Women beaten by partners	53
2 Women need partners' permission to use fp	38
3 Women do not make decisions regarding their rh	17
4 Women's economic dependence impedes their decision making	25
5 Women do not make their own decisions re pregnancy and delivery	37
6 Women cannot go ahead without partners' permission with contraception	10

Profile of Independent Women	% disagreeing that men gain control over rh
1 Women not beaten by partners	47
2 Women do not need partners' permission to use fp	25
3 Women make their own decisions regarding their rh	36
4 Women's economic dependence does not impede their decision-making	29
5 Women make their own decisions on pregnancy and delivery	10
6 Women go ahead without partners' permission with contraception	29

In addition to these two groups there were two types of respondents in transition, namely, one group whose profile characteristics indicated their independence but they believed that men had control of their lives, the second group whose profile characteristics were negative but did not believe that men controlled their lives. The above profiles reflect the type of IEC to be addressed to women which CEMOPLAF's intervention should treat. In addition, such intervention should also focus on male partners who consider reproductive process as "purely women's responsibility" to make them aware of their responsibility in this process as well.

55% of the respondents indicated that their partners who were concerned about their nutrition during last pregnancy also had control over their rh, implying that the rh concern extended to controlling nutrition.

However, 34% of the respondents discerned their partners concern over their nutrition but did not let their rh be controlled 42% of the respondents who had received special help from partners during their delivery also were controlled by male partners, like the 19% who did not get any special help and yet were controlled On the other hand, 14% who got such help did not let their lives be ruled, like 25% who did not get any help but resisted their lives being controlled

As noted in an earlier section, over 99% of the respondents considered the reproductive process as a joint responsibility of couples, yet 61% of them believed that men had control over their reproductive lives Thus, the two aspects of joint responsibility, namely, the power to make decisions and the burden of carrying these out, seem to be shared most unevenly by couples, with men solely enjoying the former and women merely carrying out the latter This is also an indicator of where the locus of decision and therefore power lies in the family Among 61% of the couples, the power lies with men

SERVICES FOR MEN THAT WOULD MOTIVATE THEM TO VISIT/USE CEMOPLAF CLINICS

Respondents were asked whether men in their communities back their partners seeking services 78% believed men did They were also asked if men should be compelled by providers to accompany their partners to services 52% of the respondents agreed, of these 40% also believed that men backed them 48% did not want men forced to accompany their partner Of this number, 42% did not believe that men backed their partner going to clinics and 6% believed that men opposed women's clinic visits and should not be forced to accompany their partners This corresponds well with 61% of the respondents' fear of losing control over their health if men participated The following table summarizes the responses

Table 9 Women's perception of whether their male partners should be compelled to accompany them to services

		Men back their partners seeking services (% respondents)	
		Yes	No
Men should be compelled to accompany their partner to clinic(% respondents)	Yes	40	12
	No	42	6

Only a third of the respondents believed that men in their communities used fp services provided by community-based promoters and a slightly higher percentage (34%) believed that such promoters sought men out to provide such services. However, a large majority believed that men do not use promoter provided services nor do promoters take services to them, as evident from the following

Table 10 Women's perception of community based services for men and the extent of their use

		Men use promoter provided fp services in the community (% respondents)	
		Yes	No
Community based promoters take services to men	Yes	31	8
	No	2	59

Thus for nearly 60% of the respondents, their existing community-based fp delivery system does not work for men possibly because they expect to get such services from health professionals in white lab coats. Over four-fifths of the respondents also believed that men are uncomfortable when left alone in CEMOPLAF clinics.

As regards the type of services respondents would like provided (a multiple response question) the following preferences were indicated

Type of service	% Respondents
1 FP & STI counseling	30
2 FP services only	21
3 Gynecology	5
4 Prenatal	5
5 Delivery room	3
6 Pediatric	3
7 Laboratory and pharmacy	8
8 General and preventive medicine	12
9 Dental and others	5

Of the above services CEMOPLAF clinics provide all except 5 and 8. Respondents felt that the following improvements would attract more men to CEMOPLAF clinics

Type of improvements	% Respondents
More male doctors	17
Caring personnel	21
Counseling and reading material	28
More men visiting the clinics	15
More convenient and comfortable physical facilities	7

With respect to suggestions on better facilities, since this is of critical importance to CEMOPLAF for designing an appropriate intervention, an additional former question was reworded and reposed to reconfirm and get additional information. The responses were the same and match with the ones that were given by over 3,600 clients earlier interviewed in 9 clinics on the same topic using a shorter questionnaire. The only additional suggestion was that men should be allowed to be with their partners most of the time during their clinic visits including in the examination/treatment rooms. Respondents also felt that CEMOPLAF providers should pay more attention to men and talk to them more than they actually do.

Finally, respondents were asked to specify the occasions when they would like their partners to be asked to be present. The following occasions were indicated:

Occasions	% Responding positively
Community meetings on fp for couples	99
When providers visit the homes	93
During all rh/fp examinations of (female)partners	92
Men's meetings in CEMOPLAF clinics	79

The two occasions that got low ratings were community level meetings exclusively for men (69%) and when couples are together in the clinic, but only one of the partners is asked to enter the examination room (49%).

SUMMARY AND CONCLUSIONS

This study was conducted by CEMOPLAF in collaboration with and funding from INOPAL III, to obtain an in-depth understanding of their clinic clients' attitudes toward their male partners participation in the reproductive health and family planning services women would like to receive. The main objective is designing an intervention, which promotes couple participation in CEMOPLAF services. The study is based on 120 interviews with clients of 3 selected CEMOPLAF clinics. The questionnaire covered 8 modules. Conclusions for each are below:

1 Demographic characteristics

A majority of the sample was in their peak fertility years with an average of 9.3 years in their current conjugal unions and 2.8 mean living children. The sample was therefore fairly experienced and sufficiently mature to provide reliable information on which to base a possible intervention.

2 Socio-cultural familial and other community level barriers to couple participation in rh/fp services

Over three-fourths of the sample thought that their communities were in favor of including rh/fp in health services and also in favor of couple participation in the use of such services. The same percentage of respondents also thought that the population of their communities did not resort to folk healers/witch doctors. Over four-fifths of the sample did not consider social, cultural and familial taboos/prejudices as important barriers to the use of services. Overwhelmingly, it is economic factors and lack of knowledge that appeared to impede demand for or use of services.

(i) Social norms

Over 53% of the respondents thought that women needed their partners' permission, while only half of this percentage thought that men needed their partners' permission, to seek rh/fp services.

(ii) Cultural norms

38% thought that cultural norms did not obstruct women and men from accompanying the partner to services.

(iii) Economic factors

62% of the respondents saw economic factors, especially lack of time due to work commitments, as the most critical factor keeping men from accompanying their partners to services.

(iv) Women venturing out alone

58% thought that women went out to seek services under false pretenses. A higher percentage thought that the community criticizes more fp seekers than rh seekers. 51% believed that when they are discovered seeking services their partners ill-treated or punished or beat them and half of this percentage thought that family members also participated in such punishment.

(v) Economic dependence and health decisions

35% believed that their economic dependence on men prevents women from making independent decisions, nonetheless a quarter of this group thought that they could still make decisions on their own health. Of the 63% who did not consider women's economic dependence on men as an impediment to making independent decisions, three-quarters believed that they can make their own health decisions. 59% of all the respondents thought that women do not make health decisions irrespective of their perception of the impact of women's economic dependence on men, and yet they venture out for fp on false pretenses and expose themselves to the punishment and ill-treatment from male partners and the family. This is the group, which manifests subservience, and therefore, needs to be targeted upon designing an intervention.

3 Couple communication

71% of the respondents perceived that, in their community, the number of children a couple wants is a joint decision while 28% perceived it as "left to God" which might suggest that women perceive a significant degree of couple communication.

Respondents were asked whether women in their communities were able to discuss without causing violence and convince their partners if their views did not match on the issues on having more children, spacing pregnancies and use of fp. 77% of the respondents believed that women who do not want more children but their partners do, can not only discuss the issues with their partners without violence but can also convince them. On the issue of spacing, 92% thought that if the women want to space and their partners don't, they can discuss the issue without violence. 84% thought if women wanted to use fp and their partners did not, they could not only discuss this without violence but could also convince their partners to use fp. However, when issue discussion and convincing, of these factors (more children and fp use), are separately tabulated against discussion without violence and convincing the partners, the gap is significant (89% vs 77% for the former and 95% vs 83% for the latter, respectively). This is clearly an area on which CEMOPLAF's intervention should focus.

Over 50% of the respondents who could discuss with their partners issues related to pregnancy and family planning could also discuss women's special needs and sexual satisfaction. 18% of the respondents could not discuss family planning without causing violence, 14% could

not when discussion on family planning is combined with women's special needs, and 19% could not discuss fp when combined with sexual satisfaction

4 Violence

43% of the respondents perceived that fear of violence forced women into sex exposing them to unwanted pregnancy and STIs since such sex is often unprotected, while 42% thought forced sex due to fear of violence was not as serious as women imagine

13% of the interviewed women did not even respond to the question whether they were beaten during pregnancy, possibly due to embarrassment or simple denial. Of the remaining, not considering those who did not respond, 24% admitted to have been beaten during the year prior to the survey. Of these, 45% were beaten 3 or more times. Of those beaten during the last year, 34% were pregnant and 80% of them were beaten 3 or more times. Pregnancy seems to occasion beating and often multiple beating.

Women justified partner beating for the following causes: family neglect (41%), infidelity (57%), and denying sex (20%). Although 20% of the respondents thought denying sex as a justifiable cause, 50% of them were beaten in pregnancy.

30% of the respondents thought that discussion of sexual relations was responsible for partner beating, 19% of whom were beaten during pregnancy. Of the 43% who thought violence led women into forced sex, 23% were beaten during pregnancy. This is a critical area on which CEMOPLAF's intervention should focus.

Respondents also cited causes of violence as machismo-related jealousy or cruelty (34%), alcoholism (20%), women's neglect of family (16%), infidelity (13%), women showing independence (12%) and men's work-related stress (5%). Except for women's neglect of family and men's work-related stress, all others are strongly rooted in male domination. CEMOPLAF intervention should also address awareness-raising among men on the psychological, health, social and economic consequences of violence.

5 Sexual Relations

Women cited several factors as leading women to deny sex. The four of highest priority were health-related followed by alcoholism. The next

of most importance was a partner having sex with other women, which is a reproductive health risk besides being emotionally perturbing to women

An interesting aspect of the study is that although in an earlier section we found women's economic dependence on their partners as a strong impediment to their making decisions, of the respondents, while 97% would deny sex if the partner had HIV/AIDS, only 58% would do so if the partner did not provide economic support. Not providing economic support was one of the two weakest reasons for denying sex, the other being breast-feeding. Respondents were not asked directly how many times or in what circumstances they had actually denied sex. Therefore the responses reflect only perception and not practice. To what extent women are able to exercise their reproductive rights and protect their reproductive health by denying sex is only partially/indirectly reflected.

6 Pregnancy and Delivery

While almost all the respondents consider that pregnancy should be a joint decision between partners, 8 out of 10 thought couples should jointly determine the frequency, and 6 out of 10 thought women did not make independent decisions in this matter. Thus only 2 out of 10 respondents appear to be less ambiguous on how joint responsibility actually translates into decision making.

Regarding help during pregnancy and the rest of the stages that follow, 90% agreed that male partners help was essential. However, only 55% indicated that men of their communities actually helped out during delivery. Women's perception of dietary needs during pregnancy was poor. Of the 6 food groups (see pg 18 for the list) none of them elicited more than 22% favoring it, which indicates poor understanding of nutritional needs. The respondents' concept of need obviously reflects affordability.

Respondents were also asked whether men of their communities were conscious of women's dietary needs during pregnancy, breast-feeding and risks of heavy household work. It is noteworthy that men who are perceived as more conscious of partners dietary needs are also those who help in heavy house work.

When respondents were asked whether CEMOPLAF could do any thing to improve men's attitude and behavior during pregnancy and delivery, 80% thought that CEMOPLAF's intervention could motivate men through

combined counseling of couples, through mass media and community-level education and explaining women's special reproductive health needs to men

7 Information to Men to Promote their Participation in RH/FP

Grouping of variables on which respondents considered awareness-creation among men to be important into three sets identified three major areas pregnancy precautions, STI transmission and human anatomy 77%, 74% and 61% of the respondents considered these three areas as very important for promotion among men

Another area identified was how to give sexual pleasure to their female partner 67% of the respondents thought it was very important to make men aware of this Although in an earlier section respondents had pointed out that 72% had conversed with their partners in the last year on sexual pleasure, only 67% thought men also needed further information on this aspect

8 Men Gaining Control over Partners Reproductive Life

A crucial question addressed was, if men were to be motivated to participate in their partners reproductive health seeking and other related aspects, would they gain control over their lives 60% of the respondents thought that men did gain control Of this group 85% believed that although the partners gained control their presence was desirable on various grounds In short, women have such a sense of powerlessness in their lives that further losing control by their partners taking interest in their health does not seem to threaten them any more, or seems a lesser evil However, this variable - surrender of control over their reproductive health - helps trace profiles of two types of women, subservient and independent In addition to these two groups, (See pg 22) there are two other groups in transition, one whose profiles reflect their independence (but these women believe men have control over their lives) and another group whose profile demonstrates that they are subservient (but they do not believe that their lives are controlled by men) These profiles indicate the type of IEC to be addressed to couples by CEMOPLAF's intervention

Notably, while 91% of the respondents considered reproductive process as a joint responsibility, 61% believed that men controlled their reproductive lives Thus the two aspects of joint responsibility, namely, the power to make decisions and the burden to carry them out,

are divorced Even in areas where joint responsibility is perceived, men make decisions and women simply carry them out

9 Services for Men that would Motivate them to Visit/Use CEMOPLAF Clinics

Of the 52% of the respondents who thought that men should be compelled to accompany their partners to clinics, 40% believed that men backed them in seeking services Of the 48% who did not want men to be compelled to accompany them, 42% thought their male partners did not back them in seeking services This ties in well with 60% of the respondents' fear of losing control over their health if men participated

Over two-thirds of men are perceived by respondents as not using CEMOPLAF's promoter-provided services and 59% believe that promoters do not make special efforts to reach out to men Thus for a majority of men, the community-based fp delivery system does not work They perhaps only look for and accept services provided by professionals

Regarding the type of improvement that might motivate more male users, the following were suggested more male doctors, caring personnel, counseling and more convenient/comfortable clinic physical facilities Respondents thought that the following occasions were especially important for men to attend community meetings on fp(99%), providers home visits(93%), all rh/fp examinations of female partners(92%), (although 60% of the respondents also believe that men gain control over their lives by their participation), and, men's special meetings in CEMOPLAF clinics(79%)

Many of the views expressed above are consistent with the findings of the earlier more extensive survey of the clients of 9 CEMOPLAF clinics Based on these two studies it would appear that CEMOPLAF has sufficient basis to design an intervention to motivate couple participation in its rh/fp programs

TABLES AND GRAPHS FOR

FOR

THE SECTION ON

“Socio-Demographic Characteristics of the Sample”

Table 1 Respondents by quinquennial age-groups

	Frequency	Percent	Valid Percent	Cumulative Percent
< 15	2	1.7	1.7	1.7
15 - 19	17	14.2	14.3	16.0
20 - 24	29	24.2	24.4	40.3
30 - 34	29	24.2	24.4	64.7
35 - 39	19	15.8	16.0	80.7
40 - 44	15	12.5	12.6	93.3
45 - 49	5	4.2	4.2	97.5
50 or +	3	2.5	2.5	100.0
Total	119	99.2	100.0	
SysMis	1	.8		
Total	120	100.0		

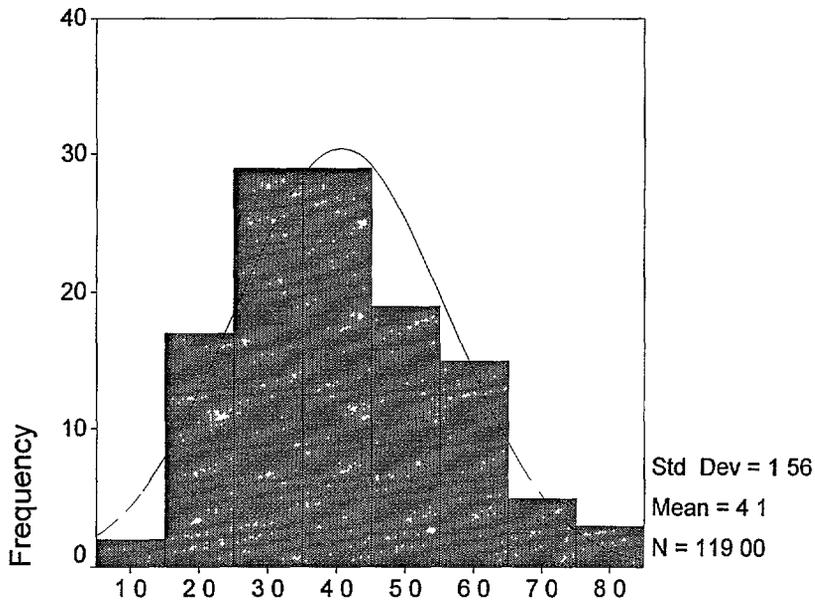
Table 2 Length of current conjugal union of respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
<1	34	28.3	28.3	28.3
2 - 3	20	16.7	16.7	45.0
4 - 6	15	12.5	12.5	57.5
7 - 10	20	16.7	16.7	74.2
11 - 15	16	13.3	13.3	87.5
16 -25	15	12.5	12.5	100.0
Total	120	100.0	100.0	

Table3 Number of living children of respondents

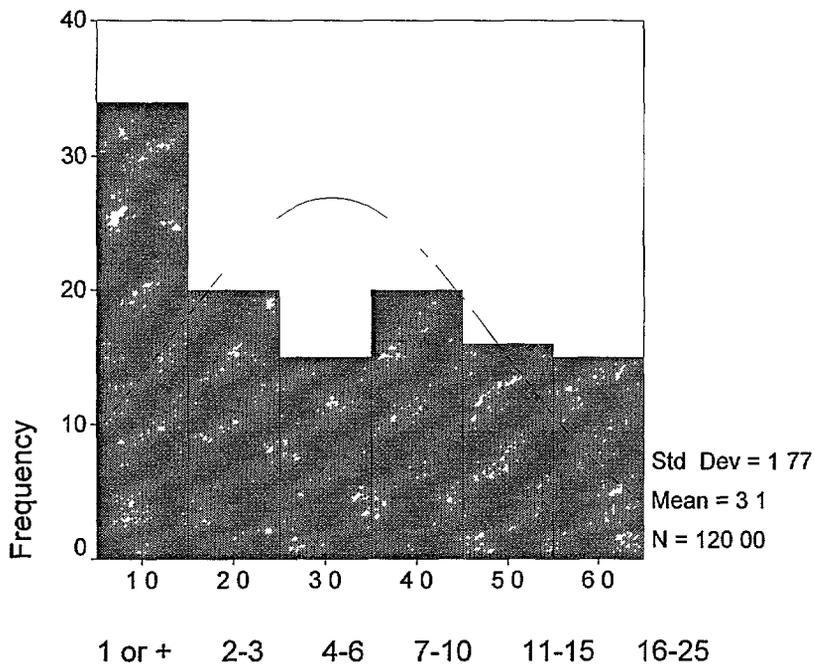
	Frequency	Percent	Valid Percent	Cumulative Percent
1 00	32	26.7	37.6	37.6
2 00	26	21.7	30.6	68.2
3 00	15	12.5	17.6	85.9
4 00	6	5.0	7.1	92.9
5 00	2	1.7	2.4	95.3
6 00	3	2.5	3.5	98.8
9 00	1	.8	1.2	100.0
Total	85	70.8	100.0	
Missing	888 00	35	29.2	
Total	120	100.0		

Respondents by Age-groups



Quinquennial Age-groups

Length of Unions of Respondents



TABLES AND GRAPHS FOR

FOR

THE SECTION ON

**“Socio-Cultural, Familial and Tradition-Bound Barriers to the Use of RH/FP
Services”**

Table 4 Do your communities use the services of witch doctors/traditional healers?

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	25	20.8	20.8	20.8
No	93	77.5	77.5	98.3
NR/DK	2	1.7	1.7	100.0
Total	120	100.0	100.0	

Table 5 Does your community accept couples seeking rh/fp services as preventive measures?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	94	78.3	78.3	78.3
Valid No	21	17.5	17.5	95.8
Valid NR/DK	5	4.2	4.2	100.0
Total	120	100.0	100.0	

Table 6 Do women of your community need their partners' and other family members' permission to seek rh/fp services?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	62	51.7	51.7	51.7
Valid No	58	48.3	48.3	100.0
Total	120	100.0	100.0	

Table 7 Do men of your community need their partners' and other family members' permission to seek rh/fp services?

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	43	35.8	35.8	35.8
No	77	64.2	64.2	100.0
Total	120	100.0	100.0	

Table 8 Are there any obstacles that prevent men of your community to accompany partners to health services

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	74	61.7	61.7	61.7
No	45	37.5	37.5	99.2
NR/DK	1	0.8	0.8	100.0
Total	120	100.0	100.0	

Table 9 Neighbors and family criticize women who seek fp services under false pretexts

			Neighbors and family criticize women who use fp services			Total
			Yes	No	NR/DK	
Women seek fp services under false pretexts	Yes	% of Total	16.7%	21.7%	8%	39.2%
	No	% of Total	11.7%	46.7%		58.3%
	NR/DK	% of Total	1.7%	8%		2.5%
Total		% of Total	30.0%	69.2%	8%	100.0%

Table 9(A) Neighbors and family criticize women who seek rh/fp services (Somers'd = .764, p < .0001)

			Neighbors & family criticize women seeking rh services			Total
			Yes	No	NR/DK	
Neighbors & family criticize women seeking fp services	Yes	% of Total	22.5%	7.5%		30.0%
	No	% of Total	2.5%	66.7%		69.2%
	NR/DK	% of Total			8%	8%
Total		% of Total	25.0%	74.2%	8%	100.0%

Table 10 Women who seek fp under false pretexts are ill-treated/punished by partners

	Frequency	Percent	Valid Percent	Cumulative Percent
Are ill-treated	48	40.0	40.0	40.0
Are beaten	11	9.2	9.2	49.2
Are punished	2	1.7	1.7	50.8
NR/DK	59	49.2	49.2	100.0
Total	120	100.0	100.0	

45

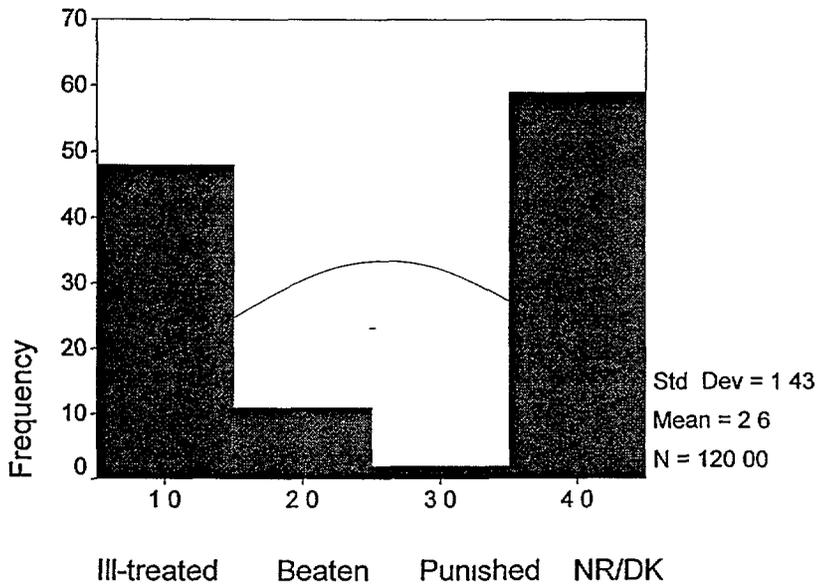
Table 11 Women making independent health decisions are impeded by their economic dependence on men (Somers'd = - 162, p < 104)

			Women make independent health decisions		Total
			Yes	No	
Women's economic dependence on men impedes them from making decisions	Yes	% of Total	25 0%	10 8%	35 8%
	No	% of Total	55 0%	8 3%	63 3%
	3 00 NS/NR	% of Total		8%	8%
Total		% of Total	80 0%	20 0%	100 0%

Table 12. Are women who seek fp under false pretexts able to make indepdent health decisions

		Women seek fp services under false pretexts			Total
		Yes	No	NR/DK	
Women are able to make independent health decision	Yes	24 2%	53 3%	2 5%	80 0%
	No	15 0%	5 0%		20 0%
Total		39 2%	58 3%	2 5%	100 0%

III-treatment of women seeking fp under false pretexts



TABLES AND GRAPHS FOR

FOR

THE SECTION ON

“Couple Communication”

Table 12 Respondent does not want more children can she discuss this without violence with her partner and convince him not to have more (Somers'd = 405, p< 001)

			Respondent's partner wants more children she does not can she convince him			Total
			Yes	No	NS/NR	
Respondent does not want more children can she discuss this with ther partner without violence	Yes	% of total	96 8%	56 5%	100 0%	89 2%
	No	% of total	3 2%	43 5%		10 8%
Total		% of total	100 0%	100 0%	100 0%	100 0%

Table 13 Respondent wants to space pregnancies but the partner does not could she discuss this with the partner without violence

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	110	91 7	91 7	91 7
No	10	8 3	8 3	100 0
Total	120	100 0	100 0	

Woman wants to space pregnancies and partner does not want to use FP, can she discuss differences without violence and convince him?

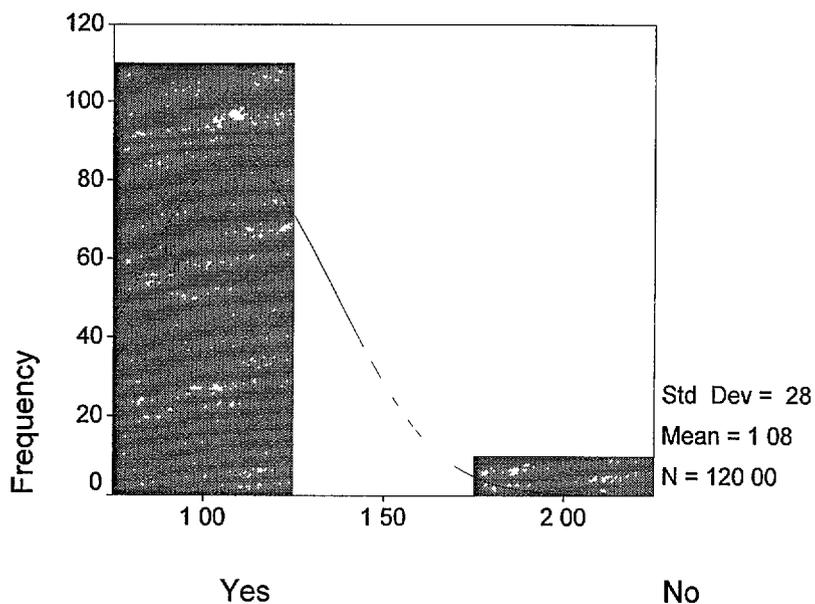


Table 14 Respondent wants to use fp and partner does not, can she discuss differences without violence and convince him(Somers' = .511, p < .005)

			Su pareja no quiere usar métodos de PF y usted si podría convencerlo para usarlos			Total
			Si	No	NR/DK	
Respondent wants to use fp and the partner does not can she discuss the differences without violence	Yes	% of total	100.0%	68.4%		94.2%
	No	% of total		31.6%		5.0%
	NR/DK	% of total			100.0%	8%
Total		% of total	100.0%	100.0%	100.0%	100.0%

Tables15 Do couples decide number of children they will have or leave it to God

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	85	70.8	70.8	70.8
No	34	28.3	28.3	99.2
NR/DK	1	.8	.8	100.0
Total	120	100.0	100.0	

Do Couples or God decide the number of cl

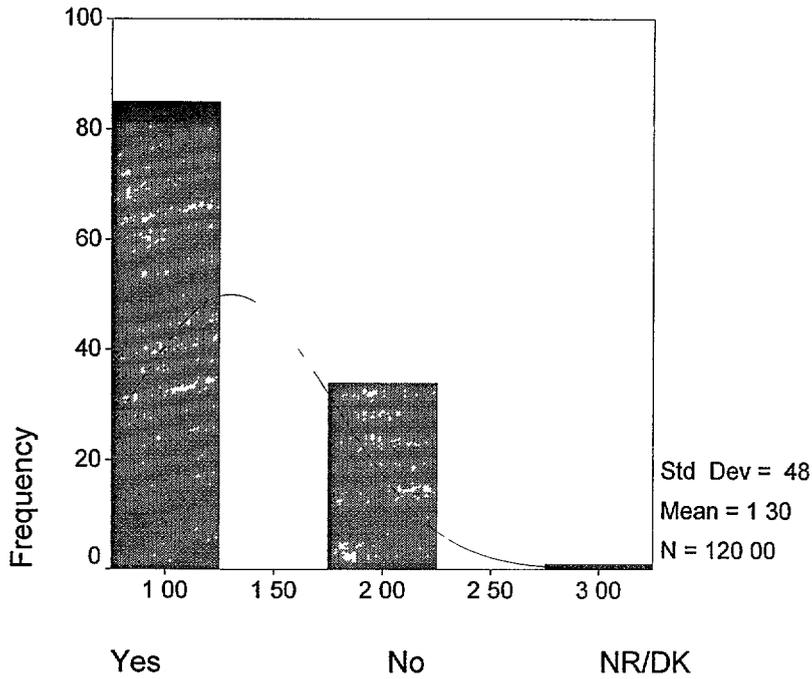


Table 16 How long since respondent discussed with partner issues related to sexual pleasure

			How long since discussion took place		Total
			< 6 months	1 or more years	
Respondent discussed issues on sexual pleasure on sexual pleasure	Yes	% of total	85.3%	78.6%	84.1%
	No	% of total	14.7%	21.4%	15.9%
Total		% of total	100.0%	100.0%	100.0%

Table 17 How long ago did respondent discuss with partner sexual relations with girl/boy friends

			When last discussion took place		Total
			< 6 months	1 year or more	
Sexual relations with girl/boy friends	Yes	% of total	66.2%	57.1%	64.6%
	No	% of total	33.8%	42.9%	35.4%
Total		% of total	100.0%	100.0%	100.0%

Table 17 How long ago did respondent discuss with partner sexual relations with girl/boy friends

			When last discussion took place		Total
			< 6 months	1 year or more	
Sexual relations with girl/boy friends	Yes	% of total	66 2%	57 1%	64 6%
	No	% of total	33 8%	42 9%	35 4%
Total		% of total	100 0%	100 0%	100 0%

Table 18 How long ago did couple discuss STI/AIDS risk due to extramarital relations

			How long ago did couple discuss		Total
			less than 6 months	1 year or more	
Discussed risk of risk in extramarital relations	Yes	% of total	79 4%	92 9%	81 7%
	No	% of total	20 6%	7 1%	18 3%
Total		% of total	100 0%	100 0%	100 0%

TABLES AND GRAPHS FOR

FOR

THE SECTION ON

“Family Violence”

Table 19 Is it justified for partner to ill-treat/beat respondent if she is not in agreement with what the partner decides

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	11	9.2	9.2	9.2
No	109	90.8	90.8	100.0
Total	120	100.0	100.0	

Table 20 Is it justified for partner to ill-treat/beat respondent if she chats with other men behind the partner's back

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	41	34.2	34.2	34.2
No	79	65.8	65.8	100.0
Total	120	100.0	100.0	

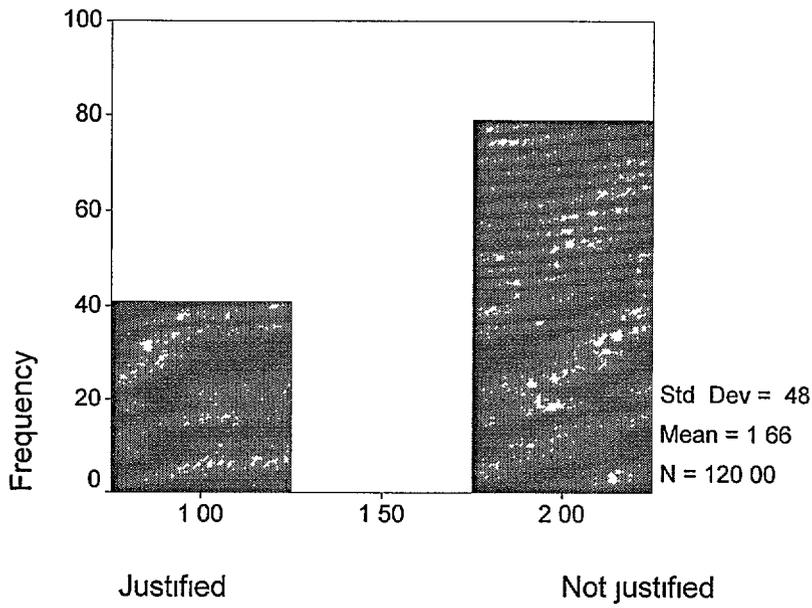
Table 21 Is it justified to ill-treat respondent when she denies her partner sex

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	21	17.5	17.5	17.5
No	99	82.5	82.5	100.0
Total	120	100.0	100.0	

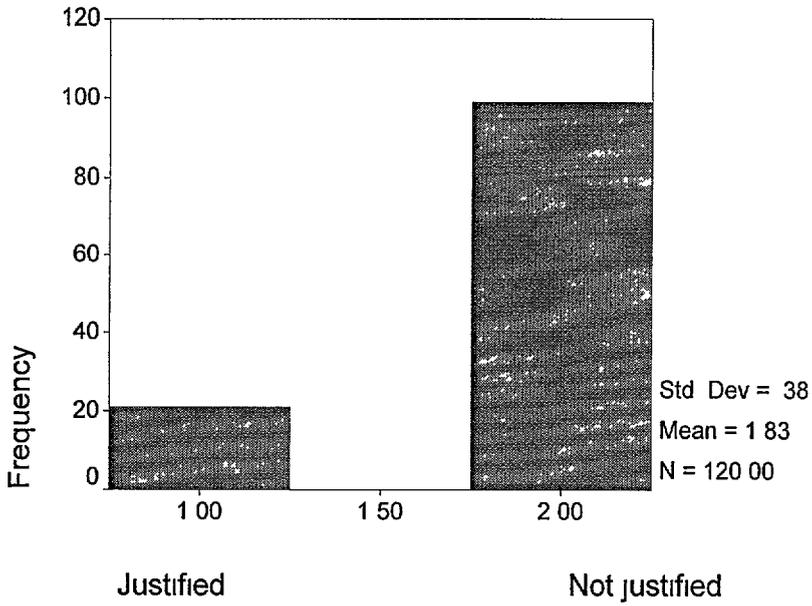
Table 22 Is it justified to ill-treat respondent if she has sex with other men

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	67	55.8	55.8	55.8
No	53	44.2	44.2	100.0
Total	120	100.0	100.0	

Ill-treatment justified when respondent clandestinely chats with other men



III-treatment justified when respondent
denies partner sex



III-treatment justified if respondent
has sex with other men

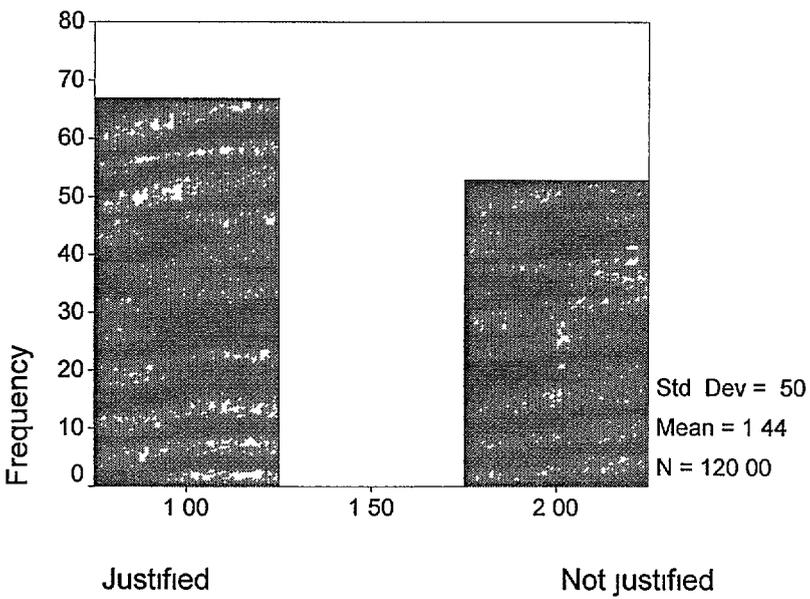


Table 23 Justification of ill-treatment when respondent is not in agreement with what partner decides, has sex with other men and denies partner sex(Somers'd = 424, p < 004

Has sex with other men				When not in agreement with partner's decisions		Total
				Justified	Not justified	
Justified	When denies partner sex	Justified	% of Total	11 9%	19 4%	31 3%
		Not justified	% of Total	3 0%	65 7%	68 7%
	Total		% of Total		14 9%	85 1%
Not justified	When denies partner sex	Not justified	% of Total	1 9%	98 1%	100 0%
	Total		% of Total		1 9%	98 1%

Table 24 Does discussion among couples some times result in violence?

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	37	30 8	30 8	30 8
No	82	68 3	68 3	99 2
NR/DK	1	8	8	100 0
Total	120	100 0	100 0	

Table 25 Fear of ill-treatment/beating results in forced sex exposing women to unwanted pregnancies or STI/AIDS risks

	Frequency	Percent	Valid Percent	Cumulative Percent
Very much	51	42.5	42.5	42.5
Little	19	15.8	15.8	58.3
None	50	41.7	41.7	100.0
Total	120	100.0	100.0	

Table 26 How many times has respondents partner beaten her

	Frequency	Percent	Valid Percent	Cumulative Percent
00	91	75.8	75.8	75.8
1 00	10	8.3	8.3	84.2
2 00	6	5.0	5.0	89.2
3 00	8	6.7	6.7	95.8
4 00	2	1.7	1.7	97.5
5 00	1	.8	.8	98.3
6 00	1	.8	.8	99.2
7 00	1	.8	.8	100.0
Total	120	100.0	100.0	

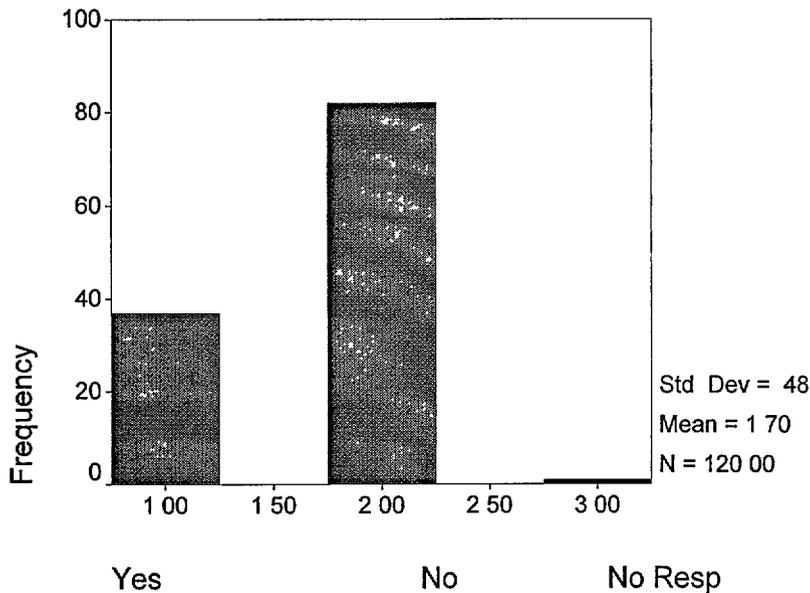
Table 27 Number of times respondent has beaten her partner

	Frequency	Percent	Valid Percent	Cumulative Percent
00	101	84.2	84.2	84.2
1 00	9	7.5	7.5	91.7
2 00	6	5.0	5.0	96.7
3 00	4	3.3	3.3	100.0
Total	120	100.0	100.0	

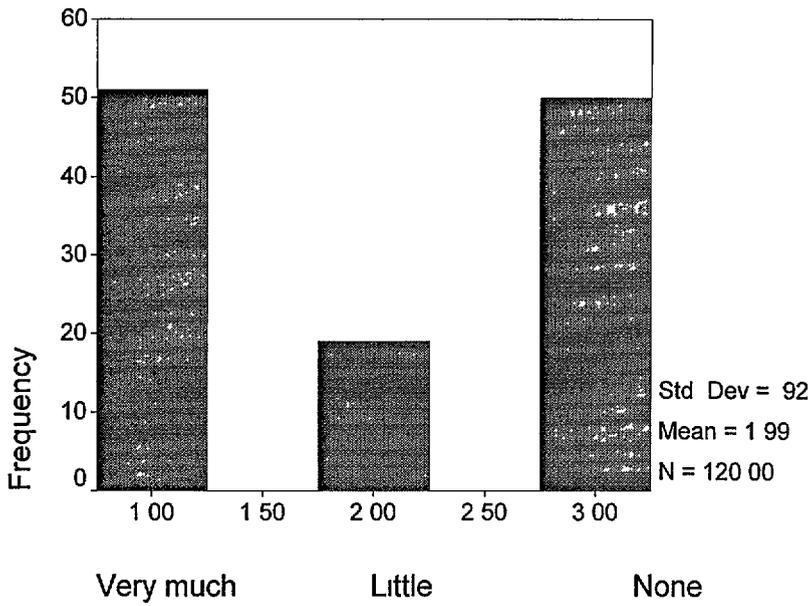
Table 28 Has partner beaten respondent during pregnancy

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	16	13.3	13.3	13.3
No	89	74.2	74.2	87.5
NR/DK	15	12.5	12.5	100.0
Total	120	100.0	100.0	

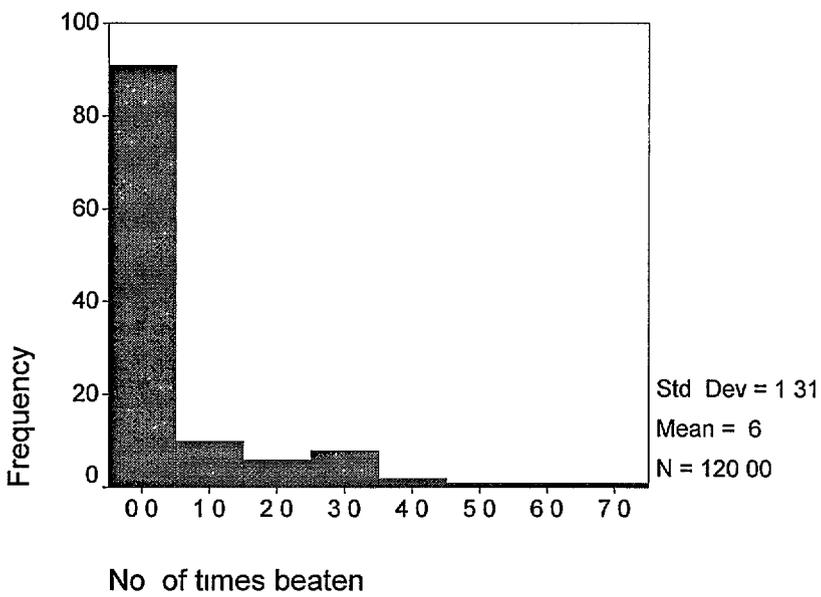
Discussion on sex among partners
leads some times to violence



Fear of ill-treatment results in forced sex leading to unwanted pregnancy



Number of times partner beat respondent



Denying sex is justified if a woman
has just had a baby

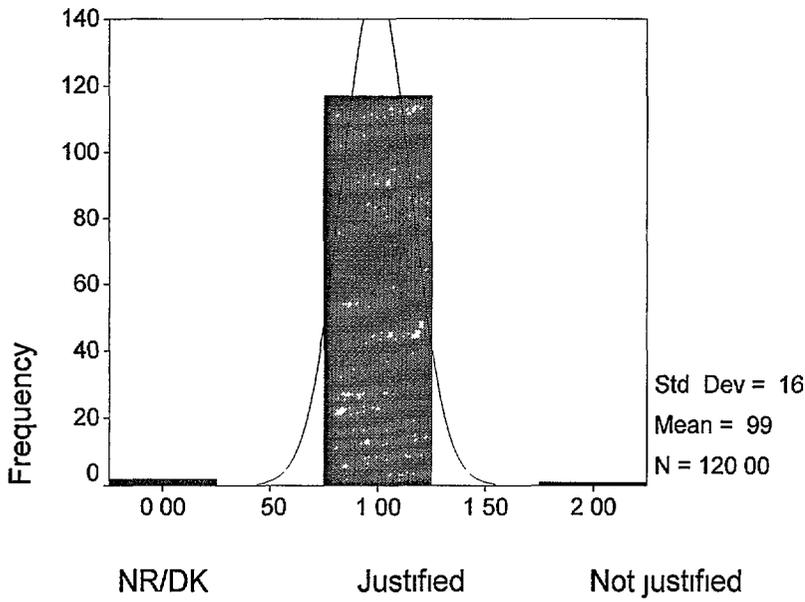


Table 40 A woman can deny sex if she does not want to get pregnant

	Frequency	Percent	Valid Percent	Cumulative Percent
NR/DK	2	1.7	1.7	1.7
Justified	78	65.0	65.0	66.7
Not justified	40	33.3	33.3	100.0
Total	120	100.0	100.0	

TABLES AND GRAPHS FOR

FOR

THE SECTION ON

“Pregnancy and Delivery”

Table 41 Reproductive decisions are a joint responsibility of couples

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	119	99.2	99.2	99.2
No	1	.8	.8	100.0
Total	120	100.0	100.0	

Table 42 Men should help partners more in their heavy household work

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	118	98.3	98.3	98.3
No	2	1.7	1.7	100.0
Total	120	100.0	100.0	

Table 43 Women of the communities make their own decisions on pregnancy, delivery and post-partum process

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	38	31.7	31.7	31.7
No	77	64.2	64.2	95.8
NR/DK	5	4.2	4.2	100.0
Total	120	100.0	100.0	

Table 44 During the current or last pregnancy of the respondent the partner was concerned with her nutrition

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	87	72.5	72.5	72.5
No	12	10.0	10.0	82.5
NR/DK	21	17.5	17.5	100.0
Total	120	100.0	100.0	

Table 45 A breast-feeding woman needs better nutrition and more rest

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	106	88.3	88.3	88.3
No	13	10.8	10.8	99.2
NR/DK	1	8	8	100.0
Total	120	100.0	100.0	

Table 46 During the current/last the respondents partner helped with heavy house-work

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	89	74.2	74.2	74.2
No	14	11.7	11.7	85.8
NR/DK	17	14.2	14.2	100.0
Total	120	100.0	100.0	

Table 47 It is risky for the woman and her fetus if she works very hard during pregnancy

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	104	86.7	86.7	86.7
No	16	13.3	13.3	100.0
Total	120	100.0	100.0	

Table 48 Which of the two partners of a couple should decide the frequency with which to have a child

	Frequency	Percent	Valid Percent	Cumulative Percent
Male	4	3.3	3.3	3.3
Female	19	15.8	15.8	19.2
Two jointly	96	80.0	80.0	99.2
NR/DK	1	.8	.8	100.0
Total	120	100.0	100.0	

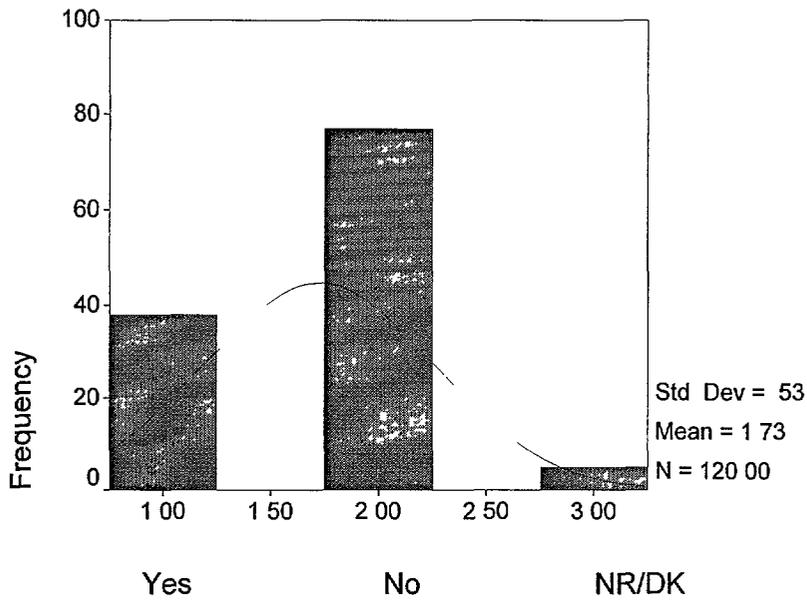
Table 49 If a woman wants to use fp and her partner does not is it appropriate for her to use without his consent/permission

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	73	60.8	60.8	60.8
No	47	39.2	39.2	100.0
Total	120	100.0	100.0	

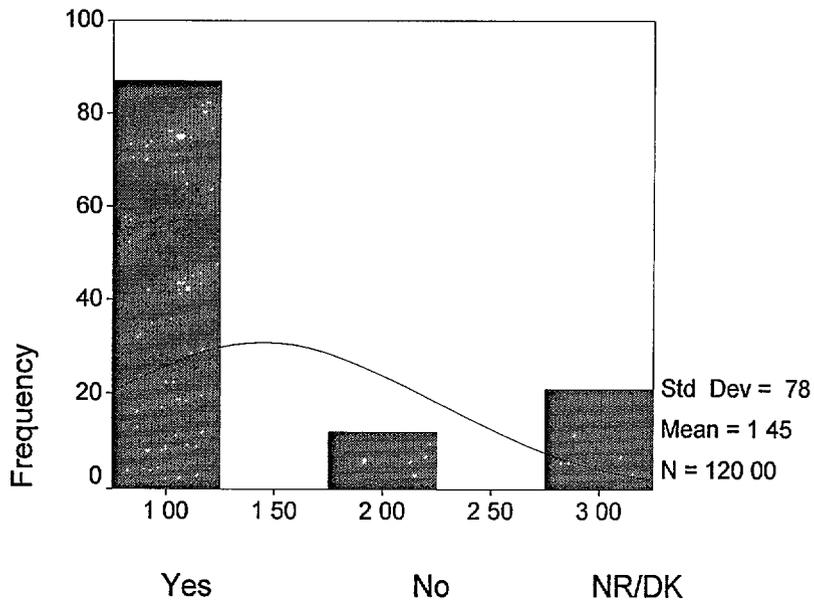
Table 50 Men of the communities provide special support instead of going about their normal routines during partner's pregnancy

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	66	55.0	55.0	55.0
No	54	45.0	45.0	100.0
Total	120	100.0	100.0	

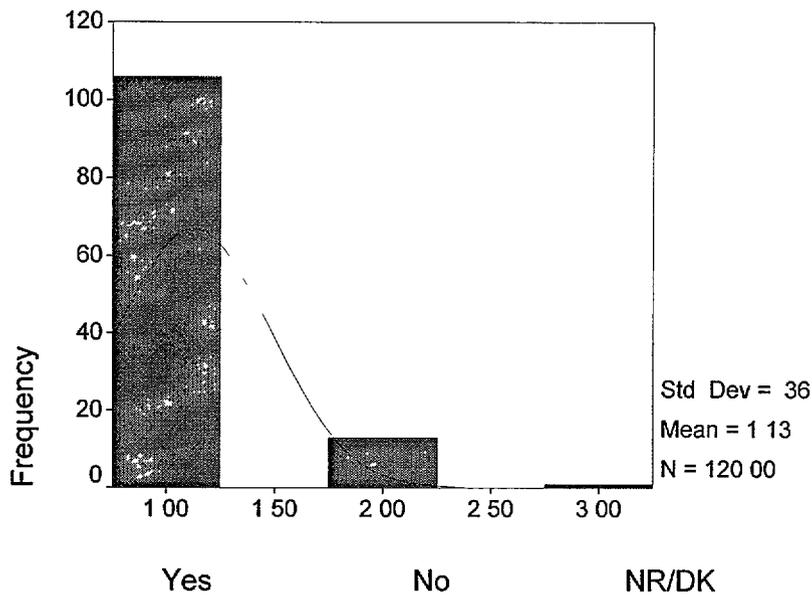
Women make their own decision on their reproductive process



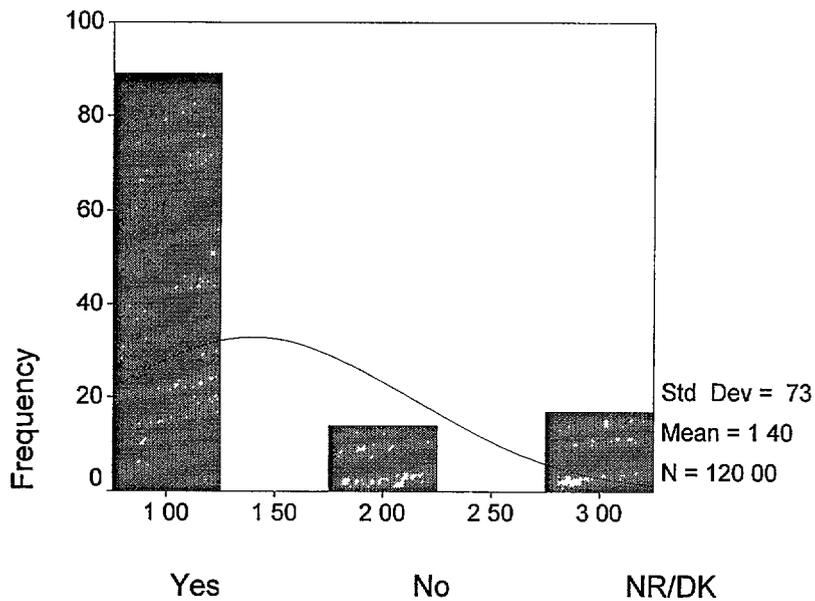
During repondent's current/last pregnancy partner was concerned about he



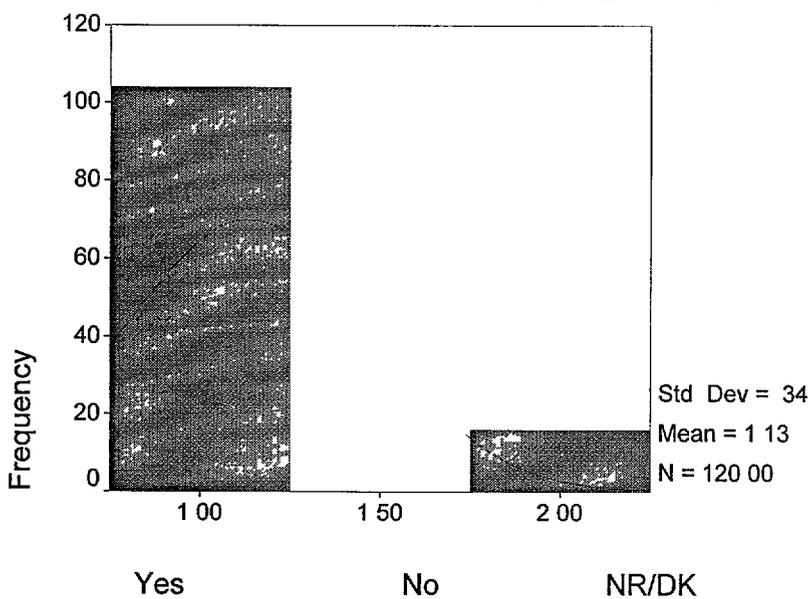
A breast-feeding woman needs more nutrition



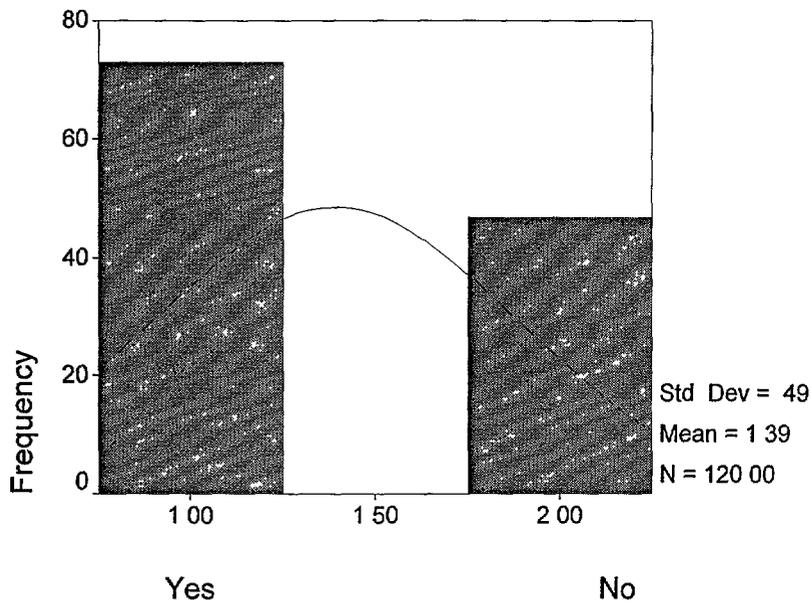
During respondent's current/last pregnancy partner helped in heavy work



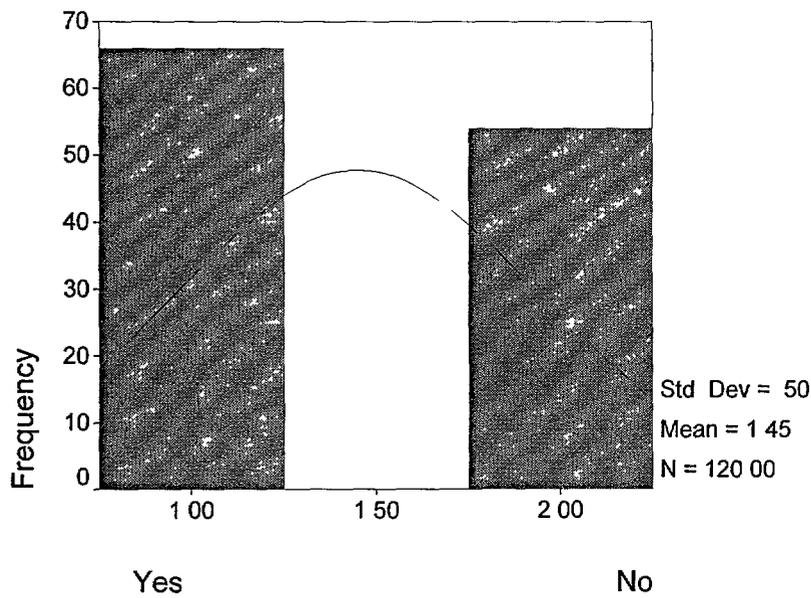
It is risky for woman and fetus if she works very hard in pregnancy



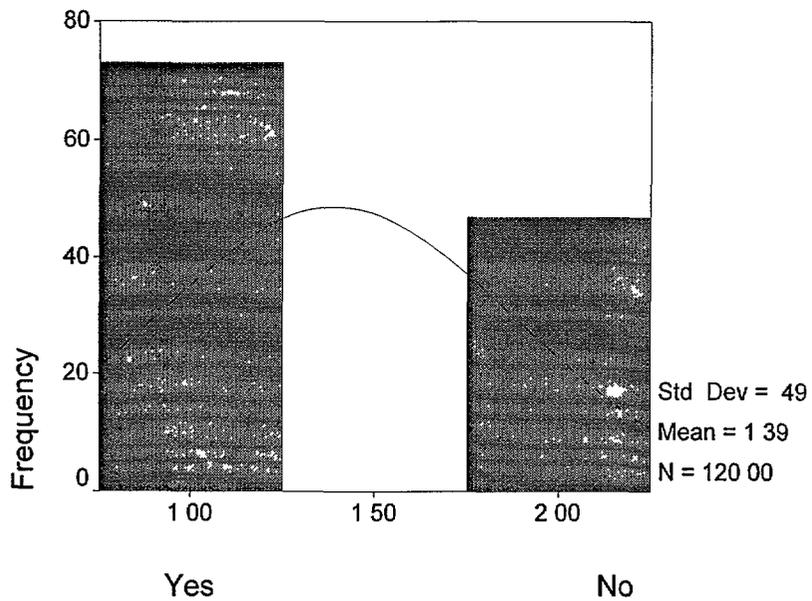
If a woman wants to use fp and her partner does not can she go ahead



Men provide special support during delivery



If a woman wants to use fp and her partner does not can she go ahead



Men provide special support during delivery

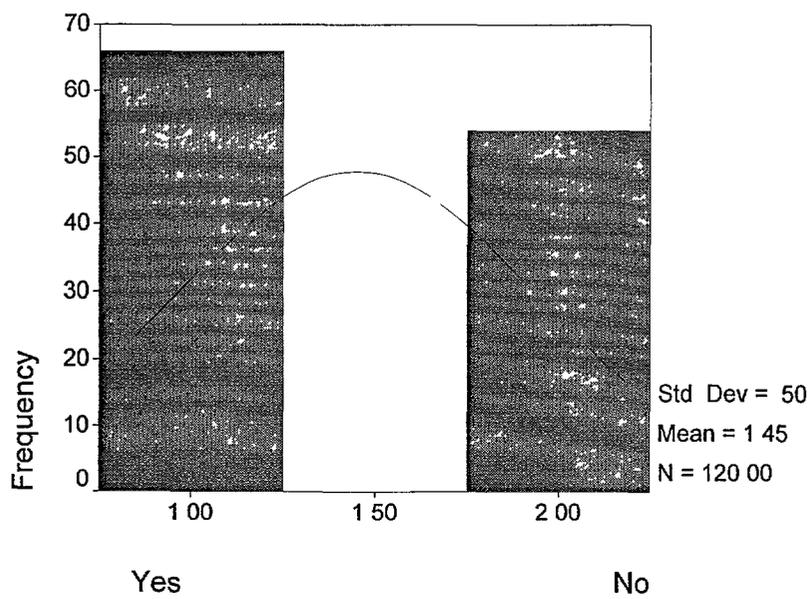


Table 51 Reproduction is joint responsibility of couples versus women making their own decisions on pregnancy and delivery

			Reproductive process is a joint responsibility of couples		Total
			Yes	No	
Women make their own decisions on pregnancy and delivery	Yes	% of Total	31 7%		31 7%
	No	% of Total	64 2%		64 2%
Total		% of Total	99 2%	8%	100 0%

Table 52 Reproductive process is a joint responsibility of couples as related to couples jointly decide on number of children

			Reproductive process is a joint responsibility of couples		Total
			Yes	No	
Couples decide on number of children	Yes	% of Total	70 8%		70 8%
	No	% of Total	27 5%	8%	28 3%
	NR/DK	% of Total	8%		8%
Total		% of Total	99 2%	8%	100 0%

Table 53 Men should help out in heavy house work during pregnancy as related to partner actually helped respondent in her actual or last pregnancy

			Men should help in heavy work during partner's pregnancy		Total
			Yes	No	
In current or last pregnancy partner helped out respondent	Yes	% of Total	74 2%		74 2%
	No	% of Total	10 8%	8%	11 7%
	NR/DK	% of Total	13 3%	8%	14 2%
Total		% of Total	98 3%	1 7%	100 0%

Table 54 It is necessary that men help out during pregnancy in heavy house work as related to men should provide more support during pregnancy

			Men should help in heavy house work during pregnancy		Total
			Yes	No	
Men should provide more support during pregnancy	Yes	% of Total	96 7%	1 7%	98 3%
	No	% of Total	1 7%		1 7%
Total		% of Total	98 3%	1 7%	100 0%

12

Table 55 During current/last pregnancy partner was concerned about respondent's nutrition and partner helped out in heavy house work during pregnancy

			During pregnancy partner was concerned about respondent's nutrition			Total
			1 00 Si	2 00 No	3 00 NS/NR	
Male partner helped out in heavy house work during current/last pregnancy	Yes	% of Total	71 7%	8%	1 7%	74 2%
	No	% of Total	8%	9 2%	1 7%	11 7%
	NR/D K	% of Total			14 2%	14 2%
Total		% of Total	72 5%	10 0%	17 5%	100 0%

Table 56 Men should help in heavy house-work since it is risky for a woman and her fetus to carry out such work

			Men should help more during pregnancy than in normal times		Total
			Yes	No	
Heavy work is risky for a woman and her fetus	Yes	% of Total	86 7%		86 7%
	No	% of Total	11 7%	1 7%	13 3%
Total		% of Total	98.3%	1.7%	100 0%

TABLES AND GRAPHS FOR

FOR

THE SECTION ON

“Information to Men to Promote their Participation”

Table 57 Discussion without violence if respondent wants to use fp and the partner does not as related to she wants to use fp and he does not can she go ahead without his consent/permission

			A woman wants to use fp and partner does not can she goahead without his consent/permission		Total
			Yes	No	
Respondent can discuss differences without violence when she wants to use fp and partner does not	Yes	% of Total	56 7%	37 5%	94 2%
	No	% of Total	4 2%	8%	5 0%
	NR/DK	% of Total		8%	8%
Total		% of Total	60 8%	39 2%	100 0%

Table 58 Respondent can convince partner if she wants to use fp and he does not as related to should a woman go ahead with using fp without partner's consent/permission

			A woman wants to use fp and her partner does not should she go ahead without his consent/permission		Total
			Yes	No	
Respondent can convince partner on method use even if he does not favor fp	Yes	% of Total	52 5%	30 8%	83 3%
	No	% of Total	8 3%	7 5%	15 8%
	NR/DK	% of Total		8%	8%
Total		% of Total	60 8%	39 2%	100 0%

Table 59 Information to men on the importance of how to prevent transmission of STIs to their partners

	Frequency	Percent	Valid Percent	Cumulative Percent
NR/DK	1	8	8	8
Very important	88	73 3	73 3	74 2
Important	28	23 3	23 3	97 5
Not important	3	2 5	2 5	100 0
Total	120	100 0	100 0	

Table 59 Information to men on the importance of partner's good health during pregnancy

	Frequency	Percent	Valid Percent	Cumulative Percent
NR/DK	1	8	8	8
Very important	92	76.7	76.7	77.5
Important	26	21.7	21.7	99.2
Not important	1	8	8	100.0
Total	120	100.0	100.0	

Table 60 Information to men on the importance of recognizing signs of delivery complications

	Frequency	Percent	Valid Percent	Cumulative Percent
NR/DK	1	8	8	8
Very Important	92	76.7	76.7	77.5
Important	25	20.8	20.8	98.3
Not important	2	1.7	1.7	100.0
Total	120	100.0	100.0	

Table 61 Information to men on the importance of how different contraceptives affect women's body

	Frequency	Percent	Valid Percent	Cumulative Percent
NR/DK	2	1.7	1.7	1.7
Very Important	80	66.7	66.7	68.3
Important	36	30.0	30.0	98.3
Not important	2	1.7	1.7	100.0
Total	120	100.0	100.0	

Table 62 Information to men on the importance of knowledge on female anatomy

	Frequency	Percent	Valid Percent	Cumulative Percent
NR/DK	1	8	8	8
Very important	70	58.3	58.3	59.2
Important	45	37.5	37.5	96.7
Not important	4	3.3	3.3	100.0
Total	120	100.0	100.0	

Table 63 Information to men on the importance of knowledge on male anatomy

	Frequency	Percent	Valid Percent	Cumulative Percent
NR/DK	1	8	8	8
Very important	69	57.5	57.5	58.3
Important	46	38.3	38.3	96.7
Not important	4	3.3	3.3	100.0
Total	120	100.0	100.0	

Table 64 Information to men on the importance of knowledge on how to give sexual pleasure to partners

	Frequency	Percent	Valid Percent	Cumulative Percent
NR/DK	1	8	8	8
Very important	80	66.7	66.7	67.5
Important	36	30.0	30.0	97.5
Not important	3	2.5	2.5	100.0
Total	120	100.0	100.0	

Table 62 Information to men on the importance of knowledge on female anatomy

	Frequency	Percent	Valid Percent	Cumulative Percent
NR/DK	1	8	8	8
Very important	70	58.3	58.3	59.2
Important	45	37.5	37.5	96.7
Not important	4	3.3	3.3	100.0
Total	120	100.0	100.0	

Table 63 Information to men on the importance of knowledge on male anatomy

	Frequency	Percent	Valid Percent	Cumulative Percent
NR/DK	1	8	8	8
Very important	69	57.5	57.5	58.3
Important	46	38.3	38.3	96.7
Not important	4	3.3	3.3	100.0
Total	120	100.0	100.0	

Table 64 Information to men on the importance of knowledge on how to give sexual pleasure to partners

	Frequency	Percent	Valid Percent	Cumulative Percent
NR/DK	1	8	8	8
Very important	80	66.7	66.7	67.5
Important	36	30.0	30.0	97.5
Not important	3	2.5	2.5	100.0
Total	120	100.0	100.0	

TABLES AND GRAPHS FOR

FOR

THE SECTION ON

“Services to Motivate Men’s Use of Services

Table 65 When men participate in women's reproductive health services men gain control over their lives

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 00 Si	72	60 0	60 0	60 0
	2 00 No	46	38 3	38 3	98 3
	3 00 NS/NR	2	1 7	1 7	100 0
	Total	120	100 0	100 0	

Table 66 Men understand women's reproductive health status better but men gain control over partner's reproductive life when he participates in reproductive health service delivery

			Men gain control on partner's reproductive health when they participate in services			Total
			Yes	No	NR/DK	
Men understand women's reproductive health status	Yes	% of Total	59 2%	37 5%	1 7%	98 3%
	No	% of Total	8%	8%		1 7%
Total		% of Total	60 0%	38 3%	1 7%	100 0%

Table 67 Men learn about services but gain control over partner's reproductive health when they participate in reproductive health service delivery

			Men gain control over partner's reproductive health when they participate in reproductive health service delivery			Total
			Yes	No	NR/DK	
Men learn about services	Yes	% of Total	59 2%	34 2%	1 7%	95 0%
	No	% of Total	8%	4 2%		5 0%
Total		% of Total	60 0%	38 3%	1 7%	100 0%

Table 68 Women make their own health decisions, consider men's participation beneficial because they understand women's reproductive health status better but men gain control over their reproductive life

Women make their own health decisions				Men gain control over partner's reproductive life			Total
				Yes	No	NR/DK	
Yes	Men understand women's reproductive health status better	Yes	% of Total	54 2%	43 8%	1 0%	99 0%
		No	% of Total		1 0%		1 0%
	Total		% of Total	54 2%	44 8%	1 0%	100 0%
No	Men understand women's reproductive health status better	Yes	% of Total	79 2%	12 5%	4 2%	95 8%
		No	% of Total	4 2%			4 2%
	Total		% of Total	83 3%	12 5%	4 2%	100 0%

Table 69 Women make their own health decisions, men learn more about partner's reproductive health but men gain control over partner's reproductive life

Women make their own health decisions				Men gain control over partner's reproductive life			Total
				Yes	No	NR/DK	
Yes	Men learn about reproductive health	Yes		52	42	1	95
		% of Total		54 2%	43 8%	1 0%	99 0%
	No				1		1
		% of Total			1 0%		1 0%
Total				52	43	1	96
				54 2%	44 8%	1 0%	100 0%
No	Men learn about reproductive health	Yes		19	3	1	23
		% of Total		79 2%	12 5%	4 2%	95 8%
	No			1			1
		% of Total		4 2%			4 2%
Total				20	3	1	24
				83 3%	12 5%	4 2%	100 0%

Table 70 Women make their own reproductive health decisions, men learn more about reproductive health services but men gain control over partner's reproductive life

Women make their own reproductive health decisions				Men gain control over partner's reproductive life			Total
				Yes	No	NR/DK	
Yes	Men learn about reproductive health services	Yes		51	38	1	90
		% of Total		53 1%	39 6%	1 0%	93 8%
	No			1	5		6
		% of Total		1 0%	5 2%		6 3%
Total				52	43	1	96
				54 2%	44 8%	1 0%	100 0%
No	Men learn about reproductive health	Yes		20	3	1	24
		% of Total		83 3%	12 5%	4 2%	100 0%
	Total			20	3	1	24
		% of Total		83 3%	12 5%	4 2%	100 0%

Table 71 Men in the community accompany their partners to the health centers

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	94	78.3	78.3	78.3
No	21	17.5	17.5	95.8
NR/DK	5	4.2	4.2	100.0
Total	120	100.0	100.0	

Table 72 Providers should compel men to accompany their partners to services

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	60	50.0	50.0	50.0
No	60	50.0	50.0	100.0
Total	120	100.0	100.0	

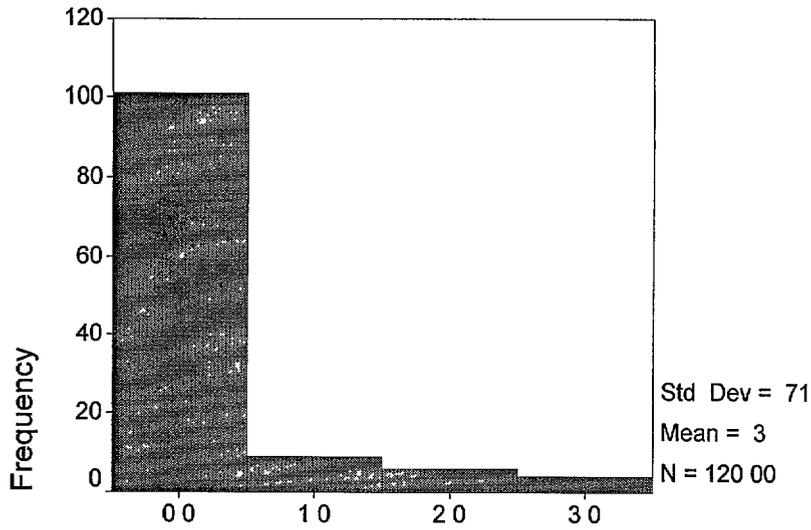
Table 73 Men help their partners to go to health centers vs men gain control over partner's reproductive life by participating in health service delivery

			Men gain control over partner's reproductive health by participating in health service delivery			Total
			Yes	No	NR/DK	
Men help their partners to go to health centers	Yes	% of Total	46.7%	30.8%	8%	78.3%
	No	% of Total	10.8%	5.8%	8%	17.5%
	NR/DK	% of Total	2.5%	1.7%		4.2%
Total		% of Total	60.0%	38.3%	1.7%	100.0%

Table 74 Providers should compel men to accompany partners to health services vs men gain control over partner's reproductive life by participating in their health service delivery

			Men gain control over reproductive health of partner by participating in service delivery			Total
			Yes	No	NR/DK	
Providers should compel men to accompany their partners to health centers	Yes	% of Total	24.2%	25.0%	8%	50.0%
	No	% of Total	35.8%	13.3%	8%	50.0%
Total		% of Total	60.0%	38.3%	1.7%	100.0%

Number of times respondent beat partner



No of times beaten

Partner beat respondent during pregnancy

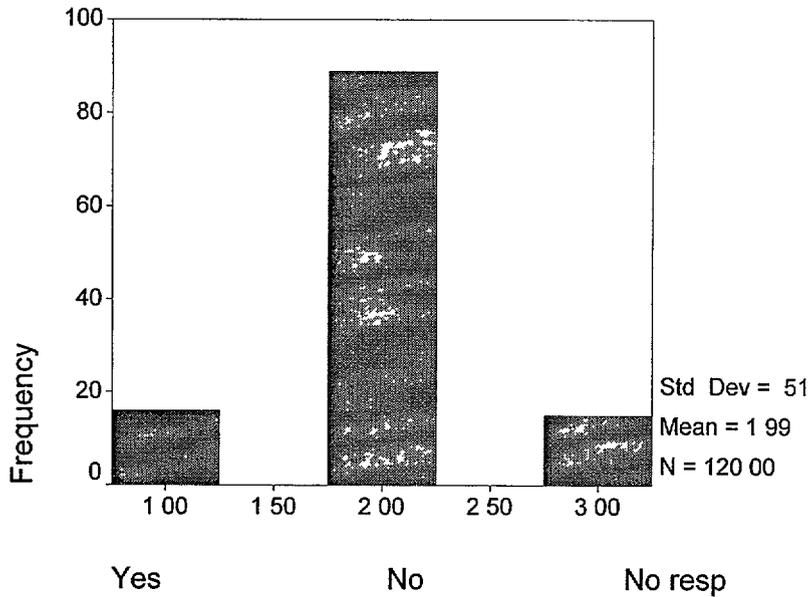


Table 30 Fear of beating leads to forced sex as related to beating during pregnancy

			Fear of beating leads to forced sex			Total
			Very much	Little	None	
Partner beat respondent during pregnancy	Yes	% of Total	8 3%	2 5%	2 5%	13 3%
	No	% of Total	28 3%	11 7%	34 2%	74 2%
	NR/DK	% of Total	5 8%	1 7%	5 0%	12 5%
Total		% of Total	42 5%	15 8%	41 7%	100 0%

Table 31 Number of times partner beat respondents as related to fear of beating results in forced sex (Somers d = - 199, p < 012)

			Fear of beating results in forced sex leading to reproductive risks			Total
			Very much	Little	None	
Number of times partner beat respondent	00	% of Total	28 3%	11 7%	35 8%	75 8%
	1 00	% of Total	3 3%	1 7%	3 3%	8 3%
	2 00	% of Total	3 3%	8%	8%	5 0%
	3 00	% of Total	5 0%	8%	8%	6 7%
	5 00	% of Total		8%		8%
	6 00	% of Total	8%			8%
	7 00	% of Total	8%			8%
	Total		% of Total	42 5%	15 8%	41 7%

Table 29 Discussion on sex among couples leading to ill-treatment and forced sex resulting in reproductive risks(Somers'd = 326, p < 0001)

			Fear of ill-treatment results in forced sex			Total
			Very much	Little	None	
Discussion among couples on sex leads to ill-treatment	Yes	% of Total	21 7%	3 3%	5 8%	30 8%
	No	% of Total	20 0%	12 5%	35 8%	68 3%
	NR/DK	% of Total	8%			8%
Total		% of Total	42 5%	15 8%	41 7%	100 0%

TABLES AND GRAPHS FOR

FOR

THE SECTION ON

“Sexual Relations”

Table 32 A woman can deny sex if the partner is diagnosed to suffer from STIs/AIDS

	Frequency	Percent	Valid Percent	Cumulative Percent
NR/DK	2	1.7	1.7	1.7
Justified	115	95.8	95.8	97.5
Not justified	3	2.5	2.5	100.0
Total	120	100.0	100.0	

Table 33 A woman is justified in denying sex if the partner has a lover

	Frequency	Percent	Valid Percent	Cumulative Percent
NR/DK	2	1.7	1.7	1.7
Justified	102	85.0	85.0	86.7
Not justified	16	13.3	13.3	100.0
Total	120	100.0	100.0	

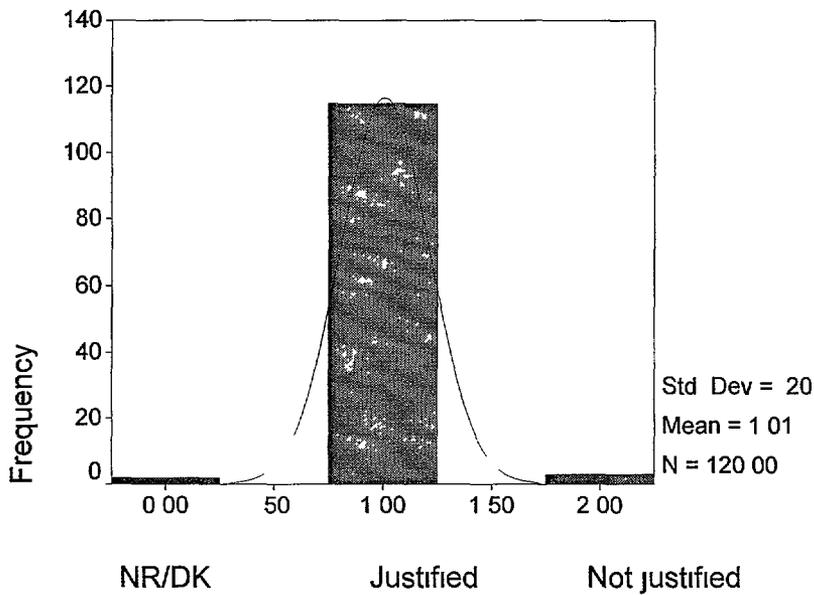
Table 34 A woman is justified in denying sex if the partner is drunk

	Frequency	Percent	Valid Percent	Cumulative Percent
NR/DK	2	1.7	1.7	1.7
Justified	110	91.7	91.7	93.3
Not justified	8	6.7	6.7	100.0
Total	120	100.0	100.0	

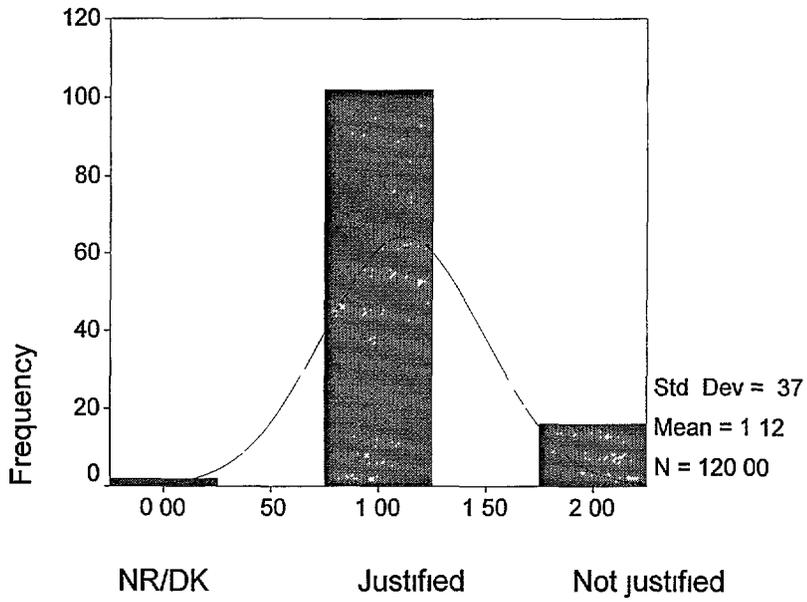
Table 35 A woman is justified in denying sex if the partner frequently has extra marital sex

	Frequency	Percent	Valid Percent	Cumulative Percent
NR/DK	2	1.7	1.7	1.7
Justified	109	90.8	90.8	92.5
Not justified	9	7.5	7.5	100.0
Total	120	100.0	100.0	

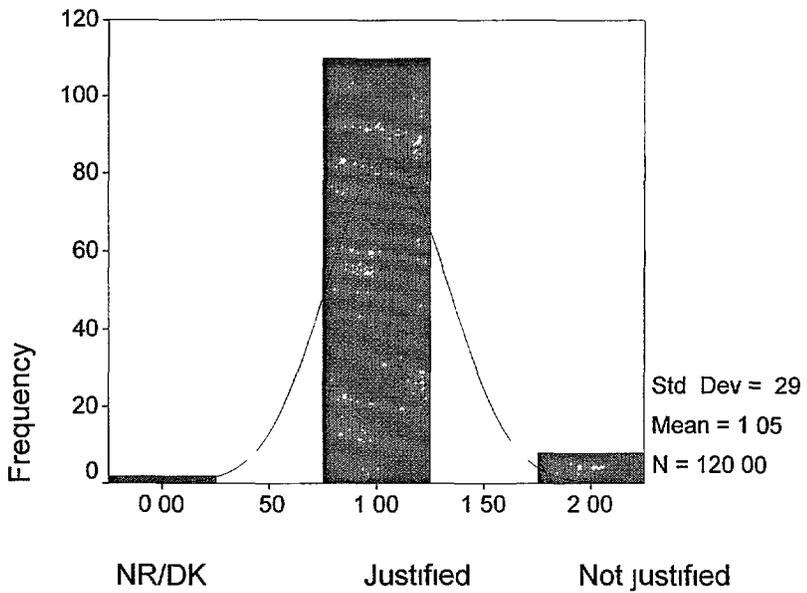
Denying sex justified when partner suffers from STIs/AIDS



Denying sex is justified when partner has a girl friend



Denying sex is justified if the partner is drunk



Denying sex is justified if partner
often has extramarital sex

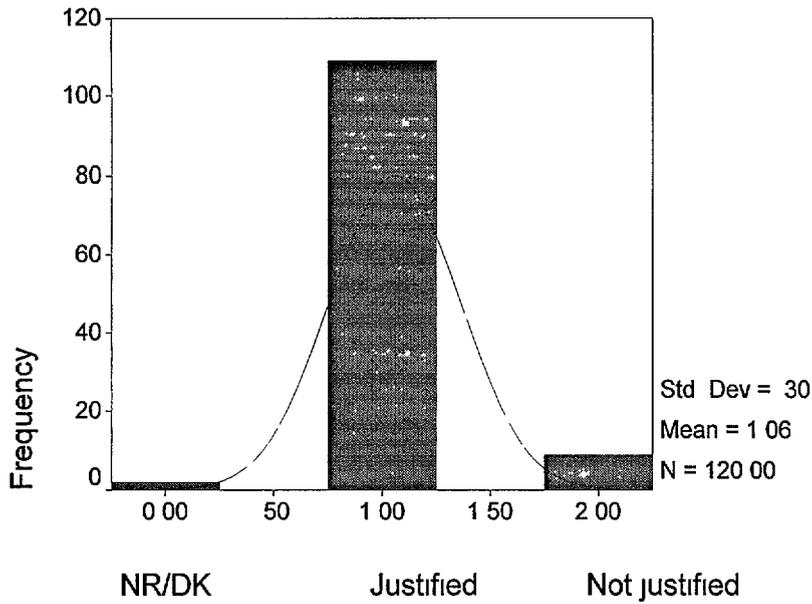


Table 36 A woman can deny sex if the partner does not provide economic support

	Frequency	Percent	Valid Percent	Cumulative Percent
NR/DK	2	1.7	1.7	1.7
Justified	70	58.3	58.3	60.0
Not justified	48	40.0	40.0	100.0
Total	120	100.0	100.0	

Table 37 A woman can deny sex when the partner treats his lover better

	Frequency	Percent	Valid Percent	Cumulative Percent
NR/DK	2	1.7	1.7	1.7
Justified	105	87.5	87.5	89.2
Not justified	13	10.8	10.8	100.0
Total	120	100.0	100.0	

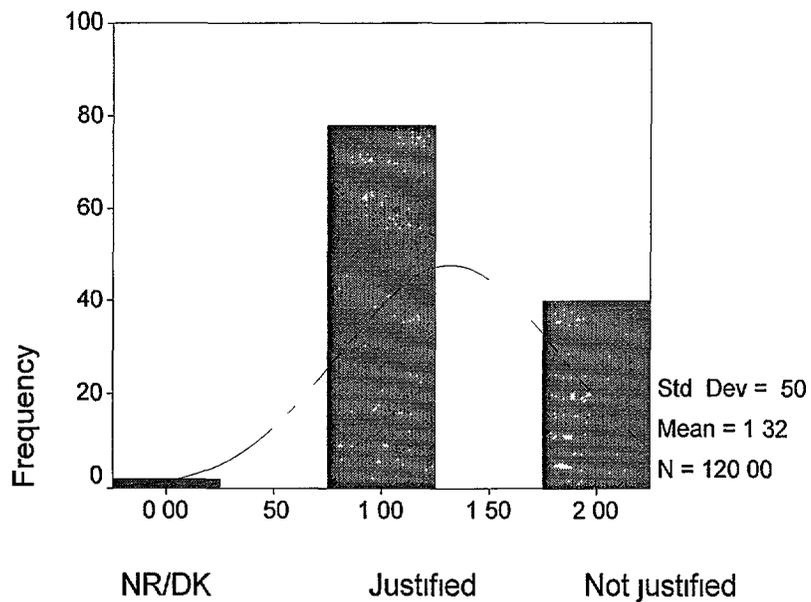
Table 38 A woman can deny sex when she is not well

	Frequency	Percent	Valid Percent	Cumulative Percent
NR/DK	2	1.7	1.7	1.7
Justified	111	92.5	92.5	94.2
Not justified	7	5.8	5.8	100.0
Total	120	100.0	100.0	

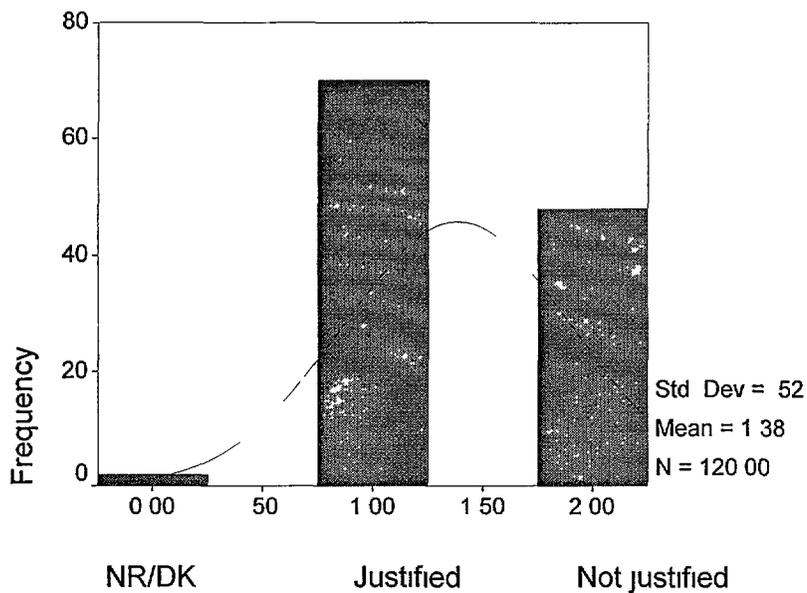
Table 39 A woman can deny sex if she has very recently had a baby

	Frequency	Percent	Valid Percent	Cumulative Percent
NR/DK	2	1.7	1.7	1.7
Justified	117	97.5	97.5	99.2
Not justified	1	.8	.8	100.0
Total	120	100.0	100.0	

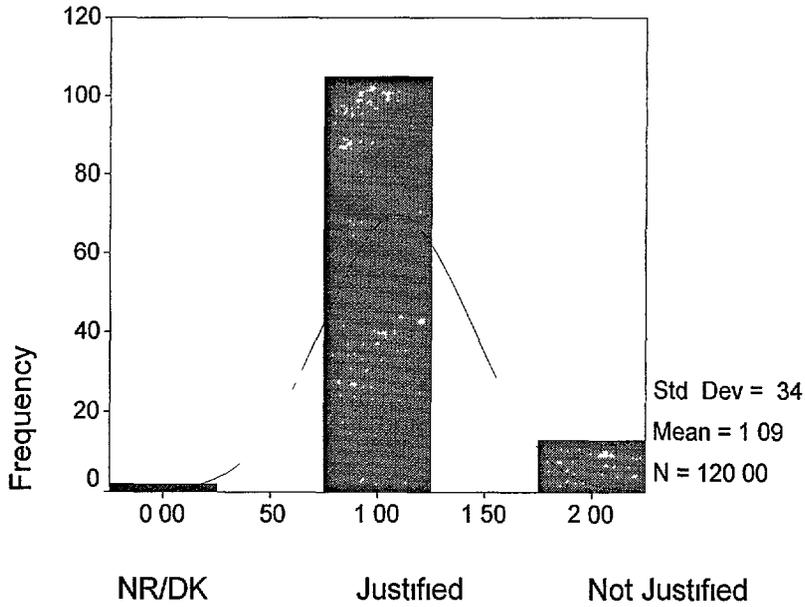
Denying sex is justified if she does not want to get pregnant



Denying sex is justified if partner does not provide economic support



Denying sex is justified if partner
treats his lover better



Denying sex is justified when
a woman is not well

