

## ABSTRACT

The objective of this study was to assess the knowledge, opinion and participation among married, employed males in the areas of household chores (HHC), contraception and child rearing. Further, this study assessed the effectiveness of a new Information, Education, Communication (IEC) package, introduced by Public Health Inspectors in improving knowledge and opinion in the above three areas and promoting participation in the area of HHC.

The study was conducted in the Kalutara educational zone, among 440 married men (mean age 39.8 years  $\pm$  8.2) in 47 workplaces using a stratified cluster sampling technique. Men's knowledge and opinion were assessed using a self-administered questionnaire. Their participation was assessed one month before assessing the knowledge and opinion, by interviewing the wives at their residences. A weighted score developed by a group of experts was used to quantify the findings.

The study revealed that knowledge, 'favourable' opinion (having an opinion that both husband and wife should be responsible for HHC, contraception and child rearing) and participation mean scores were lowest in the area of contraception while it was highest in the area of child rearing. This shows the need for targeting men for programmes in the area of family planning. In HHC, opinion and participation mean scores were low, though they had a satisfactory level of knowledge. However it was also revealed that male participation in Reproductive Health (RH) in the three areas considered in this study, is not a new concept among Sri Lankan men. As none of the participation scores were 100% and there was an unmet need as reported by the wives, in the three areas namely child rearing (mean score 13.4), HHC (mean score 9.9) and contraception (12.7% of total couples), an additional participation of men is required in all three areas.

Wives had not only low 'favourable' opinions in all three areas, but also significantly lower 'favourable' opinions than their husbands in HHC and contraception. This could be a reason for low unmet need as reported by their wives. In general, male participation in all three areas was significantly higher when the wife had a paid job. Although providing

employment seems to be one way of promoting male participation as the results of this study suggest, however it should be viewed with caution and be done only in the best interests of the welfare of the family.

Patri-local family relationships (families living with husbands' parents) had the lowest male participation in both HHC and child rearing. This shows the negative influence from husbands' parents for male participation in these two areas. This highlights the need for targeting such families for RH programmes with regard to male participation in HHC and child rearing.

The intervention was carried out using a quasi-experimental study design (randomization was not performed) in which an IEC programme was given to males in the study group at their workplaces by PHII while the control group did not receive any intervention. The study and control groups were geographically separated to minimise contamination of the intervention. 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 during the educational intervention at the workplaces.

The post-intervention assessment was carried out six months after the intervention. There were no significant differences between study and control groups at the pre-intervention baseline assessment. The effectiveness of the intervention was assessed by comparing the pre- and post-intervention scores. After the intervention, there was a significant improvement in the mean scores of knowledge and opinions in HHC, contraception and child rearing between the post- and pre-intervention scores in the study group, while the control group did not show a significant improvement. In participation in HHC, a significant improvement was observed in the study group, while the control group did not show a significant improvement in the scores between post- and pre-intervention assessments. These results clearly demonstrate the effectiveness of the IEC package implemented by PHII in improving the knowledge and favourable opinions of males in HHC, contraception and child rearing and, participation in HHC.