THE ROLE OF MEN IN FAMILY PLANNING IN A RURAL COMMUNITY OF WESTERN ETHIOPIA

By

Yohannes Tolassa, MD

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Dedicated to my wife Panteha Hatefi
&
my mother Negare Beka

DECLARATION

I, the undersigned, declare that this thesis is my original work, has not been presented for a degree in this or another university and that all sources of materials used for the thesis have been fully acknowledged.

Name Yohannes Tolassa

Signature _____

Place Addis Ababa

Date of Submission April 29, 2004.

This thesis work has been submitted for examination with my approval as university advisor.

Dr. Getnet Mitike _____

Advisor's Name signature

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ABSTRACT

In recognition of men's influence on family life decision and actions, and the family planning needs of men, family planning programs are encouraged to involve men. To determine men and women factor that affect family planning utilization by the couples, a cross sectional, community based study was conducted in six Rural Kebeles of Bodji woreda of western Ethiopia; Between Dec24,2003-Jan3, 2004. Systematic random sampling was used to select the study subjects. A pre-tested questionnaire in Oromo language was used to collect information from the couples. Similar questions were posed to the couples simultaneously but at distance they couldn't hear each other. A total of 365 married couples were included. Nearly 100% of them are Oromo and Christians, 96% are farmers, 79.1% of men and 63% of women had formal education. Eighty-four percent of men and 86.3% of women have information about family planning, 82-% men and 89.6% women believe that family planning is important. The majority, 90.6% of men approves contraceptive use by their wives, but only 70% of women reported perceived approval by their husbands. Both bivariate and multivariate analysis has shown that, age of the couples ,knowledge of family planning methods by men, men as advocate for contraceptive use, discussion about family planning, perceived approval by husband, women education, ,family size, are predictors of family planning use by women. On the other hand, husbands' opposition was positively related to contraceptive use by women. The reason behind is not clear. In conclusion, in married couples, both women and men factors affect family planning service utilization by the women. Therefore all programs targeted to promoting family planning have to

target both men and women, men should be considered as an important agent to expand family planning utilization

Key words: role of men, family planning, rural community.

INTRODUCTION

1.1 Background Information

Worldwide population growth has declined from its historic peak of 2.1% per year in the late 1960's to 1.7% today (1). However, Sub-Saharan Africa still faces the highest fertility and population growth rate in the world (2). Ethiopia is one of those countries having high natural rate of population increase, with an estimate of 2.9% (3).

Ethiopia had an estimated population of approximately 67 million at the end of 2003. Eighty-five percent live in rural areas and only half of the population has access to health care services. Immunization and antenatal care coverage are very low, 22%, and 29% respectively. The country has high total fertility rate(5.9 children per women), and a high maternal and infant mortality rate(500per 100,000 live birth and 97 per 1000 live births respectively).The gross school enrolment ratio is 51% for primary school and 10% for secondary school. The nation has a very low annual per capita income (3,4,5).

Population growth in Ethiopia is not in parallel with the development of health services and other basic infrastructures. To cope with this alarming population growth and to improve maternal and infant survival, there need to be a comparable increment in health care coverage and other infrastructures. Considering the low socioeconomic status of the country, resources are insufficient to expand infrastructures needed for the growing population. Hence, the alternative is regulation of fertility to the extent that the family, community and country can afford. Family planning service technology has the potential to benefit to people at lower cost than any other technology now available for development (2).

Family planning services in Ethiopia was started in 1966 by The Family Guidance Association of Ethiopia, a non-governmental organization. In 1975, the Ethiopian government started integrating family planning with maternal and child health services. After the adoption of the population policy in 1993, a number of other stakeholders have been involved in family planning promotion (5, 6).

Despite the efforts to implement family planning by the Ethiopian government and other stake holders, the results obtained and the goal desired remain unachieved as evidenced by high population growth rate; persistent high total fertility rate , 6.7 in 1967 and 5.9 in 2000; very low contraceptive usage (8%) ; and high rates of unwanted pregnancy and its complications (3, 5, 7,8).

1.2. Problem Statement

According to the guidelines for family planning services in Ethiopia, family planning is a means of promoting the health of women and families. Accordingly, all individuals male or female who can conceive or cause conception regardless of age or marital status are eligible for family planning services in the country (6).

The family planning services rendered are primarily restricted to maternal and child health centers, where only women are invited for the service. In addition most research on fertility and family planning issues in developing countries involved only women. The roles of the male in making family life decisions including the reproductive health life of his wife are not given emphasis (9, 10, 11).

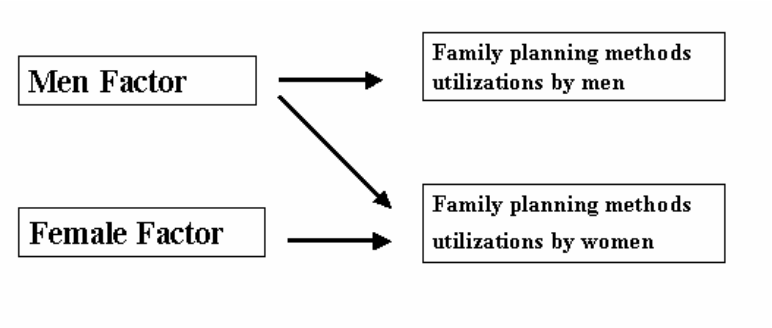
Some of the reasons for the new interest in male involvement in family planning services are (11):

- *men are more favorable to the general principle of family planning than had been assumed*
- *male support affects both the adoption and the correct use of female contraceptives*
- *the body of knowledge regarding male involvement programs is growing and improving, and family planning agencies are finding that male involvement programs can be cost effective if they are highly focused and offer male contraceptive methods directly or by referral*
- *the international consensus reached at International Conference on Population Development has created a momentum for action.*

Recently most countries, including Ethiopia, are trying to adapt the new initiative of involving men in family planning programs(6,12).Despite this initiative the fact on which men characteristics combined to women factors would be influential in modifying family planning use are not well known.

Therefore, the roles of males along with women factors that influence the utilization of family planning methods by couples need to be thoroughly studied in the socio cultural contexts in order to develop appropriate interventions to achieve the desired outcome of family planning program.

1.3. Conceptual Framework



To answer to the questions who decide on fertility and what motivates couples to have a certain number of children, researchers have developed different models of fertility decision making. One of them proposed for African has put forth the wealth flow theory. It assumes that the wealth flow from children to parents and parents are motivated to have high number of children for economic benefit. Other researchers promote the "Transaction theory" which places the locus of reproductive health decision making at the individual rather than at the household level. It assumes, although husband and wife live in the same household, they have distinct economic responsibilities and interest regarding to childrearing and other economic issues (8).

The theoretical framework developed here is to explain how contraceptive behavior of a wife could be affected by her husband's characteristics. The model also emphasize the important nature of the wife's characteristics, it also consider the combined effect of both husband's and wife's factors like socio demographic characteristics, knowledge, attitude and practice of family planning ,and how they would interact and affect contraceptive behavior of the wife. The concept is mainly taken from findings from Ethiopia by Almaz T., from Ghana by Ezeh A. and studies from Tanzania ,all of which emphasize effect of the husbands characteristics on their wives fertility decisions (

13,,14, 15,16).For the community to be included in this study, this framework is important for at least three reasons;

1. For the theoretical understanding of whether wife only or her husband affects her fertility decision.
2. To enable categorization of those husband's and wife's factors that would interact and affect contraception behavior of the wife.
3. Those factors are identified that can be helpful in designing problem based intervention for promoting deliberate decision making by couples regarding when and how long to use contraception.

LITERATURE REVIEW

There have been several decades of neglect of male role in family planning dated back to the 1960s with the development of modern contraceptive methods for women. One of the reasons why family planning programs in past focused on women instead of men was the assumption by many providers that women have the greatest stake and interest in protecting their own reproductive health (10, 17). But growing number of family planning research are finding challenge on the isolated focus to the woman and are focusing the influence of her male partner in protecting women reproductive health .This is specially true in sub Saharan Africa where men influence on decision making in many way (12,14,15).

Recently family planning programs and providers are seeing that involving men in addition to women in family planning results in an improved program effectiveness. The 1994 International Conference on Population and Development also encouraged family planning programs and providers to consider both men and women jointly .This new interest in men is in consideration that although most reproductive health burden is born by the women, the majority of the decisions that affect both women and men reproductive health are made by men or by men and women jointly. And also if men are involved they may be a potential partner in and advocates for good reproductive health rather than bystanders, barriers, or adversaries (10, 13, 17,**)**

In some regions the achieved impact of family planning is attributed to both men and women factors. For ***example,*** a Study in Tanzania showed that the fertility decline in the Pare community is attributed to the high the education of man, the education of wife. The effect of wife's education was stronger. The same study showed that the younger

the husbands and the higher the educational levels of both husband and wife are all positive determinants for fertility regulation (15).

Some of the women characteristics like wealth and education has been reported as dominant factor in influencing fertility regulation .Yet other study found that male factor are often the dominant determinant on the women's fertility regulation. Studies in Ghana and Tanzanian (14, 15, 16) showed that men factor could hinder family planning use by women. But women effect on the men is minimal. Ezeh A. put the effect like this: "spouse influence rather than being mutual or reciprocal, is an exclusive right exercised by husband." The result of his study showed that a women's contraceptive attitude depends not only on her individual characteristics but also on the characteristics of her husband. Her characteristics, however do not affect her husbands contraceptive attitude (14).

Men share the major part of decision making in family life and their characteristics affect their partner. On one hand, the cultural value of men in the society made the men to dominate the women in her life including reproductive health. On the other hand, the male factors that are more important to plan for intervention is not well known (15).Therefore, now days investigating the important men factor that affect reproductive health of the women including family planning are receiving increased attention.

Male involvement in family planning (FP) means more than increasing the number of men using condoms and having vasectomies; male involvement also includes the number of men who encourage and support their partner and their peers to use FP and who influence the policy environment to be more conducive to developing male-related programs. In this context "male involvement" should be understood in a much broader

sense than male contraception, and should refer to all organizational activities aimed at men as a discrete group with the objective of increasing the acceptability and prevalence of family-planning practice of either sex (10).

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. In the recent national DHS surveys in 15 countries (most in the Sub-Saharan Africa), three of four married men recognized at least one modern method of contraception. The pill was the most recognized method, followed by the condom and female sterilization. Except in a few countries, most men had not heard of vasectomy (9,11).

Approximately one-third of women surveyed in developing countries reported that they are using a contraceptive method involving male participation or cooperation. About 5 percent of married couples in the developing world rely on vasectomy for pregnancy prevention, and an equivalent proportion relies on condoms. Usage of these two methods is highest in Asia. Periodic abstinence and withdrawal are not widely used in most developing countries. About 10% of Kenyan married couples are using a method that requires male participation, such as condom, periodic abstinence, withdrawal, or vasectomy (9, 10). According to the Ethiopian Demographic and Health Survey 2000, only 2% of Ethiopian women reported using a method that required male participation, like periodic abstinence (1.7%), condom (0.3%) and withdrawal (0.2%) (7).

Women are either under collective decision making with their husbands or completely rely on the husbands' decision on issues that affect their reproductive life. Earlier studies 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 (14, 18).

Men who have opposed FP have reported a variety of reasons, including fear that it will undermine their authority as head of the family, concern that their wives will be unfaithful, assumptions that it is against their religious teachings, worry about contraceptive side effects, erroneous beliefs about physiology and the mode of action of contraceptives and a desire to prove their fertility. Research conducted in Nigeria revealed socio-cultural factors accounting for the differences between men's and women's preferences with respect to fertility. The motivation of Nigerian men to have many children is related to the value and benefits of children (10). In Ethiopia, although the ideal number of children preferred by men is higher than women, large family sizes are currently not needed by couples as described by a study in a remote community of south Ethiopia. The same study showed that women are forced to have more children by their male partners (18).

Communication between partners is a key factor in joint decision-making and contraceptive use. Talking with one's partner about reproductive and contraceptive decisions making is likely to increase understanding and help support one's partner's decision. According to the Demographic and Health Survey data in West Africa, about three quarters of the men and women had not discussed family planning with their partners in the year preceding the survey. In Tanzania, 45 percent of married women did not know what their husbands thought about FP or thought their husbands disapproved of family planning, when in fact many of the husbands approved (10, 20).

In line with the above, a study in Tigray region revealed that the frequency of discussion between partners and contraceptive utilization by the couples are positively associated. But by the same study, more than third of the couples had no discussion on these issues [19]. Ethiopian The Ethiopian Demographic and Health Survey(DHS) 2000 also showed that there is minimal couples discussions on matters related to family planning. For example, 67% of women who know at least one method of contraception had not discussed issues of family planning with their husbands in the twelve months prior to the DHS, and one third of the women reported that they didn't know about their husbands' attitude towards family planning [7].Spousal communication is only one element of support to one's partner choices of preference. Other indicators of the extent of men's support to women's choices include (11):

- *Male views of gender roles;*
- *Whether husbands report using family planning with their wives; and*
- *Whether men are engaged in monogamous relationships*.

Family planning program planners tend to assume that men are opposed to family planning and will, if involved in reproductive decision making, prevent women from regulating their fertility. Available data, however, suggest that the most successful family planning programs target men as well as women and promote communications about contraception between spouses (10, 13,, 21).

Involving men in family planning could increase contraceptive prevalence in several ways: by providing alternatives to couples dissatisfied with their current method; by increasing male contraceptive use; by promoting greater discussion between sexual

partners; and by changing male attitudes regarding contraception. A study in Ethiopia found that couples, in which the husbands participated in discussions during home-visits, were more likely to initiate and maintain contraceptive use (13).

A study that examined fertility decision- making and observed decline in fertility across five generations of one middle class family in south India indicated that fertility level dropped during the period of greatest male involvement in reproductive decision-making. Such male involvement has resulted in fertility decline and long-term benefits for women. Individual motivation rather than choice of methods was more important for positive male participation in the family planning (21).

A study in Kenya indicated that Kenyan men know about family planning and have a high rate of contraceptive use relative to other African countries. This was also reflected by the relatively high rate of contraceptive usage by the Kenyan women, 24% of women aged 15-45 use a modern contraception compared to the 8% in Ethiopia. About 10% Kenyan married couples are using a method, which requires male participations, such as condom, periodic, abstinence, withdrawal, or vasectomy (7,8,10).

Another study in three provinces of China, including the Sichuan Province where 25% of worlds total vasectomy occur, identified that the probable reason for the high rate of male involvement in vasectomy were that Policy-makers promote vasectomy as safe, simple, & economical; easy access to vasectomy service which extends even to the small village level, and the willingness of the men of the province to assume responsibility for family planning. On the other hand in Jelin Province there found the lowest rate of vasectomy, which was explained by possible misinformation about the effect of vasectomy, by women that led them to oppose it; at the same time the fear of

side effects was reinforced by cautious policy-makers who were fearful of the side effects. In Yumma Province, an average vasectomy rate had been recorded. That was due to poor acceptability of services as the result of the religious beliefs and traditions among the minorities (22).

Family planning services in Ethiopia are considerably affected by several socio-economic factors such as, religion and tradition, the position of women on decision-making in the society, cultural values and others. Women's position in the family, economic affairs and public life can affect their access to family planning services (23). These factors need be modified; appropriate family planning service targets need to be couple centered. Studies, however, have been focused on women and also services have been for them with exclusion of males. Bringing both together is of great importance for effectiveness of the program. Before launching service factors that affect married couples, participation in implementation of family planning should be studied.

This study will, therefore, attempt to identify both male and female factors that affect family planning methods use by women at rural areas of Bodji Woreda, western Ethiopia. The remoteness of the area from the center combined with scarce logistics haven't attracted researchers to conduct studies there. There is no previous studies on family planning issues available in the area .That is why I used this opportunity to carry out important study in that location.

OBJECTIVES

General objective:

To assess male and female factors that affect family planning utilization by married couples.

Specific objectives

1. To determine contraception use rate among married couples.
2. To identify factors that influence use of contraception (family planning) methods by women: male factors, female factors and other factors.

METHODS AND MATERIALS

Study Area and Period

Bodji Woreda is found in western Wollega zone, Oromiya regional state, Ethiopia. It is one of the 13 districts [Woredas] in the western Wollega zone. Bodji woreda is further divided in to 56 sub districts [kebeles], two urban sub-districts and 54 rural sub-districts. The Woreda's total population was 82,214 according to the 1994 Census. The projected population for 2003 is 104,000 considering the 2.9 annual population growth rate of the country. Ninety four percent of the population is living in rural areas. The Oromo are the major ethnic group [24].

The study was conducted from Dec.24 2003 to Jan. 3, 2004 in six rural sub-districts [kebeles] of Bodji woreda, in remote west of Western Wollega zone, Oromiya regional state, Ethiopia.

Study Design

A community based cross-sectional study.

Population

Source population:

All married couples residing within 10 km radius of the health center of the woreda, which is found in Capital of Bodji Woreda, Billa town.

Study population:

There are 15 kebeles within 10 km access to the Billa town health center. The sample population for the study was drawn from all married couples residing in these kebeles with the following inclusion criteria:

1. Men with wife in fertile age group[that is the wife age should be between 15-49 years]
2. In case of polygamy, man with his latest wife was included, this is in assumption that the husband is going to have more children with the new wife.
3. Permanent residents of the area (Lived at the area at least for one year, as during the coffee period laborers may came to the area and settle for short period and may not share similar behavior with local people).

Sampling Technique and Sample Size

There are 56 kebeles in Bodji woreda. Out of these,15 rural Kebeles that fulfill the criteria of being within 10 km radius to the Woreda Health Center were eligible for the study.

Apart from the logistics reasons, the purposive selection was made on the assumption that all with in 10 km radius from health center could get family planning services. From those fifteen rural kebeles 6 kebeles, namely: Babo Chonge,Hidhabu Tobii,Ammuma Agalo, Ammuma Boree,Didbee tulii,Gombo Bodji were selected randomly by lottery method. In each kebeles 65 households were allocated, this equal allocation to each rural kebele is by assumption that each kebeles has similar number of households.

The study unit was housing units with the assumption that each housing unit would have married couples. The housing unit was selected by systematic random sampling, that is by dividing the total number of households in each selected kebele by the allocated sample size.

Since there was no already existing sampling frame and preparing new sampling frame was beyond the logistics available for this study, systematic selection of the households was done as follows. A guide, who knows the selected Kebele very well, was recruited for each selected Kebele. The border at entrance of the Kebele by the road from Billa town was used as starting point for the random selection of the housing units. The number of intervals from one housing unit to another housing unit was already identified by dividing the total number of housing units in the Kebele to the allocated sample size. Using the Guide, from the border identified the near by houses relatively straight to each other were counted until the number of housing unit in one interval were attained. Out of the housing units counted within the interval, one housing unit was selected by lottery method. That identified housing unit was used as the first household for the study. The subsequent housing units were identified by the interval calculated for each Kebele. Study subjects were couples living in the housing unit.

Sample size was calculated using the formula for a single proportion with the following assumptions:

- ✓ Both husband and wife as a single study subject
- ✓ Proportion of both wife and husband approving family planning use to be 30%, as reported by wives in Ethiopian Demographic and Health Survey 2000 [7]
- ✓ 95% confidence interval, (α= 0.05)

- ✓ the degree of precision to be 5%
- ✓ 20% non-response rate, (the expectation of high non response rate was because the interview would be undertaken only if both husband and wife were volunteers. And if either of them refused the interview would not be undertaken.

Using the above assumptions, the total required sample was 388 couples.

Measurement and Variables

Independent

- Socio demographic and cultural determinants

  Age, sex, religion, literacy status,

  Age at first marriage, age at first born, type of

  Marriage, anticipated means of old age support, number of children [ever born, number of children alive, ideal children wanted]

Dependent/outcome variable

- Family planning service utilization

Data Collection Instrument

A questionnaire was developed in English and Oromiffa versions. The coordinator developed both the Oromo language and English language versions. Then retranslation of the Oromiffa version into English was done by a physician in gynecology and obstetrics department, who has fluent Oromo and English language skill.

The Oromiffa version was used for collecting information after introduction to data collectors and supervisors and tested in the field just after training. Changing and restructuring items to communities' norms was then made, some extra questions were

added after training and field practice of the questionnaire. The extra questions were prepared on one page and attached to the already prepared questionnaire.

The questionnaires used for collecting information from the couple were similar except the one additional question on the male partner questionnaire related to type of marriage.

Training of Data Collectors & Supervisors

Twelve secondary high school graduates (6 males and 6 females) and 3 diploma graduates were recruited and trained for three days to serve as data collectors and supervisors respectively.

The training consisted of the objectives of the study, introduction of questionnaire format, procedure of interviewing couples and method of reporting to immediate supervisor. The role and communication of supervisors to data collectors and coordinators were thoroughly explained. The training was supported by clearly prepared training manual.

A one-day field practice was carried out using the prepared format in a community that was not selected for the study. During the field practice, each data collector was made to fill two questionnaires with their supervisor close to them. Discussion took place the following day concerning the filled questionnaires, interview procedures and communication between data collectors, and supervisors. More clarification was given to data collectors on the items they didn't understand during their field practice.

Data Collection

Trained data collectors collected data on the variables from couples over 9 days. In four of the six Sub districts the houses were so dispersed along with repeated visits made

the data collection a little slower .When the couples couldn't be found after two visits, the data collectors chose the next household in either side of the visited one .

The data collectors were paired in such a way that a pair consisted of a male and a female. During the process of data collection, the male data collector interviewed the husband while the female data collector interviewed the wife at the same time, but at a distance that the couples couldn't hear each other. This is to avoid the probable influence of one partner on the other partner on the information to be gathered. It is hoped that female data collectors could best able to solicit open and honest replies from the female respondents on sensitive issues.

A supervisor was responsible for 2 pairs of data collectors and collected filled questionnaires every day and checked for inconsistencies and omissions. Submission of filled formats to coordinator was made every day, which was rechecked for any problem. Formats with problem were sent back to supervisors for re interview.

The Investigator was in the field for 45 days, including the traveling days, the preparatory phase for data collection, training of data collectors and during the data collection period.

Data Management and Quality Control

An identification number which included the Kebele code and serial number was given for each participating household. For each Kebele, the serial number was from 01 to 65.And the kebeles code was from "A" to "F". For example, the first selected house hold in kebele A was identified by "A01" and the next selected household from same Kebele would get "A02" and the rest were identified in a similar way. Filled formats of the

husband did have the same identification number with that of his wife which included the Kebele code, and the serial number given for the household.

A person who knows the selected Kebele very well was assigned as guide for the data collectors. For each pair of data collectors, one guide was assigned. Since it was difficult to get sampling frame, using the guides the data collectors were able to identify households systematically for the study. Although the respondents name was not written on the questionnaire, on already prepared format, the data collectors were documenting the name of the head of households corresponding to the serial number. This was helpful during the rechecking and refilling of the questionnaire in case of omissions or inconsistency found.

The quality of data was controlled at different levels for completeness and consistency; first by data collectors at the end of each day, then by supervisors every day, then by the investigator, and finally during data entry. On the third day of data collection, the investigator and supervisors revisited 12 of the visited couples, two from each kebele and witnessed that the interview were undertaken as planned .The investigator undertook computer data entry, cleaning and edition. The inconsistent and missed questionnaires were excluded from analysis.

Another data clerk was used in addition to the investigator, making double entry. These two sets of data were compared, and some of the questionnaires were rechecked and inconsistencies corrected.

Data Processing and Analysis

SPSS version 11.0 was used, for data entry, compilation and analysis. Simple frequencies to see the over all distribution of the study subject with the variable under

study was done. Chi square test was used to detect the association between different variables contributing to contraceptive use by women. To measure the strength of association for each significantly associated explanatory variable to the dependent variable, bivariate analysis was used. Finally, by multivariate analysis possible confounders were controlled and predictor variables for current contraceptive use by women were identified The findings are presented by text, and tables Then,. Discussion, conclusion and recommendations were prepared.

Operational definition

1. Couple: male and female who are in marital relationship.
2. Kebele: Is the smallest administrative unit under governmental administrative structure.
3. Woreda: Is governmental administrative unit that that includes different range of Kebeles. For example Bodji woreda divided in to 56 Kebeles
4. Ever use of contraception: those respondents who were using contraception once in their life .It includes those who were using contraceptive methods during the data collection period.
5. Current use of contraception: those respondents who were using contraceptive method during the period of data collection.
6. No formal education: are those respondents who have never went to school and also can not read and write

Ethical Clearance, Dissemination and Benefits of the Finding

Ethical clearance was obtained from the Department of Community Health, Faculty of Medicine Addis Ababa University. And written consent from Oromiya regional state and Bodji woreda was obtained. All the study participants were informed about the purpose of the study and their consent was obtained before interviews. The information given by each respondent was kept confidential. The dissemination of the finding does not refer specific respondent but the general source population. The Final Paper was submitted to the Bodji woreda health department, the Oromiya region health bureau, Addis Ababa University, and to the Ethiopian Family Guidance Association. Those stakeholders in family planning services provision can use the finding and the recommendation of this study for the services promotion.

RESULT

I. Overall Description of the Study Population

Of those 388 couples invited for the study, information gathered from 365 couples were included in the analysis, 365 married men and 365 married women, making a total study population of 730. Sixteen of the couples couldn't be found after repeated visit and questionnaires filled from seven couples were excluded due to incompleteness. The numbers of those excluded from the analysis are less than the expected non response rate.

Almost all of the study population are Oromo, 364(99.7%) and 361(98.9%) men and women respectively. The age range for the men was from 20 years to 70 years, while that of their wives ranges from 16 years to 44 years. Majority of the population were relatively young, 194(53.2%) of men and 309(84.7%) of women were younger than 36 years of age. Three hundred sixty three, 99.7% of men and 100% of women were Christians. Majority of men, 285(79.2%) and more than half of the women 230(63%) reported attending formal education. Most of those who reported attending formal education, 215(74.4%) of men and 230(88.7%) of women attended elementary and junior high school [grade 8 and below]. Majority of men and women, 350(96.4%) and 350(95.5%) respectively were farmers (See Table1).

Table1. Socio demographic characteristics of the couples from six rural kebeles of Bodji Woreda, Western Ethiopia, Dec24-Jan.3, 2004.

		women		men		
	Back ground characteristics	No.	(%)	No.	(%)	
Age	15-19	11	3.0	24	6.6	Mean age for men=36.54
	20-24	77	21.1	61	16.7	
	25-29	136	37.3	79	21.6	Mean age for Women=28.50
	30-34	57	15.6	78	21.4	
	35+	84	23.0	113	33.7	
	Total	365	100.0	365	100.0	Mean age difference=8.04
						t test Value=16.59 P<0.001
Ethnicity	Oromo	361	98.9	364	99.7	
	Amhara	2	0.5	1	0.3	
	Tigre	2	0.5	0	0.0	
	Total	365	100.0	365	100.0	
Religion	Protestant	313	85.8	305	83.6	
	Orthodox	52	14.2	59	16.2	
	Wakefata	0	0	1	0.3	
	Total	365	100.	365	100.0	
Educational level	No education	135	37.0	76	20.8	
	1-4	96	26.3	56	15.3	
	5-8	108	29.6	159	43.6	
	9-12	26	7.1	69	18.9	
	12+	0	0.0	5	1.4	
	Total	365	100	365	100.0	
occupation	Farmer	350	95.9	352	96.4	
	Merchant	4	1.1	2	0.5	
	Gv't Employee	6	1.6	9	2.5	
	Day laborer	5	1.4	2	0.5	
	Total	365	100.0	365	100.0	

Although only 10(2.7%) of the couples were in polygamous relationship, 28(7.7%) of men and 15(4.1%) of women reported having at least one child from another partner [other than the current partner). Two hundred twenty one, 60.5% women were married at ages less than 20 years. The minimum age at marriage reported for women was 13 years and for men was 15 years. The mean age at marriage was 25.34 years for men and 18.89 years for women. The mean age difference between husband and wife was 6.45 years, which is significant difference ($p<0.001$).

The minimum age for men at which they got their first born was 17 years, for women it was 16 years. One hundred and seventy, 48% of women, gave birth before their twenty's birth day. The mean age at which men got their first born was 27.05 years and for women it was 20.11 years. The mean age difference of husband and wife at their first born was 6.94 years, which is statistically significant ($p<0.001$).

The mean number of children ever born to men and women were 3.96 and 3.91 respectively. Although the mean number of children ever born to men is greater than that for women, there is no statistically significant difference observed ($p=0.53$). Excluding 74 men and 86 women who left the decision for God, the mean ideal number of children desired by men was 4.43 and by women was 4.35. The mean difference in the number of children desired by men and women was 0.18, which is not significant difference ($p=0.19$).

The average family size reported was six. Nearly 169(46.4%) reported family size of less than six. The maximum family size reported was 13 by three families, 0.8%, and

the minimum was 2 reported by 8(2.2%) families. Those reported family size of two means only husband and wife living in the housing unit.

II. Prevalence Of Contraceptive Use

One hundred and twenty nine, 35.5% of women and only 18(4.9%) of the men reported ever use of any contraceptive methods. Of those women reported ever use, 61(47.3%) and 50(38.8%) used injectable and pills respectively. Those ever used men, 8(47%) and 7(42%) used condom and periodic abstinence respectively.

Only 78(21.4%) of women and 8(2.2%) of men reported current use of contraceptive method. More than half, 40(52.6%) of women who reported current use of contraceptive methods were using injectable and 28(36.8%) of them were using oral contraceptive pills. The reason for discontinuation of contraceptive use by 13(92%) of men and 27(55%) of women was to have children. But 17(34.7%) of women reported discontinuation due to fear of side effects.

Men were asked about current contraceptive use by their wives. Eighty-eight (24.4%) of men reported that their wives were using contraceptive methods during the study period. This is comparable with the wives report of 78(21.4%) current contraceptive use.

III. Factors Associated With Use of Contraception

The proportion of women who reported current contraceptive use was the highest in age group 30-34, where 20(35.1%) were current users. The least proportion of current use of family planning method was reported by age group 15-19. Overall, age of the women

showed statistical significant association with their current contraceptive use (p=0.01). When adjusted for women education and family size, those mothers in age group 30 to 34 had shown a greater likelihood to use contraception than mothers of other age group(OR=2.6,95%CI(1.1,6.0)). (See Table2)

Table2. Women age, education and family size versus their current Contraceptive use, couples of six rural kebeles of Bodji Woreda, Western Ethiopia, Dec.24, 2003-Jan.3, 2004.

	Contraceptive current use by women				
Variable	Yes	No	Total	Crud. OR (95% CI)	Adj. OR (95% CI)
Age	No(%)	No(%)	No(%)		
15-24	13(14.8)	75(85.2)	88(100.0)	1	1
25-29	32(23.5)	104(76.5	136(100.0)	1.8(0.87,3.61)	1.5(0.71,3.08)
30-34	20(35.1)	37(64.90	57(100.0)	3.1(1.39,6.95)	2.6(1.14,5.99)
35+	13(15.5)	71(84.5)	84(100.0)	1.1(0.45,2.43)	1.0(0.39,2.31)
Total	78(21.4)	287(78.6	365(100.0)		
Education					
No formal educatio	20(14.8)	115(85.2	135(100.0)	1	1
1-6	42(26.9)	114(73.1	156(100.0)	2.1(1.17,3.83)	2.0(1.08,3.70)
7-12	16(21.6)	58(78.4)	74(100.0)	1.6(0.76,3.29)	1.5(0.71,3.28)
Total	78(21.4)	287(78.6	365(100.0)		
Family size					
≤ 5	25(15.7)	13484.3)	159(100.0)	1	1
>5	53(25.7)	153(74.3	206(100.0)	1.9(1.09,3.15)	1.8(1.03,3.14)
total	78(21.4)	287(78.6	365(100.0)		

Although significant association relating contraceptive current use by women and ages of their husbands were not identified by this study (p=0.09),multivariate analysis with age stratification showed that husbands age greater than 30 years were associated with higher rate of contraceptive use by their wives(OR= 2.1 ,95%CI (1.01,4.44)) (See Table3).

Table3. Husbands' age, education and their status regarding family planning information versus current contraceptive use by wives, couples of six rural kebeles of Bodji Woreda, Western Ethiopia, Dec.24, 2003-Jan.3, 2004.

Variable	Contraceptive current use by wom Yes	No	Total	Crud. OR (95% CI)	Adj. OR (95% CI)
Age 20-29	11(12.9)	74(87.7)	85(100.0)	1	1
30-39	39(24.8)	118(75.5)	157(100.0)	2.2(1.07,4.61)	2.1(1.01,4.4
40+	28(22.8)	95(77.2)	123(100.0)	2.0(.92,4.24)	2.3(1.06,5.0
Total	78(21.4)	287(78.6)	365(100.0)		
Education					
No formal education	11(14.5)	65(85.5)	76(100.0)	1	1
1-6	27(21.3)	100(78.7)	127(100.0)	1.6(0.74,3.34)	1.5(0.69,3.3
7-12	40(24.7)	122(75.3)	162(100.0)	1.9(0.93,4.03)	1.8(0.81,3.8
Total	78(21.4)	287(78.6)	365(100.0)		
Had information on Family planning					
No	10(11.8)	75(88.2)	85(100.0)	1	1
Yes	68(24.3)	212(75.7)	280(100.0)	2.4(1.17,4.91)	2.5(1.08,4.7)
Total	78(21.4)	287(78.6)	365(100.0)		

The rate of current contraceptive use is significantly higher for those women with at least three births or having three and more live children (OR=1.95,95%CI(1.1,3.6) and OR=2.2,95% CI(1.2,3.9) respectively. But when number of children ever born and alive for a woman is adjusted for the ideal interval wanted by the women for child spacing, non of them remained as significant predictor of current contraceptive use (See table4).

Table4. Children ever born and alive and ideal interval wanted versus contraceptive current use by women, couples of six rural kebeles of Bodji Woreda, Western Ethiopia, Dec.24, 2003- Jan.3, 2004.

Variable	Contraceptive current use by women Yes	No	Total	Crud. OR (95% CI)	Adj. OR (95% CI)
Child ever born	No(%)	No(%)	No(%)		
≤2	15(14.3)	92(86.0)	107(100.0)	1	1
≥3	62(24.1)	195(75.9	157(100.0)	1.95(1.05,3.61	0.8(0.20,3.27
total	77(22.2)	287(78.8	364(100.0)		
Number of children alive					
≤2	17(13.5)	109(86.5	126(100.0)	1	1
≥3	60(25.2)	178(74.8	238(100.0)	2.2(1.19,3.89)	2.6(0.68,9.86
total	77(21.2)	287(78.8	364(100.0)		
Interval wanted For child spacing					
≤2yrs	18(18.8)	78(81.3)	96(100.00	1	1
≥3yrs	60(22.3)	209(77.7	269(100.0)	1.24(0.69,2.24	1.2(0.68,2.25
Total	78(21.4)	187(78.6	365(100.0)		

Women with family size of five or more tend to use family planning method than with those less than five. The family size was found to be predictor of current contraceptive use by women when adjusted for women's age and education (OR=1.8, 95%CI (1.0, 3.1) (See Table2).

Although three hundred and seven, 84.7% of men and 315(86.3%) of women reported knowledge of at least one contraceptive method, lower number of men, 218(76.7%) and women, 239(65.5%) could express family planning as one or more of the following options. Of those men 78(28.3%) said family planning is a means to limit family size,71(25.7%) responded it as child spacing,84(30.4) as both child spacing and limiting the family size, only 14(5.1%) knew that it is a means to avoid unwanted pregnancy, and the rest 26(7.1%) reported as all of the above options. Of the women 37(15.2%)said family planning is a means to limit family size, 121(49.6%) as child spacing, 59(24.2%) as both child spacing and limiting family size, and the rest 26(10.6%) reported that family planning is important for child spacing, limiting family size, and avoiding unwanted pregnancy.

Slightly higher number of women, 315(86.3%) than men, 307(84.7%) reported knowledge of at least one method of contraception. The injectable, [Depo-Provera] and the oral contraceptive pills were the popular method reported. Two hundred and thirty eight, 65.2% of men and 243(66.6%) of women have knowledge of injectable contraceptive method. Two hundred eleven, 57.8% of men and 228(62.5%) of women knew oral contraceptive pills. Only 88(24.1%) men and 21(5.8%) of women reported condom as contraceptive method. Vasectomy is known by 10(2.7%) men and 1(0.3%) of the women.

Of the traditional methods, abstinence is known by 27(7.4%) of men and 16(4.4%) of women. The other contraceptive methods were known by few couples. Husband's knowledge about family planning has a statistically significant association with contraceptive current use by wife (p=0.014).

Two hundred ninety nine, 82% of the men and 327(89.6%) of the women recognized the importance of limiting family size. Two hundred and eighty two, 93.3% of men and 301(82.5%) of women reported need for contraceptive method use in future. Three hundred and thirty, 90.7% of men approves contraceptive use by their wives. But only 266(72.9%) of women reported perceived approval for contraceptive use by their husbands.

By both men and women who reported knowledge of at least one method of contraception, injectable followed by oral contraceptive pills were reported to be the best contraceptives. One hundred and eighty, 53.4% men and 198(54.2%) women assume injectable as the best contraceptive methods. One hundred and five, 28.8% men and 72(19.7%) women assumed pills as the best contraceptive method.

Both men and women were asked importance of child spacing. All men and women reported that child spacing is important. One hundred fifty five, 42.6% of men and 177(48.5%) of women said that child spacing is important for both the health of mother and child. In addition to health of mother and health of child, 97(26.6%) of men and 131(35.9%) of women reported that child spacing is also important for economic reason [scarcity of resource to rear them].

The ideal interval desired by the couples for child spacing ranges from 1 year to 6 years. The mean interval desired by men was 3.02 years and by the women was 2.99

years. The mean difference in the interval desired by husband and wife was 0.03years,which is not significant difference(p=0.553).

One hundred and fifty two, 41.6% of men and 76(20.8%) of women reported ever informing others to use contraceptives. One hundred and ninety six, 53.8% of men reported ever informing their wives to use contraceptive method. Ninety four, 25% of men and 42(11.5%) of women responded that they ever opposed others of using contraceptives. Sixty two, 17% of men also reported ever opposing their wives using contraceptive methods. The reason for opposing was not explored.

As shown in table 5, women who have husbands who reported ever informing their wives to use family planning tend to use contraception more than those who were not informed by their husbands. It was found to be a predictor of higher contraceptive use with a multivariate analysis incorporating variables like couples discussion about family planning and wives' perceived approval of contraceptive use by others (OR=2.5, 95%CI (1.4, 4.5)).

Table5. Other factors that affect family planning use versus current contraceptive use by women, couples of six rural kebeles of Bodji Woreda, Western Ethiopia, Dec.24,2003-Jan.3, 2004.

Variable	Contraceptive current use by women				
	Yes	No	Total	Crud. OR (95% CI)	Adj. OR (95% CI)
	No.(%)	No(%)	No(%)		
Couples discussed About family planning with in Last 6mth					
No	32(15.0)	181(85.0)	213(100.0)	1	1
Yes	46(30.5)	104(69.5)	151(100.0)	2.5(1.49,4.13	1.5(0.86,2.61)
Total	78(21.4)	286(78.6)	364(100.0)		
Wife's perceived approval of Contraceptive use by her husband					
No	6(6.1)	93(93.9)	99(100.0)	1	1
Yes	72(27.1)	194(72.9)	266(100.0)	5.8(2.41,13.7	4.5(1.74,11.48)
Total	78(21.4)	287(78.8)	365(100.0)		
Wife's perceived approval of Contraceptive use by her relatives					
No	35(17.0)	171(83.0)	206(100.0)	1	1
Yes	43(27.0)	116(73.0)	159(100.0)	1.8(1.09,3.00	1.0(0.53,1.72)
Total	78(21.4)	283(78.6)	365(100.0)		
Wife's perceived approval of Contraceptive use by the communi					
No	60(20.10	239(79.9)	299(100.0)	1	1
Yes	18(27.3)	48(72.7)	66(100.0)	1.5(0.81,2.75	1.1(0.52,2.12)
Total	78(21.4)	287(78.6)	365(100.0)		
Wife's perceived approval of Contraceptive use by religion					
No	72(20.7)	276(79.3)	348(100.0)	1	1
Yes	6(35.3)	11(64.7)	17(100.0)	2.1(0.75,5.85	2.3(0.72)
Total	78(21.4)	287(78.6)	365(100.0)		
Husband ever informed his wife to use contraception					
No	20(11.9)	148(88.1)	168(100.0)	1	1
Yes	58(29.6)	138(70.4)	196(100.0)	3.1(1.78,5.44	2.5(1.38,4.48)
Total	78(21.4)	286(78.6)	364(100.0)		

Women with those husbands who reported approval of contraceptive use were more user of contraceptive than women with those husbands who reported non approval,although this association was not statistically significant (See Table6).

Table6. Husbands' attitude towards family planning versus current contraceptive use by Wives, couples of six rural kebeles of Bodji Woreda, Western Ethiopia, Dec.24, 2003-Jan.3, 2004.

Variable	Contraceptive current use by wom Yes	No	Total	Crud. OR (95% CI)	Adj. OR (95% CI)
	No.(%)	No(%)	No(%)		
Interval wanted For child spacing					
≤2yrs	14(19.40	58(80.6)	72(100.0)	1	1
≥3yrs	64(21.9)	228(79.1)	292(100.0)	1.2(0.61,2.22)	1.2(0.59,2.16
Total	78(21.4)	286(78.6)	364(100.0)		
Limiting Number of children is important					
No	16(24.6)	49(75.4)	65(100.0)	1	1
Yes	62(20.7)	237(79.3)	299(100.0)	0.8(0.42,1.50)	0.7(0.37,1.40
Total	78(21.4)	286(78.6)	364(100.0)		
Husband Approves Contraceptive use By wife					
No	6(17.6)	28(82.4)	34(100.0)	1	1
Yes	72(21.8)	258(78.2)	330(100.0)	1.3(0.52,3.27)	1.5(0.57,3.85
Total	78(21.4)	286(78.6)	364(100.0)		

Similarly women whose husband opposed use of contraceptive were found to be more likely to use contraceptive than those who had no opposition (OR=2.2, 95%CI (1.2, 4.0).It was also found to be significant when adjusted for confounding by multivariate analysis (OR=2.0, 95%CI (1.02, 3.60) (See Table7).

Table7. Husbands' opposition of wives' contraceptive use versus current use of Contraception by wives with inclusion of possible confounders, couples of six rural kebeles of Bodji Woreda, Western Ethiopia, Dec.24,2003-J an.3, 2004.

Variable	Contraceptive current use by women Yes	No	Total	Crud. OR (95% CI)	Adj. OR (95% CI)
Husbands ever Opposed wives' Contraception Use					
No	57(18.9)	245(81.1)	302(100.0)	1	1
yes	21(33.3)	42(66.7)	63(100.0)	2.2(1.2,4.0)	2.0(1.02,3.60)
total	78(21.4)	287(66.1)	365(100.0)		
Age					
20-29	11(12.9)	74(87.7)	85(100.0)	1	1
30-39	39(24.8)	118(75.5)	157(100.0)	2.2(1.07,4.61)	1.5(0.66,3.29)
40+	28(22.8)	95(77.2)	123(100.0)	2.0(.92,4.24)	1.5(0.60,3.49)
Total	78(21.4)	287(78.6)	365(100.0)		
Education					
No formal education	11(14.5)	65(85.5)	76(100.0)	1	1
1-6	27(21.3)	100(78.7)	127(100.0)	1.6(0.74,3.34)	1.8(0.80,3.87)
7-12	40(24.7)	122(75.3)	162(100.0)	1.9(0.93,4.03)	2.1(0.99,4.62)
Total	78(21.4)	287(78.6)	365(100.0)		
Child ever born					
≤2	15(13.4)	97(86.6)	112(100.0)	1	1
≥3	63(24.9)	190(75.1)	253(100.0)	2.1(1.1,4.0)	0.4(0.07,2.33)
total	78(21.4)	287(78.6)	365(100.0)		
Number of children alive					
≤2	14(11.5)	108(88.5)	112(100.0)	1	1
≥3	64(26.3)	179(73.7)	243(100.0)	2.8(1.47,5.15)	5.2(0.9,29.75)
total	78(21.4)	287(78.6)	365(100.0)		

IV. Other Factors Affecting Family Planning Utilization

Two hundred one, 55% of men and 151(41%) of women reported discussion about family planning with their partner in the last six months. Of those who reported ever discussion about family planning with their partner, most men, 197(98.0%) and most women, 150(99.7%) reported that they have discussed more than once.

Fifty three, 26.4% of women who reported ever discussion about family planning with their husbands were current users of contraceptive compared to only 25(15.2%) women with no discussion. Couples discussion about family planning and current contraceptive use by wife showed significant association (p=0.01) (See Table5).

Most of the men, 297(81.1%) and 343(94.5%) women reported that decision on use of contraceptives is a joint husband and wife responsibility. Forty two, 11.5% of men and 12(3.3%) of women responded that it is responsibility of the wife. Only, 22(6.6 %,) men and 6(1.6%) women responded that husband is the decision maker.

The probable source of family planning information was also assessed. Of those who ever heard information about family planning, 250(85.6%) of men and 170(70.5%) of women, heard from health worker. Radio as source for family planning information was reported by only 117(40.1%) of men and 64(26.5%) of women. Only 20%of the couples reported having radio at home.

The majority of men, 295(81.3%) and 247(67%) of women reported knowledge of at least a source for contraceptive methods. For all of them health institution is the single known source.

When the respondents preference for service provider was asked, majority of men 257(72.8%) did not have sex preferences. But more than halve of the women, 194(53.2%) preferred female as service providers.

The couples were also asked perceived approval of contraceptive use by their relatives, community, and their religion. Accordingly, 190 (52.1%) of men and less than halve of the women 159 (43.6%) perceived that their relatives might not be against their use of contraceptive methods. Less number of men, 109 (29.9%), and women, 66 (18.1%), perceive that their community approves their use of contraceptive method. Majority of men and women, 283 (77.5%) and 294 (80.5%) respectively, perceive that their religion is against use of contraceptive methods.

DISCUSSION

This community based study used information from both husband and wife to access factors that are determinant for family planning service utilization by women. As hypothesized both husband and wife factor affect family planning use by the wife, although wives' factors remained to be more predictive variable for their current contraceptive use. Accordingly women who currently use contraceptive method tend to be relatively older, educated, with large family, and those who perceive their husbands' approval of contraception use. They are with husbands who are older than 30 years, have knowledge about family planning, communicate on family planning issues and initiate family planning use.

As any cross sectional study, this study doesn't show cause and effect relationship with the factors identified as determinant for contraceptive use. The inclusion of only defined area of the Woreda may limit the generalization of the finding. Effect of ethnicity and religion couldn't be investigated as the study was done in area where almost 100% are Oromo and Christians. The information on income is excluded from the analysis because of its incompleteness, which limited the incorporation of income as a possible confounder for the findings. But still efforts have been made to find representative sample for the community under study and the data quality has been maintained. Hence, the findings although may not be generalized for the regional or zonal level, it can be used as base line information for target specific intervention and further study.

Consistent to the finding by most demographic and health surveys in Africa, this study also found that more than 85% of both men and women have knowledge about family planning and nearly 80% of them approve the use of Family Planning (7, 17). The

contraceptive prevalence rate for women is higher compared to the regional (Oromiya) and national report, 21%, 6.6%, and 8% respectively (7).From different parts of the country contraceptive prevalence rate ranging 4.1%-39% have been reported (19, 25, 26, 27). The higher contraceptive prevalence would be attributable to the high prevalence of knowledge and positive attitude towards the use and the higher proportion of couples who had discussion on family planning issues (, 7, 17, 19). Two third of the couples reported discussion about family planning issues and more than 80% of them both know contraceptive method and approve family planning method utilization. In agreement with the study at Gonder and Tigray, the men contraceptive prevalence rate is very low (19, 29).

The proportion of women who reported current contraceptive use was highest in age group 30-34, where 35.1% were contraceptive users. The high prevalence in this age group is consistent with the study done at Gonder and the Ethiopian Demographic health survey 2000 (7, 29). The least proportion of current use of family planning method was reported by age group 15-19. The possible explanation is that most women strive to have the number of children they want during their younger age, and at around 30 they might have already achieved their desired number children (5).

Study by Terefe A. at Kotobe area has shown that women with young partners are at relatively conducive environment to use family planning methods compared to those with partners of older age (13). In contrast, this study has shown that women with husbands who are older than 30 years tend to use contraception more than with those husbands who are younger. This could be due to the fact that in Sub-Saharan Africa marriage is related to fertility and after marriage, which is near to men age of 26 years

according to this study, most men want to have children which may not give enough time for the wife to initiate contraception before men's age of 30.

Keeping the earlier findings (7, 19, 25, 26, 29), educated women tend to use contraception more than those women with no formal education. The educational level of women and their contraceptive use was significantly associated with highest rate at 1-6 level of education. The bivariate analysis result showed that those with 1-6 level of education had higher likelihood of using contraceptive than those with low level of education; those with level of education of 7-12 had no significant relationship, which may be attributed to less number of individuals in the category to give significant relationship. If we assume that contraceptive use would lead to lower fertility , this finding is in contrary to the findings else where which relates fertility reduction with higher level of education and which associates low level of education to result in higher fertility compared to no education (28) . On other hand, although current contraceptive use by women increases as educational level attained by men increase, the finding was not significant.

Family size of five and above and at least three live children are positively associated with current contraceptive use by women (OR=1.8,95%CI(1.03,3.14 and OR= 2.8, 95%CI(1.47,4.15) respectively). This finding is consistent with study at Gonder and Tigray (19,29). Family size of women was also found to be significant when adjusted in multivariate analysis with age and level of education variables(See table2). The likelihood of contraceptive usage was predicted by family size. Possible explanations for this could be that those with larger families could have achieved the number of children they wanted to have, which implies that they use methods to limit further child birth. The

issue of number of children alive may also be related to child survival. Although the child survival effect was not sought in this study, the effect can be indirectly seen by the number of children alive. Those with larger number of children would use family planning method more than those with lesser number. However the parents' perception of not losing a child (improving child survival) should be a major focus with this regard.

Women whose husband opposed use of contraceptive were found to be more likely to use contraceptive than those who had no opposition. It was also found to be significant when adjusted for confounding by multivariate analysis. The aforementioned result could be attributed to the fact that those who were not using contraceptive may not be exposed to the risk of opposition by their husband since it wouldn't be the agenda for discussion. Still further study is recommended to know the reason behind this paradoxical finding.

With growing attention of involving men in family planning and reproductive health, the main assumption is that men would be good advocates for promoting family planning services (10, 17). Supporting this assumption ,those women who were informed by their husbands to use contraception are more likely to report current use of contraception than those who were not initiated by their husbands(OR=3.1,95%CI(1.7,5.5).This finding remained significant in multivariate analysis controlling possible confounder(See table6). Similarly, current contraceptive use is positively and strongly related to men's knowledge of family planning.

It is paradoxical to the existing fact (5, 7, 12, 13 19) that women with those husbands who reported approval of contraceptive use were less user of contraceptive than women with those husband who reported not approval. In line with this finding, those women

whose husbands reported ever opposing their wives use of contraception are likely to report current use of contraception than those women whose husbands didn't report ever opposition. The probable reason for the paradoxical finding would be husbands opposition came after the wife already started utilization of family planning method. The sustainability of contraceptive use by wife while her husband opposes needs further study.

Couples discussion about family planning has long been found out as paving way for family planning methods utilization (10,12,17,19,). In line with this, the current study has also found out that those women who discuss on family planning issues with their husbands are more likely to use contraception than those who do not discuss on this issues.

The perception of approval of husbands by women on use of contraceptive was one of the predictor of contraceptive use among the study subjects which is very essential area of intervention by creating awareness of husbands on this issue .

With regard to the utilization of contraceptives the issue has to be viewed in line with some models developed for conceptualizing decision making on fertility regulation. The difference observed between men and women determinants could be explained by the distinct nature of economic responsibilities and interest to childbearing and other economic issues as clearly explained by the transaction theory of fertility decision making (8).

CONCLUSION

In married couples, both men and women factor affect contraceptive utilization by the women. Of those factors: Knowledge of family planning methods by men, men as advocate for contraceptive use, discussion about family planning, perceived approval by husband, women education, are all found to be positive determinants for family planning use by women. Both husband and wife age, child ever born and alive for the couples, are important predictive variables for the wives' use of contraception.

Most men have knowledge and favorable attitude towards family planning, some encourage their wives to use family planning method and most of them are in need of family planning methods use in future. The majority of men share decision making on family issues, including family planning with their wives.

Unlike the female contraceptive options the men contraceptive options including condom is not widely known by the community. The oral contraceptive pill is giving way for the injectable contraceptive as the leading family planning method preferred and used by majority of women.

When both husband and wife have information on family planning the probability of the women to use the methods is higher than when only either of the couples is informed. This finding may warn that if the existing scenario of family planning service is changed from targeting only women to targeting couples, the family planning methods utilization rate may increase.

In addition to need for more children, fear of side effects is also becoming an important obstacle for continuation of use of family planning method.

RECOMMENDATION

The following recommendations are made directly based up on this study;

1. Couples should be informed on the available men contraceptive option; it is known that the men contraceptive options are limited compared to that of women. But still the existing men contraceptive options are not well known by majority of the community. Hence, those stakeholders meant for promotion of family planning are advised by this study to look at their strategy of increasing the contraceptive awareness of the community, specially the men contraceptive options.
2. Men should be used as agent for family planning service promotion; this study showed that when husbands inform their wives to use contraception the wife tend to use .This finding may invite the service provider to use men partner in promoting family planning use by their wives other than excluding men and targeting only women.
3. Men should be encouraged to use the existing men contraceptives; the majority of men are willing to use contraception. The lack of wide range of men contraceptive option shouldn't be a reason for not promoting the men contraception. The service providers should try to make the men accessible for the available family planning methods and let them choose which service they want.

4. Appropriate counseling on possible side effects before start of family planning method use may help the user to cope with some expected side effects.
5. Further study is recommended to know the reason behind the increase in family planning use by women despite husbands' opposition.
6. Studies on family planning should include men in addition to women as source of information; this study hasn't ruled out the importance of women factors, but also identified that men factors as important determinant of family planning method use by women .Hence, wide scale research on this field with both quantitative and qualitative methods is recommended for further understanding of which men factor are more important when combined with women factors as predictor for family planning use by the couples. And also large scale study with representative from different region may help to formulate a national model on how to approach couples for the maximum benefit of family planning services.

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Annexes

Annex1. *The data collection instrument,English version*

ID.No._____ Vist 1.___ 2.____

ADDIS ABABA UNIVERSITY FACULTY OF MEDICINE, DEPARTMENT OF COMMUNITY HEALTH.

Survey questionnaire to assess and determine the role of married men in family planning methods utilization by the couples, in rural areas of Bodji Woreda, Western Ethiopia.

Consent Form, Introduction:

My name is _____. I am working with Dr.Yohannes Tolassa who is doing a research as partial fulfillment for the requirement of Masters in Public Health at Addis Ababa University, Department of Community Health. We are interviewing married couples to know their roles in family planning methods utilization. I am going to ask you some questions that are very important for the programme planners in family planning to plan improved intervention for rural community. Your name will not be written in this form and the information you give are kept confidential. If you don't want to answer all of or some of the questions, you do have the right to do so. However your willingness to answer all of the questions would be appreciated.

Would you participate in responding to the questions in this questionnaire?

------Yes --------No

Name and Signature of the data collector who sought the consent_____

Date of interview_____

Name and signature of the supervisor

_____Date_____

ID.No._____

PART I. SOCIO DEMOGRAPHIC CHARACTERISTICS

No.	Question	Responses	Code
101	Address (kebele)		
102	Age		
103	Sex		
104	Religion	1. Protestant 2. Orthodox 3. Muslim 4. Others (specify)----------	
105	Ethnicity	1.oromo 2. Amhara 3. Tigre 4. Others[specify]_____	
106	Educational status	1. Unable to read and write 2. Able to read and write but no formal education 3. Literate (write the highest educational level achieved)_____	
107	Occupation	1. Farmer 2. Merchant 3. Governmental employee 4. Others (specify)_____	
108	How long have you lived in this kebeles?	Year____ month_____	
109	Annual income(ask number of kuntal of cereals produce a year and number of cattle they have)	Cash(in Birr)_____ Maize_____ Teff_____ Coffee_____ Others(specify)_____	
110	At what age did you get married?	_____	
111	How long is it since you got married (in years)?		
112	How many children do you have together?	_____	
113	Do you have children from other partner/wife)	1. Yes 2. No 3. Unwilling to respond	
114	If response to Q113 is “yes” how many children do you have from the other partner/wife?		
115	How many persons live in your house(family size)?	_____	
*116	[For males only] if has more than one wife , write the number of wives he has		

PART II. REPRODUCTIVE HISTORY ID No._____

No	Questions	Response	Code
201	At what age did you have your first child?		
202	How many children ever born to you?		
203	How many of them are alive?	____Male ____Female	
204	How many children do you want to have?	_____Both sex _____Male _____Female	
205	How many children do you think is good to have?	_____Both sex _____Male _____Female	
206	Have you ever experienced a pregnancy terminated with abortion (ask husbands experience of their wife)?	1. Yes 2. No 3. I don't remember 4. Unwilling to respond	
207	If the response to Q 206 is "yes' how many times?		
208	Since last Christmas, is there any person died out of this family?	1. Yes 2. No	
209	If the response to Q208 is "yes" how many? [write with their age at death)	1. Age_____ 2. Age_____ 3. Age____	
210	Since last Christmas, is there any child born to you?	1. Yes 2. No	
211	Where was your last child born?	1. Home[by untrained attendant] 2. home [by trained attendant] 3. Health institutions	
212	Between two consecutive children , how many years of intervals do you think is good?(how long they should be spaced)	_____year/s	
213	Are you pregnant?[for males ask for current pregnancy of their wife)	1. Yes 2. No 3. I don't know	
214	If the response to Q213 is "yes" what is the duration of pregnancy (in months)?		
215	If the response to Q213 is 'yes', have you ever been to ANC clinic for your current pregnancy/[for male ask if his wife is attending)?	1.yes(write how many times)____ 2.no 3.unaware of the existence of the service 4. I don't know	
216	If the response to Q213 is 'yes', do you want the pregnancy?	1. Yes 2. No 4. My husband wanted 5. My wife wanted 6. Gift of god 7. Others[specify]	

ID.No._____

PART III: KNOWLEDGE & ATTITUDE TOWARDS FAMILY PLANNING

No	Questions	Responses	Code
301	Have you ever heard of family planning?	1. Yes 2. No	
302	If your response to Q301 is “yes" what does it mean?	1. Limiting family size 2. To avoid unwanted pregnancy 3. Spacing child birth 4. Others(specify)----------	
303	Have you ever heard of methods to delay or avoid pregnancy?	1. Yes 2. No	
304	If your response to Q303 is 'yes' which type of method do you know (see code below, and write all the responses)?	_____	
305	Do you think that family planning is important?	1. Yes 2. No 3. Not sure	
306	Do you approve family planning methods use?	1. Yes 2. No 3. Other(specify)----------	
307	Do you want to use family planning methods in future?	1. Yes 2. No 3. Unsure	
308	Do you approve of family planning methods use by your partner?	1. Yes 2. No 3. Others(specify)----------	
309	Which family planning methods do you think is safe to use by your self or by your partner (see code below, and write all the choices)?	_____	
310	For what purpose do you think that child spacing or having fewer children is important?	1. For the mothers health 2. Luck of money may not allow rearing many children 3. For the health of the child 4. I don’t know 5. Others[specify]_____	

Code for Q304,309,402,404,407,509

1. Pills
2. Intrauterine device(iucd)
3. Injectable (depo-provera)
4. Norplant(buried under skin)
5. Condom
6. Spermicidal
7. Tubal ligation/female sterilization
8. Vasectomy/male sterilization
9. Periodic abstinence
10. Prolonged breast feeding
11. Abstinence
12. Others [specify]

PART IV. PRACTICE OF FAMILY PLANNING ID.No._____

401	Have you ever used contraceptive methods?	1. Yes 2. No	
402	If your response to Q401 is 'yes' which type of contraceptive methods you ever used? [see code on page four , and list all the responses given]		
403	Are you using family planning methods currently?	1. Yes 2. No	
404	If your response to Q403 is 'yes', which type of contraceptive methods are you using? [see code on page four , and list all the responses given]		
405	If you ever used contraceptive methods but not currently using, what is your main reason to stop using currently?	1. Desire to have more children 2. Fear of side effects 3. Preferred method is not available 4. My partner doesn't want 5. Religion 6. Source of contraceptive is far 7. Others(specify)----------	
406	Does your partner use contraceptive methods currently?	1. Yes 2. No 3. I don't know 4. not sure 5. unwilling to tell	
407	If your response to Q406 is 'yes' which type of contraceptive methods she /he is using? [see code on page four , and list all the responses given]		
408	Do you want to use contraceptive in future?(for those who never used contraceptive methods)	1. Yes 2. No 3. Unsure 4. others [specify]_____	

PART V. MALE INVOLVEMENT ID . No._____

No	Questions	Response	code
501	Have you ever informed others to use contraceptive methods?	1. Yes 2. No 3. I don't know	
502	Have you ever opposed your friend or others of using contraceptive methods?	1. Yes 2. No	
503	Have you ever informed your partner to use contraceptive methods?	1. Yes 2. No	
504	Have you ever opposed your partner of using contraceptive methods?	1. Yes 2. No	
505	If you want to use contraceptive methods, who makes decision s on utilization of contraceptive methods?	1. Husband 2. Wife 3. Husband and wife jointly 4. Mother or father of husband 5. Others(specify)----------	
506	Have you ever discussed about family planning with your partner? (have you ever discussed the number of children you want to have)	1. Yes 2. No 3. don't remember	
507	If your response to Q506 is 'yes', how frequent in the last 6 month?	1. none 2. Once 3. Twice 4. Three times 5. more than three times	
508	Do you know that there is a contraceptive method for males?	1. Yes 2. No	
509	If your response to Q 508 is 'yes' what is the type of contraceptive methods for men you know? [see code on page four , and list all the responses given]		
510	Do you know the place where family planning information is given?	1. Yes 2. No 3. I don't know	
511	If the response to Q510 is 'no', or 'I don't know', do you think that its existence in future is important?	1. Yes 2. No 3. Others[specify]_____-	

ID. No._____

PART VI. SOCIO CULTURAL FACTORS AFFECTING FAMILY PLANNING UTILIZATION

No.	Questions	Responses	Code
601	Do you have radio?	1. Yes 2. No	
602	Have you ever heard information about family planning?	1. Yes 2. No 3. Unsure	
603	If your response to Q602 is “yes”, from where do you get information about family planning?	1. Radio 2. Health professionals 3. Posters 4. News paper 5. Others (specify)----------	
604	Do you know where to get contraceptive methods?	1. Yes 2. No 3. Unsure	
605	If your response is yes to Q604, from where do you think you may get contraceptives?	1. Health institutions 2. Drug vender (pharmacy) 3. Shop 4. Others (specify)----------	
606	Is the source of contraceptive methods far from your home?	1. Yes 2. No 3. Medium [difficult to say near or far]	
607	Have you ever gone to health care institutions in need for advice or service for family planning?	1. Yes 2. No	
608	If your response toQ607 is 'yes', were the family planning service providers friendly?	1. Yes 2. No 3. Neutral	
609	If your response to Q607 is ‘no’ why?	1. lack of knowledge about family planning 2. lack of knowledge about the existence of the service 3. I expect that the health workers may not be friendly 4. the place is to far 5. others[specify]_____	
610	Whom do you prefer as service provider?	1. Male service provider for men 2. Female service provider for women 3. No sex preference Others (specify)----------	
611	Does your partner support if you want to use contraceptive methods?	1. Yes 2. No 3. I don't know	
612	Do your close relatives (mother, father,	1. Yes	

	father or mother of your partner) support if you want to use contraceptive methods?	2. No 3. I don't know	
613	Does the society you are living in support use of contraceptive methods for family planning?	1. Yes 2. No 3. I don't know	
614	Do you think your religion is against use of contraceptive methods?	1. Yes 2. No 3. I don't know	
615	How many children do you have who are older than 5 years of age?	_____Female _____ Male	
616*	How many of them are going to school?	_____Female _____ Male	
617	Who decides on family's income?	1. Husband 2. Wife 3. Husband and wife jointly 4. Others [specify]_____	
618	Whom do you expect to support you during your old age?	1. My children 2. I save money now for my old age support 3. The government 4. Others[specify]_____	
619	From what the house of the respondent is made? (the interviewer should observe and fill)	1. Roof is iron sheet, floor is mud 2. Roof is grass, floor is mud 3. Roof is iron sheet ,floor is cement 4. Others(specify)_____	

ID. No._____

Annex2. ***Data Collection Instrument ,Oromo Language Version***

Lak.Addaa(ID.No)_____

Visit 1 ____ 2.__

UNIVERSITII FINFINNE, FAKALTII MEDICINII, DEPARTMENTII KOMUNITII HEALZII

Gaffilee wa'ee qusanaa maatii irratti qooda abbaan manaa /abbaan warraa qabuu addaan bafachuudhaaf kan qophaa'ee.

FEDHII GAFILEE DEBISUU

SEENSA

Maqaan koo _____.Dr. Yohaannis Tolasaa universitii finifinne irraa digrii lamaataa eguumsa fayya ummataa irratti hojjeeta kan jiruu yoo ta'u,qayyabanaa kana wa'ee qusanaa matii illaalichisee qayyabachuu dhaan digrii isaa xumurachuu dhaaf isaa gargaara.Ani immoo isaafii gafolee kana gafadhee ragaa sirrii kennufidhaaf isaa wajjin hojjechaan jira.Kanaafuu ijii qayyabanna kanaa ummata naanno kanaatiif akkasumas ummata iddoo gara biraa jiraataniif qusaanna maatii illaalichisee sagantaa sirrii saganteefachuuf warra eggumsa fayyaa irraa hojjjetan ni gargaara.Kanaafu akka gafii fii deebii kana irratti hirmaattaniif fedhii kessan isin gafadha.Yeroo fetan ittis gafichaa hin debisu jechuu ni dandeesu.Garuu deebii hundaa yoo debiftan isiin galateefana.

Gaffii fii deebii kana irratti hirmachuuf fedhii kessanii?

____eyyee _____waawu

Maqaa fii mallatoo isa ragaa funaanu_____

Guyyaa gafii fii deebiin itti ta'e_____

Maqaa fii mallatoo supervayisarii_____Guyyaa_____

Lak.Addaa(ID.No.)_____

GAREE A.

GAFFILEE WA'EE SOSHOO DIMOGRAPHII

Lak.	Gaffii	Deebii	codi	darbii
101	Addresii(ganda)	_____		
102	Umurii	_____		
103	Saala	_____		
104	amantii	1. protestantii 2. ortodoxii 3. isilaama 4. kanbiraa(ibsii) _____		
105	Saynii	1.oromo 2.amara 3.tigire 4.kan bira(ibis)----------		
106	Sadarkaa barnootaa	1. dubisuu fii katabuu hin danda'u 2. dubisuu fii katabuu nii danda'a(garuu mana barumsa hin galle) 3. barateera(kutaa isa xumuramee dhumaa barreesii)_____		
107	Hojii	1. qotee bulaa 2. daldaalaa 3. hojjeetaa mottumma 4. kanbiraa(ibsii)_____		
108	Hammami jiraatte ganda kana	Wagaa_____ ji'a___		
109	Wagaa tii qabeeynaa hammamii galfata?(kuntaalaan)	Qarshii_____ Boqoolloo_____ Xafii_____ Bunaa_____ Kan bira (ibsii)_____		
110	Yeroo futee umuriin kee meeqa	_____		
111	Ergaa wal futanii wagaa meeqa	_____		
112	Ejoolee meeqa waliin qabdu	_____		
113	Ejoolee gara biraa irraa ni qabda	1. eyyee 2. waawuu 3. deebsuu hin fedhu		
114	Deebiin gaafii 12 "eeyyee" yoo ta'e,ejoolee meeqa qabda garabiraa irraa			
115	Namaa meeqatuu mana kessan keessa jiraata	_____		
116	Hadha mana meeqa akka qabu barreessi (>1 oli yoo qabateef	_____		

GAREE B.SEENAA HORMAATA

LAK	GAFFII	DEEBII	KOD	darbi
201	Yeroo mucaa kee isa hangafa godhate umuriin kee meeqa	_____		
202	Ijoollee meeqa hanga harraa itti godhatte(kan du'es ni dabalata)	_____		
203	Ijjoollee meeqatu lubuun jira	_____diira _____durba		
204	Ijoolle meeqa qabaachuu feeta	_____ saala lachuu _____dhiira _____durba _____kan waaqayyo kenne		
205	Ijoollee meeqa qabaachuutu gariidha jetee yaadda	_____saala lachuu _____dhiira _____durba _____kan waaqayyo keene		
206	Ulfii siraa/hadha manaa kee irra ba'ee ni beeka?	1. eyyee 2. waawu 3. hinyyaadadhu 4. deebsuu hin feedhu		
207	Yoo deebiin gaaffii '6' "eyyee" ta'e yeroo meeqa	_____		
208	Ji'a gannaa darbee asiitti namnii mana kana keessa dadhabe(du'e jiraa)	1. eyyee 2. waawu		
209	Deebiin gaaffii '8' "eyyee" yoo ta'e nama meeqatu dadhabe(du'ee) Umurri wajjin barreessi)	1.umurii _____ 2. umurii _____ 3. umurii _____		
210	Ji'a gannaa darbee asiti mucaan siif dhalate jira	1.eyyee(meeqa_____) 2. waawu		
211	Mucaan kee ini dhuma essati dhalate	1. mana deesisftu hin baranneeni 2. mana deesiftu baratteen 3. buffata eegumsa fayyatti		
212	Ijoolleen hamam garagara fagatanni yoo dhalatan feeta	Waaggaa_____		
213	Yeroo kanatii hatii mana kee ulfa(yoo dubartii tate ati ulfa jedhi gafadhu)	1. eyyee 2. waawu 3. hinbeeku 4. kan bira(isbsii)_____		
214	Deebin gaffii"213" 'eyyee' yoo ta'e ,ulfa ji'a meeqa tii	_____		
215	Deebiin "213" 'eyye yoo ta'e ,Dubartii ulfaafii kan godhamu egumsa fayya mana yaala dhaqitee argata jirta/jiti	1. eyyee(yeroo meeqa_____) 2. waawu 3. waan akkassi aka jiru hinbeeku 4. hinbeeku		
216	yoo amma ulfa taa'te ulfa kana barbaadantii	1 eyyee 2. waawu 4. abbaa manaa kootu barbaade 5. hadha manaa kootu barbaade 6. waaqatu kenne		

GAREE C Lak. Addaa(Id.No.)_____

BEEKUMSA FII ILLALICHA WA'EE QUSANNAA MATII

LAK	GAAFFII	DEEBII	Kod	Darbi
301	Wa'ee qusanaa matii dhagessee beekta	1. eyyee 2. waawu		
302	Yoo deebiin gaaffii '1' "eyyee" ta'e ,qusannaa maatii jechuun maal jechuudha	1. lakkobsa maatii xiqeessu 2. ulfa utuu hin fedhinii hanbisuu 3. ijoolle garaa gara faggessanii godhachuu 4. kan bira(ibsii_____ _____		
303	Akkaataa ittii ulfa'u dhissan yookaas ulfa tursiisanii ulfa'an ni beekta	1. eyyee 2. waawu		
304	Yoo deebiin gaaffii '3' "eyyee" ta'e akkaataa kamiin beekta(kodii gadii ilaali)	_____		
305	Qusaannaan maatii gariidha jetee nii yaadda	1. eyyee 2. waawu		
306	Qusana maatiif jecha ulfa kan tursisu yookaas akk hin ulfoofne kan nama gargaaru itti fayyadamuu ni degerta?	1. eyyee 2. waawu 3. haalaafii yeroo irratti hunda'a		
307	Ofii keetii gara fulduraatti isa ulfa tursiisu yookaas hanbissu qusanaa maatiif jech ni fayyadamta	1. eyyee 2. waawu 3. haalaa fii yeroo irratti hunda'a		
308	Yoo warri manaa kee qusanaa maatiif jecha isa ulfa tursiisu yokaas akka hin ulfoofne nama gargaruu yoo fayyadamte/me ni degerta	1. eyyee 2. waawu 3. haalaa fii yeroo irratti hunda'a		
309	Qusanaa maatiifii kan nama gargaaru keessa isa kamtuu gaariidha jetee yaada(koodii ilaalii)	_____		
310	Ijjoolle gara gara fageesanii da'uun(qusannan maatii) maaliif gariidha jetee yaada? (deebii tokko oli kennunii ni danda'ama)	1. fayyaa dubartiitiif 2. horrii ittin guddisan waan hinjirefi 3. fayya ijoolleetiif 4. hinbeeku 5. kan biraa (ibsi) _____		

Koodii deebii gaaffii 304,402,404,407,509

1. qoricha liqimsa(pills)
2. tubii karaa saala dubartii galu(IUCD)
3. marfeen kan dubartiif kennamu (depoprovera)
4. kan dubartiif goga jala owwalamu(norplant)
5. condomii
6. assa saynii dhiira ajjeesu(spermicidal)
7. dubartii maseena gochuu(tubal ligation)
8. dhiira maseena gochu(vasectomy)
9. yeroo dubartiin ulfa'uu hin dandeeynetti gargaramu(periodic absteinance)
10. yeroo dheeraa tiif harma hoosisu
11. walqunnnamtii saala dimishaashan dhiisu(absetenance)
12. kan biraa (ibsii)

GAREE D. Lak. Addaa(Id.No.)_____
ITTI FAYADAMUU QUSANAA MAATII

LAK	GAFFII	DEEBII	KODI	DARBI
401	Ulfa kan tursiisu yookaas kan akka hin ulfoofnee godhu fayadamte beekta	1. eyyee 2. waawu 3. himuu hin fedhu		
402	Yoo deebiin gaffii 1ffaa 'Eyyee' ta'e,isa kamiin fayyadamtee beekta(koodii gadii ilaalii)			
403	Yeroo ammaa ulfa kan tursiisu yookaas akka hin ulfoofneefii kan godhu itti fayyadama jirta	1. eyyee 2. waawu 3. himuu hin fedhu		
404	Yoo deebiin gafii 3ffaa "eyyee"ta'e isa kamiin fayadamaa jirta(coodii isa gadii ilaali)			
405	Yoo kana dura ulfa kan tursiisu yookaas kan akka hin ulfoofne godhu fayyadamaa turtee amma garuu dhaabdeeta ta'e maliif fayyadamuu dhaabde?	1. ijoolle godhachuuf 2. rakina natti fida jedhe 3. inni ani barbaadu hin jiru 4. abba mana/hadha mana kootu nadhowwe 5. ammantii kootu na dhowee 6. iddoon tajaajila isa argadhuutu fagoodha 7. kanbira(ibsii) _____		
406	Haatii mana/abbaa manaa kee yeroo kanatii ulfaa tursiisuuf yookaas akka hinulfoofneef wan fayyadamtu qabdii	1. eyyee 2. waawu 3. ani hinbeeku 4. nan shakka 5. himuu hinfedhu		
407	Yoo deebiin gaffii 6 "eyyee" ta'ee maal fayyadamtii(koodii isa gadii ilaalii)			
408	Gara fulduraatii kan ulfa tursiisu yookaas kan akka hinulfoofne goodhu ni fayyadamta	1. eyyee 2. waawu 3. hinmuurteesine 4. himuu hin feedhu		

GAREE E. QOODA DHIIRA Lak. Addaa(Id.No.)_____

LAK	GAAFFI	DEEBII	KOD	DARB
501	Namnii akka isa akka hin ulfoofne godhu yookas isa ulfa tursiisu (waa'e qusana maatii) fayyadamu gorsitee beekata	1. Eyyee 2. waawwu 3. Hin Yaadahu		
502	Namnii yookaas hirriyyaa kee akka isa ulfa tursiisu /akka hin ulfoofne godhu, akka fayyadamuuf/tuuf gorsitee ni beekta (waa'ee qusana maatii gorsiitee ni beekta)	1. eyyee 2. waawu 3. hin yaadadhu		
503	Hadha mana/abba mana kee akka isa ulfa tursiisu/akka hin ulfoofne kan godhu akka fayyadamuuf/tuuf gorste ni beekta	1. eyyee 2. waawu 3. hin yaadadhu		
504	Hadha mana/abba mana kee akka isa ulfa tursiisu/akka hin ulfoofne kan godhu akka hin fayyadamneef jete bekta(gootee beekta)	1. eyyee 2. waawu 3. hin yaadadhu		
505	Yoo isa ulfa tursiisu yookaas akka hin ulfoofne goodhu fayyadamu barbaadee eynutu siif murteessa	1. abbaa manaa 2. haadha manaa 3. abbaa manaatiif haadha mana walii wajjin 4. haadha/abbaa abbaa mana 5. kan biraa(ibsii) _____		
506	Abbaa/haadha manaa keetii wajjin wa'ee qusanaa maatii marri'atee ni beekta(ijjoolle meeqa akka qabachuu feetan marii'atanii beektu)	1. eyyee 2. waawu 3. hin yaadadhu		
507	Yoo deebiin gaaffii '6' "eyyee"ta'e,gana darbee assitti (ji'a ja'a assiti)yeroo meeqa	1. homaa 2. yeroo tokko 3. yeroo lama 4. yeroo sadii 5. yeroo bayyee		
508	Dhiirri akka hatii manaa isaa hin ulfoofneef gochuudhaafii waan fayyadamu ni qaba jette ni yaada	1. eyyee 2. waawu		
509	Deebin 8faa "eyyee"yoo ta'ee akkamin(koodii ilaalii)			
510	Kilinika yookas iddoon kan bira waa'e qusanna maatii kan barsisu jira	1. eyyee 2. waawu 3. hinbeeku		
511	Yoo deebiin '510' waawu/hinbeekuu ta'e gara fulduratti akka jiraatu ni feeta	1. eyyee 2. waawu 3. kan bira(ibsi)_____		

GAREE F. Lak. Addaa(Id.No.)_____

ADAAFII AKKAATA WAALIIN BULMAATA UMMATAA QUSANNAA MAATII FAYYADAMUU ILLALCHISEE

LAK	GAAFFII	DEEBII	KOD	DARB
601	Raadi'o manaa qabdaa	1. eyyee 2. waawu		
602	Waa'ee qusannaa maatii hodeeffanno dhageesse ni beekta	1. eyyee 2. waawu 3. hin yaadadhu		
603	Yoo deebiin gaaffii '2' 'eyyee"ta'e karaa maalii dhageesse beekta	1. raadi'o 2. hojjetaa fayyaa 3. posterii 4. gaazexaa 5. kan bira(ibis) _____		
604	Essaa akka isa ulfa tursiisuuf/akka hin ulfoofne godhu (contracetivii) argachuu dandeessu ni beekta	1. eyyee 2. waawu 3. sirrii tii hin beeku		
605	Yoo deebiin gaaffii '3' "eyyee"ta'e essaan argadha jetee yaadda	1. bufata tajaajila fayya 2. farmasii 3. suuqii shaqaxaa 4. kan biraa(ibsii)		
606	iddoon atii itti tajaajilicha nan argadha jetu sira fagoodha	1. eyyee 2. waawu 3. gidugaleesa		
607	Buffata fayyaa kamiyuu gorsa wa'ee qusana maatii ilaalichisee argachuuf dhaqtee ni beekta	1. eyyee 2. waawu		
608	Yoo deebiin gaaffii '6' "waawu" ta'e maaliif?	1. waa'e qusana maatii hinbeeku 2. akaa tajajilli isa jiru hin beeku 3. hojjetaan fayya garriitti nama hin simatan jedheen yaada 4. naraa fagoodha 5.kan biraa(ibsii)		
609	Yoo deebiin gaafii "7" eyyee" ta'e hojjetan fayya gariitti isin simatanii	1. eyyee 2. waawu 3. gidugalleesa		
610	Saala kamtu akka tajaajila qusanaa maatii siif kennu feeta	1. dhiira 2. dubartii/durba 3. saala hin filu 4. kan biraa(ibsii)__		
611	Yoo atii qusanaa maatii fayyadamu barbaadde abbaan manaa kee/hatii manaa kee si degeraa/degertii	1. eyyee 2. waawu 3. addaan hin baaffanne		
612	Yoo atii qusanaa maatii fayyadamu	1. eyyee		

	barbaadde firri kee(hadha, abbaa, hadhaafii abba abbaa manaa keetii) nadegeruu jettee ni yaada	2. waawu 3. addaan hin baaffanne		
613	Ummatti ati keessa jiraatu yoo qussana maatiif jecha isa ulfa tursiisu yokaas akka hin ulfoofne godhu fayyadamte sinmoormu jette ni yaadda	1. eyyee 2. waawu 3. addaan hin baaffane		
614	Ammantiin kee qussana maatiif jecha isa ulfa tursiisu/akka hin ulfoofne godhu you fayyadamte sidhowwaa	1. eyyee 2. waawu 3. addaan hin baaffanne		
615	Ijjoolee umurii wagaa 5 oli meeqa qabda	Durba____ Dhiira_____		
616	Meeqatu barachaa jira (umurii waggaa 5 oli)	Dhiira_____ Durba____		
617	Qabbeeyna irrati enyutu murteesa(waa gurguruu /waa bituu, ...)	1. abbaa manaa 2. hadha manaa 3. abbaa manaatiif hadha manaa 4. kan bira(ibis)_____		
618	Yeroo dulomtu maltu nagargaara jete yaada	1. ijjoolle koo 2. ofii koo tii amma horii kewadhe 3. motummaa 4. kan biraa (ibsi)_____		
619	Mani saan maal irra hojetame (ofii keetii illaalii)	1.qorqoroo,lafti biyyoo 2.citaa lafti biyyoo 3.qorqoroo ,lafti cimintoo 4.kan bira(ibsi)_____		

Lak. Addaa(Id.No.)_____