Gender Norms and Family Planning Decision-Making Among Married Men and Women, in Jeldu Woreda Rural Kebeles, West Shewa.

A Qualitative Study

By: Dereje Geleta Negera (BSC.)

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Advisors:

1. *Zewdie Birhanu (BSC, MPH/HE, Ass. Professor)*
2. *Bezawit Tamesgen (BSC, MPH/HE)*
3. *Dr.Michelle Kaufman (PhD), Johnhopkins Universtity*

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Summary

Family planning is defined as the use of various methods of fertility control that will help individuals or couples to have the number of children they desire and at a planned time interval in order to ascertain the well-being of the children, parents and communities at large.

Objective: To explore influence of gender norms on family planning decision- making among married men and women, in Jeldu Woreda rural Kebeles, west Shewa 2012/13.

Methods: A Qualitative study with grounded theory design was employed. Data collection was done using a semi-structured interview guide with open-ended questions. The methods employed were in-depth interview and focus group discussions. Data analysis was begun with transcription. Transcripts were coded using Atlas.ti-7 Software using thematic analysis.

Result

Different gender norms in the community were obstacles for family planning utilization in the community. Those gender norms directly or by complement with each other acts as the barriers of FP utilizations. Decision making power of men/husbands on family planning (needs for his consent by women/wives), seeing children as social prestige due to cultural beliefs, low status of women in community, undermining knowledge of women, limiting responsibility of women/wives to home, dominance of men/husbands on households, etc are affects directly or by complement with each other the family planning decision making among married men and women.

Conclusion

Decision making power of men/husbands on family planning (needs for his consent by women/wives), seeing children as social prestige due to cultural beliefs, low status of women in community, undermining knowledge of women, limiting responsibility of women/wives to home, dominance of men/husbands on households, etc are affects directly or by complement with each other the family planning decision making among married men and women.

From the study the coupe communication on issue of RH and family planning was not common even though they are communicate on other issue of their life, no consideration was given for issue of RH and FP. Due to men dominance at house level and other related factors roles of women on family planning decision making was limited to accept the idea of their husband. Furthermore due to men's power of decision making it was finalized based on the interest of men/husband.

Key words: Gender norms, qualitative research, Grounded theory, Decision-making.

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Abbreviations

BCC	Behavioral Change Communication
CBR	Crude Birth Rate
CSA	Central Statistics Authority
EDHS	Ethiopian Demography and Health Survey
FGD	Focus Group Discussion
FMOH	Federal Ministry of Health
FP	Family planning
GEM	Gender Equitable men
IDI	In-depth interview
IEC	Information, Education and Communication
JU	Jimma University
MDG	Millennium Development Goal
MMR	Maternal Mortality Rate
RH	Reproductive Health
TFR	Total Fertility Rate
WHO	World Health Organization

CHAPTER ONE

1. Background

Family planning is defined as the use of various methods of fertility control that will help individuals or couples to have the number of children they desire and at a planned time interval in order to ascertain the well-being of the children, parents and communities at large (1).

Family planning is the planning of when to have children and the use of birth control and other techniques to implement such plans. It is the voluntary use of natural or modern methods of Contraceptives by individuals or couples. This approach helps the users to have the number of children they want and when they want them and also assures the well-being of the children and the parents (2).

Family planning service contributes to:-The reduction of morbidity and mortality of mothers and children, Avert unplanned pregnancy and its adverse consequence that is high risk abortion, Prevention of HIV/AIDS and other sexually transmitted diseases, Improved standard of living, Increase of house hold income; and promotes the conservation and efficient use of natural resources (1,2).

Family planning does more than help women and couples limit the size of their families: It safeguards individual health and rights, preserves natural resources, and can improve the economic outlook for families and communities. Family planning also saves lives—up to one-third of all maternal deaths and illnesses could be prevented if women had access to contraception (1, 2).

Globally, use of modern contraception has risen slightly, from 54% in 1990 to 57% in 2012. Regionally, the proportion of women aged 15–49 reporting use of a modern contraceptive method has raised minimally or plateaued between 2008 and 2012. In Africa it went from 23% to 24%, in Asia it has remained at 62%, and in Latin America and the Caribbean it rose slightly from 64% to 67%. There is with significant variation among countries in these regions (3).

In the developing world, an estimated 600 million people currently use a modern method of family planning. This widespread use prevents an estimated 188 million unintended pregnancies, 112 million abortions and 150,000 maternal deaths every year (4).

In Sub-Saharan Africa (SSA), the rate of population growth is one of the highest in the world, (2.8 percent) compared to the rest of the world. To address this, many countries in the SSA, including Ethiopia focused their attention on birth control measures, especially the use of family planning services.

In sub-Saharan Africa as a whole, only 17 percent of married women are using contraceptives, as against 50 per cent in North Africa and the Middle East, 39 per cent in South Asia, 76 per cent in East Asia and the Pacific and 68 per cent in Latin America and the Caribbean. Only in a few countries, such as South Africa, Zimbabwe, Botswana, and Kenya, have family planning programs been successful enough to increase contraceptive use to much higher levels (6).

Family planning services were introduced in Ethiopia in 1948. Although at the beginning the services were limited to only major cities, gradually the services expanded to the rural areas and are being used now by the rural communities (7).

The goal of family planning is to curb the rapid population growth so that it becomes compatible with the living standard of the people and contributes to the efforts geared to create sustained efficient use of the country's resources. The population policy of Ethiopia has been promoting these mentioned principles since 1986 E.C. (7).

With 91 million people, Ethiopia is the second most populous East African nation and has a population growth rate of 2.6% and a birth rate of 38 births/1,000 people per year. The maternal mortality ratio is 676/100,000 live births .Twenty-nine (29%) of women use modern contraception (a remaining 25% of women have an unmet need for FP (8).

Total Fertility Rate (TFR) for Ethiopia is 4.8 children per woman. The TFR in rural areas exceeds the TFR in urban areas by almost three children per woman (5.5 and 2.6 children per woman, respectively). The crude birth rate in Ethiopia is 34.5 births per 1,000 populations. As is the case with other fertility measures, there is a substantial differential in the CBR by urban-rural residence. The CBR is 37 percent higher in rural areas (36 per 1,000 populations) than in urban areas (26 per 1,000 populations) (8).

The Government of Ethiopia is committed to achieving Millennium Development Goal 5 (MDG5), to improve maternal health, with a target of reducing the maternal mortality ratio (MMR) by three-quarters over the period 1990 to 2015. Accordingly, the Federal Ministry of Health (FMOH) has applied multi-pronged approaches to reducing maternal and newborn morbidity and mortality (8). As family planning method use can help ensure healthiest timing and spacing of pregnancy, hence, regulating fertility. As fertility falls, so do infant, child, and maternal mortality. Women spend decreasing proportions of their lifetimes giving birth and caring for young children. (9). Contraception plays a key role in decreasing maternal mortality. They provide significant protection for women by preventing unintended pregnancies, which often end in unsafe abortions (10).

In order meet these goals, the government of Ethiopia set different strategies. Among the strategies of Ethiopian governments: Conducting base line study/survey, Educating and mobilizing communities for family planning services, Providing sustained family planning counseling, Mobilizing communities for active participation in family planning, Strengthening and implementing coordinated family planning and Using exemplary family planning service users to promote the Services, etc. (7,8).

Today, an estimated 215 million women worldwide want to avoid pregnancy and plan their families but are not using modern contraception. In many of developing countries, men are the ones who wield decision-making power in the partnership when it comes to sexual relations or reproductive health—including when to have children, whether to seek health care, or whether to use protection during sex (11).

The provision of inadequate family planning services in Ethiopia has contributed and is still contributing to the high morbidity and mortality of mothers and children; unwanted and unplanned pregnancies; high risk abortion; HIV/AIDS and other sexually transmitted diseases and in- adequate information and education about family planning. Due to low provision of family planning, the Ethiopian population is rapidly increasing and causing incompatibility with the country‘s available natural resources. This situation, surely, is creating the inadequacy of farm land; deforestation; drought accompanied with famine and displacement; soil degradation and erosion; crowding of households; incompatible social service (health, education, etc.) infrastructures and adverse impact on house hold income (7,8).

Adverse consequences of low provision family planning, Increase of maternal mortality due to unwanted pregnancy and illegal abortion, Hinders mothers from participating in developmental activities, Children don’t grow properly due to lack of appropriate care and affection by parents, Children are exposed to illnesses and deaths due to the lack of appropriate care from parents, Children and the rest of the family members don’t receive adequate health and other social services and Unfavorable impact on the economic status of a family to provide appropriate care to children’s growth and development (7,8).

In Ethiopia, the need for a comprehensive reproductive health approach is obvious: the population is typically young, deaths from reproductive health causes are rampant, health services are poorly organized and largely inaccessible, gender based discrimination and violence is widely spread, and poverty affects the majority of the population (12).

A woman’s ability to control her own fertility is strongly affected by social constructs of gender roles and expectations. Gender inequality, for example, may determine who has access to family planning information, which holds the power to negotiate contraceptive use or to withhold sex, who decides on family size, and who controls the economic resources to obtain family planning related health services (13).

Unequal power relations, especially in more patriarchal societies, may confound decisions about contraceptive use and childbearing. Studies in Ethiopia showed that because of the male dominance in the culture, women are often forced to bear large number of children (15, 16).

Individual health behavior is influenced by how a person thinks that others view behavior. According to study done in Nigeria and other West Africa countries, some women said it that is difficult for them to use family planning because their relatives and friends were not using it (17).

Knowledge about modern contraceptive methods, gender equitable attitudes, and better involvement in decisions related to children, socio-cultural and family relations were statistically significant factors for decision making power of women on the use of modern contraceptive methods in the urban setting (18) .

Despite the fact that FP services are made accessible nearly at all major urban areas in Ethiopia and in most instances at low or no cost, the decisions that lead women to use the services seems to occur within the context of their marriage, household and family setting (19) .

Previous researchers have identified several obstacles to the use of modern contraceptives including; husbands' opposition to the use, fear of side effects, health concerns, and dissatisfaction with sexual sensation when using them.

Despite the crucial role of gender norms influence on family planning decision-making, studies on gender norms and family planning decision- making are relatively scarce. The main purpose of this paper is to contribute to the knowledge base about influence of gender norms on family planning decision-making in the study area. This study was specifically on gender norms and family planning decision- making.

CHAPTER TWO

2. Literature review

As studies have shown Worldwide Gendered social expectations have many implications for women and men's reproductive lives. A social norm favors male children and promoting women's economic dependence on men. Inability to negotiate sex, condom use, or monogamy on equal terms leaves women and girls worldwide at high risk of unwanted pregnancy, illness and death from pregnancy-related causes, and sexually transmitted infections (20).

The social expectations of what men and women should and should not do and be directly affect attitudes and behavior related to a range of health issue. Research done in sub Saharan Africa have shown how inequitable gender norms influence how men interact with their partners, families and children on a wide range of issues, including HIV/AIDS prevention and contraceptive use. FP is typically viewed as the responsibility of women, with programs targeting women and overlooking the role of men even though men's dominance in decision-making, including contraceptive use, has significant implications for family planning (21).

According to the Men and gender equality policy project report, survey research with men and boys in numerous settings of African countries has shown how inequitable and rigid gender norms influence men's practices on a wide range of issues, including contraceptive use and health seeking behavior (22).

As study in Ethiopia showed because of the male dominance in the culture, women are often forced to bear a large number of children. Better knowledge, fear of a partner's opposition or negligence, involvement in decisions about child and economic affairs were statistically significant factors for better decision making power of women on the use of modern contraceptive methods in the rural part (23).

Study done in Jimma have shown that most women's contraceptive knowledge and practice was influenced by socio-cultural norms such as male/husband dominance and opposition to contraception, and low social status of women (24).

2.1. Couple communication

Studies have shown that men control most of decision making in family life and their characteristics of dominance over the women affect their partner. On one hand, the cultural value of men (and devaluation of women) in the society often allow men to dominate the women in her life, including reproductive health. In many developing countries, men are often the primary decision-makers about sexual activity, fertility, and contraceptive use. Men often called "gatekeeper" because of the many powerful roles they play in society-as husbands, fathers, uncles, religious leaders, policy-makers, and local and national leaders. Education level, family pressures, social expectations, socioeconomic status, exposure to mass media, personal experience, expectations for the future, and religion also shape such decisions (25).

Bosveld stated the principle of informed choice focuses on the individual. Still most family planning decision also reflects a range of outside influences. Social and cultural norms, gender roles, religion and local beliefs influence peoples' choice of family planning (26).

According to report from gender perspective project, women are often in a disadvantaged position in terms of access to assets, services, information and formal decision-making status (27). In Tanzania, women's decision-making power related to contraceptive use is limited by the norm that a woman should respect her husband and obey his decisions. While many women are the first to raise the subject of FP, they typically consult their husbands and seek approval before initiating use of contraceptives (28).

Results of a different project review showed that some women do not know or incorrectly assume what their husband's wishes on family size and family composition are; and some men do not know their wife's wishes because the couple does not discuss this issue. Even though Methods like condoms, periodic abstinence and withdrawal require communication and negotiation between partners to be used effectively (29).

Studies in sub-Saharan Africa show also that secret use of contraceptives among women accounts for between 6 and 20% of all contraceptive use, which indicates problem of decision-making power of women on contraceptive use (30).

Report from knowledge for health project shown that still there is inadequate knowledge management/knowledge exchange systems, which prevent the flow of information on family planning and reproductive health (31).

2.2. Attitude, Beliefs and Perception of men to ward family planning

The finding from study done in Kenya showed that when new clients were asked to give a single reason for their choice of specific family planning method, most reported the attitudes of their spouse or their peers (32).

Findings on what partners know about each other's views and preferences show that there is often little communication, even within long-standing relationships. Improving men's understanding of their own motivations, fears and desires, their ability to broach topics relating to sexuality, and their respect for their partners' wishes is central to improving reproductive health (33).

Many men are poorly informed regarding sexuality and reproduction and need guidance on how to share decision making and negotiate on how choices with their partners. About 10% of Kenyan married couples are using a method that requires male participation, such as condom, periodic abstinence, withdrawal, or vasectomy (34).

Results of studies have found out that most women are forced to have more children by their male partner. In some other cases, women reported the need for husbands' permission for practicing family planning; some are unable to use family planning service due to the opposition by their husbands (35).

Theoretical approach to the study

Grounded theory

This research aimed to gather an in-depth understanding of factors such as gender norms contributing to family planning decision making in Jeldu rural Kebeles, west Shewa. For the purpose of this research question, a qualitative methodology employing grounded theory study design was used.

Grounded theory is one of the most popular research designs in the world. It requires using a set of data collection and analytic procedures aimed at developing theory and methods consisting of a set of inductive strategies for analyzing data. Grounded theory starts with individual cases, incidents, or experiences and develops progressively more abstract conceptual categories to synthesize, to explain, and to understand data and to identify patterned relationships within it. It provides systematic procedures for shaping and handling rich qualitative materials (36,37).

Grounded theory is defined as a qualitative research design in which the inquirer generates a general explanation (a theory) of a process, action, or interaction using a rigorous research method and shaped by the views of a large number of participants. It is useful for studying typical social psychological topics such as motivation, personal experience, emotions, identity, attraction, prejudice, and inter-personal cooperation and conflict (38).

Because qualitative research methods provide valuable insights into the local perspectives of study populations, they are gaining in popularity outside the traditional academic social sciences, particularly in public health and international development research. The great contribution of qualitative research is the culturally specific and contextually rich data it produces. Such data are proving critical in the design of comprehensive solutions to public health problems in developing countries (37, 40).

Grounded theory methods are suitable for studying individual processes, inter-personal relations, and the reciprocal effects between individuals and larger social processes. In grounded theory studies the researcher derives his or her analytic categories directly from the data, not from preconceived concepts or hypotheses (39).

Grounded theory methods blur the often-rigid boundaries between data collection and data analysis phases of research. A major contribution of grounded theory methods is that they provide rigorous procedures for researchers to check, refine, and develop their ideas and intuitions about the data (36, 38, 40).

The distinguishing characteristics of grounded theory methods include: simultaneous involvement in data collection and analysis phases of research, creation of analytic codes and categories developed from the data, (not from preconceived hypotheses), the development of middle range theories to explain a behavior and process, memo-making and theoretical sampling, and (40). Therefore, a Grounded theory method of constantly comparing data and concurrent data collection and analysis was employed.

Regarding literature reviews, now a days there two are views, delay or not to delay literature reviews. Since most of authors recommend for novice qualitative researchers to do literature review and the researcher is from the woreda of community under the study, literature review was done for this study.

In line with this, this study, which is concentrated on qualities of human behavior; employing qualitative research to gain rich insight on gender norms influence on family planning-decision making in the study area is very important.

CHAPTER THREE

Significance of the study

Appropriately focusing interventions on the key gender norms and gender equality of married men and women decision-making on family planning have the greatest impact on increasing the utilization of family planning service.

Therefore, the findings of this study help to target interventions to providers and Health communication programmers. Knowing the influence of gender norms on family planning decision- making among married couples and using that knowledge to make an intervention to increase FP uptake will make it more likely that programs will be more effective. This study was also attempted to fill gaps in research that allows for better understanding of influences of gender norms on family planning decision making among married couples in Ethiopia.

Finally, theoretical Framework or model developed by this study was initiates and guide the Health communication programmer for intervention and researchers who want to do further study on this area.

CHAPTER FOUR

RESEARCH QUESTION AND OBJECTIVE OF STUDY

4.1. Research Question

What are the gender norms within in the community that influence family planning decision-making?

What is the manner/process of family planning decision-making between married men and women with their partner look like?

What is role of the husband/male in family planning decision making? Why? How?

What is role of the wife/female in family planning decision making? Why? How?

4.2. Objective

4.2.1. General objective

To explore influence of gender norms on family planning decision- making among married men and women, in Jeldu Woreda rural Kebeles, west Shewa 2012/13.

4.2.2. Specific objective

To explore role of husband on family planning decision making

To explore role of wife on family planning decision making

To explore intra- married husband and wife communication on family planning decision making

CHAPTER FIVE

METHODS AND MATERIALS

5.1. Study area/setting

The study was conducted in Jeldu Woreda. Jeldu is one of the Woreda in the Oromia Region. It is one of 18 woreda in west Shewa zone located 114Km west of Addis Ababa and 72 Km east west of zonal city (Ambo). The woreda is administratively divided in to 42 Kebeles (39 rural and 3 urban) with a total population of 202,716 (51% female and 49% male) according to the population and housing census of 2007.The woreda is located at longitude 38^0 $3^{'}$ $5^{''}$ to east and latitude 9^0 $15^{'}$ $4^{''}$ to north. The woreda found at 1900-3606m above sea level. The woreda covers 139,389 hectare area. Jeldu is bordered on the south by Dendi, on the southwest by Ambo, on the north by Ginde Beret, on the northeast by Meta Robi, and on the southeast by Ejerie. Towns in Jeldu include Chebi, Gojo, Osole, and Shekute. The Woreda has 1 government hospital (under construction), 6 health centers, 38 health posts , 26 private clinics two them were medium clinics and the rest are lower clinics and 4 rural drug vendors are found in the woreda. In woreda76 HEWs and 158 health professionals are employed. The woreda health service coverage was reach at 63% where as family planning utilization was 21% according to data found from woreda health office. Injection/DEPO was the most used family planning method in the woreda.

5.2. Study Design

A qualitative study with grounded theory was employed.

5.3. Population

5.3.1. Source population

Source population for study was all married men and women in the Jeldu Woreda rural Kebeles those living together during the study period.

5.3.2. Study population

Study population for study was married men and women those live in the selected rural Kebeles for the study.

5.3.3. Study unit

Study unit of the study was the married men and women, Key informants (woreda family planning focal personnel, woreda women's and children's affairs, HEWs, Religious leaders and kebele women's federation).

5.4. Inclusion and exclusion criteria

5.4.1. Inclusion criteria

All married couples of reproductive age (age15 – 49 years) that were living in the study area.

5.4.2. Exclusion criteria

Those who were divorced and widowed

Respondents who were severely ill and cannot provide adequate information during data collection.

5.5. Sample size and sampling techniques

5.5.1. Sample size

Among 39 rural Kebeles of the Woreda, 4 rural Kebeles were selected purposively for this study. The selection was done by considering the availability of resource for study, data collection method, time for study and nature of the study. Since during this qualitative study, the principal investigator visited each Kebeles many times, the nature of data collection was interactive interviews, rural Kebeles have no lodging/Hotels, and data collection was done by travelling on foot, 4 Kebeles those have access to transportation without considering their distance were selected.

The sampling technique focuses to involve various stakeholders who can reflect the different inputs required to meet the set objective. Woreda women's and children's Affairs, HEWs and religion leaders and kebele women federation were purposively selected.

A total of 8 FGDs, 4 with married men and 4 with married women were conducted (See Fig. 1). Two FGD were conducted for each selected Kebele. One with married women and one with married men. For each FGD, 7-10 individuals were selected from each Kebele among study population. The sampling procedure for each study population and how they were contacted them is described below:

Married men: married men among the selected Kebeles were participated on FGD. 8-10 Married men were participated from the selected rural Kebele. Supporting letter from Woreda administration was submitted to Kebele leaders and HEWs. The selection was made by discussing with each Kebele leaders and HEWs in Kebeles. After participants of FGD were identified an invitation letter was sent home to participants.

The FGD were conducted in office arranged with the collaboration of woreda women's and children's affairs. (See fig.1)

Married women: married women among the selected Kebeles were participated on FGD. 7-9 Married women were participated from the selected rural Kebele. Supporting letter from Woreda administration was submitted to Kebele leaders and HEWs. The selection was made by discussing with each Kebele leaders and HEWs. After participants of FGD were identified an invitation letter was sent home to participants. The FGD were conducted in office arranged with the collaboration of woreda women's and children's affairs.

Table: 1 summary of participants of study, in Jeldu woreda, rural Kebeles, 2013.

	Chanco Kebena Kebele	**Osole kebele**	**Tullu Gurji Kebele**	**Kilbe Abo Kebele**	**Total**
I: Focus Group Discussions (8 Total)					
Men	1	1	1	1	4
Women	1	1	1	1	4
II. In-depth interviews(14 total)					
Woreda women's and children affairs	1				1
Woreda FP Focal person	1				1
Health extension workers	1	1	1	1	4
Kebele women federation	1	1	1	1	4
Religion leaders					
Protestant	1	-	1	-	2
Orthodox	-	1	-	1	2

Since a grounded theoretical approach was used, there was constant comparative analysis. Data collection was done until theoretical saturation of themes was achieved. Sample size of the interviews was determined by this rather than by demographic representativeness. Eight focus group discussions, four with men groups and four with women groups were conducted

For in-depth interview key informants were selected. 14 IDI was conducted with the selected informants for this study. Woreda family planning focal personnel, woreda women's and children's affairs, HEWs, Religion leaders and kebele women's federation were the selected key informants for this study.

5.6. Sampling methods and procedure

5.6.1. Participant selection

The researcher was discussed or consulted with the different Woreda focal personnel, like the Woreda women's affairs office, and seek advice local community leaders like Keble leaders as to the most efficient ways, to recruit potential participants.

The researcher was developed the recruitment guidelines that explained the procedure briefly to the participants. Before being enrolled into the study, the participants had to fully understand what the study was about and how their privacy was through the consent process. In developing recruitment guidelines, special care was taken to avoid saying anything that was interpreted as coercive. The voluntary nature of participation in research study was emphasize

5.6.2. Sampling method

Purposive sampling was employed. The participants were selected on the criteria to meet the objective and research question of the study. For FGD, participants were expected to be married men/women, formal resident of the kebele, includes ever user, current user and non-user regarding family planning status, from all Guti (small structure within Kebeles)of kebele based on number Guti in kebele, different age groups, those have different education back ground. This criterion was used for both married men and women for FGD.

Key informants were selected based on the knowledge and exposure they have in relation to the topic of the study.

Fig. 1-Focus group discussion schematic presentation (total of 8 FGD)

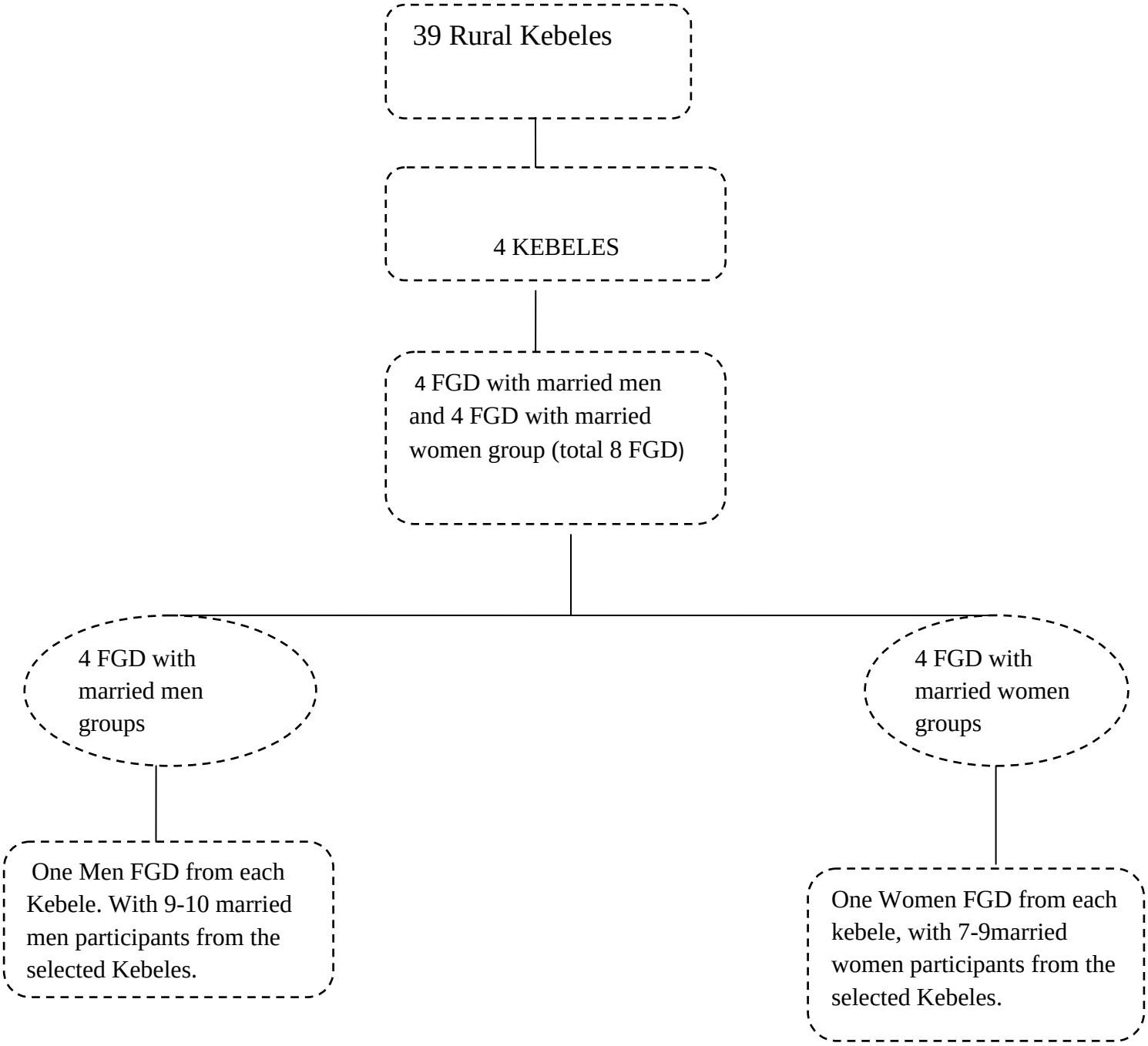
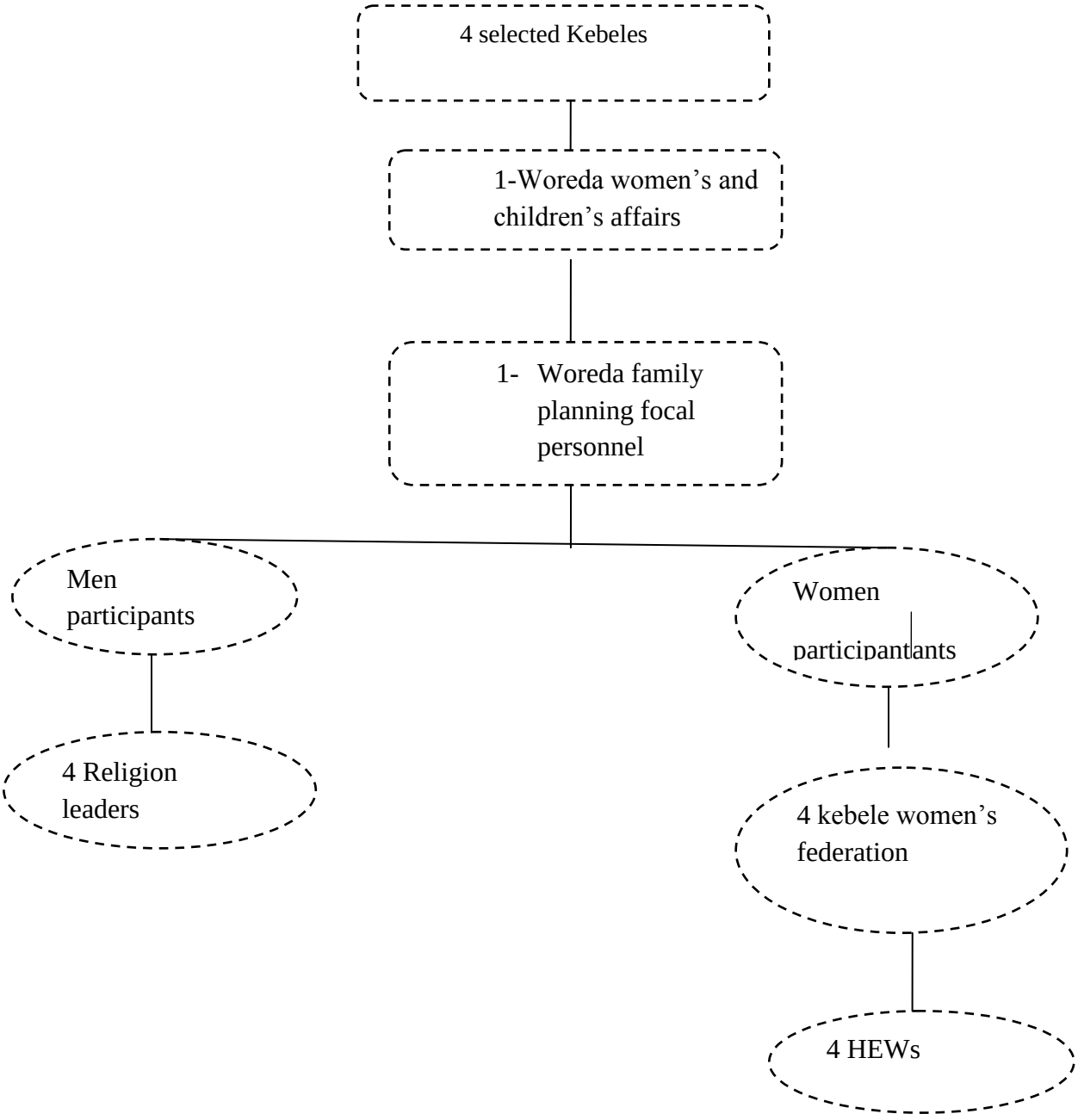


Fig.2. In-depth Interview Participants (total of 14 interviews)

For in-depth interview 1-woreda women's and children's affairs, 1-Woreda family planning focal personnel, 4 HEWS, 4 religion leaders, 4 Kebele women federation



5.7. Data collection methods and process

5.7.1. Data collection process

These activities include selecting Kebeles and an individual, gaining access and building rapport, sampling purposefully, collecting data, expanding notes, and storing/saving data. The data collection process was done using semi-structured interview guides with open-ended questions. Both in - depth interviews and FGDs was employed and audio recorded.

5.7.2. Data collection method

As data collection method two most common methods of data collection in qualitative study was employed. The methods employed were in-depth interview and focus group discussion.

5.7.3. In-depth interview

In-depth interviews are one of the most commonly used methods in qualitative studies. One reason for their popularity is that they are very effective in giving a human face to research problems. This method is optimal for collecting data on individuals' personal histories, perspectives, attitudes, beliefs and experiences, particularly when sensitive topics are being explored. It is an effective qualitative method for getting people to talk about their personal feelings, opinions, attitudes, beliefs, and experiences. Especially appropriate for addressing sensitive topics that people might be reluctant to discuss in a group setting (41).

The researcher was engaged with participants by posing questions in a neutral manner, listening attentively to participants' responses, and asking follow-up questions and probes based on participants responses. The interview was conducted face-to-face and involved one interviewer and one participant.

Interviews were conducted in a private location with no outsiders present and where people feel that their confidentiality is completely protected. This was difficult in some settings, but every effort was made to protect participants' privacy to the greatest extent possible. Inviting participants to suggest a location where they would feel comfortable was taken as option.

5.7.4. Focus group discussion

FGD is effective in eliciting data on the cultural norms of a group and in generating broad overviews of issues of concern to the cultural groups or subgroups represented. Some sensitive topics work better with a group, if all members of the group share an experience. Group interviews will also tell you more about the social structure of the community in which you will be working and give you a more in-depth understanding of the context and social fabric of the

community, and of how opinions and knowledge are formed in social contexts. One advantage of group data is that you have access to how people talk to each other (41).

In FGDs the participants interact with each other and influence each other's expressed ideas, which obviously cannot happen with the one-on-one interview method. The group setting is emotionally provocative, and the conversation may set off the thinking process, resulting in people recalling older memories and conversations that may be relevant to the discussion (41).

As with semi-structured interviews, the focus group facilitator use topic guides to help participants keep the discussion relevant to the research question. Focus groups were done in office arranged with the collaboration of woreda women's and children's affairs, where participants can feel comfortable and relaxed. The day and times was arranged based on appropriate for the participants.

Eight FGDs were conducted with seven to nine members in each FGD groups. Four male FGD groups and four female FGD groups was carried out. The aim of conducting FGDs separately for males and females is that the gender dynamics of a mixed group might result in some members (particularly women) not speaking as much or participants not revealing their true attitudes of thoughts.

The facilitator was principal investigator for all FGD and note taker was gender matched to the participants and audio recorded.

5.8. Data collections tools

As data collections tools interview guide was used for both in-depth interview and FGD. Different interview guide was used for different participants after necessary modification was made on the interview guide.

5.9. Role of the researcher

The researcher was the center of this study. The researcher facilitated and kept the conversation on track during the focus group discussions to gather the intended information and prevent the dominance of a few members in the group and gives a chance for the rest of the participants to contribute information. The researcher did the whole research process, including participant selection in collaboration with HEWs and kebele readers, data collection, coding, memo writing, data analysis, report writing, etc.

5.10. Pre -test

A pre- test study was conducted for in-depth interviews. One interview with a married women and one with a married man were conducted but their data was be included in actual study. The point of the pre-test was to make modifications to the interview guide based on the feedback received during the pre-test. In addition, it was allowed the researcher to decide how many interviews to conduct per day.

5.11. Data management and analysis procedure

It is the stages where the researcher under take data reduction steps. Transcription headers with basic information about an interview participant were added to each transcript.

All notes and audio recordings were transcribed in to Afaan Oromo (all IDI and FGDs) then translated to English by the principal investigator immediately after data collection. Data analysis was ongoing in conjunction with data collection, interview were transcribed and analyzed.

Following the transcription, coding of the data was done. Axial coding was employed. First starting from early coding of the data 32 codes was emerged. Then by reading data and using thematic coding, codes were merged to 17 codes. Those Codes were aggregated and the concepts were defined, and memos were elaborated to the concepts developed by the researcher. Also like the codes at first attempt of analyzing the data 9 memos were emerged by the researcher. Then in order to make the concepts more clear and understandable memos are also merged to five major memos. Then using those five major memos the theoretical frame work was developed. Conceptualization of the data was done using the merged codes. To manage the overall coding and memo developing process ATLAS.ti -7 software was used.

Inductive approaches were intended to aid an understanding of meaning in complex data through the development of summary themes or categories from the raw data.

5.12. Strategies for maintaining validity

In order to main the validity of the findings the researcher applied different techniques. Triangulation of data, including using notes during interview, in-depth interviews and focused group discussions, were utilized.

Developing an early familiarity with culture of participants, creating honesty in participants during contributing data (reading for participants the consent form, describing the aim of the study in detail and briefly, introducing myself and note taker for FGDs) and interactive questioning were employed.

5.13. Definitions of terms

Gender – This word refers to the characteristics that differentiate men and women that have nothing to do with biology but are taught by society. Many societies define different roles, rights, psychological characteristics, behaviors and responsibilities for women and men. Gender**"** is the term used to refer to these socially defined differences between men and women. They are based on widely shared beliefs and norms within a society or culture about male and female characteristics and capacities (26, 19).

Norms – refers to perceived shared values that are often the underlying principles motivating an individual's outward behavior, which in turn, set the social climate (26).

Gender Norms – refers to what is considered as appropriate attitudes, beliefs, and behaviors for females and males as determined by society. For example: in most societies men are supposed to be sexually aggressive, while women are not expected to take the lead in sexual activity (26).

Decision-making – refers to a way of making decisions in which men and women participate (30).

Couple communication - refers to measures of how many times the respondent talked to his/her partner (30, 6).

Family planning decision making- refers to measures of the respondent's attitudes about whether deciding how many children to have and when to have them is a joint decision or not (30).

Femininity- refers to set of attributes, behaviors, and roles generally associated with girls and women. It is made up of both socially defined and biologically created factors (11).

Masculinity: refers to set of qualities, characteristics or roles generally considered typical of, or appropriate to a man

5.14. Ethical considerations

Prior to gaining consent from participants, permission to carry out the study was requested from the Jimma University ethics committee (board). After all permission requests are granted, a letter of invitation was distributed to all potential participants, inviting them to participate in the study. Within this letter of invitation a short explanation which comprise of the aims of the study, briefly what the participation entailed, the rights of the participants, discussion on confidentiality, and phone numbers and email addresses of the researcher to allow participants to clarify any queries.

The study findings should benefit and cause no harm to the participants and society. Privacy and confidentiality was maintained at all times, all findings were portrayed in a confidential manner, and no personal or identifiable information was recorded or printed in the study. Audio taped interviews were transcribed verbatim, thus no names were recorded during the interviewing process. All interviews were coded and no names used so as participants' responses are not identifiable.

The researcher was respected the human right of free choice and was ensured informed consent is completed before carrying out any interviews. All participants were reassured that the option to withdraw from the research at any time without penalty or repercussions was upheld.

All findings and results presented will be that of facts stated in the interviews. All participants' experiences and perceptions will be portrayed as they have done so in the interviews, no false information or accusations will be included in the final report.

5.15. Dissemination plan

The findings of this study will be disseminated to the College of public Health and Medical science and Department of Health Education and Behavioral Science, Jeldu Woreda Administration, woreda women's and children's and Health Office. The findings will be also disseminated to different stakeholders that have a contribution to improve family planning utilization. Finally, effort will be made to present in various seminars and workshops and for publication in international journal.

Chapter six

Result

6. socio-Demography of the respondents

6.1. Focus group Discussion participants

A total of 67 (35 men and 32 women) respondent were participate in focus group discussion. Table-2 presents socio demographic characteristics of FGD participants. The dominant religion in the area was Christianity (orthodox and protestant). Majority, 21 out of 32 of women participants were illiterates. Number of children of participant's ranges from 1-15.

Table: 2. Socio-demographic characteristics of FGD participants, June 2013.

		Men		Women	
		frequency	Percent	frequency	Percent
Religion	Orthodox	18	51.4	15	46.9
	Protestant	17	48.6	17	53.1
Educational status	Illiterate	17	48.6	21	65.6
	Read and write	18	51.4	11	34.4
FP status	Current user	10	28.6	8	25.0
	Ever user	3	8.6	3	9.4
	Non-user	22	62.8	21	65.6
Ranges of number of children	1-4	9	25.7	14	43.8
	5-8	13	37.1	7	21.9
	9-12	11	31.4	10	31.2
	12^{+}	2	5.8	1	3.1
Age ranges	20-34	9	25.7	19	59.4
	35-44	17	48.6	13	40.6
	45-54	9	25.7		

* Men's contraceptive status refers to their partner's.

6.2. In- depth interview participants

A total of 14 in-depth interviews were also conducted among the selected key informants. The selected key informants for the study were woreda family planning focal personnel, woreda women's and children's affairs, health extension workers, religion leaders and kebele women's federation. Table-3 below presents in-depth interview respondents of the study.

Table-3: In-depth interview respondents, in Jeldu woreda, rural Kebeles, June 2013

Key informants		Frequency
Woreda women's and children's affairs		1
Woreda family planning focal personnel		1
Health extension workers		4
Religion leaders	Orthodox	2
	Protestant	2
Kebele women federations		4

6.3. FINDINGS OF THE STUDY

6.3.1. Prevalent Gender norms

The findings showed that there is near universal agreements among men and Women about the norms related to men's and women's in family level and community. Men were characterized as being the head of the households, able to have more children, able to participate on public meetings and works on field. As head of the household, a man was responsible for providing the family by crop production, which used as food and serve as financial income for clothing, education for children and other necessary things needs for family member. Men's position as head of the house hold was described in terms of dominance in decision making. Men were described as having a right to control over their wives and do what they want as their interest. Some participants said there are some women in the community who make decision equally as their husbands. But that case was so rare.

Women in study area were characterized as the supporter of their husband. Women are under the control of their husbands once they married. It was considered as disrespectful for a woman to disagree with and disobey her husband. Women in the community are characterized by low social.

Table-4: summary of prevalent gender norms in community, in Jeldu woreda, 2013

Prevalent gender norms identified through FGDs and in-depth interviews	
Women's identity	Men's identity
Supporter of their husband	Head of the households
Tare taker of the family and bearer of children	Able to have more children
Expected to support their husbands' decisions	Able to participate on public meetings
Low social status	Providing the family by crop production
Working in home	Dominance in decision making
Not participate on public meetings	Having a right to control over their wives
Under the control of their husband	Decision maker in the family
Not encourage to education	
Considered as weak nature	
Have their meal after feed husband and their children	

The study revealed that gender norms practice in the community begins early at birth. Universally in all Kebeles it is common practice or beliefs of saying "ILLLL"(ways of expressing happiness, thanks for GOD for what was done/given for someone) five times when the newborn baby is son and four times for the daughters. There was great happiness and celebration when son was born. In all Kebeles it is common to say "Haa taatuu", which mean "let she be" when a newborn was daughter.

Study participants confirmed that there are lots of proverbs or sayings those shows low social status given for women in the community. Almost all of the proverbs stated by the participants are still common in the community and used at different time in their day to day life. For instance "*Dubartin deessuu qabdi malee beektuu hin qabdu*" Which means "women give birth of a knowledgeable man but she is has no knowledge".this and other probers/sayings stated by participants are used to undermine the knowledge of women in the community.

Cultural belief accepted from previous generation, beliefs and attitude related to gender and lack education was stated as the main pre- existing conditions for gender norms in the community. As participants said there is a little change but that is still not significant. Religion is not considered as support of gender norms and almost all participants said religion they follow never support gender norms.

6.4. Effects of gender norms on women

Gender norms in the community give low social status for women. Due to that universally in all Kebeles women are characterized by under the control of husband and accepting the decision made by him. A man is the sole decision-maker, and it doesn't matter whether the woman has her views or not. Men want to have the first and last word on their household. Women have high work load in the community. All home works like cooking foods, feeding children, washing clothes, fetching waters, collecting woods.etc are the most difficult actives done by women every day. This directly have effect on health of women in the community. As participants said women have no rest and always struggling with all home works without any support from her husband.

One participant said

> "…: *women cooks, fetch water, goes mail house, collect wood, make coffee, care children, wash clothes, etc. in addition to all this activities during farming session and harvest session she works on field equally with men. Tonight after field work men can sleep but the women cannot get any rest. She cooks dinner, fetches water, makes coffee, wash children, etc. she is so busy with home work up to midnight or more. again she awake up to early before husband and make breakfast, coffee, fetch water, still he will sleep and awake up when everything was ready. Women have no rest all the day*…." (36 yrs old Men FGD, Osole kebele).

As stated in above quotes both men and women know that the problem related with gender norm on health of women. The problem it is totally accepted as normal in their daily life. All home works those are so difficult and known they have an effect on health of women are seen as responsibility of women. Both men and women accept this one.

The idea given by woreda women's and children supports this idea.

> *"…In rural community women spent most of their time in home. Women are working 17-18 hours per day as our woreda. This shows how much burden was on each woman. She awake up early before her husband and slept after midnight. Women have no time to take rest each day." (*Head*, Woreda women's and children's affairs*)

This entire works are considered as a responsibility of women. Men never participate in home work. In the community due to attitude and beliefs of the community towards home work they never take any participation in home work rather than on filed works.

One participant said

> "*…if some man was seen while he working home work he was called as "Gadhee" (used to express men doing women work. Most of time used for insult) and not respected in community (37yrs old, Women, FGD Chanco Kebena kebele).*

In the community it believed universally in all kebele homework is for women. Due to this believes the community have different attitude to works and it leads to work division among men and women.

6.5. Resource management

According to the finding the power of managing resource is up to husband. Women have no right to manage their own resource equally as husband. Husband is the one who sell live stock, crop products, and other resource of households and give some amounts money for his wife to cover necessary materials in home. One participant said that

> "…*Power of sell live stock and crop products is given for him. Women cannot do anything without the permission her husband. Husband gives money for his wife to buy what is necessary in home like salts, coffee, sugar, soap, food oil, etc and to buy children clothes and shoes*… (34 yrs old, Women FGD, Kilbe Abo kebele).

Women want to get permission from her husband to use the resource. Sometimes women sell crop Product by secret without the knowledge of their husbands. But there is a time when that causes a conflict between the couples even if that trained was common in the community.

In all Kebeles it is universally common that men are the one who manage the resource. As stated by many participants even if women use their resource she uses to fulfill the necessary home materials. But men can do what he wants.

One FGD participant said that

> ” *regarding resource women have no right on control their resource as that of men. What is common in the community is women can sell crop products. She uses that money to buy things like soaps, sugar, coffee, food oil, salt etc. In this community women cannot sell live stock. For example if women take an ox to market no one can buy from her. She was asked to come up with her husband. The merchant assume women as thief. They never buy live stock from women. For example last year my wife takes an ox to market by our agreements and to night she cow back with the ox. She said none of merchant was interest to buy from her. Then on the next week I sold that ox. This real and what is still our community*. (30Men, FGD Kilbe Abo kebele)

6.6. Decision making at household level

Decision making on households was given for men/husbands. Women have no power to make any decision. This leads women in the community economically dependent on their husbands. Limiting power women on decision making on their resource usage and in addition limit its usage challenges women in the community economically.

> “*…The problem here is that women work more than husband in leading their life but she was not given equally power to make any decision on their resource. The power to manage resource they have is given for the husband. For example in case of some problem women have no power to sell ox, goat or sheep without the permission of her husband. They are the one who tire more on their life but have no power on managing or using their resource as equally as the husband. This makes women economically dependent on men. Even women have no power on materials she bought to use in home on lending it for her neighbors. She always waits for the permission of her husband” (Head, Woreda women’s and children’s affairs*).

As said by participants in addition to home works women are highly participate on agriculture field works during harvest and farming session equally with men. But they have no power on making a decision on their resource except rarely few couples may decide by discussion.

In the community men and women are not treated equally. The effect on women begins at early their childhood. Son and daughters are not treated equally by their family.

One of HEWs said

> "*The norms in this community not give any chance for women. Even there is high control over daughters in home and a freedom for son. He does want he want but daughters were not permitted to go out of home. They share home works with their mothers while son are free of any work burden. Mothers themselves never give responsibility to their daughters and sons equally. (HEWS, Kilbe Abo kebele)*

6.7. Gender norms and its effects on Health of women

The effect of gender norms on health of women is also highly presented by participant. Both men and women are honestly speaking the effects of gender norms in community on health of women. It is highly related with the responsibility and work load of women.

Many of Men Participants in the discussion also clearly speak the effects of gender norms on health of women in the community. Even though they know the burden of women in the community due to beliefs of the norms in community men are not encouraged to help their wives by home works rather women are participate on agricultural field works. One male FGD participant said

> *"…There is effect on their health of women. As we talk before they are cooking foods, fetch water from long distance by carrying pot or jerkin on their back, carry a lots of crops to meal house, collect woods, wash clothes all these activity are very difficult. Women have no rest all the day. All this highly affect their health*."(42 yrs old, Men FGD, Kilbe Abo)

As norm of the community, women have their meal after they feed their husbands and children. Participants are said that there is a time when women miss their meal whether it is lunch or dinner due to the shortage of "wet" (*use to eat" injera" or bread)* or "injera" (*traditional food made of teff, barley, wheat).* And they stay hungry a long period on work. Which was highly affects the health mothers especially during pregnancy. The effect was not limited to others but also the new born babies also suffer from the problem in directly.

One of HEW who participates in the study is that

> "… *Women are highly occupied by home works and most those home works are difficult. Women do this all the day without having any rest and this harms health of women's. most women as a norm eat after they feeds all the family and they do not got enough foods and most of women suffer from nutrition deficiency during pregnancy, this directly an effects on the new born baby".(HEW, chanco Kebena)*

In the community due to high burden of work responsibilities of home in addition women are work on field works. It stated by participants that all home works are difficult and women do such heavy works every day. In addition home delivery was common in community and

contributes on death of mothers. It was also stated as norms among those affects health of women in the community. Woreda women's and children's affairs said

> "….*There is different problems in relation to gender norms on women. It may be psychological, physical and moral problems. It is known all these norms, attitude and beliefs related to gender, are highly discourage women. For example there will be time when women are raped or abducted. At this time she will she harmed physically, psychologically and morally. Once women was abducted or raped her life was in crisis and no other person wants to marry her. Most of the time girls were raped at early child age and they suffer from fistula." (Head, Woreda women's and children's affairs)*

6.8. Pre- existing conditions those support gender norms in community

Different factors are stated by the respondents as the pre- existing conditions for the existence of gender norms in the community. Almost all respondents have the same views. The most commonly stated by participants are culture those accepted from previous generation, attitude toward gender, beliefs related to gender, proverbs/sayings related to gender and lack of educations are among the stated pre- existing conditions. Cultural beliefs and attitude toward gender are stated as the major factors those play crucial role in the existence of gender norms in the community. Participant said that different proverbs and sayings those highly express different gender norms in community are all those accepted from the previous generation. One men FGD participant said

> "*… the main problem is lack of education. Women themselves do not know their rights and responsibility. Women are not participating on different meetings. So they not got new idea rather than accepting what is said by their husband. They accept what was said by their husband. Culture and beliefs of previous generation is still with our community."(44 yrs old, Men FGD, chanco Kebena)*

Gender norms in the community are long lasting and deep rooted within the life of the community. Most of them are considered as it was given by God and universally accepted on the world. Also the victims of those norms i.e. women themselves accepted it as a normal and they do not worry about it. Some of the FGD participants said that it is what they know from their early child what was done by their mother and others women in the community. So they know that is their culture and beliefs. And they accept it and live accordingly. The head, woreda women's and children's affairs said

> *"...It is common that most the norms are those come from previous generation. So they deeply rooted in the day to day life of this community. It is accepted as a culture and beliefs of this community. Women themselves accept all of the norms as it given to them by nature. It is rare to see when women complain or protest the activities of her husband"* (Head woreda, women's and children's affairs)

As stated from participants, woman who was participate on different meetings and made a decision equally with her husbands are not respected by the community. Even women do not respect her and she is not considered as a real women. In addition her husband also not respected and he was assumed as he was defeated by his wife and ruled by his wife. He also loses respect among his friends and in community.

As suggested by majority of participants, not only men but also women attitudes and beliefs to gender norms in the community especially about women is not good, they(women) themselves accept and assume themselves has they have no ability to take part in different meetings and those do that were not respected in community due to different social sanction

Regarding region as pre-existing conditions, Christianity both orthodox and protestant were the religion followed by the participants and community. As stated from all participants and religion leaders of both religion there is no difference between men and women according to their religion views and their doctrine. One of the religion leaders said

> ” *…my religion is protestant and I am an evangelical. As our religion view or doctrine women and men are equal. There is no difference between human being whether white or black. Tall or short, rich or poor, men or women are equal in front of GOD. That was stated in Holly bible… gender norms in community are highly related with cultural beliefs and attitude toward gender of the community…. Lack of education is also another factor. Majority of this community have no education background and they live as the culture and beliefs of previous generation” (Religion leader, Chanco Kebena)*

6.9. Family planning decision making

6.9.1. Information about family planning

All participants of the study have information of family planning. All most all of participants both men and women have information about the advantage of family planning. Using family planning for spacing birth is the most stated statement by respondents. Some participants describe family planning in relation to quitting birth, Limiting number children according to the income of the families, decreases problems related with health of mothers and advantage of spacing the children was the most stated issues in relation to family planning. Tablets or oral contraceptive pill, injection/DEPO and Implanon are the most common methods of family planning those stated by the participants. None of participants speak about other methods rather than those three methods. HEWs and woreda family planning personnel also stated that only those are available methods in the woreda are those are stated by participants. Clients those need other family planning service like IUD, implant, etc were referred to higher health facilities. Even though it was available in health post, condom and post pills were not preferred by the community as family planning methods and only few community members ask for condom and post pills from health post as one of HEW stated during interview.

One of FGD participant woman said

> ”*...As I understand family planning is a method used to space the birth interval especially for those are giving birth every year over and over. It is useful for health of mother. There are different methods of family planning like tablets, injection and, Implanon. If some want to use these methods they can go to HEWs (health post) or health center and use the method they want after they discussed with health professionals*” (28 yrs old, Women FGD, Tullu Gurji, User)

Information about family planning among men and women, current users, ever users and non-users is almost the same. They speak equally about the advantages and different methods of family planning. That was stated by majority of participants. From the study majority of community have information the problem is on utilization of the methods. One of HEW said that

> ”… *most of these communities have information about family planning. In addition as HEW we tell them the benefits and methods available for family planning. Especially we tell them the advantage of spacing children and its benefits for health of mothers and on their economy. As I told you there is no problem related with information but there is problem of utilization. (HEW, Kilbe kebele)*

As mentioned by HEWs and participants the communities have information about family planning. All participants knows three methods of family planning those are available in woreda health centers and health post i.e. tablets/oral contraceptive pill, injection/DEPO and Implanon. Injection/DEPO was the most used family planning methods. As both HEWs and Woreda family planning focal person said in the woreda even though the community have information about family planning and its advantage still family planning utilization is low.

6.9.2. Family planning Decision making process/manner

Decision on family planning between married couples is not familiar as participants said. Woreda family planning focal personnel, woreda women’s and children’s affairs and HEWs are highly related the decision between married men and women with gender norms in the community. Different cultural beliefs and attitude toward gender, low educational status of majority of community except few young members of community are affect decision between married men and women. In addition they are living in rural. All this matters the decision of married men and women on family planning.

In addition the main problem stated by almost all participants, there is disagreement or interest gap between the couples on family planning. As stated it is highly influences the decision between the married men and women. There is the problem related with making final decision with the same interest, especially women are highly challenged.

As men are the head of households they always act against the interest of their wives and make - decision based on their own interest. One participants of FGD said

> *" even if couples (married men and women) discuss on the family planning the family decision made was based on the interest of husband. Most of men or husband assume as they were defeated or lose acceptance if they were accept the idea of their wives. Also the attitude of the community toward the husband who accept the decision of his wife was not good, never respected by community and call him the man who ruled by the women. He will never given any responsibility in community. He assumed as the one who cannot lead his house/wife. All this makes men aggressive and protestors towards the interest of their wife. (28 yrs old, Men FGD Osole kebele)*

The decision making power of women in the community is almost none. Always women are under the control of their husband. That norm is directly play a crucial role on the decision making process on family planning among the couples. Husband always want to give their last words and that should be respected. Even if the married man and women are talk on family planning the decision of whether to use or not use was made by the husband. If women/wives want to use the methods she must ask a confirmation of her husband. As said by majority of participants the interest gap happens between the married couples always the main barriers that prevent married couples in the community from talk freely on issue of family planning. Rather than the norms that women are under control of their husbands and respect the idea of their husbands, women were divorced if they disobey their husband interest. In addition men are going to other women to got child if their wives disobey their interest and decide to use family planning. One participant said that

> " *husband was the one who makes the decision. If she is refused he does not care about her. He was say, "If you do not agree with my idea leave my home, I will marry tomorrow morning, there is nine girls for one woman, do you care for wife?"."I will see if someone looks at you. "In our community the divorced women was not respected and other men also not interested to marry her. So without her interested but due to fear of divorced the wife was enforced to fulfill the interest of her husband. He expects to give birth as much as he wants from his wife. If she wants to use family planning, he says, "Why I marry you unless you give me a birth for me?" Always men want more children to born. There is no equality on making decision on family planning among married couples but women are the one who faced different problems related with pregnancy. But men/husbands were final decision maker (Kebele women federation, Chanco Kebena kebele).*

6.9.3. Challenges related to family planning

As said by the participants and other key informants those participate in the study majority of them stated there is no shortage of information about family planning in the community. Only few of respondents stated that there is lack of knowledge about family planning. Beyond the information about the methods of family planning and its advantage different challenges are stated by the participants related with family planning among married couples. Among the challenges:

6.9.3.1. Cultural beliefs related to number of children

Cultural beliefs men's need for more children as social prestige, fear of side effects, misconception and rumors related with methods and lack of decision making power of women are among the most stated challenges regarding poor utilization of family planning among married men and women. Still in the community children are considered as prestige and men want to have more children. Having children was one of the essential factors in being recognized as a respected person in the community.

Both men and women respondents stated that men need more children and that is why men are final decision maker on family planning. Their decision was based on their interest. A few participants and woreda women's and children's affairs said among few married men and women, there is a time when women want to have children and husband against that and impose her to use family planning. But that case was very rare as stated by participants. Few young married and some men those have education can do that.

Most of the participants mentioned that having children was the most important issue for married men, and only when a married couple has children they will be considered a serious and respected in community. Men are highly expected to get child after married. One male of FGD participant said that

> "…. *The attitude of men toward lots of children still not changed. Men believe that their name was called by their children so they wants to got a lot of children in order to be popular men in community by their children. They are assumed as a source of pride. (47 yrs old Men, FGD Osole kebele)*

The above quote shows cultural belief and attitude toward children in community regarding men/husband. Having child early after the marriage was what expected from the husband.

All of the participants expected their children to support their parents, and mentioned having children meant getting support both at a younger age and later age in life. Participants explained that children had an important role in keeping their father's name after his death. In this community, a person's name is comprised of their first name and then their father's name. Therefore, when the children are called by their names, the people also remember their father.

In community there is a cultural beliefs of family with many children has less risk of being physically attacked by another family than a family with a small number of children. It believed that being from large family with many children was seen as sign of popularity and respected person. One participant of FGD said

> ” *let tell you a story that I know. My grandfather is the only child for his family. So he said he was attacked by the children of those from large family (those have many brothers and sisters) and people do not respect him due to he has no brother and sister. Then he got married and got my father and told him to have a lot of children. Then my father married four women and now he has 32 children including me. Now our family his high respected in community and no one want to make any conflict with our family. In case of any problem we are fight over each other…” (30 yrs oldMen.FGD Tullu Gurji kebele)*

Some participants both men and women stated needs for more children is not only by men but also there are women those want to have more children. Even though its magnitude is not high as much as that of men there are women need to have more children. Some couples have the same idea of having more children and where as majority of them have different interest on number of children. In such married couples always the interest of husband was respected and that is among the challenges on the utilization family planning among the married couples.

6.9.3.2. Fear of side effects, rumors and misconception related to FP methods

Misconception, rumors about methods and fear of side effect of family planning are the most stated challenges by participants. Woreda family planning focal personnel and all HEWs those participant of this study stated misconceptions and rumors about family planning is the most challenge they faced on utilization of family planning service. Due to fear of side effects, misconception and rumors related to family planning methods in community the number of women those drop FP is increasing. As one of HEWs said people believes and accept the misconception and rumor in the community rather than the education and awareness given by HEWs.

Participants believed a variety of health problems were caused by injections, such as menstrual irregularity, increasing menstrual bleeding, bodily pain, high blood pressure, and weakness/fatigue. Injections were popular and the preferred form of contraceptive among participants, however, many women told that they had suffered from side effects.

Most of the women believed that there was no better way to prevent pregnancy than injections, so they continue to receive injections despite experiencing side effects. One woman FGD participant said

> ” *for example I have three children before. Then I asked my husband to space for the birth and I go to health center for family planning service. Then they give an injection*

and I fell sick a lot of times. Finally go to higher clinic and pay about 800 ETB for my serious illness. Then I quit using the method. So there is problems related with effects of the methods and it is the major challenge now a day. (31 yrs old Women, FGD Tullu Gurji kebele)

Some participants also stated different health problems related with pills, like stomach ache, increased bleeding and weakness on women.

Different misconception and rumors about family planning are also stated by majority of participants as the main challenge for family planning utilization. Family planning methods sterilize women, women give twins when she stop methods, changes face color or blacken (black spots) on the face of women, fatten the women, paralyze (related with Implanon) women's hand are among the most known Misconception and rumors by community. Due to those rumors and misconception both non -user women and their husband are not interest to use family planning. Where user women are drops the service. Such misconceptions and rumors are highly shared in community and if women got any health problem and she was user of family planning it was considered as result of family planning methods. As HEWs said some women quit the service without any problem but only by hearing the rumors and misconception about the methods.

One of HEWs said that

" *There are men those come to health post and give a warning us for visiting their home. There are men says," Are you come to my home to sterilize my wife? Please leave my home and my wife. That is not concern you. It is up to me to plan my life". In addition there are different misconceptions in community. For example they say, "Women will be die if she uses the methods, it paralyze the women, it sterilize the women, the women become sick if take methods, etc. are among misconceptions in this community. These communities believe by misconception rumor than what we teach them. That is the main problem challenging us as HEWS. (HEWs, Osole kebele)*

As illustrated in this quote, the misconception and rumors in the community highly challenges the utilization of family planning among married men and women the community. Not only women but also lots of husbands prevent their wife from using methods due to those misconceptions and rumors.

Woreda family planning focal person, woreda women's and children's affairs and HEWs are said that community accepts those misconceptions and rumors rather than the education given by health professions and HEWs.

6.9.3.3. Influence of Religion

Religion is not stated as a challenge by participants. Participants said that even if their religion does not prevent them from using family planning but there is a problem of understanding among some people. As all the communities were universally Christian (orthodox and protestant) they believe in Holy bible.

AS participants and religion leaders (both from orthodox and protestant church) said there is no statement in holy bible and their doctrine that against family planning. The problem is that of understanding the statements of in holy bible related with children.

One participant among religion leader from protestant church said that

> *" in our church we teach peoples to have children. They must replace their seeds. As stated in Holy bible," Lo, children are an heritage of the Lord: and the fruit of the womb is his reward". (Psalms, 127:3, Holy bible). Holy bible says those have children are blessed and having no children is curse. We teach our followers to have children but we not command them on a lot of number. We leave a decision about number of children for them. They may decide by discussion based on their economy. For example my wife is using injection. We used it to space birth but not to quit. (Religion leader, evangelical (protestant), Tullu Gurji kebele)*

Religion leader participants from Orthodox Church also said the same idea. They are never against family planning. The respondent said that, in a holy bible it says,

> " *And God blessed them, and God said unto them, be fruitful, and multiply, and replenish the earth, and subdue it: and have dominion over the fish of the sea, and over the fowl of the air, and over every living thing that moveth upon the earth."(Holly bible, Genesis 1:28) which means there is no limit set for the numbers… According to our religion using family planning is not a sin but having a children without any resource and make them poor on earth is a sin. Our church supports family planning. As our church we never protect our followers from using family planning. (Religion leader, priest (orthodox), Kilbe Abo kebele)*

Religion leaders from both church (orthodox and protestant) stated that their region does not against family panning but some of their religion followers might have misunderstanding of the statements in holy bible.

6.10. Final decision making on FP and role of women

In the community final decision on family planning was made by the husband. Most of the time interest of husband whether to use or not use the method was respected. Only few couples were deciding the method by discussion. If women intended to use the FP she must got the permission or confirmation from her husband and the confirmation was based on the desire of the husband. Majority of women in the community were accepting the final decision made by their husband. Women have no power of decision making on family planning beyond telling her interest to her husband. And it will be confirmed for her if she was lucky.

Almost all participants both user and non-user men and women said that final decision whether to use or not to use the family planning was made by husband. Women's role in final decision making is accepting the idea of husband and always men are the final decision makers. If women or wives are against the interest of their husband they will be divorced or the men go to other women to get children. As stated by many participants being divorced is the worse in the community.

Once the women were divorced it is impossible or very difficult for them to get married again. But men can marry another women without any difficult at any time. So the last option women had was to accept the final decision of their husband. One participant said that

> *"Husband is final decision maker…. If she is refused he does not care about her. He was say, "If you do not agree with my idea leave my home and I will marry tomorrow morning, there is nine daughters for one woman, do you care for wife?"."I will see if someone looks at you." In our community the divorced women was not respected and other men also not interested to marry. So without her interested but due to fear of divorced the wife was enforced to fulfill the interest of her husband. (35 yrs old Men, FGD, Tullu Gurji Kebele)*

Majority of final decision on family planning was made by husband and the role of women was accepting the decision made by husband. But as some participants said few couples those are young and have education might be discuss together and made a decision. In such case interest of the women was not rejected and they decide based on interest of both couples.

> " sometimes role of women *is differing from couples to couples based on their education back ground or other factors. But as we hear at different meetings men not confirm the family methods for their wife. As the same time a numbers of women also refuse to use family planning methods. The main challenge is the gap of interest between husband and wife. If there is no interest gap there will be no problems on decision making to use any methods of family planning. Majority of decision was made by husband." (Head, woreda women's and children's affairs)*

6.11. Using family planning by secret and its consequence

Magnitude of using family planning by secret was high and common among married women in the community. In community it is a common practice and not surprising for both men and women. Both men and women stated it is common for the women in all Kebeles to use the methods by secret. The main reason which leads the women to use the method by secret was due to rejection of their need of using family planning by their husbands. Men's final decision making power on family planning and they always made decision based on their own interest. Due to that women idea was rejected and they accept what was decided by their husband. That leads women to use the method by secret. One participants of FGD said that

> *" it is common. A Number of women using by secret is not small number if you compare it with those use it formally. The main reason for this is that husbands never want his wife to use family planning. It assumed as a duty of wife to give birth."(34 yrs old Men, FGD Osole kebele)*

Secretly using the methods is the last option for the women. Most women are decided to do that after they discuss with their neighbor women who have an experience of using methods by the secret. For those women using the method by secret injection/DEPO was their method of choice. It was among the care done to keep method more secret for husband since injection was not visible and services for three months.

Beyond using the family planning methods by secret, women were expected to do a great care to keep the secret for their husband. Because it comes with a great consequence on their life if the husbands know his wife was using the methods by secret. Torching women, divorcing, got to other women, etc are among the consequence of using methods by secret. Participants said even though such consequences and risk were there, women are still using the methods by secret due to it was only the option they can do. One of HEWs said that

> *"There are lots of problems…. If husband knows that his wife was use the method by secret then he may torch her or he will divorce her. Lots women were torched because of they use the methods by secret. Even it challenges us as HEW in this community. Women come to health post and ask us to take it by secret. There is a time when we refuse to give her. We fear that if her husband's knows that she will be divorced or she will be torched. For example, there is a woman who was torched and come back to health post carried by her neighbors on next day after she take Implanon and I removed the method. Another problem is women use these methods only for few times. Because it challenges them to take it for long period of time and they drop it. Also they forget their appointment day or it impossible for them to come to health post. (HEW, Kilbe Abo kebele).*

As illustrated in the quote above, the consequence of using the method is difficult. In addition the effectiveness of the methods used by secret is not so much and its drop rate is high. Women use the methods only for a short time and it is difficult to take the methods properly on their appointment date.

> "*For example what happened to me is that one woman come to health post and asked me about family planning. Then I told her all about it and she decides to take an Implanon. Then I asked that whether her husband has the same idea. Then she told me that her husband let her to use the method. Then I inserted an Implanon for her. But that was not the interest of her husband and she was planned to use it by secret. Tonight her husband saw that she was inserted an Implanon and he brings his wife too early before I awake up on next day. Then he let me to remove the Implanon from his wife and I do that. There a lot of similar stories that happens in the community related with using the method by secret."(HEW, Osole kebele)*

As suggest in the above quotes consequences of using family planning was serious for women. Participants stated a lot of couples were divorced due to case of using family planning methods. A lot of women were torched by their husband and exposed to different physical damage. One FGD participant said

> *" There is a time when women are highly torched by their husband and highly harmed physically. There will be hand broken, dental broken, eye damage, head injury, etc. (42 yrs old Men, FGD Tullu Gurji kebele)*

In general using family planning by secret in the community was high. As HEWs said the method is not effective for those using by secret and the drop rate of the method was high. Beyond its non effectives and its high drop rates the consequence of using family planning by secret on women was very serious.

6.12. Couples communication

Spousal communication is an important precursor to the adoption of family planning methods. Couple communication on reproductive health and family planning issue is not common in the community. It is considered as a shame for women to talk with men about reproductive health. Beyond that it is common for couples to discuss on another issue related with their life. Lack of education and interest gap between the couples were main reason stated by a lot of participant for not communicate on reproductive health issue and family planning.

In the community is believed as a shame for women to talk on such issue with men. One participant said that

> ” *in our community talking about reproductive health issue with women is shame. Women are afraid to talk on such issue even with her husband. No one talk freely on the issue of reproductive expects few of couples. (41 yrs old Men, FGD Chanco Kebena)*

One HEW said that couple/wife and husband do not communicate freely on the RH and family planning. If they suffer from any RH problems and even both of them are sick they go to health post individually. They never talk together on the problem.

In the community talking on such issue is also not considered as it has any value. No one give consideration on the advantage of talking freely on RH and family planning issue. Some participants stated that lack of education as barriers for communication between couples.

> “*Married couples/ husband and wife were communicates on lots of issue in their life. When we see specifically about reproductive health and family planning up to me is not common. If you take about reproductive health, for example husband suffers from some problem on his reproductive organ he cannot talk with his wife. He goes to health center and got treatment alone or by secret. The wife also does the same thing*” (45 yrs old men, FGD Tullu Gurji kebele)

Couple’s communications on number of children to have and when to have them was also not common in community. There is a belief that children was given by God and it is difficult to set number of children in advance .due to this number of children to have is not discussed by majority of couples. Some participants and head woreda women’s and children’s affairs stated that few couples those have educated might be set number of children and when to have them. Majority of the married men and women have a birth as much as possible. This one is highly related with the cultural belief of children were seen as prestige and men’s need for more children.

Some participants stated that dominance of husband is the main barriers for non communication on issue of RH and family planning. Women know that whether they present their interest or not it is common to be accept the desire of their husbands. Due to that women not motivate to communicate on the issue rather than accept idea of their husband.

External persons influence is also found as one barrier for discussion on limiting the number of children among the married men and women. Different peoples in community and relatives of the couples especially those of the husband are highly influence the number of children the married couples to have. As stated by majority of participant neighbors, friends of husbands, father-in-laws and mother-in-laws are the main influential persons on the couples’ discussion on their number children to have. Especially on side of husbands father-in-laws and mother-in-laws highly influence him to have a lot of children.

One of FGD participant said

> ” *There is an influence from mother-in-law. She wants her boy or son to have more children. Because they believe that the main aim of got into marriage their son is to see his children and believe that it is as a being blessed. If the women were not giving birth they enforce him to divorce her and marry other women. they say, ”Gaangee dha qalabda?” which means” is she a mule to be feed?” Unless she was gives a child for you. Or they enforce the boy or husband to go for other women to get a child. So due to this married couples are going to give more children. (28 yrs old* Men, FGD Osole Kebele)

As suggested in the above quotes husbands are influenced by their relatives to have more children. The relatives of the husband influence him to have more children. Especially mother in-law and father-in-laws wants their son (husband) to have many children. Men were expected to be able to start a family soon after being married. They consider as he keep up the continuity of their ancestors. Even though the magnitude is not as high as the relatives of the husband those of the wives have also an influence on number of children of married couples.

Table-5: summary of barriers for non-communication, in Jeldu woreda rural Kebeles, 2013.

Married couples communication on RH and FP and barriers for non-communication	
Married Couple communication on RH and Family planning	Barriers for non-communication Considering as shame communication between men and women on RH Lack of education Interest gap between married couples regarding family planning Beliefs of children was given bay good and difficult to decide in advance Cultural of considering children as prestige Men’s need for more children External influence (neighbors, friends, mother-in-laws, father-in-laws, etc)

6.13. Family planning decision making and Gender norm

In the community there are different norms related directly with gender. In this part the relation between gender norms in community and its effect on family planning decision making process was described in short.

As described in introduction part there are different gender norms in community. Almost all gender norms identified in the community were give low social status for women and shows the superiority of men. Beliefs, attitudes and proverbs/sayings related to gender in community are almost undermining the knowledge of the women.

In the community it believed by both men and women that wives should under the control of their husbands. And this believes give decision making power for men/husbands at all. In the community the ways women grow up in their family has great impact on their decision making power. From their early childhood daughters are commanded to accept what was said by their father and brothers. Also they are not permitted to go out of the home and protected to speak in front of men. All this norms are the main reason for low social status given for women in the community.

When come to family planning decision making process between married men and women, it was directly related with those gender norms. Women believe that they must obey what was said by their husband. One FGD participant said

> "*Yes of course. As we discussed before women cannot do want they want as men do. If she wants to quit or space a birth it must also the interest of her husband. Unless it is a interest of the husband, it is impossible for women to use family planning. This due to women is under the control of her husband. (40 yrs old Men, chanco kebele*

The overall of the data of the study indicate that different gender norms in the community affects family planning decision making among married men and women. From the data it was summarized in the following table

In generally, decision making process on family planning was directly related with low social status of women in community and decision making power of men in the community. As women themselves believe they are under control of their husband, always they accept was said by their husband. Men also decide based on their interest by using their power decision making and dominance on households.

Table- 6: Summary of Gender norms that discourage family planning utilization, in Jeldu woreda rural Kebeles, 2013.

Gender norms
The low social status of women in community
Superiority of men in community
Men dominance in house holds
Women are under control of husband
Pre-existing condition(beliefs, attitude and proverbs/sayings related to genders)
Undermines the knowledge of women
Limits the responsibility of women to home
Considers women as weak mature
Couples communications and Decision making power
The man/husband makes final decision in households
It is disrespectful for women to disagree with her husband
The husband manages the resource and use it as much and any time
Women wants the permission of husband to use resource
Family planning decision making
The man/husband decides whether to use or not use family planning
Men's dominance on final decision making on FP
Women shouldn't use family planning without her husband's consent
Fear of side effects, misconception and rumors to FP
Child bearing and family size
Large family is given social prestige or popularity
Men needs more children
Relatives and neighbors influence couples to have more children

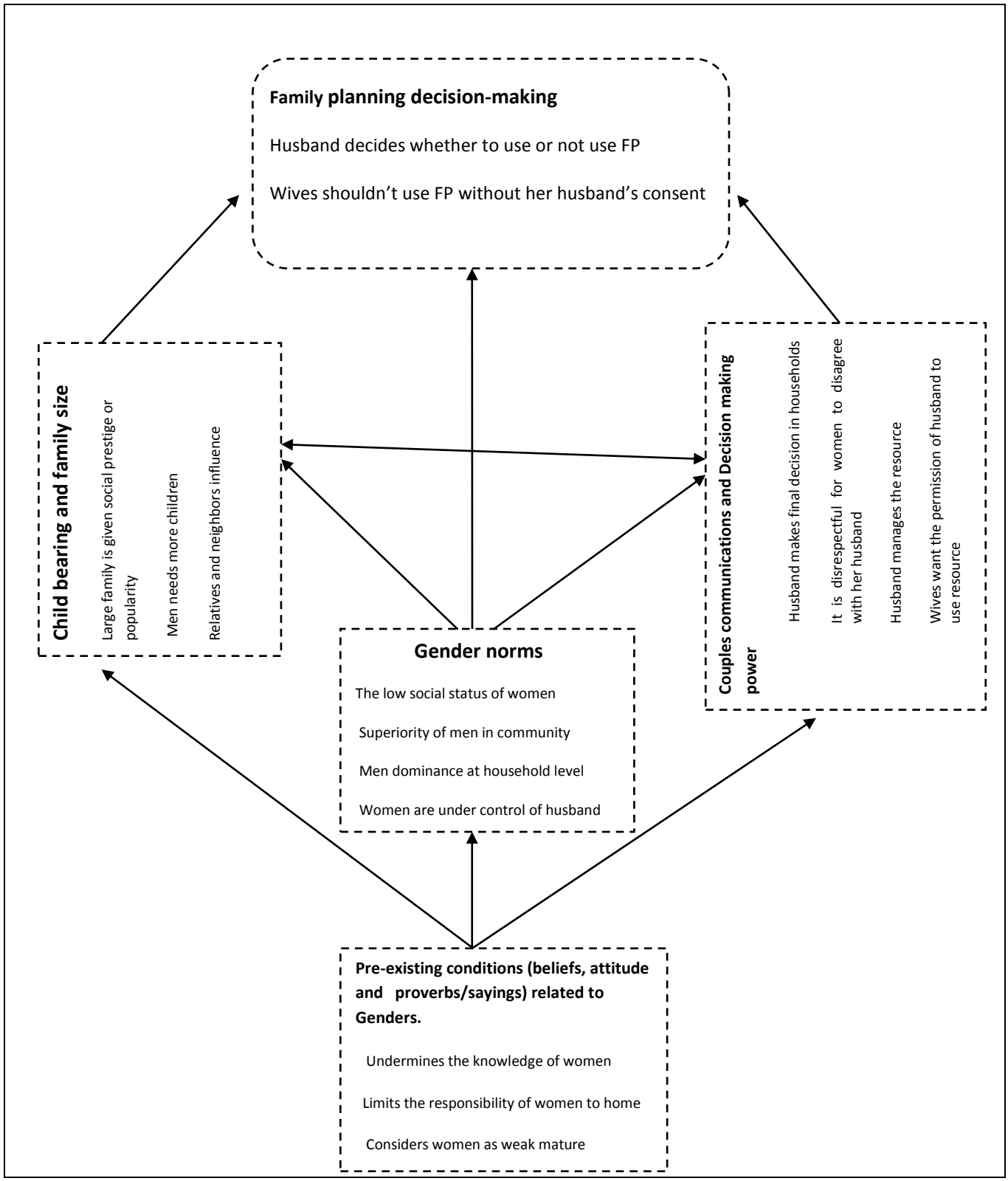


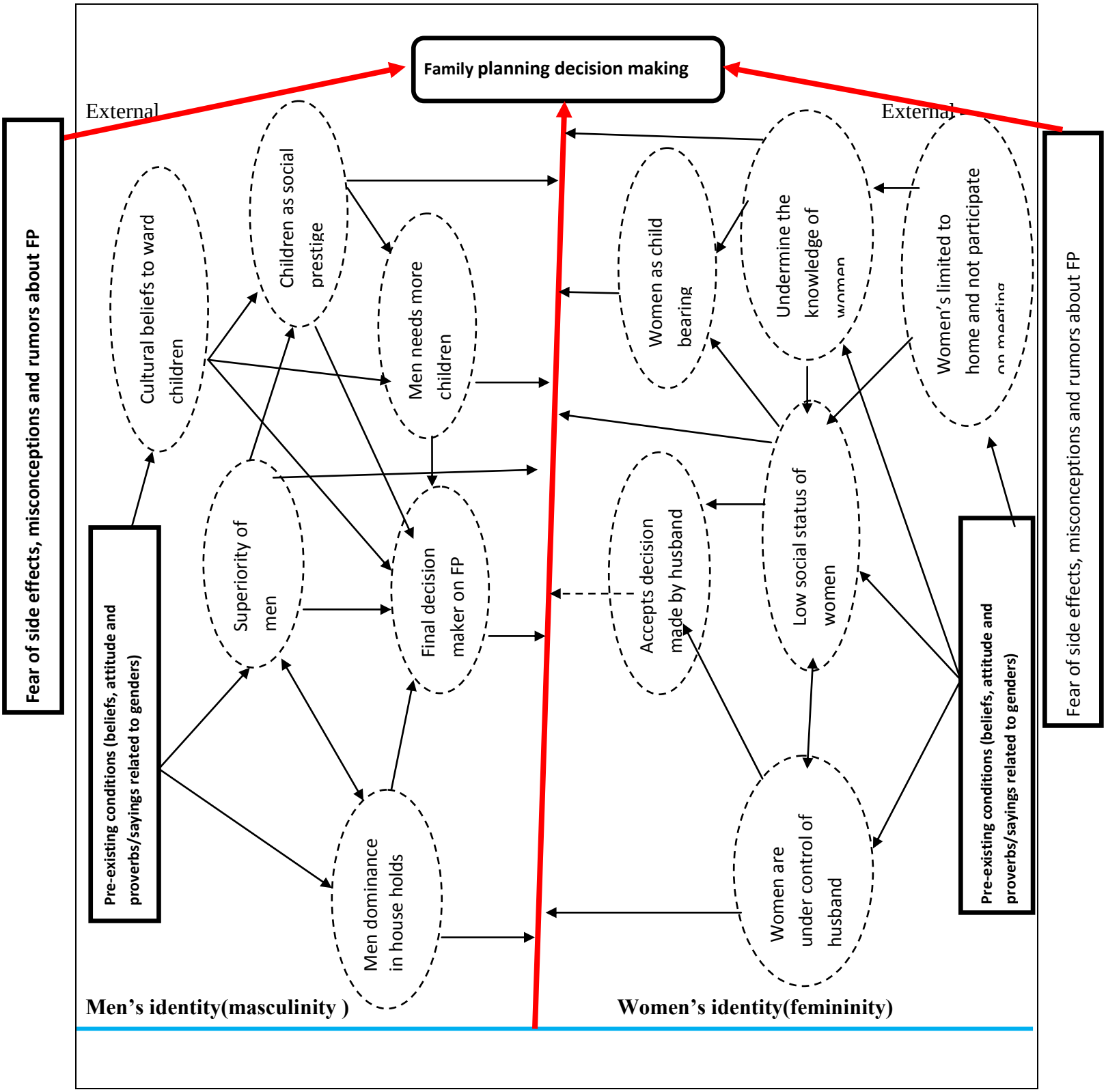
Figure: 3 Theoretical frameworks of gender norms and family planning decision among married men and women

From the study it was found that Beyond the complexity of gender norms in the community they put men/husband and women/wives in opposite direction. Which means attitudes and beliefs about both genders are in community was always opposite to each other. What was supposed for men is forbidden for women and the vise versa. Due to that based on the gender norms in the community and to make it more understandable on both side , the influence of gender norms on family planning was better if conceptualized separately for both men/husband and women/wife. It is obvious that the gender norms in the community were very complicated and influenced by different factors. So this was used make the conceptualization less complicated and easy to understand.

The conceptualization was made from two views. First, gender norms on the side of men/husband identity (masculinity) and second were on side of women/wives (femininity) identity in the community. The finding of this study showed that according to the gender norms of the community men/husband identity (masculinity) was gives men/husband the power of decision making, dominance on households, working on field ,have large families, etc.

On the other hand the women/wives identities (femininity) in the community are almost the opposite of that of men. Women/wives identity in the community were low status of women/wives, women are under control of men/husband, no power to made final decision, etc. as the data showed due to the opposition of gender norms between men/husband and women/wives the main challenge was disagreements between the couples.

See the following conceptualization figure below.



`Figure: 4 conceptualization of gender norms effects on family panning- decision making among married men and women.

6.14. Discussion

The aim of this study was to explore gender norms influence on family planning decision making among married men and women in Jeldu woreda rural Kebeles. With this broad question, the purpose was to identify what men's identity (masculinity) means for men and women's identity (femininity) means for women, what are the pre-existing conditions for the existence of those gender norms, how gender norms are influence couple communications and decision making power, childbearing and family size was the main purpose for this study.

The data indicate a connection between gender norms in the community and family planning decision making among the married men and women. The strength of the connection is difficult to quantify from this study but there is an indication that gender norm in community have strong influential force on decision making power among married men and women which leads to specific family planning decision making among married men and women.

From early of birth date, at family level ways of expressing their happiness when they got son and daughter was very different. At that time (time of birth) the main issue was the sex of newborn baby. Such thoughts in community play crucial role for the developments of gender norms (masculinity and femininity) identity in community that dominance of men/husbands and the supporter for women/wives. This also establishes a power dynamic between men/husbands and women/wives that support men/husband the decision maker in households and women/wives are respecting the decision made by men/husbands.

Related with cultural beliefs men are expected to have large families which was considered as social prestige or popularity in community. This belief directly complemented with the beliefs that boys extends the continuity or lineage ancestors of his father. That is why sons are more preferred by community than daughters. There is a belief of that daughter are taken by other men (by marriage) and she gives a birth for the continuity or lineage of other families ancestors.

Proverbs or sayings related to gender in the community are directed to the expression of low status of women in community. It begins at early at birth date with "Haa taatuu" which means "let she be" if the newborn baby was a daughter. Those proverbs in community related with genders undermine the knowledge of women, limits the responsibility of women in home work and considers women as weak nature.

For example boys are responsible for look after livestock and help their father on field work/ agricultural works while girls are required to assist their mothers with cooking, cleaning, fetching water, etc in home works. This is directly complement with the men decision making power and resource management .which leads to the dominance of men on households and women accept the decision made or under control of their husbands.

The findings indicate that different gender norms influence FP use in various ways. Some studies emphasize the importance of influence from men/husband and that in order to get a man's/husband's acceptance of FP use there is a need of better communication between partners (42). However, I found that when a couple could not reach an agreement related to FP use, the husband's decision tended to be prioritized because of a gender-based power imbalance/men's decision making power. A case study regarding gender norms and decision-making in Tanzania reports a similar situation in which almost all men and women discussed family planning, but a gender inequality was still present in the execution of decisions with family planning; the final decision maker being male (47).

Moreover, men are in many cases found to be more pronatalistic than women, which is considered an obstacle to contraceptive use (44). In such cases the power imbalance between genders will to a large extent prevent women from using contraceptives. However, a power imbalance between genders can also cause other trends. In a study from Tanzania, reported that men forced their wives to use contraceptives (46). This may occur when the idea of family planning is becoming increasingly accepted.

These two different examples/approaches are apparently contradictive; however, they are both a product of a common gender-imbalanced relationship as well as a tendency of a change of views on the acceptance of contraceptives. My findings also showed that there is an example of husband that made his wife use FP, even if the wife does not wants to use it, but where the gender-imbalanced/decision making power of men) relationship made it difficult for this wife to refuse.

Based on the data from the community the gender norms influence on family planning was highly stated by all participants. The influence was seen in different ways. That mean direct and in direct influence on the decision made between the married men and women.

Majority of the gender norms are become the main barriers by supporting each other. It is obvious that the gender norms are highly interrelated with each other and that was also seen in this study. As presented above (**figure-3**) many of the gender norm barriers function as barriers when they are in combinations of one other barrier. For example men's dominance in decision making is a barrier to family planning utilization when it combines with men's need for more children. And men's need for children become a barrier as so far large family seen as social prestige or popularity in community.

Proverbs/sayings in the community those are stated by all participants are those talks about women. None of participants stated any proverbs related to men that support or against men. When participants asked to talk about proverbs related to men they say there is no one for men. In community it clear understandable that men are considered on the opposite or against the proverbs/saying about the women.

This study also found that gender norms influenced the opportunity to get information on family planning. These gender norms, implying that women should stay at home and work, hindered women from attending the meetings conducted by kebele women federations and HEWs. There were also examples of social sanctions such as people talking negatively about the women who attended the meetings.

(45) Found that significant proportions of study participants in Nigeria reported couple communication on RH issues and concluded that this was a sign of an emerging egalitarian society where equity and respect are becoming norms. But the finding of this study found that couple communication on RH issue and family planning was not common in community among married men and women.

Even though husband and wife are communicate on different issue of their life but no emphasize was given for RH issue and family planning. In many countries, traditional male and female gender roles deter couples from discussing sexual matters which is ultimately contribute to poor reproductive health among both men and women (43).This study also found that in the community for women communicating on RH issue with men was considered as shame. Gender is just one of many factors that influence couples communication and affect their reproductive decisions. Education level, family pressures, social expectations, socioeconomic status, exposure to mass media, personal experience, expectations for the future, and religion also shape such decisions (42).

The study clearly shows that fears of side effects related to the use of FP methods prevented people from using them. The interviews revealed many misconceptions and rumors related to side effects of FP methods, regardless of whether people had ever used FP methods or not. Many women are not intended to use the methods due to those factors, on other hand the husbands also prevents their wives from using the methods due to those factors like fears of side effects on women, misconceptions and rumors about the methods.

When the participants talked about the fear of side effects, they expressed their concern that they might not be able to carry on their daily work due to a deterioration of their health. There is a clear division of work between husband and wife, and if women could not work due to suffering from side effects, they could not feed their families and accomplish other activities in home

The study also aimed to explore the influence of religion on family planning decision making among married men and women. The finding of the study shows that region has no influence on the family planning decision making power in the community. Both participants and religion leaders stated the same view that their religion (religion followed by participants and religion leaders) did not support any gender norms in the community. Rather than their religion and their doctrine teaches gender equality. All participants and religion leaders said that their religion does not against family planning.

From the study it was seen that gender norms (masculinity and femininity) identity have an influence on family planning decision making among married men and women. Due to men's dominance in households, their power for final decision maker on family planning decision and men's needs for more children due to cultural beliefs of children as social prestige it is very difficult for women to use family planning when they intended to use it. It is only possible for married women/wives to use family planning when she got consent of their husband.

Regarding married couples communication, due to they are always come with different views there is gap of interest between men/husbands and women/wives. In many developing African countries, men are often the primary decision-makers about sexual activity, fertility, and contraceptive use (25).which was similar with the finding of this study.

Since it is common to respect the desire of the husband, women/wives are enforced to use family planning by secret as last option. The finding of the study shows that beyond its advantage, secretly using family planning by the women/wives has great consequence on the life of households, especially on women. There is no mercy for women caught up by her husband while she was using the methods without his consent. The consequence stars by warning up to divorce. Also different physical injury was also happen to women while they are torched by their husbands.

Even though such consequence were there related with using of FP by secret on women the finding showed still the magnitude of using FP methods by secret was high in community.

Conclusion

This study was conducted to explore the influence of gender norms (masculinity and femininity) identity on family planning decision making among married men and women, identify gender norms in the community and to explore intra- communication on family planning decision making among married couples.

Many of cultural beliefs, attitude toward gender, proverbs/sayings related with gender are identified as pre-existing conditions for the existence of those gender norms. From this study religion was found that it has no role in the existence of gender norms in the community.

The study shows that different gender norms in the community were obstacles for family planning utilization in the community. Those gender norms directly or by complement with each other acts as the barriers of FP utilizations. Decision making power of men/husbands on family planning (needs for his consent by women/wives), seeing children as social prestige due to cultural beliefs, low status of women in community, undermining knowledge of women, limiting responsibility of women/wives to home, dominance of men/husbands on households, etc are affects directly or by complement with each other the family planning decision making among married men and women.

The result of this study shows that all those elements are intricately related to with one another, subsequently, family planning decision making among married men and women are affected by complex issue and leads to disagreement or interest of gap between the couples.

Due to men dominance at house level and other related factors roles of women on family planning decision making was limited to accept the idea of their husband. Furthermore due to men's power of decision making it was finalized based on the interest of men/husband.

From the study the coupe communication on issue of RH and family planning was not common even though they are communicate on other issue of their life, no consideration was given for issue of RH and FP.

The findings of this study shows that the issue of gender norms were not given emphasize in the community. furthermore has it was highly deep rooted with daily life of the community awareness which have no sustainability and only done by woreda women's and children affairs did not bring change in community.

From my study I found that even if there some changes were in community related with some awareness given through woreda women's and children affairs on women's right or equality, still those identified gender norms are highly exercised in daily life the community.

Recommendation

Based on the finding it is recommended

1. **Woreda Health Office ,HEWs and Woreda Women's and Children's Affairs**

HEWS, woreda women's and children's affairs and Woreda Health Office needs to consider and design activities that have more holistic approach, including and integrating elements like dominance men's on households, low status women in community, cultural beliefs related with number of children, attitude towards gender and proverbs/sayings related with gender.

Gender norms are highly grounded and deep rooted in everyday life of community. Changes on this issue only occur over a long period. Interventions on this issue should be making a sustainable effort to initiate awareness creation, discussion with community, even at individual level. Woreda health office and woreda women's and children's affairs should work together through HEWS and kebele women's federation in order to bring attention to this topic.

Men needs to given the opportunity, free and safe forum, to talk about their roles as men in community and household level, its pressure and its possible solution to those gender related problems on family planning decision making.

2. **Health Communication program planners/Experts**

Family planning messages and intervention should consider gender norms, engage both men and women and encourage equitable decision making.

Future health messages and interventions targeting family planning utilization should integrate elements of gender norms in the community for better family planning decision making among married men and women, which leads to better family planning utilization

BCC and IEC program targeting to family planning at different levels of government FMOH, Regional health bureau and woreda health office should give consideration and attention for gender norms in the community.

3. **Researchers**

Future researchers have to consider reinforcing and enabling factors of gender norms in community since this study includes only predisposing factors in the community.

Proverbs/saying related to gender and family panning decision- making in the community needs to be studied.

Limitation of the study

- May be social desirability bias, due to data collection methods of face-to –face interview and FGD
- Efforts was made to minimize this by gaining consent from participants, maintaining Privacy and confidentiality to maximum effort and describe the aim of the study for participants

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ANNEX ONE

ORAL CONSENT FORM FOR IN-DEPTH INTERVIEW

JIMMA UNIVERSITY, COLLEGE OF MEDICAL SCIENCE AND PUBLIC HEALTH

Hello. I am a researcher for a study being conducted by the Jimma University, college of public health and medical science, and would like to talk to you about gender norms and family planning decision- making. I am working to explore the relation of gender and family planning decision making in your community. I ask you to help me in my research study because you have been one of this communities and I would like your valuable participation. You do not have to participate, it is your choice.

If you say yes, I will ask you to sit with me for interview. The interview will last approximately 45 minutes, and will be no longer than one hour. It can be scheduled at a time and place of your choosing. The interview will be recorded, but any identifying information (such as your name and job position) will not be attached to the recording. I may publish what you say, but I will not use any identifying information about you in these publications. You do not have to answer all the questions in the interview if you do not want to, and you may stop the interview at any time.

There is a risk that someone outside the study will see your information. I will do my best to keep your information safe by not attaching your name to the recording, by securing the digital recording and transcript in a password-protected computer, and by keeping any written notes from your interview in a box that will be accessible only to study personnel.

There is no direct benefit to you for participating in this study. However, I hope to use the information you provide me to improve family Planning utilization in these community and increase awareness of gender norms and family planning among government agencies and donor organizations. I will present my final results within 4-6 months, and will be happy to share them with you if you would like to see them.

I will not pay you for your participation.

Do you have any questions? You may contact Dereje Geleta, the student investigator for this study, over the phone at [0912208919/0917910140] or via e-mail at dg.kolu@yahoo.com about your questions or problems with this work. If you have any questions about your rights as a research participant, or if you think you have not been treated fairly, you may call the Jimma university, Institutional Review Board (IRB)

ANNEX TWO

ORAL CONSENT FORM FOR FGD

JIMMA UNIVERSITY COLLEGE OF MEDICAL SCIENCE AND PUBLIC HEALTH

Hello. I am a researcher for a study being conducted by the Jimma University, college of public health and medical science, and would like to talk to you about gender norms and family planning decision- making. I am working to explore the relation of gender and family planning decision making in your community. I ask you to help me in my research study because you have been one of this communities and I would like your valuable participation. You do not have to participate, it is your choice.

If you say yes, you will take part in a group Discussion, where I will ask you and several other community members a series of questions about gender norms and family planning decision making among married men and women. This discussion will last approximately 90 minutes. They can be scheduled at a time and place of your choosing. The interviews will be recorded, but any identifying information (such as your name and role in the community) will not be attached to the recording. I may publish what you say, but I will not use any identifying information about you in these publications. You do not have to answer all the questions in the interview if you do not want to, and you may stop the interview at any time.

There is no risk that someone outside the study will see your information. We will do our best to keep your information safe by not attaching your name to the recording, by securing the digital recording and transcript in a password-protected computer, and by keeping any written notes from your interview in a locked box that will be accessible only to study personnel.

There is no direct benefit to you for participating in this study. However, I hope to use the information you provide to improve utilization of family planning among married men and women, also the finding of this study will be used as base line among government agencies and donor organizations want work these area. I will present my final results within 4-5 months, and will be happy to share them with you if you would like to see them.

I will not pay you for your participation. I will however, provide refreshments.

Do you have any questions? You may contact Dereje Geleta, the student investigators for this study, over the phone at [0912208919/0917911040] or via e-mail at dg.kolu@yahoo.com about your questions or problems with this work. You may also contact Jimma University, college of public health and medical science Ethics Committee which approved this study about any problems or concerns.

May I begin?

ANNEX THREE

Woreda women's and children's affairs

- Tell me about gender norms in your rural community?
    - ***Probe****: on details /lists of norms related with gender.*
- How are these gender norms related with women in your community?
- How do gender norms in the community affect the women in rural?
    - **Probe**: on decision making, resource management, ruling the family, activities/responsibility of women.
- How do you describe effect of gender norms in your rural community on women life?
    - **Probe**: health of mothers, education,
- Tell me about some pre existing conditions in your community those supports these gender norms?
    - **Probe**: on religion, culture, beliefs
- What factors in your community cause these norms to exist?
    - **Probe**: on religion, culture, beliefs
    -

FAMILY PLANNING DECISION MAKING

- Tell me what you know about family planning?
    - **Probe:** ever user, non-user, current user
- If, user/current user, which methods is used/being used?
- How decision was made among married women and men whether or not to use family planning in rural community?
- What are challenges/difficulties are in the rural community regarding family planning?
    - **Probe**: culture, norms, belief
- Who makes the decision as to whether or not you use family planning methods in rural communities? Why?

- Probe: role of husband/wife.
    - How final decision was made?
    - Who is final decision maker?
    - What is role of women, in decision making manner?
- Do gender norms in your community affect decision-making power for women regarding family planning? If so, how?
    - Probe: culture, beliefs related with being women.

Couple Communication

- Tell me about the communication on family issue within partners in rural Kebeles of your woreda?
    - **Probe:** on reproductive health issue, family planning
- Is there discuss on number of children want to have and when to have then was within partners in rural Kebeles of your woreda?
    - **Probe:** who decide on number of children? Why?
- What is role of women in discussion about family planning in rural Kebeles of your woreda?
    - **Probe**: equally participate, accept final decision

ANNEX FOUR

Interview guide for woreda FP focal Person

- Tell me about gender norms in your kebele community?
    - ***Probe****: on details /lists of norms related with gender.*
- How are these gender norms related with women in your community?
- How do gender norms in the community affect the women in kebele?
    - **Probe**: on decision making, resource management, ruling the family, activities/responsibility of women.
- How do you describe effect of gender norms in your Kebele community on women life?
    - **Probe**: health of mothers, education,
- Tell me about some pre existing conditions in your community those supports these gender norms?
    - **Probe**: on religion, culture, beliefs
- What factors in your community cause these norms to exist?
    - **Probe**: on religion, culture, beliefs

FAMILY PLANNING DECISION MAKING

- Tell me what you know about family planning?
    - **Probe:** ever user, non-user, current user
- How decision was made among married women and men whether or not to use family planning in your kebele's community?
- What are challenges/difficulties are in your kebele's community regarding family planning?
    - **Probe**: culture, norms, belief,

- Who makes the decision as to whether or not you use family planning methods in your kebele's community? Why?
    - Probe: role of husband/wife.

      How final decision was made?

      Who is final decision maker?

      What is role of women, in decision making manner?
- Tell me about the magnitude of using family planning by secret in rural communities of this woreda?
- How do see the relationship between using the methods by secret and gender norms?
- Do gender norms in your community affect decision-making power for women regarding family planning? If so, how?
    - Probe: culture, beliefs related with being women.

Couple Communication

- Tell me about the communication on family issue within partners in rural Kebeles of your woreda?
    - **Probe:** on reproductive health issue, family planning
- Is there discuss on number of children want to have and when to have then was within partners in rural Kebeles of your woreda?
    - **Probe:** who decide on number of children? Why?
- What is role of women in discussion about family planning in your kebele? in rural Kebeles of your woreda?
    - **Probe**: equally participate, accept final decision

ANNEX FIVE

INTERVIEW GUIDE FOR HEWs

- Tell me about gender norms in your community?
    - ***Probe****: on details/Lists of norms related with gender.*
- How are these gender norms related with women in your community?
- How do gender norms in the community affect the women?
    - **Probe**: on decision making ,resource management, ruling the *family, activities/responsibility*
- Tell me about problems related with gender norms on women in your community?
    - **Probe**: health of mothers, education
- Tell me about some pre existing conditions in your community that supports these gender norms?
    - **Probe**: on religion, culture, beliefs,
- What factors in your community cause these norms to exist?
    - **Probe**: on religion, cultural beliefs,

FAMILY PLANNING DECISION MAKING

- Tell me how do you tell about family planning to your community?
- How do couples decide whether or not to use family planning in your community?
- What are challenges/difficulties do they face regarding family planning?
    - **Probe**: culture, norms, belief, fear of side effects.
- Who makes the decision as to whether or not you use family planning methods among married couples in your community? Why?

- Probe: role of husband/wife.

  How final decision was made?

  Who is final decision maker?

  What is role of women, in decision making manner?

- Tell me about the magnitude of using family planning by secret in communities?
- How do see the relationship between using the methods by secret and gender norms in your communities?
- Do gender norms in your community affect decision-making power for women regarding family planning? If so, how?
  - Probe: culture, beliefs related with being women.

Couple Communication

- Tell me about the communication on family issue within your partners in your community?
  - Probe: on reproductive health issue, family planning
- Do couples discuss on number of children want to have and when to have them with their partners in your community?
  - Probe: who decide on number of children? Why?.
- What is role of women in discussion about family planning?
  - Probe: equally participate, accept final decision

ANNEX six

Religion leaders

- Tell me about gender norms in your community?
    - ***Probe****: on details of norms related with gender.*
- How are these gender norms related with women in your community?
- How are these gender norms related with men in your community?
- How do gender norms in the community affect the women?
    - **Probe**: on decision making ,resource management, ruling the family, activities/responsibility
- Tell me about problems related with gender norms on women in your community?
    - **Probe**: health of mothers, education
- Tell me about some pre existing conditions in your community that supports these gender norms?
    - **Probe**: on religion, culture, beliefs,
- What factors in your community cause these norms to exist?
    - **Probe**: on religion, culture, beliefs,
- What is the role of religion in those norms?

FAMILY PLANNING DECISION MAKING

- Tell me what you know about family planning?
    - **Probe:** ever user, non–user, current user
- What are challenges/difficulties do you face regarding family planning?
    - **Probe**: cultural belief, religion
- Tell me about religion related with family planning?

- Who makes the decision as to whether or not you use family planning methods? Why?
    - **Probe:** role of husband/wife.

      How final decision was made?

      Who is final decision maker?

      What is role of women, in decision making manner?
- Do gender norms in your community affect decision-making power for women regarding family planning? If so, how?
    - **Probe:** culture, beliefs related with being women.

Couple Communication

- Tell me about the communication on family issue with your partners?
    - **Probe:** on reproductive health issue, family planning
- Do you discuss on number of children want to have and when to have them with your partners?
    - **Probe:** who decide on number of children? Why?
- What is role of women in discussion about family planning?
    - **Probe:** equally participate, accept final decision

ANNEX SEVEN

FOCUS GROUP DISCUSSION GUIDE

- Tell me about gender norms in your community?
    - ***Probe****: on details of norms related with gender.*
- How gender norms in the community affect the women?
    - **Probe**: on decision making ,resource management, ruling the family, activities/responsibility
- How do you describe effect of gender norms in your community on women?
    - **Probe**: health of mothers, education.
- Tell me about some pre existing conditions in your community those supports those gender norms?
    - **Probe**: on religion, culture, beliefs,

Family planning decision making

- Tell about family planning method you know?
    - **Probe:** on user, on –user, current user
- How do you decide to use family planning, while you intended to use it?
- What are challenges/difficulties you think, regarding family planning?
    - **Probe**: culture, norms, belief, fear of side effects.
- Tell me about decision you made with your husband/wife to use family planning methods?
    - **Probe:** role of husband/wife.

      How final decision was made?

      Who is final decision maker?

      What is role of women, in decision making manner?

- Tell me about how a gender norm in your community affects your decision making power, during discuss about family planning with your partner?
    - Probe: culture, beliefs related with being women.

Couple Communication

- Tell me about the communication on family issue with your partners?
    - Probe: on reproductive health issue, family planning
- Do you discuss on number of children want to have and when to have them with your partners?
    - Probe: who decide on number of children? Why?
- What is role of women in discussion about family planning?
    - Probe: equally participate, accept final decision

ANNEX EIGHT

LETTER OF RECRUITMENT FOR FGD PARTICIPANTS, AFAAN OROMO VERSION

xalayaa Hirmaana Marii Garee keessati Godhamuu ittin Gaafatamaan

Duraan dursinee nagaa keenya isiin haa ga'uu. Akkumaa mataa duree irratii ibsuuf yaalameeti,qorannoo yuniversitti jimmati,kolleejii saayinsii hawaasaa fi saayinsii meedikaalatin taasifamu,kan obboo Darajjee Galataa Durfamuu yeroo amma kanaa aanaa keenyaa irrati gaaggeefamaa jiraa. Qoranichiis waa'ee walitti dhufeenyaa barsiifataa saala wal qabataan fi murtee itti fayadama qussannoo matii irrati Dubbartootni Heerumani fi dhiironnii fuudhaan abbaa manaa fi Haadha manaa isaani waliin godhaan irrati kan taasifamu dha.

Kaayyoon qoranichaa walitti dhufeenyaa barsiifataa saalan wal qabaatan fi murtee itti fayyadamaa qussannoo matii aanaa keenyaa keessaa jiruu addan baasuu dha.Marii garee waa'ee mataa duree kanaa ilaalchisee taasisuu keessati hirmaachuun yaadaa keessaan akka nuuf kennitan yoon siin gaafadhuu gamachuu dhani.

Mariin garee taasifamuu kun tilmaaman daqiqaa 60 hangaa 90 hin caalu. Yaadni isiin marii kanaa irrati laatan qoranichaaf bakka guddaa qabaa.

Kanafuu marii kana keessati hirmachuuf eeyyemamoo ta'uu keessaa karaa bulcha,hojetoota eekistenshini fayyaa ykn nama xalayaa kanaa isiniti laateeti himuu ni dandeessuu.

Nagaa wajjin!

ANNEX NINE

ORAL CONSENT FOR IN-DEPTH INTERVIEW AFAAN OROMOO VERSION

Foormi eeyemuumaa hirmaa marii dhunfaa ittin gafaatamaan.

Akkam jirtuu.ani qorannoo yuniversittii jimmattii,koollejii saayinsii hawaasa fi saayinsii meedikalatiin gaggeefamuu keessatii qorataa yoon ta'uu waa'ee walittii dhufeenyaa baarsifata saala irrati hunda'aabi fi murtee itti faayadaminsaa qussannoo matii ilaalchisee isiin waliin hasa'uun barbaada.ani qorannoo waa'ee walittii dhufeenyaa baarsifata saala irrati hunda'aani fi murtee itti faayadaminsaa qussannoo matii,dubaartotni heerumani fi dhiroonii fudhaan abbaa manaa fi haadhaa manaa isaani walin taasisaanin qoraachaa jiraa.isiin ammoo qorannoo kiyyaa kana irrati yaada keessan naaf kennuun akka naa gargaartaan kabajaan isiin gaafadha.qorannnoo kanaa irrattii hirmaachuu kan hin barbaadnee yoo ta'ee dhisuuf mirgii keessaan egamaa dha.

Eeyye,hirmaachuun ni barbaada yoo jettaan,marii tokkoo anaa walinin taasifnaa.mariin kuniis tilmaaman daqiiqaa 45 hangaa sa'aa tokkoo hin caala hinfudhaatu.mariin kun sa'aa fi bakka isiin filtanitii beelamamuu ni danda'aa. Mariin walinin taasisnuu kun sagaleen kan warabamuu ta'uus oddeeffannoowaan eenyummaa keessan ibsan kamiyyuu(kan akka maqaa,fi kannen biro eenyummaa keessan ibsaan) odeeffannoo warabamee keessatii hin hamaatamaan.odeeffannoo isiin nati himtaan kanaa maxxansee baasu nin danda'aa.garuu odeefannowaan eenyumma keessan ibsaan kmiyyuu maxxansallee kanaa keessatii hin fayyadamuu.isiin hin barbaadnee taanaan gaaffiwaan marii kanaa keessati argamaan kan isinitii hin toleef yaada kennuu dhisuu ni dandeessuu.yeroo barbaadanittis marii kana dhaabuu ni dandeessuu.

Namni qorannoo kanaan alaa ta'ee odeeffannoo isin naaf keenitan kanaa ni argaa soda jedhuu hin qabatinaa.ani maqaa keessaan warabbii keessaa galachuu dhisuun,warabbii digitalaan warabamees cimisee qabachuuni fi koompitaara password/lakkoofsaa dhooksaatiin cuufamuu,kan namni biro akka hin baanee dhorkamee keessa ka'uuni fi yaadannoo barreeffamaa kan yeroo marii walin goonuu qabadhuus cimsee qabachuun odeeffannoon keessaan akkaa namaa biraatii ifaa hin baanee gochuuf hangaa naaf danda'amee hundaa ni taasisaa.

Isiin qorannoo kanaa irratii hirmaachuu keessani fi faayidaan isiin kallatiiin argaatan hin jiruu.haa ta'uu malee odeeffaannoon isiin naaf kennitaan walittii dhufeenyaa baarsifata saala irrati hunda'aani fi murtee itti faayadaminsaa qussannoo matii,dubaartotni heerumani fi dhiroonii fudhaan abbaa manaa fi haadhaa manaa isaani walin taasisaanin addan baasuun,hojii gamaa kanaan hojeetamuu foyyeessuuf dhaabbilleen mootummaa fi miti motummaa(arjoomtoota) ittii faayadamuu jedheen abdaa dha.aniis bu'aa qorannoo kanaa ji'ootaa 3-4 keessatii kaniin dhiyyeessuu yoo ta'uu yoo isiin ilaaluu barbaadaan ani isiinif kennuu ni danda'aa.

Ani marii waliin taasisnuu kanaaf waantiin isiniif kaanfaluu hin jiruu.

Gaaffii qabduu?.barataa qorannoo kana dursaangaggeessa jiruu,Darajjee Galataa karaa lakkoofsaa bilbilaa [0912208919/0917911040] irratii bilbiluun ykn gamaa tessoo e-mail dg.kolu@yahoo.com fayyadamuun waa'ee qorannoo kanaa gaafii ykn rakkoo jiruu ilaalchisee dubbisuu ni dandeessuu.

Akka hirmaata qorannoo kanatii,waa'ee mirgaa keessani ykn ammo haala namuusaa qabuun natii hin dhiyaanee jechuun gaafii yoo qabaatan yuuniversittii jimmati,koolleejii saayinsii hawaasa fi saayinsii meedikalitii,koree namusaa qorannoo kanaa raggassissee/eyyemaa laate karaa lakkoofsa bilbila dubbisuu ni dandeessuu.

Egaaluu?

ANNEX TEN

ORAL CONSENT FOR FGD AFAAN OROMO VERSION

Akkam jirtuu? ani qorannoo Yuniversittii Jimmattii,koollejii Saayinsii Hawaasa fi Saayinsii Meedikalatiin gaggeefamuu keessatii qorataa yoon ta'uu waa'ee walittii dhufeenyaa baarsifata saala irrati hunda'aanii fi murtee itti faayadaminsaa qussannoo matii ilaalchisee isiin waliin mari'achuu barbaadna.ani qorannoo waa'ee walittii dhufeenyaa baarsifata saala irrati hunda'aani fi murtee itti faayadaminsaa qussannoo matii,dubaartotni heerumani fi dhiroonii fudhaan abbaa manaa fi haadhaa manaa isaani walin taasisaanin qoraachaa jiraa.isiin ammoo qorannoo kiyyaa kana irrati yaada keessan naaf kennuun akka naa gargaartaan kabajaan isiin gaafadha.qorannnoo kanaa irrattii hirmaachuu kan hin barbaadnee yoo ta'ee dhisuuf mirgii keessaan egamaa dha.

Eeyye,hirmaachuun ni barbaadnaa yoo jettaan,marii garee tokkoo nuu walin taasifnaa.mariin kuniis tilmaaman daqiiqaa 60 hangaa daqiiqaa 90 caala hin fudhaatu.mariin kun sa'aa fi bakka isiin filtanitii beelamamuu ni danda'aa. Mariin walinin taasisnuu kun sagaleen kan warabamuu ta'uus oddeeffannoowaan eenyummaa keessan ibsan kamiyyuu(kan akka maqaa,fi kannen biro eenyummaa keessan ibsaan) odeeffannoo warabamee keessatii hin hamaatamaan.odeeffannoo isiin nutii himtaan kanaa maxxansee baasu nin danda'aa.garuu odeefannowaan eenyumma keessan ibsaan kmiyyuu maxxansallee kanaa keessatii hin fayyadamuu.isiin hin barbaadnee taanaan gaaffiwaan marii garee kanaa keessati argamaan kan isinitii hin toleef yaada kennuu dhisuu ni dandeessuu.yeroo barbaadanittis marii kana dhaabuu ni dandeessuu.

Namni qorannoo kanaan alaa ta'ee odeeffannoo isin nuuf keenitan kanaa ni argaa soda jedhuu hin qabatinaa.ani maqaa keessaan warabbii keessaa galachuu dhisuun,warabbii digitalaan warabamees cimisee qabachuuni fi koompitaara password/lakkoofsaa dhooksaatiin cuufamuu,kan namni biro akka hin baanee dhorkamee keessa ka'uuni fi yaadannoo barreeffamaa kan yeroo marii garee walin goonuu qabadhuus cimsee qabachuun odeeffannoon keessaan akkaa namaa biraatii ifaa hin baanee gochuuf hangaa naaf danda'amee hundaa ni taasisaa.

Isiin qorannoo kanaa irratii hirmaachuu keessanif faayidaan isiin kallatiiin argaatan hin jiruu.haa ta'uu malee odeeffaannoon isiin nuuf kennitaan walittii dhufeenyaa baarsifata saala irrati hunda'aani fi murtee itti faayadaminsaa qussannoo matii,dubaartotni heerumani fi dhiroonii fudhaan abbaa manaa fi haadhaa manaa isaani walin taasisaanin addan baasuun,hojii gamaa kanaan hojeetamuu foyyeessuuf dhaabbilleen mootummaa fi miti motummaa(arjoomtoota) ittii faayadamuu jedheen abdaa dha.aniis bu'aa qorannoo kanaa ji'ootaa 3-4 keessatii kaniin dhiyyeessuu yoo ta'uu yoo isiin ilaaluu barbaadaan ani isiinif kennuu ni danda'aa.

Ani marii waliin taasisnuu kanaaf waantiin isiniif kaanfaluu hin jiruu.garuu waantoota akka laallafaa isiinif ni dhiyeessina.

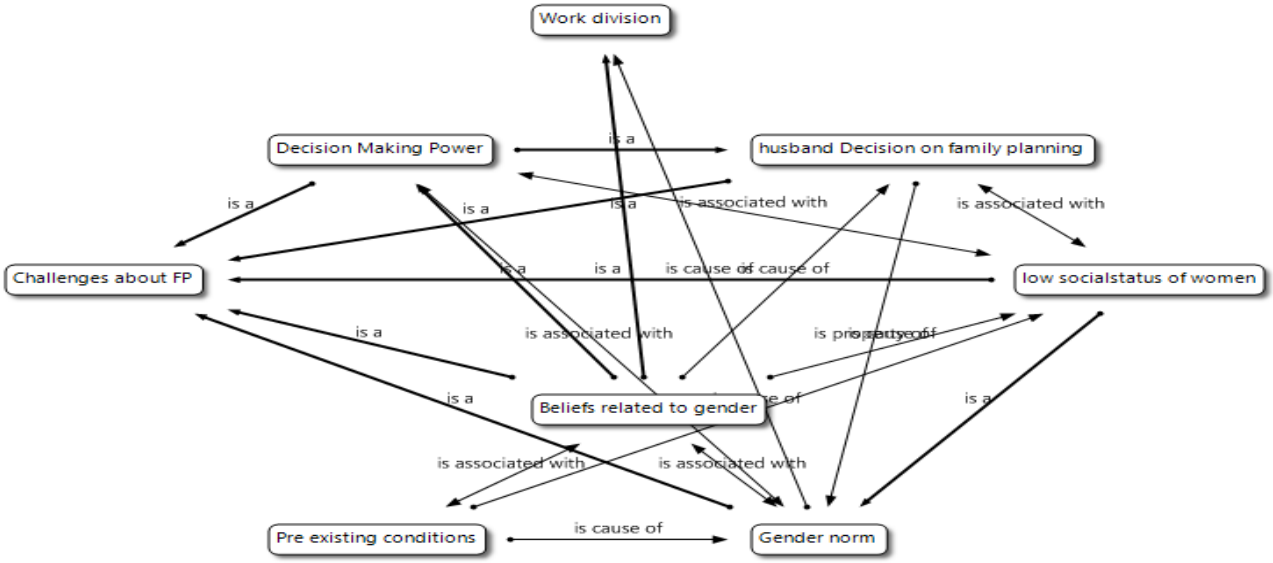
Gaaffii qabduu? qorannoo kana dursaan gaggeessa jiruu,Darajjee Galataa karaa lakkoofsaa bilbilaa [0912208919/0917911040] irratii bilbiluun ykn gamaa tessoo e-mail dg.kolu@yahoo.com fayyadamuun waa'ee qorannoo kanaa gaafii ykn rakkoo jiruu ilaalchisee dubbisuu ni dandeessuu.

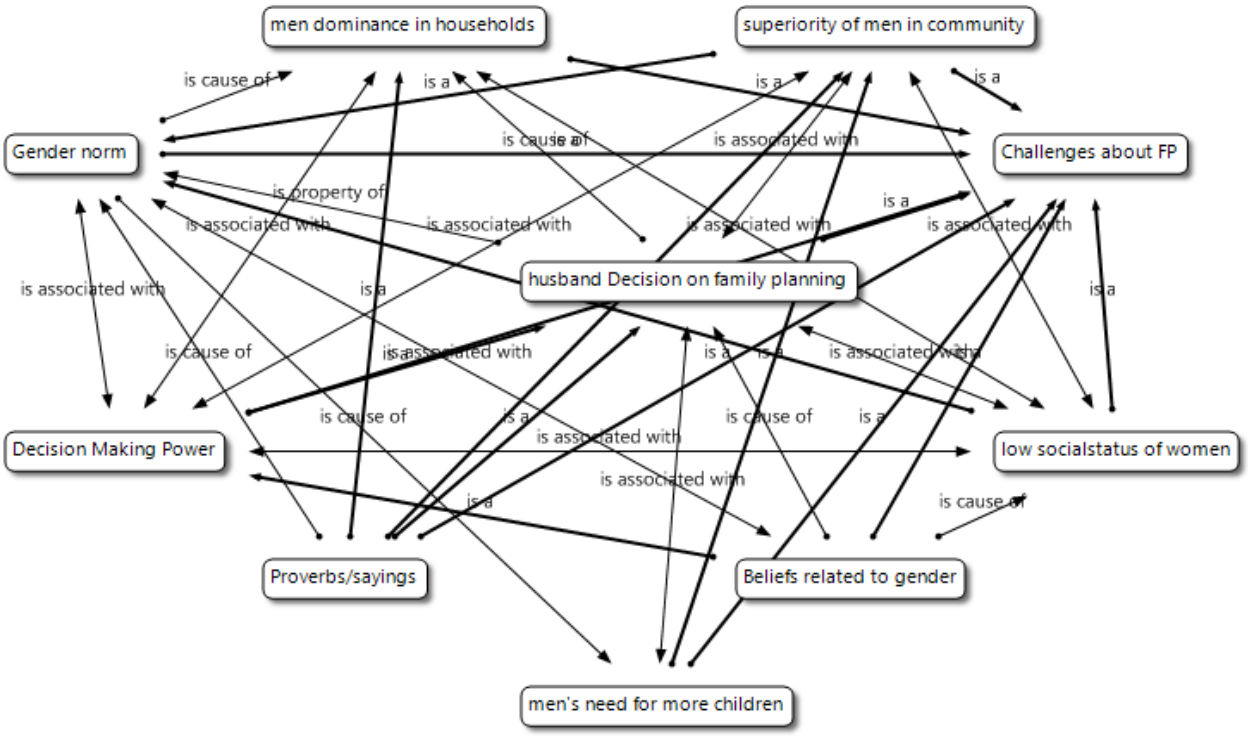
Akka hirmaata qorannoo kanatii,waa'ee mirgaa keessani ykn ammo haala namuusaa qabuun natii hin dhiyaanee jechuun gaafii yoo qabaatan yuuniversittii jimmati,koolleejii saayinsii hawaasa fi saayinsii meedikalitii,koree namusaa qorannoo kanaa raggassissee/eyyemaa laate karaa lakkoofsa bilbilaa dubbisuu ni dandeessuu.

Egaaluu?

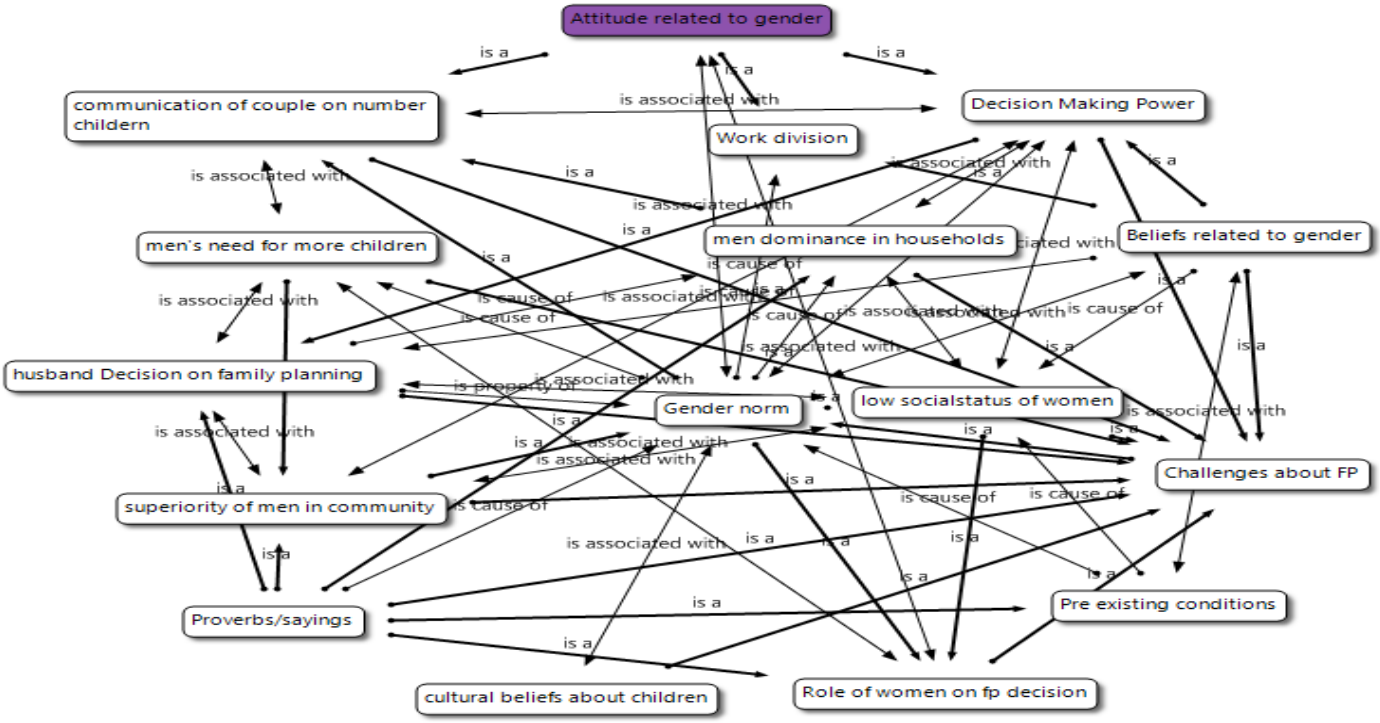
Annex Eeven

ATLAS.ti output for over view of analysis of the data using ATLAS.ti-7

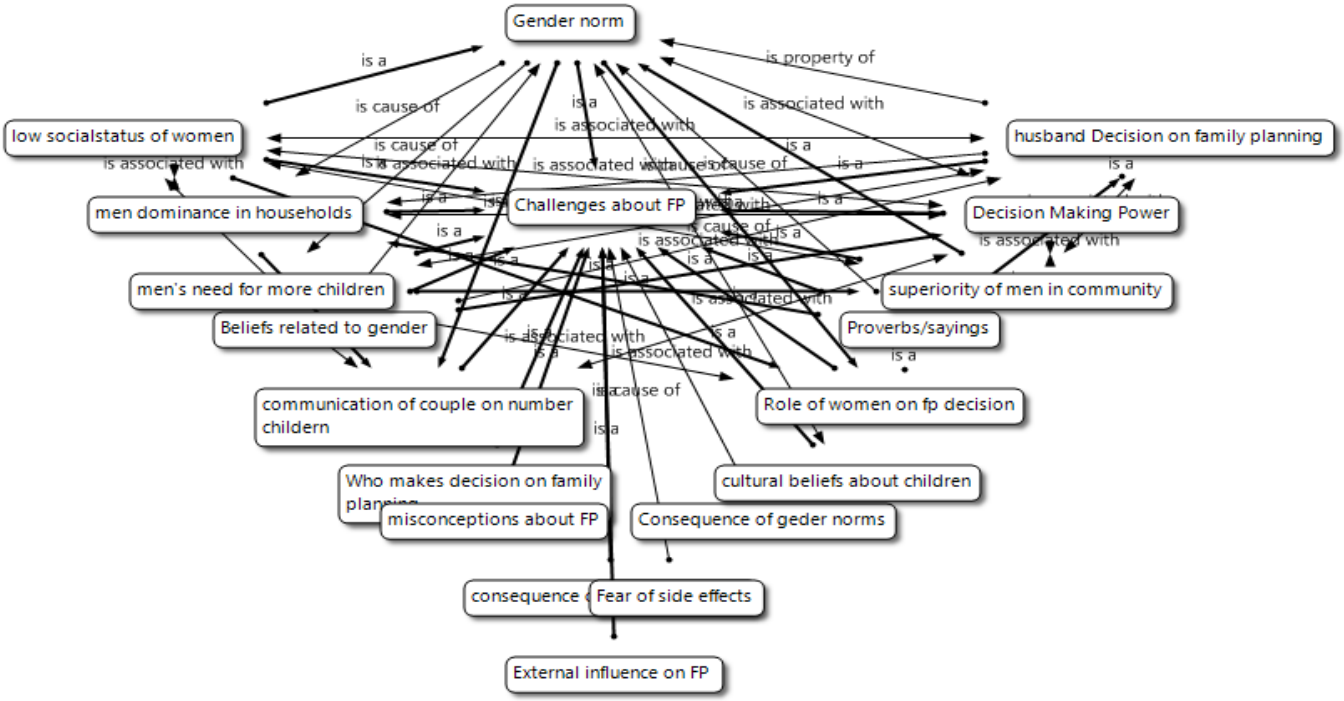




Networks of the codes in the data



Challenges about family planning



Final theoretical framework