

## ABSTRACT

The objective of this study was to assess the current level of knowledge, favourable opinions, and participation among married, employed males in the areas of household chores (HHC), contraception and child rearing. Further, this study tested out the effectiveness of an IEC (Information, Education, Communication) package in improving knowledge and favourable opinion (having an opinion that both husband and wife participate in HHC, contraception and child rearing) in the above three areas and promoting participation in the area of household chores.

The study was conducted in the Kalutara educational zone, among 440 married men in 47 workplaces, using stratified cluster sampling technique. Therefore results of the study is valid only for working class of Sri Lankan male population.

The intervention was carried out by trained Public Health Inspectors (PHI) in the workplaces. Quasi-experimental study design was used. Men's knowledge and opinions were assessed in the above three areas, using a self-administered questionnaire. Their participation was assessed one month before assessing the knowledge and opinions, by interviewing the wives in their residences. A weighted score developed by a group of experts was used to quantify the findings.

The study revealed that the knowledge, opinion and participation mean scores are low in the area of contraception while it is high in the area of child rearing. In HHC, opinion and participation mean scores are low, though they have a satisfactory level of knowledge. This study further assessed how certain socio-demographic characteristics of men, influence male participation. It was revealed that the extent of male participation in the area of HHC significantly vary according to the proportion of financial contribution to the family ( $P < .05$ ) and the wife's employment status ( $P < .05$ ).

In the area of contraception the extent of male participation significantly vary only according to the duration of marriage ( $P < .05$ ), whereas male participation in child rearing significantly differ with the education of the husband ( $P < .01$ ), proportion of

financial contribution by the husband ( $p < .01$ ), family type ( $P < .05$ ) and with the wife's employment status ( $P < .01$ ).

There was a significant correlation between knowledge and opinions in all three areas ( $P < .001$ ). Opinions and participation also showed a significant correlation in the areas of HHC ( $P < .001$ ) and contraception ( $P < .05$ ), however it is not found with child rearing. Knowledge and participation also showed a significant correlation only in the area of FP ( $P < .05$ ).

There was a significant correlation between the wife's favourable opinion and the husband's participation in the areas of HHC ( $P < .05$ ) and child rearing ( $p < .001$ ), but not with FP.

There was a significant correlation between the wife's favourable opinion and the unmet need in the area of HHC ( $p < .001$ ), but not with Child rearing.

There was a significant negative correlation between the participation and the unmet need in the areas of HHC ( $p < .001$ ) and child rearing ( $P < .001$ ).

Two way anova was done to identify the effect of knowledge and opinion on male participation in the area of HHC and it was found that the husband's opinion has a significant effect ( $P < .01$ ) when it is taken alone but no such effect when the knowledge is taken alone. This highlights the importance of improving the opinion along with the knowledge if one wants to promote male participation in the area of HHC. This shows that there can be other factors which influence husband's opinion in addition to the knowledge. The interaction effect of the knowledge and opinion of the husband is not significant.

The effect of opinions of the husband and the wife in the area of HHC was also tested in the same manner and it was observed that the husband's opinion has a significant effect ( $P < .001$ ) when taken separately. However, when the wife's opinion was taken separately, there was no such effect. The interaction effect between the husband's opinion and the wife's opinion showed a significant impact on husband's participation. This shows the importance of improving the wife's opinion if one wants to promote male participation in the area of HHC.

The educational intervention was carried out in all three areas namely HHC, contraception and child rearing using mainly lecture discussions. A role play, a case study and a group exercise were also used to improve knowledge and to promote favourable opinions. Booklets, pamphlets and handouts were distributed at the end of each session to reinforce their knowledge and favourable opinions. A poster was displayed before, during and after the educational intervention.

Pre and post assessments were done, before and after the intervention both in the study and control areas during the same period of time. Post assessment was done for knowledge and opinions in all three areas and for participation, only in the area of HHC. The post intervention assessment was done three months after the intervention under the same conditions.

The results of the intervention showed that the **knowledge** scores of the **study** group in the area of **HHC, contraception and child rearing** have increased at a level, which is statistically significant ( $P > .01$ ).

The **knowledge** scores of the **control** group in the above three areas **have** increased slightly at a level, which is statistically not significant during the same period.

The **opinion** scores of the **study** group in the area of **HHC, contraception and child rearing** have increased at a level, which is statistically significant ( $P > .01$ ).

The **opinion** scores of the **control** group in the above three areas have shown a slight improvement, which is statistically not significant, during the same period.

The results further showed that **the participation scores of the study** group have increased at a level, which is statistically significant ( $P < .01$ ), while the participation scores of the control group have increased slightly, which is statistically not significant during the same period.

It can be concluded, that the IEC package used in this study is effective in improving knowledge, opinions in all three areas and participation in the area of HHC among the working class of Sinhalese men, with an educational level above the primary school and below the degree qualification, when it is delivered by PHII after an intensive training and proper monitoring of the program.

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