Sexual and Reproductive Health Knowledge, Attitudes, and Beliefs of Men in Bahir Dar City

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Abstract

The purpose of this study was to investigate the knowledge, attitudes and beliefs of men about sexual and reproductive health in Bahir Dar. A sample of 400 men with an age range of 18 to 55 participated in the study. A questionnaire adapted from Adamchak, Bond, MacLaren, Magnani, Nelson and Seltzer (2000) with 68 items was employed to gather the data. The results indicated that the participants seem to have a good level of knowledge, positive attitudes and beliefs about sexual and reproductive health issues. It was found that the participants know where to get contraceptives, whom to consult when they seek information or support regarding sexual and reproductive health, and which type of contraceptive methods to employ. Although their knowledge level is generally high and their attitudes, values and beliefs are positive, it does not necessarily mean that they practice them. In order to fully explain their behaviour, it is imperative to assess the extent to which they put them in practice.

Keywords: reproductive health, men reproductive health practices, sexual reproductive health, condom use, reproductive health and men attitudes

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Introduction

Physical, psycho-social and cognitive well-beings of every citizen are major concerns for individuals, families, societies, and governments anywhere on this planet. This is because for any country to develop economically, scientifically, socially, and politically, its citizens should be in good shape and must have the competences that help them cope effectively up with the challenges of life. One of such competences that individuals need to have is sexual and reproductive health.

Reproductive health is a state of complete physical, mental, and social well-being in all matters relating to the reproductive systems and its functions and processes (Creatsas, 1999). It implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide when and how to do so. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques, and services that contribute to reproductive health and well-being through preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases (STDs).

Seen at a glance, reproductive health care seems more essential for women than men. According to Hubley (1995), health education and family planning programs have tended to neglect men and have emphasized working with women and children. This may be because women take the largest share in matters related to reproductive health care. The predominance of sexual and reproductive health interventions aimed at women is mainly due to the fact that women shoulder a greater burden of reproductive mortality and morbidity as they are endowed with biological and social responsibility to bear and care for children (Hawkes and Hart, 2000).

Moreover, the emphasis on women might be probably because it is relatively easier to reach women than men. Particularly, from an intervention standpoint, one may anticipate that it would be easier to motivate changes in health care behaviour among women than among men. A very high maternal mortality and poor health status of women and children also necessitated most health programs to focus on reduction of maternal and child mortality, and therefore gave little or no attention to men (Verma, 1997).

While these changes have been welcomed in the overall strategy in promoting the welfare of women and children, the criticism which comes in the way of family planning and health programs is that they have ignored the ground realities of reproductive behavior - family structures and gender relations. It has to be recognized that women, particularly in developing countries, are economically and emotionally dependent on their male partners and find it difficult to openly discuss issues like safe sex (Gordon and Kanstrup, 1992, cited in Verma, 1997). In a patriarchal system like that of ours, men have a strong hold over women's reproductive lives and goals. Though men occupy such significant positions that could directly and/or indirectly affect the lives of women, there are no studies conducted to assess men's knowledge, attitudes and beliefs on the issue of sexual and reproductive health. In other words, there has so far been relatively little output vis-à-vis the broader reproductive health agenda (Hawkes and Hart, 2000). With regard to this idea, especially focusing on HIV/AIDS, Hubley (1995) stated that effective AIDS prevention programs should involve finding ways to reach men as important partners in the search for solutions. The rising rates of STDs and HIV infections have also made it clear that the male involvement is essential, as marginalizing them would be harmful to women's health as well (Verma, 1997). However, though all currently available methods to prevent sexual transmission of HIV to a woman require male cooperation, this is not always happening.

Since one of the fundamental causes of HIV/AIDS is sexual interaction, mainly heterosexual relationship, the study of the practices and attitudes of men towards sexual and reproductive health (SRH) is of a paramount significance. It has been indicated in a research carried out in the USA that

much of women's exposure to HIV/AIDS was related to the behaviour of their male sexual partners, rather than their own behaviours (Castaneda, 2000). Given that our culture is highly male-dominated, it is more likely that the attitudes males have and their practices would impinge upon the whole processes of heterosexual contact. Sexuality refers to total sexual make-up of an individual including the physical aspects, attitudes, values, experiences and preferences (Bhende, 1993).

The behavioural and psycho-social aspects of reproductive health issues concerning men revolve around i) the involvement of men in contraceptive programs, ii) assuming greater responsibility and participation in all matters related to marital relations, and iii) promoting greater understanding over male sexual health problems and its management.

The reproductive health package of International Conference on Population and Development (ICPD) (1994) held at Cairo aimed at providing people with a satisfying and safe sex life, capability to reproduce and the freedom to decide when and how often to do so. ICPD also stressed the need to encourage and enable men to take responsibility for their sexual and reproductive behaviour as well as for their social and family roles (UN, 1992, Para 4.25). Thus, males' involvement does not mean simply promoting the use of male methods of contraception. It refers to supportive role to their families, to promoting gender equity, girl's education, women's empowerment and the sharing of child rearing activities and sexuality. The reproductive health approach would remain ineffective unless it incorporates male's point of view even on those issues which are intimately related to women.

The reproductive health program should acknowledge the role of male partners in affecting the decisions to be made by female partners either negatively or positively. Nongovernmental Organizations (NGOs) working in reproductive health programs in various communities should also understand the knowledge and attitudinal base of men in order to design more effective and specific intervention programs (Verma, 1997) that would improve the lives of women and children.

Men are breadwinners and decision makers in most Ethiopian families. This situation has actually adversely affected the work pattern, social role, and educational attainments, etc. of women. In this case, men's impact on the physical, social and mental health of their heterosexual partners is so tremendous. Studies showed that men want more children than women and also that men make ultimate decisions about family size and the use of family planning methods (WHO, 1996). Moreover, men are likely to approve of contraception for others but very few are likely to approve of contraception for personal use or for use by their wives or partners. Resistance to family planning comes from the typical men's belief system that family planning acceptance promotes promiscuity among their wives, causes infertility, leads to deformed children, has serious side effects, and more significantly undermines men's authority as the head of the household (Verma, 1997). In addition to their negative attitudes towards contraceptives and their low practices, men were also involved mainly in sexual violence against their wives. Research showed that husbands take complete control over the body and sexuality of their wives (Khan, 1996; Yegomawork *et al.*, 2003). The knowledge and attitudes of men often play a critical role in the health of women since men often hold decision making power over matters as basic as sexual relations and when and whether to have a child or even seek health care (EngenderHealth, 2004).

As a result, men's knowledge and attitudes towards SRH are determinant factors to be considered in the overall sexual and reproductive health of both men and women. As stated above, men are the dominant decision makers. Consequently, it is sensible to explore their knowledge and attitudes which help to improve their involvement in reproductive health needs of family. Men's attitude is consequential in the adoption of temporary methods of contraception and in limiting the family size (Reddy *et al.*, 2003). Any intervention strategy that aims at promoting the utilization of family planning and reproductive health (FP/RH) services needs to consider their knowledge and attitudes to the enhancement of SRH of women. Services rendered to women by different organizations including Family Guidance Association of Ethiopia (FGAE) would be more effective by examining the attitudes and practices of men towards SRH. This would enable them to devise appropriate intervention programs that bring about

the desired outcomes. Though ultimately it is the whole family that benefits from such positive attitudes and high level of knowledge of men in SRH, the direct beneficiaries of the services would be women. It is with this premise in mind that this study aims at investigating the knowledge, attitudes, values and beliefs of males about SRH.

Method

Research Participants

This study is a survey type conducted on a large population. The population of Bahir Dar is estimated to be about a quarter of a million. Of this population size, we took 400 men who are presumed to be sexually active. The age distribution of the participants is indicated in Table 1. As can be observed from the table, it is evident that 373 (93.25%) of the participants were sexually active and might have either established relationships with sexual partners or might have partners already. As their sexual behaviours and attitudes influence their partners' sexual activities and practices, it is reasonable to include large number of participants from this group.

Table 1: Distribution of participants by age

Age Range	Frequency	
	Number	Percentage
18 – 30	343	85.75%
31 – 40	40	10.00%
41 – 55	17	4.25%
Total	400	100.00%

Source: Authors' Own Construction, 2010

Sampling Techniques

The participants were selected using a purposive-random sampling technique. Assuming the practical significance of studying the beliefs, knowledge and attitudes of men to the sexual and reproductive health of women, we purposely included only male subjects. We also purposely selected a large sample size from a sexually active group of the population. From seventeen *Kebeles* in Bahir Dar city, eight *Kebeles* were taken randomly by using lottery method. From each of the *Kebele* fifty male participants were selected.

Data Gathering Method

A questionnaire with 68 items was adapted from Adamchak, Bond, MacLaren, Magnani, Nelson and Seltzer (2000) and translated into Amharic by language experts. Serious attempt has been made to maintain the cultural fairness, clarity, relevance, and appropriateness of the items. The concordance of the ideas presented in the source language and the second language was checked by two experts. The questionnaire items were in both open-ended and closed-ended formats. The closed-ended items were of two types: multiple choice and rating scale types. The respondents were asked to write their answers to those open-ended items, whereas they were required to select one or more options from the given list of alternatives and to rate the scale which represents their agreement to the ideas presented by the items.

The items were designed to assess the subjects' knowledge about the problem raised, their attitudes towards sexual and reproductive health, and the beliefs they held about contraceptive uses and safe sex practices. In addition to the multiple choice and open-ended items, 12 items, with 3-point scale, where 3 = agree, 2 = don't know and 1 = disagree, were used to measure the knowledge of the participants. Following similar procedures, 16 items were used to measure attitudes, values, and beliefs of the participants. The alpha reliability indices for the rating scales used to measure knowledge was 0.54 while for attitudes, values and beliefs it was 0.84.

Data Gathering Procedures

After the questionnaire was well organized, it was administered to the participants in a house to house condition as well as in offices and working places by four trained data collectors. The data collectors were regular students at Bahir Dar University who were given training by the researchers on how to collect the data. In order to ensure the return rate of the questionnaire and to give clarifications to the participants in case they face difficulties in understanding the items or to avoid any other problems that may arise from the questionnaire items or from the respondents themselves during completing the questionnaire, the research assistants were made to stay with each participant. After the data were colleted analysis was made based on count and percentage of responses given. During data collection, the participants were given the questionnaire to fill in it by themselves if they were literates; otherwise, the data collectors present the items to the participants in the form of structured interview.

Data Analysis

The data collected through open ended items were categorized into themes and presented in qualitative manner. The other data gathered through close-ended items were counted and percentages were used to determine the relative proportions of the respondents on the raised issues. Bar graphs were also used to depict the magnitudes of the respondents' attitudes and beliefs on various themes presented to them.

Results

As stated earlier, the data were collected using both open-ended and close-ended types of questionnaire adopted from Adamchak, Bond, MacLaren, Magnani, Nelson and Seltzer (2000). Accordingly, the data are both qualitative and quantitative. In this part, the results are presented both quantitatively and qualitatively.

Knowledge about Sexual and Reproductive Health Issues

The first item of the questionnaire examines knowledge of the respondents regarding the time when a woman gets pregnant. Their responses are indicated in Table 2.

Table 2. The subjects' responses on when a woman get pregnant

No.	Item	Options	Respondents	
			Number	Percentage
1	During which part of the monthly cycle does a woman have the greatest chance of becoming pregnant?	During her period	28	7.0
		In the middle of her cycle	27	6.8
		Right after her period has ended	79	19.8
		Just before her period begins	87	21.8
		Others	144	36.0
		Don't know/don't remember	18	4.5
	Total		400	100%

Source: Authors' Own Construction, 2010

The respondents were asked to indicate a critical time when there would be a higher likelihood of getting pregnant for a woman following sexual intercourse. Literature in the area of human reproduction suggests that higher probability of getting pregnant will occur when there is sexual intercourse in between two menstrual cycles (e.g., Hurlock, 1985). But as the responses in Table 2 show, only 19.8% of the respondents seem to have the knowledge of that fact. The vast majority of the respondents did not know or have no proper knowledge about the time when pregnancy would take place. Obviously this will have its own adverse effect on the health status of the mother as she would become pregnant any time in her age as well as on the sexual behaviour of the partner. It may be difficult for both parties to take utmost care to prevent unwanted pregnancy.

The other questions presented to the respondents deal with their knowledge about the situations or conditions under which a girl becomes pregnant. Results are presented in Table 3.

Table 3. Respondents' knowledge about the possibility of getting pregnant under different conditions

No.	Conditions (questions)	Responses			
		Yes	No	I don't know	No response
1	Can a girl get pregnant the first time she has sex?	329 (82.3)	30 (7.5)	39 (9.8)	2 (0.5)
2	Can a girl get pregnant if she has sex only once?	337 (84.3)	22 (5.5)	37 (9.2)	4 (1.0)
3	Is it possible for a girl to get pregnant if the boy withdraws before ejaculation?	97 (24.2)	263 (65.8)	33 (8.2)	7 (1.8)

Source: Authors' Own Construction, 2010

The majority of the respondents seem to have a good level of knowledge regarding the possibility of getting pregnant by a girl. As presented in Table 3, large proportions of the study participants believed that pregnancy could take place with the girl's first time sexual experience (82.3%) as well as in only having sex once (84.3%). Moreover, 65.8% reported that the withdrawal of the male's genital before ejaculation will not result in pregnancy, i.e., the girl will not become pregnant if her sexual partner removes his genital from hers before ejaculation.

However, nearly a quarter of the respondents (24.2%) seem to fail to understand that withdrawal prevents pregnancy. This may entail lack of knowledge about the possible effectiveness of withdrawal in avoiding or minimizing the risk of getting pregnant by a girl. This may need due attention.

One factor that may need consideration in sexual and reproductive health is the knowledge individuals have at what age males and females are capable of producing mature germ cells. This would enable them to take actions to avoid the risk of unwanted pregnancy especially in the early years of life before the girl is at least physically and physiologically ready to bear the demands of pregnancy and child bearing and rearing. Accordingly, the respondents were asked the age at which a boy produces mature sperm cell to make the girl pregnant. The responses were so astonishing. More than one-third of them (35.5%) said that if the boy's age is from 10 to 15, he could make the girl pregnant. While 55.8% believed that the boy's age should be between 16-18 years, the remaining, with the exception of the non-respondents, believed that the boy's age should be 18 years and above. Similarly, they were asked, "How old should a girl be to be pregnant?" The responses indicated that a third of the respondents (33%) believed that she should be within the age limit of 10-15 years, about 61% said that a girl becomes pregnant when she is 16 or beyond, of which 21.8% mentioned 18 years as the minimum age where a girl becomes pregnant.

The participants were also asked if they knew of any contraceptive methods. From their responses it is evident that 96.8% (387) of the respondents knew how to avoid getting pregnant. This is encouraging given

the results represent the knowledge level of the society at large. The implication of the responses is that the cognitive level of the participants looks seemingly strong. Concomitant to this, the respondents were requested to answer a question vis-à-vis the types of contraceptives they knew. The responses were as follows.

Table 4. Number and percentage of participants who know specific methods of contraception

Question	Type of Contraceptive	Responses			
		Yes		Don't know	
		N	%	N	%
What are the ways to avoid getting pregnant?	Pills	340	85	60	15
	IUD	282	70.5	118	29.5
	Diaphragm/foam tablets/jelly cream	219	54.8	181	45.2
	Condom	368	92	32	8
	Norplant	313	78.2	87	21.8
	Traditional methods	20	5	380	95
	Non-penetrative sex	109	27.2	291	72.8
	Herbs	10	2.5	390	97.5
	Male sterilization	220	55	180	45
	Female sterilization	219	54.8	181	45.2
	Safe days/abstinence	281	70.2	119	29.8
	Withdrawal	242	60.5	158	39.5
	Others	20	5	380	95

Source: Authors' Own Construction, 2010

As can be seen from Table 4, except non-penetrative sex, traditional methods and the use of herbs, under each method, at least 54.8% of the respondents seem to have knowledge about various scientific methods of contraception that are commonly used. Among the methods mentioned, the most commonly known ones are condom (92%), pills (85%), Norplant (78.2%), IUD (70.5%) and Safe days/abstinence (70.2%). From these data we observe that the participants tend to have high level of knowledge about contraceptive methods. Family planning posters and advertisements that focus especially on the first four could be the main reasons for most of the subjects to have such a good level of knowledge about the methods. These methods are most frequently advertised in a variety of ways.

Though knowledge alone cannot be a guarantee for practice, most of the participants tended to have knowledge of a range of contraceptives. To use or practice the methods they knew, individuals should believe that they are effective in preventing pregnancy or other sexually transmitted diseases. Hence they were asked to indicate whether each method was effective or not in the prevention of pregnancy. The results revealed that the majority of the participants seem to be suspicious of the effectiveness of some contraceptives.

Table 5. Number of participants, who believe that a given contraceptive method is ineffective

Question	Contraceptive method	No of Respondents *
Which contraceptive method is the least effective?	A condom with foam	128 (32.0%)
	A diaphragm with jelly	104 (26.0%)
	A condom only	71 (17.8%)
	Withdrawal	184 (46.0%)
	Pills	22 (5.5%)
	Abstinence (not having sex)	29 (7.2%)
	Rhythm	127 (31.8%)
	Don't know/don't remember	70 (17.5)

Source: Authors' Own Construction, 2010

*Multiple responses were possible.

According to the respondents, using withdrawal is relatively least effective. The danger of withdrawal for the partners is inability to control the sexual energy and feeling that occurs at the time of orgasm. It may be so tempting for both sexual partners to interrupt the heightened sexual feeling that reached its climax and which may give the utmost pleasure for both. In this case the possibility of withdrawing may be unlikely which of course would render it the most ineffective method of preventing pregnancy. The other methods mentioned as least effective were the use of condom with foam (32%), rhythm (31.8%), and diaphragm with jelly (26%). Obviously rhythm could be less effective as there is a danger of getting pregnant due to the irregularity of the menstrual cycle. The responses regarding the ineffectiveness of condom with foam and diaphragm with jelly are a bit confusing. The respondents may have difficulty understanding the benefit of using multiple contraceptives. Otherwise the two methods could not be mentioned as less effective compared to the use of condom only. The most effective method indicated by the participants is the use of pills followed by abstinence.

Sources of Information about SRH

So far we have seen the cognitive level of the respondents on SRH. The results showed that they have a good deal of knowledge about sexual and reproductive health in general. To know about the uses as well as the advantages and disadvantages of contraceptives, individuals should get information. Respondents may get information about sexual and reproductive health from various sources. Hence, it is worthwhile to look at the sources of their knowledge. To this end they were asked to indicate their sources of information about sexual and reproductive health matters.

Table 6. Sources of information about contraceptives

Question	Sources of information	No of respondents*
If you wanted to get information about ways to avoid pregnancy, who would you talk to?	Brothers	35 (8.8%)
	Sisters	46 (11.0%)
	Male health workers	282 (70.5%)
	Female health workers	300 (75.0%)
	Sexual partner	105 (26.2%)
	Male adults	56 (14.0%)
	Female adults	54 (13.5%)
	Grandmothers	25 (6.3%)
	Grand fathers	28 (7.0%)
	Wife	65 (16.2%)
	Female friend	53 (13.2%)
	Male friend	71 (17.8%)
	Religious leaders	71 (17.8%)
	Others	34 (8.5%)
	No one	10 (4.0%)

Source: Authors' Own Construction, 2010

*Multiple responses were possible.

Results in Table 6 revealed that the major sources of information for the participants were both female and male health workers. In other words, they prefer to go to female health worker (75.0%) and male health worker (70.5%) to other sources. It was also found that only 4% of the subjects seek no one as source of information regarding ways of getting and/or using contraceptives. These subjects may get information about contraceptives from media and their own readings. The data also showed that the majority

of the participants (72.25%) obtain information from multiple sources, whereas 23.75% reported using a single source of information.

The subjects were also asked where they go to when they face problems related to SRH. Their responses are presented in Table 7.

Table 7. Sources of information regarding SRH

Question	Place where to go	No of respondents
When you face a reproductive health problem or question, or any support related to it, where would you go for help?	Clinic/hospital	288 (72.0%)
	Health worker	306 (76.5%)
	Peer counselor (e.g., FGAE)	275 (68.8%)
	Youth center	63 (15.8%)
	Friend	28 (7.0%)
	Parent	17 (4.3%)
	Relative	31 (7.8%)
	Teacher	8 (2.0%)
	Others	5 (1.2%)

Source: Authors' Own Construction, 2010

Consistent with the results obtained and presented in the previous table, the majority of the respondents reported that they visit health workers, hospitals as well as family planning centres for advice related to sexual and reproductive health. This shows that they are well aware of the places where such services can be well provided.

Individuals who have higher levels of cognition about sexual and reproductive health are expected to have an understanding of safe sex. To test their knowledge about safe sex, participants were asked what "safe sex" means to then. As indicated in Table 8 the respondents tend to have a moderate level of understanding about safe sex.

Table 8. Understanding about safe sex

Item	Options	Responses	
		Yes	No
Safe sex means	Early marriage	26(6.5%)	374 (93.5%)
	Abstaining from sex	98 (24.5%)	302 (75.5%)
	Using condom	249 (62.2%)	151 (37.8%)
	Avoiding multiple sex partners	207 (51.8%)	193 (48.2%)
	Avoiding sex with prostitutes	44 (11.0%)	356 (89%)

Source: Authors' Own Construction, 2010

To the majority of the participants safe sex does mean using condom during sexual intercourse, as well as avoiding multiple sex partners. The surprising result is that avoiding sex with prostitutes was not considered a type of safe sex. This could probably be explained by their contention of the use of condom as a safe sex. They could mean that as long as they use condom during intercourse, it may not be a problem to have sex with prostitutes. But they seem to forget the high risk of getting infected with HIV/AIDS. There is a high probability that a person may get infected if he makes sexual intercourse with prostitutes. Though the use of condom may reduce the risk, it cannot completely avoid or stop it as there are probabilities that the condom may burst or be torn, or even under some circumstances the sexual partners could be tempted to have sex without condom if their sexual gratification overrides their logical thinking. Abstaining from sex was only considered a safe sex by about a quarter of the respondents.

The other aim of the study was to investigate the number of children participants wish to have, the ideal age of the mother to have her first child, the problems caused by giving births during teenage, and the beliefs they held about having a child when the mother is a teenager. One of the questions presented to them was: What are the good things about having a child while your wife or girlfriend is a teenager? The responses are indicated in Table 9.

Table 9. Good things about having a child when the mother is a teenager

Reasons for having a child	No of Respondents
Having a baby to love	67 (16.8%)
Having a child's love	91 (22.8%)
Getting married early	48 (12.0%)
Proving your fertility	64 (16.0%)
Showing your maturity	54 (13.5%)
Enjoying them growing up	50 (12.5%)
Having a partner to love	75 (18.8%)
Having security during old age	110 (27.5%)

Source: Authors' Own Construction, 2010

The results showed that the reasons for having a child when the mother is a teenager are diverse. More than a quarter of the respondents (27.5%) said that the good thing to have a child when the mother is a teenager is to get a child who can take care of them during old age. The next reason mentioned was "having a child's love" (22.8%), which signifies their interest in having a child who loves them. This situation may have a negative repercussion on the mother's health as well as on the life of the child. The age at which the mother gives birth will affect the physical and psychological health of the mother, specially when her age is below 18. The responses of the participants could imply that the majority of them tend to have low level of knowledge regarding this issue.

We also wanted to know the extent to which the participants understand the effect of early pregnancy or childbirth on a teenager. To tap their cognitive level on the issue they were asked: "Are there any reasons why pregnancy/childbirth should be avoided when the mother is a teenager?" Of the total 400 respondents 342 (or 85.5%) said "Yes", 42 (10.5%) reacted otherwise, and 10 (2.5%) said "Don't know". The remaining were non-respondents. The participants were also asked the reasons for avoiding pregnancy when the mother is a teenager. The results are indicated in Table 10.

Table 10. Reasons to avoid pregnancy/childbirth when the mother is a teenager

Reasons	No of participants
Mother could die	236 (59.0%)
Baby could be unhealthy	93 (23.3%)
Children are too costly	186 (46.5%)
Affects mother's educational chances	230 (57.5%)
Child could die	72 (18.0%)
Mother alone cannot take care of child	108 (27.0%)
Others	73 (18.2%)

Source: Authors' Own Construction, 2010

The reasons are mainly gravitated towards the mother and did not take into account the effect teenage pregnancy/childbirth has on the baby. As indicated in the table, the major reasons to avoid teenage pregnancy and/or childbirth were the mother could die during childbirth and it could affect her educational chances. The respondents' knowledge about the effect of childbirth or teenage pregnancy on the child looks low.

In the Ethiopian context, in most societies, it is the husband who almost always decides to have or not to have children. In other words, the number of children is determined by him. To know how many children the participants wish to have or already had, they were asked the following question: What would be the ideal number of children for you? The results indicated that the ideal number of children they wish to have range from 1 to 8. Two hundred and forty-one respondents wish to have or already had 1-3 children, 145 wanted to have 4 or more children, and 44 did not indicate the number of children they wish to have or had. Still the number of children they wish to have is relatively large, though the majority of them preferred to have fewer children (1-3). This could be one area where we may give due attention to in the future.

The knowledge level of the respondents with regard to the sexual and reproductive issues presented in Table 11 is astonishingly high, except for item no 2 where the respondents were not certain about the side effects of pill and the manner such side effects go away. A quarter of the respondents (101 or 25.2%) thought that HIV/AIDS is curable in some ways. The great majority of the respondents, however, said that it is not curable in any way.

Table 11. Reproductive health knowledge of the respondents

No.	Statements	No of Respondents*		
		Agree	Disagree	Don't know
1	A woman must use the pill every day for it to be effective.	300 (75.0)	50 (12.5)	46 (11.5)
2	Side effects from the pill, such as nausea, go away a few months after a girl starts using it.	126(31.7)	63 (15.8)	204 (51.0)
3	The pill can cause infertility.	102 (25.5)	218 (54.5)	74 (18.5)
4	Taking the pill is riskier than getting pregnant.	66 (16.5)	270 (67.5)	59 (14.8)
5	A person can always tell by looking that another person has a sexually transmitted infection.	22 (5.5)	345 (86.2)	28 (7.0)
6	If signs of a sexually transmitted infection disappear, it means that the person no longer has the disease.	23 (5.8)	323 (80.8)	48 (12.0)
7	A healthy-looking person can be infected with HIV.	362 (90.5)	25 (6.2)	8 (2.0)
8	A person can get HIV/AIDS the first time he or she has sex.	343 (85.8)	38 (9.5)	16 (4.0)
9	AIDS is curable in some cases.	101 (25.2)	268 (67.0)	25 (6.2)
10	HIV infection could be passed through sharing eating utensils with someone who has AIDS.	44 (11.0)	345 (86.2)	6 (1.5)
11	A person can get AIDS through circumcision.	364 (91.0)	24 (6.0)	7 (1.8)
12	A person can get AIDS through mosquito, flea or bedbug bites.	24 (6.0)	355 (88.8)	17 (4.3)

Source: Authors' Own Construction, 2010

* The remaining proportions were non-respondents to each item.

Attitudes, Beliefs and Values

Condom Use

The subjects were asked about the importance (advantages) and disadvantages of using condom as well as their knowledge on how to use condoms. The results are presented in Table 12. Out of the listed advantages of condom, the majority of the participants responded that it is useful to prevent STIs (including AIDS) and pregnancy. Here it may be inferred that the subjects gave more value to condom both as a preventive way of STIs and as a contraceptive method. This may imply that they use it to prevent themselves from getting infected by sexually transmitted diseases and to avoid the occurrence of pregnancy. Hence the belief they have about the advantage of condom seem to be high and their attitudes towards it seem to be positive.

Table 12. Subjects' responses on the advantages of condoms

Question	Answers	No of respondents	
		Yes	No
What are the advantages of using condoms?	No advantages	12 (3.0)	388 (97.0)
	Pregnancy prevention only	132 (33.0)	268 (67.0)
	Ease of usage	131 (32.8)	269 (67.2)
	STI, AIDS and pregnancy prevention	352 (88.0)	48 (12.0)
	AIDS prevention only	136 (34.0)	264 (66.0)
	Neatness	100 (25.0)	300 (75.0)
	Feel safer/protected	379 (94.8)	21 (5.3)
	Others	21 (5.2)	379 (94.8)

Source: Authors' Own Construction, 2010

In addition to its advantages, they feel that condom may also have some disadvantages.

Table 13. Responses on the possible disadvantages of using condoms

Question	Description	Options	
		Yes	No
What are the disadvantages of using condoms?	There are no disadvantages	73 (18.2)	327(81.8)
	Reduces pleasure	148 (37.0)	252 (63.0)
	Can come off inside the woman	145 (36.2)	255 (63.8)
	Can burst	285 (71.2)	115 (28.8)
	Shows lack of trust in your partner	101 (25.2)	299 (74.8)
	Unsafe (not 100 percent effective)	218 (45.5)	182 (45.5)
	Causes itchiness (discomfort)	76 (19.0)	324 (81.0)
	Ruins mood	81 (20.2)	319 (79.8)
	Other	21 (5.2)	379 (94.8)

Source: Authors' Own Construction, 2010

The main disadvantage of using condom identified by the respondents is their fear that it may burst out during sexual intercourse. As a result of this, they reported, using condom is not 100% safe or effective. It is also evident from the table that more than a quarter of them felt that the use of condom could be a demonstration of lack of trust in the sexual partner. Only 16.5% of the subjects believed that using condom has no disadvantage. The remaining (more than 83%) seem to believe that it has disadvantages of some sort.

Beyond having positive attitudes, values and beliefs about the advantages and disadvantages of condom, knowing when to use it is the most consequential and worthwhile task to be expected of the respondents. Accordingly they were asked to indicate when they use condom. The results are presented in Table 14.

Table 14. Conditions under which the respondents would use condom

Question	Description	No of respondents	
		Yes	No
When do you think you would use a condom?	Never	33(8.2)	367 (91.8)
	For casual sex	303 (75.8)	97 (24.2)
	In a stable boy-girl relationship	121 (30.2)	279 (69.8)
	When having sex with prostitutes	247 (61.8)	153 (38.2)
	In a husband-wife relationship	28 (7.0)	372 (93.0)
	When one has multiple sexual partners	224 (56.0)	176 (44.0)
	Other	21 (5.3)	379 (94.8)

Source: Authors' Own Construction, 2010

As shown in Table 14, only 8.2% of the subjects reported that they would never use condom in any condition. The vast majority of the respondents said they would use condom under various conditions.

The tendency to use condom may depend on the situation and the goal of one's sexual engagement. If one engages in sexual activity with a prostitute or a casual sex partner, the purpose of using condom will be to prevent one self from STIs, including HIV, as well as to avoid unwanted pregnancy. Under this condition, the likelihood of using condom would be high. But if it is being used with a stable lover or a wife, the main purpose may be to prevent pregnancy. The results vividly demonstrated this pattern of relationship.

The majority of the subjects reported that condom should be used whenever there is casual sex (303 or 75.8%), when one has sex with a prostitute (61.8%) and when one has multiple sexual partners (56.0%). Only a few respondents (7%) believe that condom could be used in a husband-wife relationship.

To help individuals develop their cognition, attitudes, values, and beliefs about contraception, the use of contraception including condom should be promoted using various media. To know what attitude the respondents have about such promotional activities, they were asked a question: Do you believe that discussing contraceptives with young people promotes promiscuity? The majority of the respondents (309 or 77.2%) said that discussing contraceptives with young people does not promote promiscuity.

Though the extent to which parents openly discuss issues of this kind with their children looks so questionable due to cultural influences, having positive opinion regarding the importance of informing children of the matter shows that there is a fertile ground to design intervention programs related to SRH.

Participants' Attitudes towards Future Plans on SRH Issues

The subjects were asked about their future plans for using contraceptives. Tables 15 and 16 show the results with regard to these issues.

Table 15. Respondents' plan to use contraceptives in future sexual relations

Question	Plans	No of Respondents
Which of the following attitudes best describes your plans about using a contraceptive the first/next time you have sexual intercourse?	I plan to use a contraceptive and will not have sex without using one.	152 (38.0%)
	I plan to use a contraceptive, as long as it's convenient.	78 (19.5%)
	I plan to use a contraceptive, as long as my partner doesn't object.	59 (14.8%)
	I plan to use a contraceptive only if my partner insists on it.	6 (1.5%)
	I do not plan to use a contraceptive.	35 (8.8%)
	Don't know	70 (17.5%)

Source: Authors' Own Construction, 2010

With regard to their plan to use contraceptives, as presented in Table 15, it was found that 152 or 38% of them use contraceptives during sexual relations with their partners. About 45% of the participants use contraceptives depending on some conditions. For instance about one-fifth

of them said that they use contraceptives if they find it convenient. This attitude may represent some reluctance in using contraceptives consistently. Strict examination of the responses of the subjects in relation to risk behaviour may imply that a large proportion of them seem to have risky plans. About one-fourth of the respondents (26%) did not identify their plans. This may be due to the fact that they haven't found a plan that fits theirs from the list, or they may not know what to do, or sex could be regarded by these people as something casually done.

One major task of men is getting relevant information from various sources regarding SRH and related matters. They were asked to indicate their future plans to seek information and to get services from service providers like clinics, hospitals, and other health centres. The results in Table 16 revealed that only 24 or 6% reported that they did not have plan to see a provider at all, and a quarter of them did not know what plan they have in the future. The rest of the respondents have a plan to seek information, services or both.

Table 16. Future plans to seek information, services, and visit service providers

Question	Plans	No of respondents
Which of the following attitudes best describes your plans about going to see a reproductive health provider for information, advice and/or services?	I do not plan to see a provider at all.	24(6.0%)
	I may see a provider for some information.	71 (17.8%)
	I may see a provider for services.	71 (17.8%)
	I definitely plan to see a provider for information.	27 (6.8%)
	I definitely plan to see a provider for services.	11 (2.8%)
	I definitely plan to see a provider for services and information.	96 (24.0%)
	Don't know	100 (25.0%)

Source: Authors' Own Construction, 2010

The other purpose of the study was to investigate the plan participants have regarding the type of contraceptives to use. Results in Table 18 demonstrated that more than 232 (58%) intend to use injections (like Depo-Provera) and almost equal number of participants plan to use pills (41%) and condom (41.2%), while a third of them wanted to use Rhythm (33.3%).

Table 17. Intention to use contraceptive methods in the future

Question	Contraceptive Methods	No of Responses
Which of these methods do you intend to use in the next year?	Pills	164 (41.0%)
	Injections (Depo-Provera)	232 (58.0%)
	Condom	165 (41.2%)
	Rhythm	133 (33.3%)
	Withdrawal	32 (8.0%)
	Don't know	11 (2.8%)

Source: Authors' Own Construction, 2010

Their preference for injection may be due to its convenience (single administration every three months) and minimal risk of forgetting to take contraceptives every day like pills and the discomfort they may have in using condom. These findings agreed with the results reported earlier. In the previous section, it has been reported that respondents found withdrawal as the least effective method. This could be the reason for having no plan to use it as a means of contraception.

Table 18. Attitudes, values and beliefs of respondents about SRH

No.	Statements	No. of Responses			
		Agree	Disagree	Don't know	No response
1.	A girl should have sex before she gets married	7 (1.8)	309 (77.3)	74 (18.5)	10 (2.5)
2.	A boy should have sex before he gets married.	9 (2.3)	297 (74.3)	83 (20.8)	11 (2.8)
3.	It is necessary for a girl to get pregnant shortly before marriage.	6 (1.5)	375 (93.8)	12 (3)	7 (1.8)
4.	Unmarried young people who are having sex should use a contraceptive method to avoid pregnancy.	17 (4.3)	60 (15.0)	315 (78.8)	8 (2.0)
5.	When a girl uses contraceptives, it will probably be more difficult for her to have children later on.	64(16.0)	240 (60.0)	87 (21.8)	9 (2.3)
6.	If a young person is desperate for school fees or to learn a trade, it is OK to have an adult pay for the education in exchange for sex from the young person (i.e., a "sugar daddy" or "sugar mommy").	11 (2.8)	356 (89.0)	24 (6.0)	9 (2.3)

Table 18... cont'd

7.	Young people's knowledge of contraception encourages them to have sex with many people.	9 (2.3)	334 (83.5)	49 (12.3)	8(2.0)
8.	A girl who carries condoms in her purse cares about herself.	11 (2.8)	59 (14.8)	317 (79.3)	13 (3.3)
9.	If a person carries condom, that implies the person plans to have sex.	14 (3.5)	300 (75.0)	75 (18.8)	11 (2.8)
10.	You can easily afford to buy condoms anytime you want to.	13 (3.3)	42 (10.5)	337 (84.3)	8 (2.0)
11.	When a relationship moves from casual to serious, it is no longer necessary to use a condom.	13 (3.3)	255 (63.8)	121 (30.3)	11 (2.8)
12.	A woman would lose a man's respect if she requested that he uses a condom.	18 (4.5)	302 (75.5)	70 (17.5)	10 (2.5)
13.	It is embarrassing to purchase a condom.	7 (1.8)	337 (84.3)	43 (10.8)	13 (3.3)
14.	Using condoms is a sign of not trusting your partner.	12 (3.0)	310 (77.5)	66 (16.5)	12 (3.0)
15.	Using condoms is a sign of mutual respect.	12 (3.0)	58 (14.5)	322 (80.5)	8 (2.0)
16.	Condoms are easy to use.	35 (8.8)	56 (14.0)	301 (75.3)	8 (2.0)

Source: Authors' Own Construction, 2010

Finally the attitudes, values and beliefs of respondents about SRH were examined. As repeatedly discussed elsewhere in the paper, the attitudes, values and beliefs of men towards SRH are crucial in determining the type of contraceptives to be used, the use of contraceptives by their female counterparts, as well as with deciding the number of children to have. As a result their attitudes, beliefs and values regarding SRH were assessed. The results were shown in Table 18.

The responses of the participants indicated that attitudes towards premarital sex seem to be negative. This was shown in their responses to items 1, 2, 3. The vast majority of the respondents said that girls or boys need not have sex before marriage. Though the practice somehow deviates from the beliefs they held, it implies that if conditions could allow them to practice it they may do it. About 79% of the respondents however were not sure whether the use of contraceptive during sexual relation for those unmarried young people would avoid pregnancy.

As presented in the table, the majority of the participants' reaction to items 3, 6, 5, 7, 13, 14, 9, 1, 2, and 11, was negative. From the responses given in Table 18, we can clearly see that the participants seem to have positive attitudes, values and/or beliefs about the use of contraceptive methods including condom. But their reaction to the idea that unmarried young people need to use contraceptive to avoid pregnancy was a bit confusing. It is not known whether they are dubious of the role it plays or fail to understand the item. In general, however, the participants consistently reported that they know how to use condoms, where to get it, the use of condoms, and contraceptives. Moreover, they discourage premarital sex practice to ensure virility and the ability to play sexual "game". Although sexual matters are private on the one hand and social on the other, the participants seem to have the idea that exchanging sex for money with "sugar daddy/mommy" should not be practiced by young people.

Conclusions and Implications

The level of knowledge, attitudes, values and beliefs men have about sexual reproductive health would help their female partners to have healthy sexual relationship, proper use of contraception, to make decisions regarding number of children they wish to have, to ask their male partners to use condoms, to play similar roles as men do, and to avoid the risk of getting infected with HIV/AIDS and other STDs.

Sexual and reproductive health matters are not things to be left to females alone. Men's awareness, attitudes, beliefs, and value systems are decisive factors for successful interventions to be taken in the effort to fight the spread of HIV/AIDS, to control population size, to have healthy mothers and children, and to enhance the economic strength of women. From the results obtained the main points were as follows. Except with respect to the time at which a woman has a high probability of being pregnant, the subjects displayed a good deal of knowledge about various sexual and reproductive health issues. In this regard, the media played a significant role in enhancing their awareness level. Further awareness creation mechanisms about sensitive periods for getting pregnancy and related issues need to be devised to develop and nurture their knowledge regarding fertility and child birth. The majority of them seem to have adequate knowledge about who they should contact and where to go when they are in need of information or when they face problems related to SRH. They also reported that it is easy to get contraceptives for both males and females. However, parental disapproval and difficulty of access were considered as factors for young females and males, which imply the need to work on that area in schools, civic society fora, and other media.

They have also a positive attitude, beliefs, and values regarding SRH. They planned to use contraceptives of various types mainly injections, pills, and condoms, in that order. This implies that those who supply contraceptives should take into account the preferences of the participants. The study revealed that the participants' cognitive and affective levels are high. But

the extent to which they put them in practice is not known. In any case, efforts should be made to encourage men to play role in enhancing the behavioural changes that would bring about the goal of SRH. Further research may also be done to assess the behavioural level of men to make sure whether they practice what they know.

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