Husband's Knowledge and Involvement in the Reproductive Rights of Women in Harar, Eastern Ethiopia

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Abstract

Objective: Reproductive rights violations are a serious public health concern worldwide, particularly in Sub-Saharan Africa including Ethiopia, where more than 38.83% of victims are living. Understanding the status of husbands' knowledge and involvement helps to set important programs and interventions. However, there is a paucity of data related to husbands' roles in women's reproductive rights in the study setting. Therefore, this study aimed to assess husbands' knowledge and involvement in women's reproductive rights and associated factors in Harar, eastern Ethiopia.

Methods: A community-based cross-sectional study was conducted on 611 husbands in March 2020. A multi-stage sampling and a systematic random sampling technique were used to select districts and study participants. Data were collected using an interviewer-administered questionnaire. Data were entered using EpiData 3.1 and analyzed with SPSS Version 22. Multivariable logistic regression was used to examine associated factors. An adjusted odds ratio (AOR) with a 95% confidence interval (CI) was used, and a p-value <0.05 was considered statistically significant.

Results: The magnitude of husbands' knowledge and involvement were 48.3% and 40.1% respectively. Social media utilization (AOR=4.97; 95% CI: 2.79-8.85), Spousal discussion (AOR=2.33; 95% CI: 1.60-3.39), nearby facility types: hospital (AOR=3.21; 95% CI: 1.23-8.36) and health post (AOR=2.86; 95% CI: 1.20-6.94) were associated factors with knowledge of husbands. Likewise, experience of using reproductive health services (AOR=2.15; 95% CI: 1.52-3.03), spousal discussion (AOR=1.95; 95% CI: 1.35-2.82), social media use (AOR=1.74; 95% CI: 1.05-2.89) and age 40 to 49 years (AOR=1.99, 95%CI: 1.19-3.32) were associated with husbands involvement.

Conclusions: Less than half of the husbands were knowledgeable and involved in the protection of partners' reproductive rights. Promoting and creating effective media utilization is very important to create awareness of reproductive rights. Moreover, using reproductive health services and empowering women to have an open discussion is crucial to increase the knowledge and involvement of husbands.

Introduction

Reproductive rights are the rights of an individual to decide and choose about reproduction free of discrimination, coercion, and violence [1, 2, 3]. The mid-1990s marked an important milestone internationally regarding the roles and responsibilities of men in the reproductive right of women [4, 5]. Before this time, relevant policies, programs, and strategies were exclusively focused on women and promoted their roles in improving reproductive rights. The Cairo International Conference on Population and Development (ICPD), was the first global initiative that urged for extending the focus beyond women and emphasized the shared responsibility of men [1]. Subsequently, more initiatives began to target men in programs related to reproductive health including World Health Organization (WHO) and other international organizations [1, 2, 3].

Globally one-third of women experience intimate partner violence (IPV) [6]. These violations are a serious public health concern throughout the world, but it's notably present in low and middle-income countries (LMICs) particularly in Sub-Saharan Africa including Ethiopia, where 38.83% of the women abused by their intimate partner [7, 8, 9, 10, 11, 12, 13]. Women's reproductive right needs due attention because of its violence happens worldwide and it is a serious challenge for the health of women [1, 7, 14].

However, the lack of partners' knowledge of reproductive rights is among the factors related to IPV [15, 16]. The violence is related to physical, sexual, psychological, emotional, and access to reproductive education, and family planning [14]. Decrease utilization of women's healthcare services, unintended pregnancies, pregnancy-related symptom distress (antenatal, intranatal and postnatal depression), inadequate prenatal care, induced abortion, and sexually transmitted

infections were the most frequent adverse maternal health-related outcomes after IPV during pregnancy that results in a high burden of maternal morbidity and mortality [14, 17, 18, 19, 20, 21, 22, 23].

Available evidence indicated that maternal health outcomes in LIMCs are related to the inadequacy of husbands' knowledge and involvement related to reproductive rights, lack of reproductive education, and spousal discussions which are the main cause of violations in reproductive rights [22, 24, 25, 26, 27, 28, 29]. Likewise, major contributing factors related to male partners' involvement in partners' reproductive rights are accessibility and utilization experience of reproductive health services, lack of spousal discussions on reproductive health and transportation access, and time to reach a health institution [30, 31, 32].

To achieve the Sustainable Development Goals (SDGs), the United Nations agenda related to gender equality, and empowering all women which is important to ensure universal access to sexual and reproductive rights for women seated for 2030 [1]. Likewise, the Ethiopian minister of health set seven strategic directions to prevent women's reproductive and human rights [6, 33]. Appropriately and effectively promoting the involvement of men in the protection of women's reproductive rights requires an understanding of the current status of husbands' knowledge and involvement helps to set important programs and interventions on maternal healthcare needs in general and respecting women's reproductive rights in particular. There is a paucity of data related to husbands' knowledge and involvement and associated factors on women's reproductive rights in eastern Ethiopia. Therefore, this study aimed to assess husbands' knowledge and involvement in women's reproductive rights and associated factors in Harar, eastern Ethiopia.

Methods And Material

Study setting and design

A community-based cross-sectional study was conducted in March 2020 in Harari Regional State, eastern Ethiopia which is located 526 km from Addis Ababa, the capital city of Ethiopia. The region had an estimated 226,000 population with 125,000 urban and the remaining were rural populations [34]. This region is structured with 9 woredas (districts), six urban and 3 rural, and comprises 19 city kebeles (smallest administration unit) and 17 rural kebeles. We included all married male partners who have lived in Harar city. However, male partners who were severely ill and not living in the city during the study period were excluded.

Sample Size and sampling procedure

The sample size was determined using a single population proportion formula considering the following assumptions; 5% level of significance ($\alpha = 0.05$), 95% CI, a design effect of 1.5, and a proportion of 50% (to obtain maximum sample).

Therefore, the final sample size for this study was 633 and 10% a non-response rate. $n = \frac{(Z_{\alpha/2})^2 \times p(1-p)}{d^2}$. The multi-stage sampling technique was used to select 4 districts using simple random sampling. Then from the selected district, we had selected 2 kebeles from each district using a simple random sampling technique. After that, we had distributed the sample to selected 8 kebeles based on proportionately allocated sample size. Finally, we had employed required study subjects using a systematic random sampling technique. A sampling interval (k) of 5 was used for each kebele to select male partners, where the first eligible man was selected using the lottery method.

Data Collection Methods

Data were collected using a pretested structured questionnaire adapted from different studies [15, 35] and modified to make inline with the local context. The questionnaire was translated from English into local languages (Affan Oromo and Amharic). Then, it was translated back into English to maintain consistency. The questionnaire contained three parts; socio-demographic characteristics, husband's knowledge, and involvement related to reproductive rights and reproductive

health-related questions. Through face-to-face interviews, eight diploma nurses and midwives were collected the data, and two supervisors checked and monitored the data collection process daily. Regarding knowledge of reproductive rights, husbands who scored above the mean score value in the 11 knowledge measuring questions (each correct answer has a score = 1, wrongly answered and do not know response scores = 0) were considered knowledgeable. Likewise; Husband involvement was defined as partners' current support or help to his partner in use or exercising of her reproductive rights. We used 7 questions to assess husbands' level of involvement in partners' reproductive rights (each correct answer a score = 1, each wrongly answered and do not know response score = 0). Overall current involvement in partners' reproductive rights was categorized as good (score $\geq$ mean) and poor (score < mean) [35].

Data Quality Control

Two days of training was given to all the data collectors and supervisors. A pretest was carried out on 5% (Hakim district not included in the final sample) of the total sample size before the actual data collection. Based on the findings of the pretest, modifications to the questionnaire were made. The data collection process was closely supervised, and the completeness of each questionnaire was checked by the investigators and the supervisors daily. During data cleaning, a logical checking technique was employed to identify errors. Finally, double data entry was performed to check the consistency of the data.

Data Processing and Analysis

The data were coded and entered into Epi Data Version 3.1 and exported to the Statistical Package for Social Sciences (SPSS) Version 22 statistical software for analysis. Univariate analysis was used to describe the frequency distribution of each variable. The outcome variables were coded as "1" for knowledgeable and good involvement, whereas "0" for not knowledgeable, and poor involvement of husbands. The association between the outcome variables and independent variables was analyzed using a logistic regression model. Covariates with a P-value ≤ 0.25 were retained and entered into the multivariable logistic regression analysis using a forward stepwise approach. Multi-collinearity was checked to see the linear correlation among the independent variables by using variance inflation factor (> 10) and standard error (> 2) and goodness-of-fit was checked by Hosmer-Lemeshow test (> 0.05). Adjusted odds ratio (AOR) with 95% confidence intervals (CI) using a p-value < 0.05 was considered a statistically significant association with the outcome variable.

Results

Sociodemographic Characteristics

A total of 611 study participants were included, yields a response rate of 96.5%. The age of respondents ranged from 20 to 79 (mean $\pm$ SD = 44 ± 13.79) years. Two hundred fifty-two (41.2%) participants were employed. One hundred eighty-three (30.0%) husbands had a secondary and above level of education. More than four-fifth (84.1%) of the respondents used social media, of which nearly three-fourth (75.3%) used more than one social media weekly. Despite, 513 (82.3%) respondents have lived near to the health facilities which is less than 30 minutes, the majority (91%) of them reported that no access to reproduction education (Table 1).

Table 1
Distribution of the study participants by their socio-demographics and source of information, Harar Town, March 2020, eastern Ethiopia March 2020. (N = 611)

Variables	Category	Frequency	Percent
Age (in complete years)	< 30	119	19.5
	30–39	135	22.1
	40–49	164	26.8
	50 and above	193	31.6
Occupation	Employed	252	41.2
	Merchant	221	36.2
	Farmer	116	19.0
	Laborer(daily)	22	3.6
Level of education	No formal education	52	8.5
	Primary(1-8th grade)	376	61.5
	Secondary and above	183	30.0
Type of social media use	Radio only	16	2.6
	Television only	98	16.0
	Newspaper only	37	6.1
	More than one media use	363	59.4
Marriage type	Arranged marriage	507	83.0
	Love marriage	104	17.0
Time to reach a health institution30 minutes	15 minutes or less	178	29.1
	16–30 minutes	335	53.2
	Above 30 minutes	108	17.7
Access to reproduction education	Yes	55	9.0
	No	556	91.0

Knowledge of husbands about Partners' Reproductive Rights

The mean Knowledge score was 5.64(SD $\pm$ 1.65) with a minimum and a maximum score of 2 and 10 respectively. Accordingly, 48.3% (95%CI: 44.5–52.2) of the husbands were knowledgeable about the reproductive rights of their wives (Fig. 1). Participants were asked whether married women and men have equal reproductive rights and two hundred sixty-one (42.7%) of them responded correctly. More than two-thirds (68.2%) of husbands agreed that all married women must be free to enjoy and control their sexual and reproductive life as shown in (Table 2).

Table 2: Knowledge assessment related to husbands about Partners' Reproductive Rights in Harar town, eastern Ethiopia, March 2020. (N=611)

Knowledge Questions	Freq. Yes	Percent %	FrEq. No	Percent %
Married women and married men have equal reproductive rights	261	42.7	350	57.3
Married women have the right to acquire reproductive health-related information/education where it is accessible without their partners' consent	290	47.5	321	52.5
Married women have the right that their reproductive health issues are kept confidential/ secret	365	59.7	246	40.3
Married women have the right to maternity leave with adequate social security benefits	290	47.5	321	52.5
Married women have no full right to access all Reproductive health services without partners' consent	352	57.6	259	42.4
Married women have no right to autonomous reproductive service choices without their partners' consent	330	54.0	281	46.0
Married women have no right to limit the number of their children according to their desire without their partners' consent	365	59.7	245	40.1
All married women must be free to enjoy and control their sexual and reproductive life	417	68.2	194	31.8
Married women have no right to use contraceptives without their partners' consent	276	45.2	335	54.8
It is sometimes justifiable/good for a husband to hit his partner	241	39.4	370	60.6
A husband should get sex whenever he wants irrespective of partner's will	247	40.4	364	59.6

Husband Involvement in Partners' Reproductive Rights

The magnitude of the husbands' who had good involvement in partners' reproductive rights was 40.1% (95% CI: 36.2–44). The mean score of involvement was 3.53 (SD $\pm$ 1.65) and their minimum and maximum scores were 1 and 7 respectively. The majority (70.0%) of study participants did not support the use of contraceptive methods for their partners, and 328 (53.7%) husbands did not support reproductive education access to their partners. However, 346 (56.6%) participants support partners to use reproductive services like prenatal care, facility-based delivery, and postnatal care as indicated in (Table 3).

Table 3

Response of husband involvement questions about partners' reproductive rights in Harar Town, eastern Ethiopia, March 2020. (N = 611)

Involvement questions	Yes N	%	No N	%
Supporting partner to use contraceptive methods	183	30.0	428	70.0
Supporting partner to acquire reproductive right related information/education where it is available	283	46.3	328	53.7
Supporting partner to get sexual freedom	335	54.8	276	45.2
care for a partner to use health care services (like antenatal care, institutional delivery, postnatal care) when needed	320	52.4	291	47.6
Supporting partner to use reproductive health care services like prenatal care, safe delivery, and postnatal care	346	56.6	265	43.4
Supporting partner to use reproductive services like family planning, safe abortion, etc. by her own choice	349	57.1	262	42.9
Helping partner to know to have equal reproductive rights	342	56.0	269	44.0

Regarding the main reason for non-involvement in reproductive rights were being busy with other life issues, religion, living in different places, lack of knowledge, and money presented in Fig. 2.

Factors Associated with husband Knowledge in Partners' Reproductive Rights

In the multivariable logistic regression analysis, the use of social media, discussion on reproductive health, and type of nearby health facility were found to have a significant association with husbands' knowledge on the reproductive rights of their partners. Male partners who used social media were nearly 5 times (AOR = 4.97, 95% CI: 2.79–8.85) more likely to be knowledgeable than their counterparts. Partners who had an open discussion on their reproductive health were 2 times (AOR = 2.33, 95% CI: 1.60–3.39) more likely to be knowledgeable on partners' reproductive rights than those partners who did not have a discussion. Moreover, male partners who had nearby a hospital (AOR = 3.21, 95% CI: 1.23–8.36), and health post (AOR = 2.86, 95% CI: 1.20–6.94) were approximately 3 times more likely to be knowledgeable on partners' reproductive rights compared with their counterparts as shown in (Table 4).

Table 4
Factors associated with knowledge of husbands about partners' reproductive rights in Harar Town, eastern Ethiopia, March 2020. (N = 611)

Variables	Category	Knowledge		COR(95% CI)	AOR(95% CI)
		Knowledgeable	Not Knowledge		
Social media use	Yes	278 (54.1%)	236 (45.9%)	5.54 (3.20–9.62)**	4.97 (2.79–8.85)**
	No	17 (17.5%)	80 (82.5%)	1	1
Discussion on reproductive health	Yes	248 (60.0%)	165 (40.0%)	2.87 (2.02–4.10)**	2.33 (1.60–3.39)**
	No	68 (34.3%)	130 (65.7%)	1	1
Type of nearby health facility	Hospital	52 (53.1%)	46 (46.9%)	3.11 (1.30–7.65)**	3.21 (1.23–8.36)*
	Health center	68 (41.0%)	98 (59.0%)	1.91 (0.80–4.54)	1.72 (0.70–4.30)
	Health post	167 (52.7%)	150 (47.3%)	3.10 (1.32–7.10)**	2.86 (1.20–6.94)*
	Clinics	8 (26.7%)	22 (73.3%)	1	1
Use of reproductive services	Yes	205 (56%)	161 (44%)	1.54 (1.11–2.13)*	1.40 (0.97–1.98)
	No	111 (45.3%)	134 (54.7%)	1	1
Husband education Status	Secondary and above	109 (59.6%)	74 (40.4%)	2.01 (1.10–3.75)*	0.80 (0.41–1.50)
	Primary	164 (43.6%)	212 (56.4%)	1.05 (0.60–1.90)	1.20 (0.60–2.38)
	No formal education	22 (42.3%)	30 (57.7%)		1
Significant at: *p = < 0.05, **p = < 0.001, COR; Crude Odds Ratio, AOR; AOR: Adjusted Odds Ratio					

Factors Associated with Husband Involvement in Partners' Reproductive Rights

In the multivariable logistic regression analysis, discussion on reproductive health, experience in utilization of reproductive services, age of the husband (40–49) years, and social media use were significantly associated with male partners' involvement in the reproductive rights of women. Male partners who had experiences of using reproductive services were 2 times (AOR = 2.15, 95% CI: 1.52–3.03) more likely to be involved in partners' reproductive rights compared to those partners who did not have such experiences. Furthermore, Male partners who discussed reproductive health with his wife were similarly 2 times (AOR = 1.95, 95% CI: 1.35–2.82) more likely to be involved in partners' reproductive rights compared to those partners who did not have such discussion. Moreover, husbands who have used social media were 1.74 times (AOR = 1.74, 95% CI: 1.05–2.89) more likely to be involved in partners' reproductive rights than those partners who did not use social media. Male partners who were in the age group between 40 and 49 years were 2 times (AOR =

1.99, 95% CI: 1.19–3.32) more likely to be involved in partners' reproductive rights compared to their counterparts (Table 5).

Table 5
Factors associated with the involvement of husbands on partners' reproductive rights in Harar Town, eastern Ethiopia, March 2020. (N = 611)

Variables	Category	Involvement		COR (95% CI)	AOR (95% CI)
		Good	Poor		
Discussion on reproductive health	Yes	273 (66.1%)	140 (33.9%)	2.20 (1.56–3.11)**	1.95 (1.35–2.82)**
	No	93 (47.0%)	105 (53.0%)	1	1
Reproductive service use experience	Yes	249 (68.0%)	117 (32.0%)	2.33 (1.67–3.25)**	2.15 (1.52–3.03)**
	No	117 (47.8%)	128 (52.2%)	1	1
Social media use	Yes	295 (57.4%)	219 (42.6%)	0.49 (0.30–0.80)*	1.74 (1.05–2.89)*
	No	71 (73.2%)	26 (26.8%)	1	1
Time to reach a health institution	< 15 minutes	94 (52.8%)	84 (47.2%)	1.71(1.05–2.81)*	1.54(0.91–2.58)
	16–30 minutes	201(61.8%)	124 (38.2%)	1.20 (0.75–1.90)	1.13 (0.70–1.83)
	> 30 minutes	37 (34.3%)	71 (65.7%)	1	1
Age of Husband	< 30 years	59 (49.6%)	60 (50.4%)	1	1
	30–39 years	62 (45.9%)	73 (54.1%)	1.44(0.87–2.41)	1.33 (0.78–2.27)
	40–49 years	87 (53.0%)	77 (47.0%)	1.97 (1.21–3.22)*	1.99 (1.19–3.32)*
	50 and above years	76 (39.4%)	117 (60.6%)	1.03 (0.63–1.66)	1.19 (0.72–1.98)
Significant at:*p = < 0.05, **p = < 0.001, COR; Crude Odds Ratio, AOR; AOR: Adjusted Odds Ratio					

Discussion

In United Nations 2030 Agenda for Sustainable Development, the international community has established the SDGs and set the target for countries to reduce maternal mortality ratio to less than 70 per 100,000 live births by 2030 [36]. Ethiopia has already declared its commitment to achieving the SDG targets. This implies that Ethiopia will need to significantly accelerate the progress rate. Expanding initiatives to include husbands and promoting their involvement in reproductive health could be considered as an important strategy for adaptation in this regard.

This study demonstrates that husbands' knowledge and involvement is a key factor in the protection of women's health. In this study, 48.3% (95% CI: 44.5–52.2) of husbands are knowledgeable about the reproductive rights of their partners.

This finding was in agreement with a study conducted in northern Ethiopia (Shire town, 47.1%) [37]. This consistency might be related to the fact that there is a community health development army and HEWs are almost similar in the country in which they are doing health promotion, awareness creation, and the development of social media access. This finding was lower than studies conducted in Ghana (53.8%) [16], Southern Ethiopia (Wolyta sodo, 54.5%) [15], Northern Ethiopia (Gonder, 57.7%) [38]. However, this finding was higher than studies conducted in India (9.1%) [35] and northwest Ethiopia (Adet Tana Haik, 25.96%) [39]. This disparity might be because of the differences in the socio-economic, cultural, religious, and level of education and awareness.

Regarding husbands' involvement, 40.1% (95% CI: 36.2–44.0) participants had good involvement in partners' reproductive rights. This finding was in line with studies conducted in Bangladesh (40%) [22], southern Ethiopia (Bale zone, 41.4%) [24], and Afar, Ethiopia (42.2%) [29]. This consistency might be related to the fact that there is a rising development intervention in many of these countries like community health promotion, awareness creation, and the development of social media access. However, this finding was lower than studies conducted in Tanzania (50.6%) [28] and Nepal (57.6%) [40]. But higher than a study conducted in Ethiopia (Harar, 19.7%) [21]. This disparity might be differences in study times, and socio-demographic characteristics level of implementation in the above-mentioned countries.

In this study, the use of social media, discussions on reproductive health, and type of nearby health facility were factors associated with husbands' knowledge. Male partners who used social media were almost five and two times more likely to be knowledgeable and involved in partners' reproductive rights compared to those partners who did not use it. This finding was in line with a study conducted in Bangladesh [22, 41]. The possible explanation might be that a continuous and multidimensional community awareness through media, particularly on human rights, empowering women, and individual rights that can change the perception and knowledge of individuals [6, 22].

Moreover, male partners who had a hospital and health post nearby were almost three times more likely to be knowledgeable on partners' reproductive rights. This might be health facility access can result in changing the perception, belief, health norms, and practice of individuals. [16, 38, 42]. Furthermore, male partners who had discussed reproductive health were two times more likely to be knowledgeable and involved in practicing partners' reproductive rights of women. This finding is in agreement with studies conducted in Bangladesh [22], India [43], and Kenya [44]. This can be explained by the fact that knowledge gained through experience sharing during the discussion can increase the knowledge in reproductive rights [14, 38, 44].

Male partners aged 40 to 49 years were almost two times more likely to be involved in partners' reproductive rights. This finding is in line with a study conducted in Ghana [11]. This might imply that in this study majority were of maturity age and their level of education was secondary and above might increase their involvement in partners' reproductive rights.

As per this study, male partners' educational levels, occupation, having access to reproductive education, and experience of using reproductive services was not statistically significantly associated with husbands' knowledge and involvement in partners' reproductive rights. This was contrary to studies conducted in India [35], Bale Zone, Ethiopia [24], Arbaminch, Ethiopia [45], and Bangladesh [22] and southern Ethiopia [15]. The reason for the difference might be a disparity in the study sample and community health Nurses in India and Health Extension Workers in Ethiopia play a pivotal role in this difficulty [3, 14, 25].

The study has some limitations: First, the cross-sectional nature of the study temporal relationship may not be assured. Second, it used self-reporting (interview response), which might have a social desirability bias. Some questions also required participants to recall, which could have affected the results. But efforts were made to manage through training of data collectors, and supervisors on how to approach respondents, interviewing male partners privately, and close supervision.

Conclusion

Less than half of the husbands were knowledgeable and involved in the protection of partners' reproductive rights. The use of social media, type of nearby health facility, and spousal discussion of reproductive health showed a significant association with husbands' knowledge on partners' reproductive rights. Having spousal discussion, the experience of reproductive service use, social media use, and age (40–49) showed a significant association with male partners' involvement in partners' reproductive rights. Promoting and creating effective media utilization is very important to create awareness of reproductive rights. Moreover, using reproductive health services, empowering them to have an open discussion is crucial to increase the knowledge and involvement of husbands.

Abbreviations

AOR

Adjusted Odds Ratio

CI

Confidence Interval

COR

Crude Odd Ratio

ICDP

International Conference on Population Development

IHRERC

Institutional Health Research and Ethics Review Committee

IPV

Intimate Partner Violence

LMICs

Low and Middle-Income Countries

SDGs

Sustainable Development Goals

SPSS

Statistical Package for Social Sciences

WHO

World Health Organization

Declarations

Ethics approval and consent to participate

Ethics approval and consent to participate

Ethical clearance was obtained from the Institutional Health Research Ethics Review Committee of the College of Health and Medical Sciences, Haramaya University (IHRERC). Following approval, a written official letter of cooperation to district administrators. The administrators were informed about the objective of the study including the risks, benefits, and confidentiality issues. Informed written consent was obtained from all participants. Furthermore, confidentiality was assured throughout the process.

Consent to publish

Not applicable

Availability of data and materials

All the data of this study are available from the corresponding author upon reasonable request.

Competing interests

The authors declare that they have no competing interests.

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Author contributions

AD, YS, and NT conceived and designed the study. AD drafted the manuscript. BG, FA, TW, KA, and AA extensively reviewed the manuscript and incorporated intellectual input. All authors read, provided feedback, and approved the final version of the manuscript.

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Figures

Husband Knowledge on Partners' Reproductive Rights

Figure 1

Knowledge of husbands about Partners' Reproductive Rights Harar Town, eastern Ethiopia, March 2020. (n=611)

Husband Knowledge on Partners' Reproductive Rights

Figure 1

Knowledge of husbands about Partners' Reproductive Rights Harar Town, eastern Ethiopia, March 2020. (n=611)

Figure 2

reasons for non-involvement of husbands in partners' reproductive rights for each question in Harar Town, eastern Ethiopia, March 2020. (N=611)

Figure 2

reasons for non-involvement of husbands in partners' reproductive rights for each question in Harar Town, eastern Ethiopia, March 2020. (N=611)