Addis Ababa University
Institute of Development Research
Demographic Training and Research Center
School of Graduate Studies

Male Involvement in the Decision to Use Modern Family Planning Methods in Ethiopia: The Case of Meskan Wereda, SNNPR

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Acronyms

CEB:	Children Ever Born
CRD:	Center for Development Research.
CPR	Contraceptive Prevalence Rate
CSA:	Central Statistical Authority
DHS:	Demographic Health Survey
DTRC:	Demographic Training and Research Center
FGD:	Focus Group Discussion
FP:	Family Planning
ICPD:	International Conference on Population and Development
IEC:	Information Education and Communication
IUD:	
KAP:	Knowledge Attitude and Practice
KABP:	Knowledge Attitude Behavior and Practice
KAT:	Kambata Alaba Timbaru
PRB:	Population Reference Bureau
PSTC:	Population Studies and Training Center
SNNPR:	Southern Nations Nationalities and Peoples Region
SPSS:	Statistical Package for Social Scientists
TGE:	Transitional Government of Ethiopia
UNFPA:	United Nations Population Fund
WHO:	World Health Organization

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CHAPTER I

Introduction

1.1. Background of the paper

In the year 1997, the world population was estimated 5.8 billion and it was projected to reach 8 billion by 2025. The world population grew at annual rate of 1.6% during the period 1975 and 1995 and is expected to grow annually at 1.16 % between 1995 and 2010 (WHO, 1998).

This growth rate varies greatly among regions and even among countries within the same region. Population growth within the more developed regions is almost 0.3% per year, a rate that is projected to drop below zero before 2025. On the other hand, the population of less developed regions is estimated 4.6 billion and is growing at a rate of 1.6% annually. Over the next 30 years, almost 98% of global population growth is projected to take place in developing countries (UNFPA, 1999).

The same UNFPA report reveals that African countries, particularly, the majority of Sub Saharan African countries are characterized by high population growth (UNFPA, 1999). Ethiopia is among these countries with a high fertility and population growth rates. Ethiopia's population in mid 2004 was estimated to be 72 million (PRB, 2004) and is growing at 2.7% per annum (CSA, 2001). The country is the second most populous country in sub-Saharan Africa. The high rate of population growth is the result of high fertility, which arises from extremely low contraceptive use.

The impact of rapid population growth on development in capital scarce countries is obvious. Rapid population growth and high fertility hold back development. They perpetuate poverty and make it hard for countries to pull resources and concentrate on future development effort because resources are consumed for present needs (UNFPA, 1997).

Moreover, high fertility contributes to maternal morbidity and mortality. Thus, reducing the rate of population growth through lowering fertility appears to be a way forward for not only reducing poverty and bringing sustainable development but also improving the health status of women.

Historically, most countries have overtly targeted women in family planning programs (Lasee and Becker, 1997; Bankole and Singh, 1998), while males have been largely excluded from such programs (Edwards, 1994). In addition, most modern contraceptive methods are designed to be used by females. The lack of male involvement in contraception could also be attributed to the limited methods available (Ringheim, 1993). The technology has been slow to produce contraceptive methods for men (Anderson, 2001) owing to limited funding and lack of commercial interest in male fertility regulation (Ringheim, 1995).

However, men have enjoyed a relatively higher status compared to women and they remain the key figures in domestic decision-making in most developing countries. Non-involvement of men in reproductive health and family planning decision-making and participation in family planning use appears to be one of the factors for the low contraceptive use and the underutilization of reproductive health services, particularly in cultures where men dominate reproductive decision-making (Alex Chika Ezeh, 1993).

Hence in promoting family planning, the dissemination of information about contraceptive methods and orientation of women about family planning appears not to be adequate. Reproductive health for women and men cannot be achieved without the constructive involvement of men (UNFPA, 1999).

Although the idea of male involvement in FP emerged decades ago, the International Conference on Population and Development (ICPD) has created the momentum of the relevance of male involvement in family planning in a concrete way. One of the important issues raised during ICPD was promoting women's rights and men's participation in reproductive matters as key elements to improve reproductive health. In particular, it was argued that further progress in family planning would depend on men changing their attitude and behavior regarding their responsibility towards reproductive health and gender issues (United Nations, 1995).

Following the ICPD, the study of male participation in family planning has been growing in many parts of the world particularly in the developing world. Although the Ethiopian government has put the issue of male involvement in family planning prior to the ICPD, in the Population Policy of Ethiopia (TGE, 1993). However studies regarding men's role in FP is very insignificant. In

order to understand male involvement in family planning in Ethiopia, this research is conducted in Meskan Wereda in the Guraghe Zone. The present study is believed to be among the few efforts in this regard.

1.2. Statement of the Problem

The male role in family planning is often misunderstood, and clinical services focus almost exclusively on women. In many countries, family planning clinics have evolved into stylized medical services often staffed by women and usually focused on helping women (Potts D. Malcolm, 1986).

Most of the family planning programs pay little attention towards the understanding of men's role in the effective and consistent utilization of contraceptive methods. A study conducted in Addis Ababa by Almaz et al (1993) shows that involving men in outreach family planning services could increase contraceptive adoption and continuation rates.

Involving men and obtaining their support and commitment to family planning is of crucial importance in the African region, given men's elevated position in the African society. They make most decisions that affect family life. Men hold and influence positions of leadership right from the family unit to the national level (Lalla Touré, 1996). Another study conducted in Ethiopia discloses similar findings that men play dominant roles regarding most decisions made in the household (Gebrekidan, 2002).

Failure to understand socio-cultural factors and the role of men in inhibiting or promoting contraceptive adoption could substantially affect family planning promotion and successes of programs in different African societies (Michael T. Mbizvo et al 1991). Even when women are educated and motivated to practice contraception, they may not do so because of resistance from their husbands (Bankole and Singh, 1998).

The present study, therefore, aims at investigating men's involvement in family planning practices in Ethiopia by examining the socio-cultural, demographic and family planning factors that could have impact on men's attitude towards FP and their involvement in contraceptive use.

1.3. Rationale of the study

Several studies have so far been concentrating on women's reproductive health matters. However with out the involvement of their male partners, efforts to promote family planning will not be effective and achieve the desired goal. It is disclosed in many researches that male support affects both the adoption and the correct use of female contraceptives particularly in a society where men take the upper hand in any decision in the household including decisions about family planning (Michael T. Mbizvo et al 1991; Almaze, et al 1993).

There have been numerous research endeavors on factors associated with the use of family planning methods in most parts of Africa and Asia. However, such studies are limited in Ethiopia, except a few fragmented and descriptive studies. Even those have not dealt with the issue of male involvement in family planning. Keeping this in mind, the present study will be conducted in the belief that it will fill this research gap

1.4. Significance of the study

The study on male involvement in family planning is important for several reasons, particularly in countries like Ethiopia. First, due to the limited research on male involvement in family planning in the country, the study is expected to contribute a little to the research endeavors in this regard. Second, it may pinpoint to researchers ways for meaningful contribution to the effort and reasons why family planning does not work. Thirdly, it draws attention to the variables that need to be taken into account in program design.

1.5. Literature review

Different organizations, research institutions and individual researchers have been doing some studies regarding male involvement in family planning in relation to their knowledge, attitude and practices towards family planning; and the socio-economic, cultural, demographic and family planning factors that influence men to use or not to use contraception. This section contains the review of these studies that are related to the current research

1.5.1. Socio-cultural and Demographic Factors

Education

In many researches education is found to be a very strong factor that positively influences men to use contraceptive methods. A study conducted in Jordan, as a general male survey to examine men's KAP regarding birth spacing and the use of contraceptive, revealed that education has a significant effect on men's general knowledge about FP. The study also discovered that attitude towards contraceptive use was more positive among men with at least a secondary education than among their less educated counter parts (Wasileh Petro-Nstas, 1999).

[Zimbabwe] conducted a KAP study of men on family planning. A representative sample of 711 currently married men ages 20 and over was taken from the 1988 Zimbabwean male fertility survey. It was found that the level of education has a positive influence on attitude of couples towards family planning. Accordingly, educated men are more likely to approve family planning than their less educated counterparts. A question (who should have the major say in deciding to use family planning in a relationship) was forwarded and the response was categorized under different background characteristics of respondents. Level of education was one of the characteristics. The study showed that more educated men believed that both the man and the woman should decide together. Respondents with out education indicated that the man should decide. The study concludes that education changes men's attitude towards FP and this reduces desired family size. The study also showed that men are important actors in the fertility and FP process in Zimbabwe. It is very likely that men play similar important role in other countries of sub-Saharan Africa. Thus attitudes of men toward FP seems to have a significant impact on the success or failure of FP programs, and perhaps governmental population polices (Michael T. Mbizvo and Adamchak J. Donald, 1991). Similarly a study conducted in the Tigrai Region disclosed that better education for males influences positively the extent of approval of contraceptive use (Gebrekidan, 2002).

Religion

Study conducted in Bangladesh on factors affecting use of contraception revealed that non-Muslims had higher current use rates than Muslims (Shahid Ullah and Nitai Chakraborty, 1993). The critics of family planning in each religious group fear that contraceptive use will encourage immorality and illicit sex, while further, many non-Western faiths fear that liberal contraceptive

policies encourage a Western mode of living that would destroy the family and family values. Feminist commentators have viewed prohibitions of birth control as a means to control female sexuality and independence (Kathleen O'Grady, 1999).

Exposure to family planning information

Exposure to media is considered as one of the most influential factors in changing attitudes of couples towards family planning. A study conducted in Mali on the impact of family planning multimedia campaign on couples contraceptive use reveals a sharp increase in the proportion of men and women who intend to use modern contraceptive in the future. During the campaign, information about modern contraceptive methods, the need for male sexual responsibility, the health and economic advantages of family planning, the need for communication between spouses were conveyed through radio and television. A consistent increase in the current use of modern contraception among married couples was observed during the interval between the base line and post intervention survey. A substantial increase in married men's reports of their partner's use of contraceptive method, and increase in the use of condom has also been observed (Thomas T. Kane et al, 1998).

Decision making on contraceptive use and family size

In Zimbabwe a study on family planning knowledge, attitudes, and practices of men was conducted. Accordingly a substantial number of men interviewed indicated that in a relationship men should have the major say in deciding on whether to practice family planning and on the number of children a couple should bear. In the same report it was revealed that women's participation in decision-making was quite low (Michael T. Mbizvo and Adamchak J. Donald, 1991).

Similarly a qualitative research in West Timor discovered that decisions regarding the number of children a couple should have generally depended on men's decisions. Although a woman might disagree with her husband's decision, she cannot refuse to do what he says. It seems that women are too submissive to oppose their husband's authority. Sometimes, the husbands decide on the number of children without considering their wives' opinions (Bayu Setiawan, 2004). Another study in Africa shows that men want more children than women and also that men make ultimate decisions about the use of family planning methods and size of family (Bankole, A. and Singh, S., 1998).

Similarly a study conducted in the southern part of Ethiopia indicates that due to male dominance in the culture, women are forced to bear a large number of children (Berhane Y, et al. 1999; Hogen et al 1999). Another study in Ethiopia, Tigrai region, also disclosed that men want large family size (Gebrekidan, 2002).

1.5.2. Demographic Factors

Age

As Bayu Setiawan (2004) stated, the older and the younger generations considered family size from different standpoints. The older generations is used to married and have as many children as God would give them. They needed many children to help them in their work in the fields and support in old age. Different from the older generation, the younger generation prefers to have a smaller number of children because they are concerned about the future, especially about their children's education. This decision is essentially related to the economic situation of the families. Economic concerns, we can say, are common reasons for limiting family size (Bayu Setiawan, 2004).

Large family size norms and sex preferences

African men are proud of the number of children they have, particularly sons, because they think they gain social and economic benefit out of it. Children are considered important sources of old age support for their parents, especially in a society where there is no social welfare and security programs (Bertrand JT, et al, 1996). For instance a KAP study on men in Zimbabwe shows that men wanted many children for support in old age, for happiness, and as assurance of perpetuating oneself in case of child death (Michael T. Mbizvo and Adamchak J. Donald, 1991).

Particularly having sons is important; the most important reason being to continue the family line. Other major reason for wanting sons, in addition to ensuring old age support, is preserving the family name and property. The extent that sons are preferred over daughters is the area of greatest gender asymmetry and may account for men's desire to continue to have more children to maintain the patriarchal system (Mason and Taj, 1987). Because of the central role of sons in this society, parents prefer sons over daughters (Bayu Setiawan, 2004). Having many children is highly desirable for men. The presence of children indicates a man's virility and authority. A study

in Nigeria suggests that men have more influence in family size determination (Isiugo-Abanihe, 1994)

A study conducted in India regarding the impact of sons preference on the fertility behaviors of couples indicates that, within any parity, those with one or more son/s would be more likely to be currently using some method of family planning as compared to those who have no sons. Conversely, if the desire for a balanced sex composition affects fertility behavior within a given parity, couples that have had either all sons or daughters would be less likely to accept contraception (Prahbhjot Malhi and Jagat Jerath, 1997).

Similarly, desire for additional children also plays an important role in the decision-making process concerning contraceptive use. Study conducted in Bangladesh indicated that the probability of being a current contraceptive user is also almost twice (1.84) higher among couples who did not want more children compared with those who did want more (Shahid Ullah and Nitai Chakraborty, 1993).

In contrast to these findings, a study in Jordan revealed that men see a number of drawbacks to having large families. Respondents in this survey believed that large families are less happy than smaller ones and that communication between parents is better when the number of children is smaller. Moreover they believe that large numbers of children adversely affect the quality of childrearing and parents' physical and mental health, and having few children increases a family's financial status (Wasileh Petro-Nstas, 1999).

1.5.3. Family Planning Factors

Knowledge of family planning methods

Demographic and Health Surveys conducted in developing countries indicate that men are as knowledgeable as women, if not more so, about most contraceptive methods (Karin Ringheim, 1999). Another study in sub Saharan African countries reveals that a substantial proportion of married men know of at least one method of family planning; however only a small proportion of those who know of a method practice it (Bankole and Singh, 1998). This implies that men have at least heard of both male and female-controlled methods as often as women, and that knowledge

may not result in using the methods, or supporting partners who do, or seeking treatment when there are health side effects (Ezeh, Seroussi, and Raggers 1996).

Attitude towards family planning

Traditionally it is assumed that men are difficult to reach and that they are resistant to changes regarding their reproductive attitudes and behavior. Resistance to family planning comes from the typical men's belief system that using family planning methods may promote promiscuity among their wives, may cause infertility, and may have serious side effects, and more significantly they believe that it weakens man's authority as the head of the household. However, recent studies seem to contradict popular views about men's participation and involvement in family planning -for example, that most men know little about contraception, do not want their partners to use it, and are not interested in planning their families. Evidence suggests that many more men would participate if they had more opportunity to do so (FHI, 1998).

According to recent DHS from 15 countries (11 in Sub-Saharan Africa, plus Bangladesh, Egypt, Moroco, and Pakistan), men are more likely to approve of family planning and contraception than stereotypes about men suggest. In nearly all countries surveyed, better-educated men express greater approval of family planning than men with less education do (Ibid.).

A study conducted in Nigeria on family planning attitudes and use shows that both male and female who approve of contraceptive were two times as likely to be using contraceptives as compared to those who disapproved (Clifford Obby Odimegwu, 1999). However, a substantial number of males who approved of contraception favored its use only after having two or more children. Since a woman cannot adopt any contraceptive without her husband's permission, such conditional approval of contraception by men (i.e., a contraceptive can be adopted only after having one or two children) could be a serious bottleneck in the acceptance of contraception at the lower parity for maintaining an adequate interval between two births (Wasileh Petro-Nstas, 1999).

Men are likely to approve of contraception for others but very few are likely to approve of contraception for personal use or for use by their wives (Ravi Kumar Verma, 1997). On the other hand, men are found to oppose their spouses' contraceptive use. As stated in Silberschmidt, men feared that if their wives started using contraceptive method, they would start looking for other men (Silberschmidt, 1991).

Contraceptive use

DHS, which was conducted in 15 countries (11 in Sub-Saharan Africa, plus Bangladesh, Egypt, Morocco, and Pakistan) revealed that men's contraceptive use is lower than might be expected, given their overall levels of approval and knowledge (FHI, 1998). The implication of such findings is that, if programs could find better ways to reach men as individuals and as members of couples, contraceptive use might rise considerably (Ibid.).

Despite long histories and widespread use of traditional methods, less attention has been devoted to understanding men's use of such methods as withdrawal, periodic abstinence, and postpartum abstinence. In a number of sub-Saharan African countries, more than 50 percent of current use is of traditional methods, periodic abstinence being predominant (Ezeh, Seroussi, and Raggers 1996).

Men's views of contraception may vary with the reasons for using contraceptives. For example, a study in Dakar, Senegal found that acceptance of contraception among men was significant, even among men from the most conservative backgrounds, when it was for the purpose of spacing births (Posner and Mbodji 1989).

Supportive male partners have been shown to encourage the usage of contraceptives. Inclusion of men in counseling programs has been shown to result in an increase in contraceptive usage among their wives (Ravi Kumar Verma, 1997).

Discussion with wife about family planning

As stated in Gebrekidan, 2002, current use of contraceptives was found to be strongly associated with the frequency of discussion with which currently married or in-union couples had with their partners (Gebrekidan, 2002). A study conducted in Nigeria disclosed that couples that had discussed family planning issues were more likely to be contraceptive users (Clifford Obby Odimegwu, 1999). Regular discussion of FP topics between spouses is not only a good sign of the acceptance of FP, it is also influential in the decision to regulate fertility (Omondi-odhiambo, 1997). FHI's quarterly health bulletin also stated that the more husbands and wives discuss family planning with each other, the higher the level of contraceptive use (FHI, 1998).

As mentioned above, some of the major factors that influence men to involve in family planning have been addressed. The current study, therefore, attempts to see the influence of these factors in the Ethiopian context. Up to now not much effort seems to have been made to involve men in family planning programs in Ethiopia. The few references that could be found suggest that men can be successfully incorporated into outreach programs and that contraceptive prevalence can be raised through such efforts.

1.6. Objectives of the study

The general objective of the research is to identify the social -cultural, demographic and family planning variables that affect male participation in family planning. More specifically, the study has the following objectives:

i) To assess the level of men's knowledge of various family planning methods and find out whether or not they support their partner's use of contraception

ii) To assess men's attitudes towards family planning

iii) To understand the role of men in household decision-making by focusing on their preferences concerning family size.

iv) Assess the impact of some of the socio-demographic factors on contraceptive use

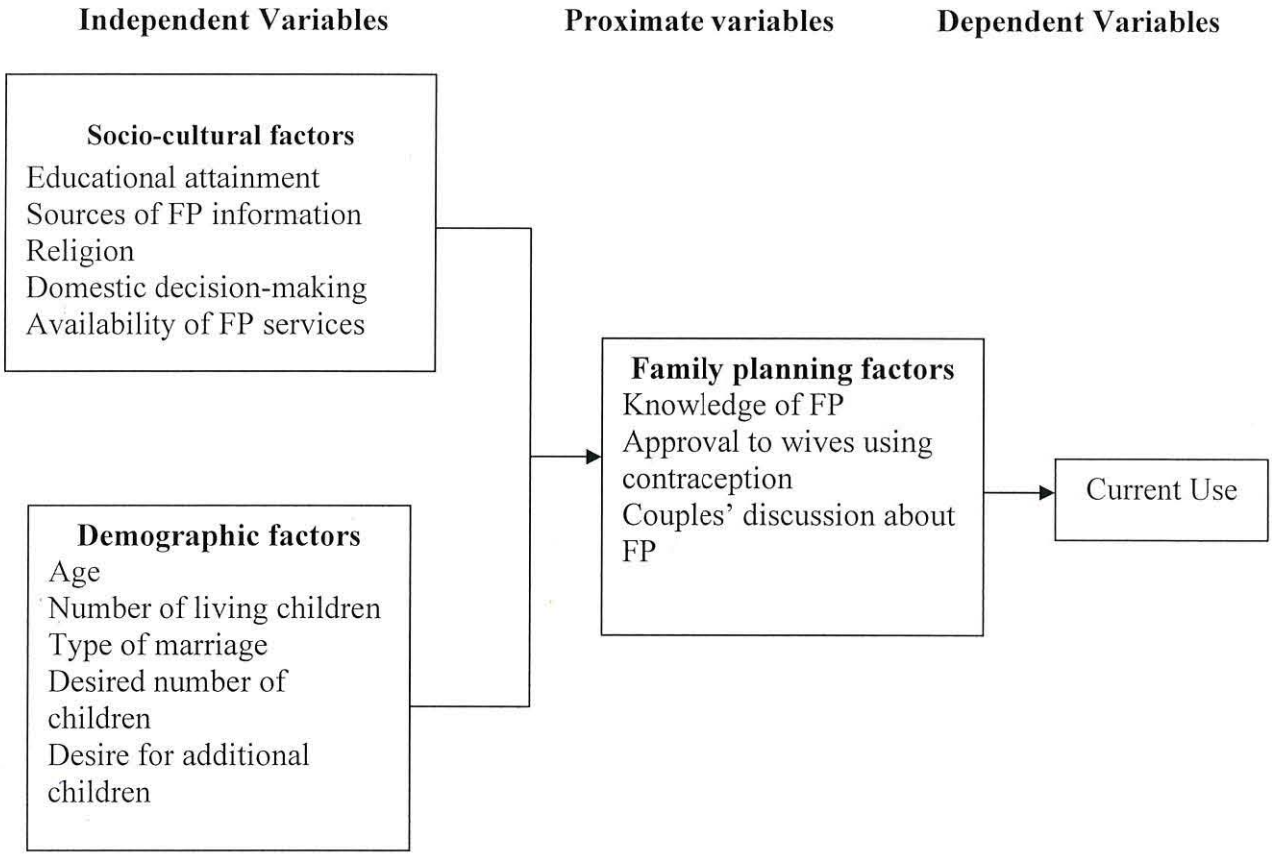
1.7. Hypothesis

- Better-educated men are more likely to allow their wives to use contraception or use male methods themselves as compared to men with less education
- Men who have a better exposure to family planning information allow their wives to use contraception or use male methods themselves more than those who have less exposure.
- Desire for additional children negatively affects contraceptive use
- Husbands' approval positively influences contraceptive use
- Men's decision making role in a family negatively affects contraceptive use

1.8. Analytical Framework

The analytical framework for this study is shown below. Two categories of variables are used in this study - independent and dependent variables. The independent variables are socio-cultural, demographic and family planning factors. The dependent variable is current use of contraceptive method.

Analytical framework



Indicate hypothesized relationship

Developed by the researcher 2004

Table 1: Variables included in the study

Independent Variables		
Variable name	**Variable**	**Categories**
Age	X_1	15-29; 30-44; 45^+
Educational attainment	X_2	Never been school, primary, secondary and above
Sources of FP information	X_3	Access to at most two sources, access to three to four sources, access to five or more sources
Religion	X_4	Orthodox, Muslim, protestant
Domestic decision making	X_5	Self, wife, jointly
Type of marriage	X_6	Monogamy, polygamy
Number of living children	X_7	0, 1-2, 3-4, 5^+
Desire for additional children	X_8	Yes, No
Desired number of children	X_9	1-4, 5^+
Availability of FP services	X_{10}	Yes, No
Proximate variables		
Knowledge	X_{11}	Knows at most two methods, knows three or more methods
Approval to wife	X_{12}	Approve, Disapprove
Discussion with wife	X_{13}	Never, Once or twice, More often
Dependent Variables		
Current use	Y_1	Use, non use

1.9. Definition of key phrases and concepts

Family planning: refers to planning on the part of women, men, or couples to have the number of children they want and when they want them

Male involvement in family planning: Men approving their partners' use of contraception or use contraceptive methods themselves,

Male methods of family planning: those methods (condom, vasectomy, calendar and withdrawal), which require men's direct participation and understanding.

1.10. Limitations of the Study

The current study would have a comprehensive connotation if it was conducted at regional and national level. However, the limited time and resource bound the study to a given werada only. The other limitation of this study is that women are not included in the quantitative study on issues related to contraceptive use. Had they been included in the quantitative study, it could have been possible to see couple based correlates of contraceptive use.

1.11. Organization of the Study

The current research is organized into four chapters. The first chapter of the study identifies the statement of the problem, reviewed relevant literature, the survey design, data sets and methods of analysis. Chapter two presents the first analytical section in which socio-cultural, demographic and family planning characteristics of the respondents are described. Factors affecting contraceptive use are also discussed in this chapter. Chapter three deals with the correlates of contraceptive use. The final chapter presents, summary, conclusion and provides possible recommendations

1.12: Data and Methodology

The current study is based on primary data. Both quantitative and qualitative methods are used. Structured questionnaire was administered to currently married men. Four FGDs (two male and two female) and key informant interviews were used to supplement the finings from the quantitative survey. The data was collected in Meskan wereda, which is found in the southern region of Ethiopia.

1.12.4. The Study Area

The Southern Nations, Nationalities, and People's Region of Ethiopia, is home to 11 million people constituting more than 56 languages and ethnic groups most of whom live in extremely poor rural communities (Hogan, et al 1999). The 1997 survey also indicates that the SNNPR is densely populated. About 82% of the rural households have less than one hectare of land. In relation to this, the region is characterized by intensive cultivation with subsistence crops mainly maize and enset and cash crops like teff, and red pepper (DTRC/PSTC, 1998). The 2000 Ethiopia DHS indicates that the SNNPR is characterized by high fertility rate next to Oromia region and low contraceptive use next to Somali (CSA and Macro, 2001). Similarly the 1997 community and family health survey conducted in the region shows that, among the zones in the SNNPR, the Gurage zone is distinguished by high infant and child mortality, higher fertility and lower contraceptive use (DTRC/PSTC, 1998).

The current research is conducted in one of the weredas in the Guraghe Zone, namely Meskan wereda. It is located about 135 km away from Addis Ababa. Two urban centers and 41 Kebele Administrations are found in the wereda. The werda is categorized under lowland and highland. The lowland area encompasses 25 Kebele Administrations and the remaining 16 Kebele Administrations belong to the highland area. Previously the wereda was part of the Marcko wereda. But now the two weredas are separated.

The researcher believes that involving men and obtaining their support and commitment to family planning is of crucial importance in the effort to raise contraceptive use.

1.12.2: Sample Design

Multistage sampling was used for the current study. After having the lists of all Kebele Administrations in the woreda from the Rural Butajira Agricultural Bureau, the first step was stratifying the Kebele Administrations in to highland and low land. The wereda has 41 Kebele Administrations; among these 25 of the Kebele Administrations are found in the lowland, and the remaining 16 in the highland. The second step was random selection of three Kebele Administrations from the lowland (Jole 1st, Welensho 2nd and Hocha Geneme) and two Kebele Administrations from the highland (East Meskan and Michealo). Random selection of Enumeration Areas form each Kebele Administration was the third stage. Six EAs were selected. All the Kebele Administrations have three EAs except Welensho 2nd, which has five EAs.

Accordingly one EA was selected randomly form those who have three EAs and two EAs were taken form the one that have five. The sample size is allocated to each EA based on the proportion to size of the EAs. Lastly systematic random sampling was applied to reach the ultimate sampling unit.

1.12.3: Data sources and instruments

The current study is entirely based on primary data. Both quantitative (structured questionnaires) and qualitative (FGDs and key informant interviews) were used. Questionnaires were administered to currently married men in the age category 15 to 59, and 15 to 49 for their wives. Information from FGDs and key informants were used to complement the findings from the quantitative survey. Two male and two female FGDs were conducted. Two of the FGDs (one male and one female) were done in the low land and the remaining two in the highland. Each FGD consists of 8-12 participants. The focus group discussants were married men and women, from all age groups. Moreover two key informants were interviewed; one from the low land and one from the highland. Both of them are primary health workers in their respective Kebele Administrations.

Ten male interviewers and three supervisors were recruited, trained and hired. The interviewers had prior experience in data collection in the Butajira Community Health Project. After they are recruited, two days intensive training was given to them. The training included role-play. Testing the questionnaire started from the role-play. Half of the trainee assumed themselves as interviewees and the remaining half as interviewers. Then they distributed the questionnaire among themselves as if they were in the field. Those who were interviewees in the first round became interviewers in the second one. A pretest was conducted in a rural village adjacent to one of the study areas. Feedback from both the role-play and the test was incorporated in the final questionnaire.

Fresh household lists for currently married men were made. Those currently married men whose ages were beyond 59 and the ages of their wives was greater than 49 were neglected. Consecutive serial numbers were given to the filtered household lists. Systematic random sampling was used to select eligible respondents.

1.12.4: Sample Size

The sample size, which is believed to represent the study area, is determined to be 440. This figure is derived by setting the margin of error at 5%, the desired level of confidence at 95%v, P=0.5 since men CPR in Meskan wereda is unknown and allowing a 10% contingency for design and non-response effects

Accordingly the required sample size (n) $= \frac{[(Z\alpha/2)^2 * P(1-P)]}{d^2} + 15\%$

$= \frac{[(2)^2 * 0.18* (1-0.18)]}{0.04*0.04} + 15\%$

$=369 + 15\%$

$=424$

This 424 sample was distributed proportion to size to the EAs. In total, 280 of the sample is allocated in the lowland and 160 in the highland. Accordingly 424 questionnaires were prepared and distributed. Out of these 415 eligible male respondents, 261 from the lowland and 149 from the highland were interviewed. Non-response and absentees accounted the remaining 25 - 16 from the low land and 9 from the high land.

The study was conducted from 25th of February to 14th of March 2005. It was challenging to get a respondent because the time chosen to collect data was farming season. In addition to this some of the selected respondents traveled far from their home for different reasons on the data collection day. The other problem was, during the data collection day, in some Kebele Administrations the peasants were extremely busy with hollowing out holes for cable placing, and they were extremely busy to talk to the data collectors. Despite all these, the data collection was conducted by selecting days in which respondents stayed around their home. Ethical issues were considered during the data collection. The researcher has got permission of individuals in authority to get access to the study participants; respondents were informed about the purpose of the study; they were informed that they would be interviewed only when they are volunteer to participate in the study.

After data collection, editing and coding was the next procedure. Three extraneous questionnaires were discarded while editing. Each Kebele Administration was given a unique ID. Similarly each household was given household ID and uniquely identified. The household codes were directly taken from the fresh household lists. 407 questionnaires were entered in to the computer using SPSS.

1.12.5: Method of Analysis

The analysis examined one basic dependent variable that is a measure of current contraceptive use. Logistic regression was applied to examine the relationship between the dependent and a set of the predictor variables. Logistic regression is a multiple regression but with an outcome variable as a dichotomous and predictor variables that are interval or nominal scale (Andy Field, 2000). In this case the dependent variable, which is contraceptive use, is dichotomous (use=1 and non-use=0) and the independent variables are categorical and continuous. The Statistical Package for Social Scientists was used for analysis. Information gathered from FGDs and key informant interviews was described and incorporated to the findings from the quantitative information.

CHAPTER II

Respondents' background characteristics and Factors Affecting Contraceptive Use

This chapter deals with the background characteristics of the 407 married men in Meskan Wereda. It includes socio-cultural factors such as religion, ethnicity, education, access to family planning information as well as demographic factors like age, type of marriage, number of living children, desired number of children, children ever born, sex preference and men's decision-making role in the household. Family planning factors like knowledge, attitude, practice, availability of family planning services, and discussion with partner about family planning issues are also included in this chapter.

2.1. Socio-cultural Characteristics of Respondents

2.1.1. Religion and Ethnicity

In terms of religion, the majority of the study population is Muslims with 64.1 %, followed by 28.7 % Orthodox Christians and 7.1 % Protestant (Table 2.1.1). As far as ethnicity is concerned, the study population is predominantly Guraghe with 91%, Amhara, Oromo and Silite accounted for the remaining 9% (Table 2.1.5).

Table 2.1.1: Percentage of currently married men by religion and ethnicity

Religion and Ethnicity	**Number**	**%**
Religion		
Orthodox	117	28.7
Muslim	261	64.1
Protestant	29	7.1
Total	407	100
Ethnicity		
Gurage	371	91.2
Others	36	8.8
Total	407	100

2.1.2. Education

More than half of the respondents (56.5%) are illiterate. Among those who are educated, 38% had attended primary education, and only 5.2 % had attended secondary education and above. Due to small numbers, respondents with higher education are grouped together with those who had secondary education, and the education category is reclassified into "secondary and above" in the subsequent" tables in this study. Similarly, respondents with informal education are categorized under no education.

Table 2.1.2: Percentage of currently married men by educational level

Respondents Educational level	Number	%
No education	230	56.5
Primary	156	38.3
Secondary and above	21	5.2
Total	407	100

2.1.3. Education by age of respondents

Table 2.1.3 shows the relationship between educational level and age of respondents. It is shown in the table that education of respondents varies within the same age group. Accordingly a smaller number of respondents (2.6%) in the age group 15-24 have no education. Whereas a relatively higher proportion (10.9% and 4.8%) of respondents within the same age group have attended primary and secondary education respectively. This implies that the majority of the respondents in the age group 15-24 have attended primary education. Similarly 32.2% of the respondents in the age group 25-34 have no education, and relatively higher proportions (45.5% and 71.4%) of respondents in the same age group have attended primary and secondary education, respectively.

A smaller number of respondents (28.8% and 19%) in the age group 35-44 have attended primary and secondary education, correspondingly; and a greater proportion (32.2%) of respondents within the same age group have no education. Regarding the age group 45-59, the same trend holds as in the preceding age group. Higher proportion of respondents with no education were found in the older age group (45-59). Whereas, higher proportion of respondents with primary and secondary education were found in the relatively younger age group (25-34).

Table 2.1.3: Percentage of currently married men by education level and age

Age group	No education		Primary education		Secondary and above		Group Total	
	Number	Col %	Number	Col %	Number	Col %	Number	Col %
15-24	6	2.6	17	10.9	1	4.8	24	5.9
25-34	74	32.2	71	45.5	15	71.4	160	39.3
35-44	74	32.2	45	28.8	4	19.0	123	30.2
45-59	76	33.0	23	14.7	1	4.8	100	24.6
Total	230	100.0	156	100.0	21	100.0	407	100.0

2.1.4. Access to sources of family planning information

Table 2.1.4 reveals that respondents' main sources of family planning information are radio (77.1%), information from community based agents (71.3%), and community events (45.5%). Although the proportion of respondents who have access to Television (17%), pamphlet (16%) and newsletter (14%) are relatively small, some of the study population has access to these sources as well.

Table 2.1.4: Percentage of currently married men by access to different sources of FP information

Sources of family planning information	Access to different sources of FP information		Group total	
	Have access	Have no access	Number	%
Radio	(314) 77.1	(93) 22.9	407	100.0
Health professionals	(290) 71.3	(117) 28.7	407	100.0
Community Events	(185) 45.5	(222) 54.5	407	100.0
Television	(69) 17.0	(338) 83.0	407	100.0
Pamphlets/poster Yes	(65) 16.0	(342) 84.0	407	100.0
Newsletter/magazine	(57) 14.0	(350) 86.0	407	100.0

Numbers in brackets are actual counts

2.1.5. Access to different sources of family planning information by education

For the purpose of this analysis respondents' exposure to different sources of family planning information is categorized in to three: those who have access to one or two, three or four and five

to six sources of family planning information. Accordingly respondents' exposure to family planning information by their educational background is assessed in Table 2.1.5.

Table 2.1.5: Percentage of currently married men by access to different sources of FP information and education

Respondents educational level	Access to 1 or 2 sources of FP information		Access to 3 or 4 sources FP information		Access to 5 or 6 sources FP information		Group total	
	Number	%	Number	%	Number	%	Number	%
No education	139	67.8	59	42.8	5	15.2	203	54.0
Primary	61	29.8	67	48.6	24	72.7	152	40.4
Secondary and above	5	2.4	12	8.7	4	12.1	21	5.6
Total	205	100.0	138	100.0	33	100.0	376	100.0

The majority of respondents (67.8%) who have at most two sources of family planning information are found in the non-educated category as compared to 42.8% and 15.2% who have 3 or 4 and 5 or 6 sources of family planning information, respectively. On the other hand a relatively small proportion (29.8%) of the respondents having at most two sources of family planning information have attended primary education as compared to 48.6% and 72.7% who have 3 or 4 and 5 or 6 sources of information respectively. Similarly a relatively greater proportion (12.1%) of respondents, having 5 or 6 sources of family planning information, have attended secondary education and above education.

In the above table, it is observed that, as sources of family planning information increases the proportion of respondents in the non-educated category decreases. On the contrary, the proportion of respondents increases with increase in the sources of family planning information in both primary and secondary education category. So education facilitates access to different sources of family planning information.

2.1.6. Decision making in the household

In order to understand the decision making role of husbands in a family, respondents were asked questions like who makes the decision regarding family size; purchase of expensive household items; the amount of food items produced for consumption or sell; savings of earned money in a bank or in credit association or in "Equib". Table 2.1.6 shows that a considerable number of

respondents made decisions either with their wives or alone. Regarding decisions on family size, a substantial number (71.3%) of men reported to have made joint decision.

Table 2.1.6: Percentage of currently married men by decision-making in the household

	Husband alone	**Wife alone**	**Jointly**	**Non of us**	**Total**	**%**
Family Size	(68)* 16.7	(6) 1.5	(290) 71.3	(43) 10.6	407	100.0
How much of the food items produced to be eaten or sold	(200) 49.1	(3) 0.7	(204) 50.1		407	100.0
To purchase major expensive items	225(55.3)	(3) 0.7	(179) 44.0		407	100.0
How much earned money can be saved	(132) 32.4	(7) 1.7	(144) 35.4	(124) 30.5	407	100.0

**Numbers in brackets are actual counts*

However, regarding decisions to purchase expensive household items, 55.3% of respondents made such decisions alone. Similarly decisions regarding how much of the food items produced be eaten or sold, 49.1% and 50.1% of the respondents made the decisions alone and together, respectively. The same is true for decisions on how much earned money can be saved in a bank or in credit association or in "Equib", with 32.4% alone and 35.4% jointly. In all this cases the decision-making role of women is negligible. Those respondents who reported joint decision don't necessarily mean that couples reach a decision together, because men are the main decision maker in the family

This is strongly supported by male FGD in East Meskan. It is stated that most of the time men take the responsibility of leadership role. According to the discussants, a woman may have a better educational background than her husband but the leadership role is usually left for men.

2.2. Demographic Characteristics of Respondents

2.2.1. Age

Table 2.2.1 shows that the majority of the respondents, 39% are found in the age group 25-34 and a small proportion of the study population, 5.9% is found in the 15-24 age group. Average age of the respondents is 36.5 and average age at first marriage is 22 years.

Table 2.2.1: Percentage of currently married men by their age

Age group of respondent	Number	%
15-24	24	5.9
25-34	160	39.3
35-44	123	30.2
45-59	100	24.6
Total	407	100

2.2.2. Type of marriage

As far as type of marriage is concerned 90 % of the respondents are in monogamous marriage and the remaining 10% in polygamous union (Table 2.2.2). According to the 1997 community and family survey in SNNPR, it is stated that polygamous marriages are relatively common in some part of the communities of SNNPR of Ethiopia. The survey discovered that more than 30% of the women in the region reported that their marriages were polygamous. Among the zones in the region, Guraghe zone revealed a higher incidence (41%) of polygamous marriages (DTRC/PSTC, 1998). The small figure of respondents in polygamous union in the present study implies the decline in polygamous marriage in the area. The finding from female FGD in East Meskan also supports this finding. According to the discussants the issue of polygamy is now in its extinction stage. They said, women in these communities are aware of their rights. They are even capable of suing their husbands to court if he gets married to another woman. Men themselves seem to accept this right of women. Previously men could have two or more wives, but now it has changed.

Table 2.2.2: Percentage of currently married men by type of marriage

Type of Marriage	Number	%
Monogamous	367	90.2
Polygamous	40	9.8
Total	407	100

2.2.3. Type of marriage by age of respondents

Table 2.2.3 demonstrates that 22.0% of the respondents in the age group 45-59 are in polygamous union. Where as, none of the respondents in the age group 15-24 are in polygamous union. Even only 1.9% of respondents in the age group 25-34 are in this type of union.

Table 2.2.3: Percentage of currently married men by type of marriage and age

Age group	Monogamy		Polygamy		Group Total	
	Number	Col %	Number	Col %	Number	Col %
15-24	24	6.5			24	5.9
25-34	157	42.8	3	7.5	160	39.3
35-44	108	29.4	15	37.5	123	30.2
45-59	78	21.3	22	55.0	100	24.6
Total	367	100.0	40	100.0	407	100.0

2.2.4. Children Ever Born

Table 2.2.4 shows that more than half of the respondents (54.3%) have 5 children or more ever born. 25.3 % and 16.2% of the respondents have 1 to 2 and 3 to 4 children respectively. The remaining 4.2% of the respondents have no child. This figure shows that a substantial number of the study population has given birth to many children (5 or more).

Table 2.2.4: Percentage of currently married men by children ever born

Children Ever Born	Number	%
0	17	4.2
1-2	103	25.3
3-4	66	16.2
5+	221	54.3
Total	407	100.0

2.2.5. Children ever born by age of respondents

Children ever born by age of respondents are shown in Table 2.2.5. Accordingly, 35.3% versus 16.5% of respondents in the age group 15-24 have given birth to 0 and 1 to 2 children, respectively. There is no case in this age group who has ever given birth to 3 to 4 children and there is only one case with 5 or more children ever born. Respondents having 1 to 2 CEB constitute the greatest proportion in the age group 25-34 with 75.7% as compared to 68.2% and 12.7% with 3 to 4 and 5 or more CEB correspondingly. On the other hand the highest share of respondents with 5 or above CEB is found in the relatively older age group (35-44 and 45-59), with 43% and 43.9% respectively. This shows that in non-contracepting population, CEB increases with increase in age of respondents and vice versa.

Table 2.2.5: Percentage of currently married men by children ever born and age

Age group	Children ever born									
	0		1-2		3-4		5+		Group Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
15-24	6	35.3	17	16.5			1	.5	24	5.9
25-34	9	52.9	78	75.7	45	68.2	28	12.7	160	39.3
35-44	2	11.8	6	5.8	20	30.3	95	43.0	123	30.2
45-59			2	1.9	1	1.5	97	43.9	100	24.6
Total	17	100.0	103	100.0	66	100.0	221	100.0	407	100.0

2.2.6. Number of living children

Respondents' number of living children is computed by adding number of sons living with a man, number of daughters living with a man, number of sons living elsewhere and number of daughters living elsewhere. Accordingly, Table 2.2.6 shows that a significant number of respondents (43.7%) have 5 or above living children. 29% and 22.4% of the respondents have 1 to 2 and 3 to 4 surviving children. Only 4.9% of the respondents have no surviving children. This group of respondents represents those who did not have any birth so far plus those who have given birth but have no surviving children.

Table 2.2.6: Percentage of currently married men by living children

Number of living children	Number	%
0	20	4.9
1-2	118	29.0
3-4	91	22.4
5+	178	43.7
Total	407	100.0

2.2.7. Number of living children by age of respondents

Table 2.2.7 shows the relationship between number of living children and age of respondents. As in the case of CEB, number of living children increases with increase in age. A considerable number of respondents (30%) with no children are found in the age group 15-24 as compared to 14.4% versus 1.1% with 1 to 2 and 3 to 4 living children respectively. Within this age group there is no case with 5 or more living children. Similarly a significant number of respondents (72.9%)

have 1 to 2 living children in the age group 25-34 as compared to 48.4% and 10.1% with 3 to 4 and 5 or more children in that order.

On the other hand, the highest proportion of respondents with 5 or more living children is found in the age group 35-44 and 45-59 with 42.1% and 47.8% respectively. This finding implies that as age of respondents' increases, the distribution of number of living children varies. The younger generation has a smaller family size as compared to their relatively older counterparts.

Table 2.2.7: Percentage of currently married men by number of living children and age

Age	0		1-2		3-4		5+		Group total	
group	Number	%	Number	%	Number	%	Number	%	Number	%
15-24	6	30.0	17	14.4	1	1.1			24	5.9
25-34	12	60.0	86	72.9	44	48.4	18	10.1	160	39.3
35-44	2	10.0	11	9.3	35	38.5	75	42.1	123	30.2
45-59			4	3.4	11	12.1	85	47.8	100	24.6
Total	20	100.0	118	100.0	91	100.0	178	100.0	407	100.0

2.2.8. Desired number of children

Table 2.2.8 shows a substantial number of respondents (78.1%) want to have many children (5 or more), but only 21.1% would like to have smaller family size (4 or fewer). On average respondents want to have 9 children in their entire life. This implies that the majority of the respondents favor large family size. Because of the smaller number of respondents who desire 1 or 2 children, they are grouped under 1 to 4.

Table 2.2.8: Percentage of currently married men by desired number of children

Desired Number of Children	Number	%
1-4	86	21.1
5+	321	78.9
Total	407	100.0

A male focus group discussant from Jole 1st says the following,

> *"Most of the community knows about economic and overall development impact of having many children but they refuse to accept. Actually some are getting better awareness from the economic problem they face. Besides children who have a chance of going to school are teaching their parents about the need to use family planning methods. Thus the present problem is not related with lack of knowledge rather it is lack of behavioral change."*

Findings from another focus group discussant in Meskan Wereda supports the above idea as follows,

> *"Previously I had had many children and they died due to my financial problem. I couldn't take them for treatment. As a result I made my wife to use injection. Thus parents are facing a great problem of sending their children to school. Had it not been for these problems, most people want to have many children. For example I want to have 5 children, but it is my economic condition that hinders me. The land we have is too small to support the family; even starting a business is not a simple matter." Thus living standard is the main boundary.*

It can be concluded from the above discussion that men limit their children due to the poor economic condition. Had they been in good economic situation, they could have had many.

2.2.9. Main reasons for having many children

Respondents were asked the main reasons for wanting large family size. Accordingly, 58.3 % responded that having many children helps one to increase relatives (Table 2.2.9). 34.4 % said having many children helps one to win respect and 7.3 % mentioned old age security and economic support.

Table 2.2.9: Percentage of currently married men by main reason for having many children

Main reason to have many children	Number	%
Having Many Children Helps one to Increase Relatives	183	58.3
Having Many Children Helps One to Win Respect	108	34.4
Others	23	7.3
Total	314	100.0

2.2.10. Son preference preferences

Respondents were asked about their interest regarding the sexes of their desired children. Table 2.2.10 illustrates that sons are preferred over daughters. 3.7% of respondents don't want to have daughters but a negligible number of respondents don't want to have sons. In the real sense these respondents have given birth to sons or daughters once in their life but they may have lost them, or these respondents achieved their desired number of children but not their desired type of sex composition, and they may not be in a position to raise additional children. It is also illustrated in the table that, 16.7% of the respondents desire 1-2 sons; where as a considerable number of the respondents (44%) want 1-2 daughters. Similarly 42.3% and 31% of respondents want 3-4 sons and daughters respectively. 41% of respondents desire 5 or more sons and about 21% want the

same number of daughters. From the above figure it is clear that the majority of the respondents desire a greater number of sons over daughters.

Table 2.2.10: Percentage of currently married men by son preference

Desired number of children by sex	Number	%
Desired number of sons		
0	2	0.5
1-2	66	16.2
3-4	172	42.3
5+	167	41.0
Total	407	100.0
Desired number of daughter		
0	15	3.7
1-2	179	44.0
3-4	126	31.0
5+	87	21.4
Total	407	100.0

This figure is supported by focus group discussant in Jole 1st. According to them having many sons earns the parents a good reputation in the community. This is because a family with large number of boys is believed to have a better capacity of resisting any violence. Boys have better ability to manage their parent's wealth than girls do. After girls leave their house during marriage, they are not responsible to manage their parents. The community wants to have boys for a better wealth. If parents may have farming land in one area and another business center in another, a boy is considered to be capable of managing it all.

2.3. Family Planning Issues

2.3.1. Knowledge of family planning methods

Information on both spontaneous and probed knowledge of contraceptive methods was gathered. Interviewers first asked respondents which methods they had ever heard of. Then they were probed for further knowledge by describing each of the methods not mentioned spontaneously by the respondent and asking if he had ever heard of that method. This analysis however doesn't distinguish between spontaneous and probed knowledge. A respondent is classified as knowing a method whether he reported it on his own or after probing. Knowledge of a method here simply means that a respondent has heard of it; it doesn't imply that a respondent knows of how to use it, or knows where to obtain the service. As a result, 92% of men have heard of any family planning methods (Table 2.3.1).

Table 2.3.1: Percentage of currently married men by knowledge of FP methods

Knowledge of FP method	Number	%
Yes	376	92.4
No	31	7.6
Total	407	100.0

2.3.2. Knowledge of various types of family planning methods

Of these, as indicated in Table 2.3.2, 97.3% know pills, followed by 94.4% injection; 34.8% condom, 19.7% calendar method and 3.4% implant. IUD, male and female sterilization, withdrawal are the least known methods with negligible figures. Periodic abstinence is the most known of the traditional methods. This finding is similar with DHS comparative studies in Africa and Asian countries. In the study it is disclosed that contraceptive knowledge is high among currently married men. In East Africa, North Africa, and Asia, more than 90% of men know at least one contraceptive method (Alex C.Ezeh, et al 1996).

Table 2.3.2: Percentage of currently married men by knowledge of various FP methods

Knowledge of various FP methods	Yes	No	Total	%
Pill	(366) 97.3	(10) 2.7	376	100.0
IUD	(2) 0.5	(374) 99.5	376	100.0
Injection	(355) 94.4	(21) 5.6	376	100.0
Implantation	(14) 3.7	(362) 96.3	376	100.0
Condom	(131) 34.8	(245) 65.2	376	100.0
Female sterilization	(1) 0.3	(375) 99.7	376	100.0
Male sterilization	(1) 0.3	(375) 99.7	376	100.0
Rhythms	(74) 19.7	(302) 80.3	376	100.0
Withdrawal	(4) 1.1	(372) 98.9	376	100.0

Numbers in brackets are actual counts

2.3.3. Knowledge of family planning by age of respondents

Knowledge of contraceptive use by the age of respondents is presented in Table 2.3.3. It is shown that all respondents in the age group 15-24 have heard of any family planning methods. Surprisingly, there is no case in this age group who has never heard of any family planning

method. This may be due to the exposure of the young generation to the newly coming information. Similarly the proportion of respondents who have heard of any method of family planning is higher (40.7%) among those respondents in the age group 25-34 than those who never heard of (22.6%). However the reverse holds true for the older age group (35-44 and 45-59). This implies that knowledge of contraceptive methods is higher among the younger cohort of the respondents and vice versa.

Table 2.3.3: Percentage of currently married men by knowledge of FP methods and age

Age of respondents	Knowledge of FP methods					
	Yes		No		Group Total	
	Number	Col %	Number	Col %	Number	Col %
15-24	24	6.4			24	5.9
25-34	153	40.7	7	22.6	160	39.3
35-44	113	30.1	10	32.3	123	30.2
45-59	86	22.9	14	45.2	100	24.6
Total	376	100.0	31	100.0	407	100.0

2.3.4. Knowledge of family planning by education of respondents

Similarly respondent's knowledge by their educational level is illustrated in Table 2.3.4. Accordingly, 54% versus 87.1% of the respondents who have ever heard of family planning methods and who have never heard about it, respectively, are those respondents within the non-educated category. In contrast, the greater proportion (40.4%) of the respondents who have ever heard about family planning methods are found among those who have attended primary education, as compared to 12.9% of those who have never heard of any method. There is no case with no knowledge of family planning methods among those respondents who have attended secondary and above education. This finding shows that knowledge about family planning methods increases with increase in educational level of respondents.

Table 2.3.4: Percentage of currently married men by knowledge of FP method and education

Respondents' educational level	Knowledge of FP methods					
	Yes		No		Group Total	
	Number	Col %	Number	Col %	Number	Col %
No education	203	54.0	27	87.1	230	56.5
Primary	152	40.4	4	12.9	156	38.3
Secondary and above	21	5.6			21	5.2
Total	376	100.0	31	100.0	407	100.0

2.3.5. Attitude towards family planning

Respondents were asked whether they approve of couples using family planning methods. Table 2.3.5 shows that, among those who know of a method, 77.9% of respondents approve contraceptive methods use by couples in their community. Similarly those respondents who heard of any methods of family planning were again asked whether they approve of their wives use of contraceptive methods; accordingly 73.4% of respondents approve contraceptive use by their wives.

Table 2.3.5: Percentage of currently married men by approval and support to their wives

Respondents approval to contraceptive use	Number	%
Approval to contraceptive us by couples		
Approve	293	77.9
Disapprove	83	22.1
Total	376	100.0
Approval to wife in using FP method		
Approve	276	73.4
Disapprove	100	26.6
Total	376	100.0

2.3.6. Approval by age of respondents

As far as age of respondents is concerned, a greater proportion of them (8.3%) approve of contraceptive use are found in the age group 15-24 as compared to only 1% who disapprove within the same age group. Similarly a considerable number of respondents (45.3%) who approve of contraceptive use are found in the age group 25-34 as compared to 28.0% who disapprove. Where as a smaller proportion (27.9%) as compared to 36% of the respondents who approve and disapprove, respectively are found in the age group 35-44. Approval status of respondents holds

the same pattern within the age group 45-59 as in the 35-44. Respondents who approve of contraceptive use overshadowed those who disapprove in the younger age group (15-24 and 25-34). On the other hand a greater percentage of respondents with disapproval status are found in the older age group (35-44 and 45-59) although the degree varies. It is believed that older people give high value to children and they are proud of having them. Due to this, they don't approve the use of family planning methods as the younger generation does.

Table 2.3.6: Percentage of currently married men by approval and age

Age group	Approve		Disapprove		Group total	
	Number	Col %	Number	Col %	Number	Col %
15-24	23	8.3	1	1.0	24	6.4
25-34	125	45.3	28	28.0	153	40.7
35-44	77	27.9	36	36.0	113	30.1
45-59	51	18.5	35	35.0	86	22.9
Total	276	100.0	100	100.0	376	100.0

2.3.7. Approval by education of respondents

Respondents' approval is also assessed by their educational level in Table 2.3.7. Within the non-educated category 46.7% of the respondents approve and a considerable number (74%) disapprove contraceptive use. Around 46% of the respondents who approve have attended primary education as compared to 24% who disapprove contraceptive use by their wives. Regarding secondary and above education, 6.9% of the respondents approve and only 2% of them disapprove. This implies that a greater proportion of respondents who approve of family planning use are found among those who attended primary and secondary education, while the reverse is true among the non-educated respondents.

Table 2.3.7: Percentage of currently married men by approval and education

Respondents' educational level	Approve		Disapprove		Group Total	
	Number	Col %	Number	Col %	Number	Col %
No education	129	46.7	74	74.0	203	54.0
Primary	128	46.4	24	24.0	152	40.4
Secondary and above	19	6.9	2	2.0	21	5.6
Total	276	100.0	100	100.0	376	100.0

2.3.8. Contraceptive Use

As far as current use of any method of contraception is concerned, 37% of those who heard of family planning methods are men that their wives are currently using contraception or men using male methods themselves. Among these 66.9% versus 21.6% of the respondents report the use of injections and pills by their wives respectively. Among the traditional methods of family planning rhythm/calendar methods constitutes the highest share with 10.1%.

Table 2.3.8:Percentage of currently married men that their wives are currently using contraception or men using male methods themselves

Current use contraception	Number	%
Current use of any method of contraception		
Yes	139	37.0
No	237	63.0
Total	376	100.0
Specific method currently used		
Pills	30	21.6
Injection	93	66.9
Condom	1	.7
Rhythm/ calendar	14	10.1
Withdrawal	1	.7
Total	139	100

2.3.9. Modern methods of contraceptive use

As far as modern method of family planning is concerned, Table 2.3.9 shows that 34.3% of the respondents are men whose wives are currently using modern contraception or men using modern male methods themselves. Among the modern methods, injection and pills constitute the highest proportion with, 75% and 24.2%, respectively. Condom use is negligible (0.8%).

One of the male focus group discussant in East Meskan depicted that

> *"It is only a small proportion of our community who brought behavioral change are using family planning method. At present there is, relatively better information regarding family planning issues. Despite this the community does not practice what they are told. As a result it is only some people who are using the methods.*

Table 2.3.9: Percentage of currently married men whose wives are currently using modern contraception or men using modern male methods themselves

Specific methods currently used	Number	%
Current use of modern methods of contraception		
No	237	65.7
Yes	124	34.3
Total	361	100.0
Modern methods currently used		
Pills	30	24.2
Injection	93	75
Condom	1	0.8
Total	124	100

2.3.10. Men's support to their wives use of contraceptive methods

Men whose wives are currently using modern contraception or men using modern male methods themselves were asked whether they support their wives in using family planning methods. Accordingly 97.1% of these respondents make support to their wives in using family planning method (Table 2.3.10). Men's support or opposition to their partners' practice of FP has a strong impact on contraceptive use in many parts of the world, including Africa (Ezeh, Seroussi, and Raggers 1996).

Table 2.3.10: Percentage of currently married men who support their wives

Support to wife in using FP method	Number	%
Yes	135	97.1
No	4	2.9
Total	139	100.0

2.3.11. Ways of supporting wives

Those respondents who have given support to their wives were again asked ways of supporting their wives. Five choices were given. These are: accompanying her when she visits a family planning services, consult her on the method which is convenient to her, remind her the time to use a method, remind her the date of appointment at the service delivery place and advice her to visit a health center for check up. According to Table 2.3.11 more than half of the respondents (58.74%) have given support to their wives while using family planning method at least in one of

the five ways mentioned above. Nearly 18% and 16.3% of the respondents give support in two or three ways respectively. Smaller proportion (3.7% and 4.4%) of respondents support their wives in four and all ways respectively.

Table 2.3.11: Percentage of currently married men by ways of supporting their wives

Ways of supporting wives	Number	%
Give support through any one of the five ways	78	57.74
Give support through any two of the five ways	24	17.8
Give support through any three of the five ways	22	16.3
Give support through any four of the five ways	5	3.7
Give support through all the five ways	6	4.4
Total	135	100.0

A key informant from Jole 1st said the following

> *"The current understanding of men about family planning is better than the previous times. A good indication is that they are taking the initiatives towards this end; they come to the health stations with their ladies seeking for consultancies in the area, which they do expect their partners need to take seriously. He added that men support their wives use of contraceptive; they are very much concerned for their wives. I personally have encountered two men who came and expressed their worries that their wives become sick while using contraception".*

2.3.12. Respondent's main reason for not allowing their wives to use contraception or not using male methods themselves

Respondents were asked about the main reason for not allowing their wives to use FP methods or not using male methods themselves. Accordingly, 82% of them responded that they want additional children. Health concern accounted for 9.8% and other reasons like infrequent sex, religious prohibition, respondent disapproval and wives disapproval constitute 8.3%.

Table 2.3.12: Percentage of currently married men who have main reasons for not allowing their wives to use methods or not using male methods themselves

Main reason for not currently using FP	Number	%
Want Child	185	78.1
Health Concern	16	6.8
Others	36	15.2
Total	237	100.0

2.3.13. Current use of male methods of family planning

Respondents were asked about whether they are specifically using male methods of FP (Condom, withdrawal, calendar method and vasectomy). 11.5% of those respondents, whose wives are currently using contraception or using male methods themselves reported that they are currently using male methods of family planning.

Table 2.3.13: Percentage of currently married men by current use of male methods of FP

Current use of male methods of FP	Number	%
Yes	16	11.5
No	123	88.5
Total	139	100.0

2.3.14. Male methods of family planning currently used

Among the male methods (Table 2.3.14) calendar method constitutes the highest proportion with 87.5%. The remaining 12.6% goes to condom and withdrawal with equal share. There is no case regarding vasectomy. One of the simplest indicators that men assume responsibility for fertility control is contraceptive use, especially of methods that directly require men's participation (Ezeh, Seroussi, and Raggers 1996). Although the percentage of current use of male methods of family planning is low (11%), this figure shows there is male participation in family planning in the area beyond approving their wives use of contraception.

Table 2.3.14: Percentage of currently married men by male methods of FP currently used

Specific male methods that are currently used	Current use	
	Yes	No
Condom	1	6.3
Withdrawal	1	6.3
Rhythm/calendar method	14	87.5
Total	16	100.0

2.3.15. Main Reason for Not Currently Using Male Methods of FP

A considerable number of respondents, 67 %, who are not currently using male methods of family planning, reported the easy access of female methods of contraceptive as the reason for not currently using the male once. 23% of them said that they don't know the existence of male

methods of family planning. Only 9% of them thought using family planning method is the responsibility of female.

Table 2.3.15: Percentage of currently married men who have main reasons for not currently using male methods of FP

Main reason for not currently using male methods of FP	Number	%
Female Methods Are Easily Available	79	67.5
It Is The Responsibility of Female	11	9.4
Others	27	23.1
Total	117	100.0

The finding from male FGD in Jole 1st supports the above result. The discussant said the existing advocacy process regarding family planning is female centered. Most modern methods available are designed for women, thus leading to a general emphasis on female methods. In short, family planning clinics are not men-friendly. According to them services generally do not provide information directed towards men. They further added lack of education is not the only reason for not using men methods of FP, rather there is no mobilization activity done about men contraceptives. The following statement supports the current finding; low prevalence of use of any method for men does not necessarily mean that men have unfavorable attitudes toward family planning. Not exploring the possibilities of fully engaging the male partner, the true acceptability of methods for men remains unknown (Karin ingheim, 1996).

As mentioned in Table 2.3.2 above, among modern methods of family planning, condom is well known next to pills and injections. But a small proportion of those who know the method are currently using it. The reason for such knowledge-practice gap regarding condom use is explained by the key informant in East Meskan as follows;

> *"Men are not using condoms to avoid pregnancy. Men are complaining about condom that they became causes of misunderstandings and grave conflicts with their wives. We only advise men to use condom for 15 days to avoid probabilities of pregnancy if the couples are going to use contraceptives for the first time. Even then a very small proportion of those who received it use, particularly the educated and the young ones. Condom is associated with promiscuity so both couples don't appreciate to use condom in marriage. The problem is not only from the men side but also from the service rendering side in which condom is not preached to be means of avoiding pregnancy like pills and injections. Rather condom is advocated by the service providers as means of HIV/AIDS prevention."*

This finding is similar to a study in Thailand men may think that condom use is good in general but their views of using condoms in sexual relations with spouses might be negative because of the association between condoms and promiscuity, disease, and commercial sex (Knodel and Pramualratana 1995). Studies in Uganda and Tanzania also found little support among men for condom use within marriage (Pool et al. 1996).

2.3.16. Discussion with wife about family planning

Respondents were asked about discussion of family planning with wives in the past 12 months. As a result, 16% have discussed once or twice in the past and 40% have discussed more often (Table 2.3.16), whereas 44% of the respondents have never discussed the issue of FP with their wives.

Table 2.3.16: Percentage of currently married men by discussion to wife about FP

Discussion to wife	Number	%
Never	179	44.0
Once or twice	65	16.0
More often	163	40.0
Total	407	100.0

2.3.17. Respondents future intention to allow their wives using family planning or using male methods themselves

Those respondents whose wives are not currently using contraception or not using male methods themselves were asked their intentions to allow their wives to use family planning methods or using male methods themselves in the future. Table 2.3.17 demonstrates that 47% of the respondents have intentions to allow their wives to use contraceptive methods or use male methods themselves in the future, and a relatively larger number of respondents (48.9%) have no intentions to limit their family in the future.

Table 2.3.17: Percentage of currently married men that allow their wives to use contraceptive methods or use male methods themselves

Future intension to use FP	Number	%
Yes	126	47.0
No	131	48.9
Not Sure	11	4.1
Total	268	100.0

2.3.18. Future preferences of family planning methods

Respondents were asked about their future preferences of modern methods of family planning. Accordingly Table 2.3.18 shows that two third of those respondents who want their wives to use contraceptive methods or use male methods themselves in the future prefer injection followed by 23% pills and 4.8% condom. In both current and future use of family planning a limited number of modern methods of family planning is observed. This is because the other modern methods of family planning are not widely known by the respondents. A key informant in Jole 1st said the following

> *There are limited types of contraceptive methods at the service delivery side. It is only pills and injection that are available for those who want to use family planning. Even sometimes clients run short of pills.*

Table 2.3.18: Percentage of currently married men by future preferences of FP methods

Methods of preference in the future	Intention to use in the future		No intention to use in the future		Group total	
	Yes	%	No	%	Total	%
Injections	91	72.2	35	27.8	126	100.0
Pills	29	23.0	97	77.0	126	100.0
Condom	6	4.8	120	95.2	126	100.0

2.3.19. Availability of family planning services

Regarding availability of FP services, respondents were asked about the availability of family planning services in their surrounding (within the radius of 8 to 10 km). Accordingly 49.6% have family planning services in their surrounding. Nearly the same proportion of respondents (50.4%) have no family planning services nearby.

Table 2.3.19: Percentage of currently married men by the availability of FP services

Availability of family planning services	Number	%
Yes	202	49.6
No	205	50.4
Total	407	100.0

2.4 Factors Affecting Contraceptive Use

2.4.1. Socio-cultural factors and Contraceptive Use

2.4.1.1. Education and Contraceptive Use

Education facilitates rational thinking of individuals regarding family planning. Hence more educated people make appropriate fertility decisions well in advance in the course of their marital life and tend to go for early contraceptive adoption (Bahurjan, P.K; Verma, R.K., 1993). The current finding is in the expected direction. Table 2.4.1.1.shows 47.6% of respondents who allow their wives to use contraception or use male methods themselves versus 57.8% of respondents who don't allow their wives to use contraception or don't use male methods themselves are found in the non-educated category. Respondents who don't allow their wives to use contraception or don't use male methods themselves are higher in this category. On the other hand, greater share of respondents (44.4%) who allow their wives to use contraception or use male methods themselves are found in the category of those who have attended primary education as compared to a relatively lesser proportion (37.6%) of those who don't allow their wives to use contraception or don't use male methods themselves, with in the same educational level.

Similarly 8.1% of the respondents allow their wives to use contraception or use male methods themselves, and 4.6% don't allow their wives to use contraception or don't use male methods themselves. These respondents belong to the category who have attended secondary and above education.

This result implies that respondents who don't allow their wives to use contraception or don't use male methods themselves are greater within the non-educated respondents and lesser within the educated ones. The reverse holds true for those who allow their wives to use contraception or use male methods themselves. It can be concluded that contraceptive use is higher among better-educated respondents and lower among the less educated ones, and vice versa. Study in Kenya also supports this finding that well-educated couples are more likely to use contraception than those with less education (Omondi-Ohiambo, 1997).

Table 2.4.1.1: Percentage of currently married men by education and contraceptive use

Respondents educational level	Current use of family planning methods					
	Current use		Non-use		Group Total	
	Number	Col %	Number	Col %	Number	Col %
No education	59	47.6	137	57.8	196	54.3
Primary	55	44.4	89	37.6	144	39.9
Secondary and above	10	8.1	11	4.6	21	5.8
Total	124	100.0	237	100.0	361	100.0

Findings from male FGD in East Meskan shows that the majority of the community is reluctant to allow their wives to use contraception or use male methods themselves because of low educational background, even if they are told about the impact of having many children on the existing resource scarcity, they don't accept. They rather give priority to bear a child. But parents with better educational level allow their wives to use contraception or use male methods themselves and they are advising their children not to have many children. In the future the mobilization process should further be strengthened and they should be made to properly understand about economic, development and other related negative impacts of having many children.

2.4.1.2. Religion and Contraceptive Use

Table 2.4.1.2 shows that respondents who allow their wives to use contraception or use male methods themselves are slightly higher than those who don't allow their wives to use contraception or don't use male methods themselves among the Orthodox Christians (29.8% versus 29.1%) and Protestants (8.1% and 7.2%) than among the Muslims (62.1% versus 63.7%), respectively. Although contraceptive use doesn't show a considerable difference among the different religious groups, the Christians are better in allowing their wives to use contraception or use male methods themselves than the Muslim. Key informant in Jole 1st supports this finding,

> *The Christians are relatively better in accepting information regarding family planning. But the difference is not as such significant. Now a days every segment of the society is aware of family planning.*

Table 2.4.1.2: Percentage of currently married men by religion and contraceptive use

Religion of respondents	Current use of family planning methods					
	Current use		Non-use		Group Total	
	Number	Col %	Number	Col %	Number	Col %
Orthodox	37	29.8	69	29.1	106	29.4
Muslim	77	62.1	151	63.7	228	63.2
Protestant	10	8.1	17	7.2	27	7.5
Total	124	100.0	237	100.0	361	100.0

2.4.1.3. Family Planning Information and Contraceptive Use

Exposure to various ways of mass media communication techniques has been found to be an effective way to increase contraceptive adoption (Thomas T. Kane, et al 1998). Table 2.2.3 illustrates that a greater number of respondents who don't allow their wives to use contraception or don't use male methods themselves (64.6%) are observed among those respondents having at most two sources of family planning information as compared to a lesser proportion (36.3%) of respondents who allow their wives to use contraception or use male methods themselves having the same access to family planning information. On the contrary greater proportions of respondents who allow their wives to use contraception or use male methods themselves (46.8%) are observed among those respondents who have access to three or four family planning information as compared to (32.1%) of respondents who don't allow their wives to use contraception or don't use male methods themselves. Similarly the proportion of respondents who allow their wives to use contraception or use male methods themselves tripled (16.9%) as compared to respondents who don't allow their wives to use contraception or don't use male methods themselves (3.4%) among those respondents with access to five or six channels of family planning information.

This analysis shows that, the proportion of respondents who allow their wives to use contraception or use male methods themselves are higher, as compared to those who don't allow their wives to use contraception or don't use male methods themselves, in the last two categories of family planning information (those who have access to three or four and five or six channels of family planning information) although the degree varies. Whereas, respondents who don't allow their wives to use contraception or don't use male methods themselves outweigh those who allow their

wives to use contraception or use male methods themselves only amid those respondents having at most two sources of family planning information.

Table 2.4.1.3: Percentage of currently married men by access to different channels of FP information and contraceptive use

Access to different channels of FP information	Current use of family planning methods					
	Current use		Non use		Group Total	
	Number	Col %	Number	Col %	Number	Col %
Access to at most 2 channels of FP information	45	36.3	153	64.6	198	54.8
Access to 3 or 4 channels of FP information	58	46.8	76	32.1	134	37.1
Access to 5 or 6 channels of FP information	21	16.9	8	3.4	29	8.0
Total	124	100.0	237	100.0	361	100.0

One of the male focus group discussant says the following,

> *"In any case it is only from health providers and the radio that we hear about family planning, and thus there is a need for a better information, education and communication program to be followed in order to raise the communities' awareness and enable the majority to allow their wives to use contraceptive methods or use male methods themselves." "As far as my understanding goes the community is more willing to be accessed while they gather for social events like `Edir`, Equib and Senbete."*

From the above analysis it is clear that, in order to raise contraceptive use among the community, there is a demand to diversify different channels of information through which the community can be accessed.

2.4.1.4. Decision making on family size and contraceptive use

Table 2.4.1.4 shows that, 79.8% of the respondents who allow their wives to use contraception or use male methods themselves versus 70.5% of those who don't allow their wives to use contraception or don't use male methods themselves are found among the category of couples who decide jointly on the number of children they (would like to) have. Although the gap between percentage of respondents that allow their wives to use contraception or use male methods

themselves and those who don't allow their wives to use contraception or don't use male methods themselves is smaller, a slightly higher proportion of respondents that allow their wives to use contraception or use male methods themselves as compared to those who don't allow their wives to use contraception or don't use male methods themselves are observed among those respondents who decided about the issue with out consulting their wives. These figures show no difference in the pattern of contraceptive use and non-use in both decisions, which are guided by respondents only and jointly with their wives. This similar pattern may be due to the fact that husbands are the ultimate decision makers in any aspect in a family although a wife is consulted.

Table 2.4.1.4: Percentage of currently married men by decision making on family size and contraceptive use

Decision making on Family size	Current use of family planning methods					
	Current use		Non-use		Group Total	
	Number	Col %	Number	Col %	Number	Col %
Self	22	17.7	37	15.6	59	16.3
Wife	3	2.4	3	1.3	6	1.7
Jointly	99	79.8	167	70.5	266	73.7
None of us /up to God/			30	12.7	30	8.3
Total	124	100.0	237	100.0	361	100.0

This is supported by the male focus group discussant in East Meskan;

> *"There is no restriction on a wife in giving opinions, suggestion or ideas. She has a say in family affairs; she has rights, but later the one who considers the matter and makes final decisions is the husband"*

The current finding is in congruence with another study in the southern parts of Ethiopia, which indicates that due to male dominance in the culture, women are forced to bear large number of children (Berhane Y et al, 1999). More over, within marriage in Africa, men typically have more say than women in the decision to use contraception and in the number of children that the couple will have (Margaret E. Greene and Ann E. Biddlecom, 1998).

2.4.2. Demographic Factors and Contraceptive Use

2.4.2.1. Age and Current Use of Contraception

Table 2.4.2.1 shows the variation of respondents that allow their wives to use contraception or use male methods themselves and those who don't allow their wives to use contraception or don't use male methods themselves within and among each age group. Accordingly, the proportion of respondents that allow their wives to use contraception or use male methods themselves is higher within the age group 15-24 and 25-34 with 6.4% and 49.2% respectively, as compared to 4.6% and 36.7% of those who don't allow their wives to use contraception or don't use male methods themselves in that order. On the other hand, the highest share of respondents that don't allow their wives to use contraception or don't use male methods themselves (28.3%) are found in the age group 45-59 as compared to 13.7% of respondents that allow their wives to use contraception or use male methods themselves. Nearly the same proportion of respondents that allow their wives to use contraception or use male methods themselves (30.6%) and those who don't allow their wives to use contraception or don't use male methods themselves (30.4%) is observed in the age group 35-44.

This finding shows that the percentage gap between respondents that allow their wives to use contraception or use male methods themselves and those who don't allow their wives to use contraception or don't use male methods themselves is higher in the younger age group (15-24 and 25-34) with a relatively higher percentage of respondents that allow their wives to use contraception or use male methods themselves. The reverse holds true for the older age group (45-59). It can be, therefore, concluded that a greater proportion of respondents that allow their wives to use contraception or use male methods themselves are found in the younger cohort (15-24 and 25-34) of the respondents. On the other hand a considerable number of respondents that don't allow their wives to use contraception or don't use male methods themselves are equal or greater than those who allow their wives to use contraception or use male methods themselves in the older age group (35-44 and 45-59). It is clear from this study that; the younger generation who want to limit their family allow their wives to use contraception or use male methods themselves as compared to their relatively older counter parts.

Table 2.4.2.1: Percentage of currently married men by age and contraceptive use

Age of respondents	Current use of family planning methods					
	Current use		Non-use		Group Total	
	Number	Col %	Number	Col %	Number	Col %
15-24	8	6.5	11	4.6	19	5.3
25-34	61	49.2	87	36.7	148	41.0
35-44	38	30.6	72	30.4	110	30.5
45-59	17	13.7	67	28.3	84	23.3
Total	124	100.0	237	100.0	361	100.0

A key informant in Jole 1st said the following,

> *"There are around 100 clients in this PA who have been using family planning methods; pills and injection. Of these clients the majority are young couples. The younger generation in this Kebele Administration is aware of the negative consequences of having many children on their economy."*

2.4.2.2. Type of Marriage and Contraceptive Use

DHS conducted in Africa and Asia revealed that monogamously married men are more likely to be current users than men in polygamous union (Alex C. Ezeh, et al 1996). The current finding shows more or less the expected result. According to Table 2.4.2.2., a relatively better proportion of respondents who allow their wives to use contraception or use male methods themselves is observed among those in monogamous union (91.1% versus 89%). Where as a slightly higher proportion of respondents who don't allow their wives to use contraception or don't use male methods themselves than respondents who allow their wives to use contraception or use male methods themselves are found among respondents in polygamous union (11% versus 8.9%). Although the current finding is in the anticipated direction, the difference in allow their wives to use contraception or use male methods themselves and don't allow their wives to use contraception or don't use male methods themselves between these two groups of marriage is not significant.

Table 2.4.2.2: Percentage of currently married men by type of marriage and contraceptive use

Respondents by type of marriage	Current use of family planning methods					
	Current use		Non-use		Group Total	
	Number	Col %	Number	Col %	Number	Col %
Monogamy	113	91.1	211	89.0	324	89.8
Polygamy	11	8.9	26	11.0	37	10.2
Total	124	100.0	237	100.0	361	100.0

2.4.2.3. Desired Number of Children and Contraceptive Use

Table 2.4.2.3 shows that 29.8% of respondents who allow their wives to use contraception or use male methods themselves and 16% of those who don't allow their wives to use contraception or don't use male methods themselves are found among those respondents who would like to have smaller family size (4 or fewer). On the other hand 84% of respondents that don't allow their wives to use contraception or don't use male methods themselves and 70.2% of respondents who allow their wives to use contraception or use male methods themselves are originated among those who would like to have large family size (5 or more). This finding demonstrates that respondents who allow their wives to use contraception or use male methods themselves are higher among those respondents who desire 4 or fewer children. In contrast, higher percentage of respondents who don't allow their wives to use contraception or don't use male methods themselves are found among those respondents who favor 5 or more children.

Table 2.4.2.3: Percentage of currently married men by desired number of children and contraceptive use

Desired number of children	Current use of family planning methods					
	Current use		Non-use		Group Total	
	Number	Col %	Number	Col %	Number	Col %
1-4	37	29.8	38	16.0	75	20.8
5+	87	70.2	199	84.0	286	79.2
Total	124	100.0	237	100.0	361	100.0

Information from the key informant in East Meskan strongly supports this figure, as

> *"The so called well-to-do families, those who can feed their children, are highly interested in having more children. To them, a child can never have a need more than food, and these families are self-sufficient in food. Whereas, those with lower-living standard don't want to have more than 3 to 4 children. Family planning service is requested by the latter, never by the former."*

2.4.2.4. Number of Living Children and Contraceptive Use

Number of living children is an important factor that influences men to use contraceptive Methods. A study in Kenya showed that contraceptive use is much stronger for couples with three or more living children (Omondi-Ohiambo, 1997). However the finding from the current study shows the reverse. Table 2.2.8 shows, a relatively greater proportion of respondents that don't allow their wives to use contraception or don't use male methods themselves as compared to respondents that allow their wives to use contraception or use male methods themselves are shown among those respondents who have no children (5.1% versus 4%) and have 5 or more living children (48.1% versus33.9%). On the other hand, a larger proportion of the respondents that allow their wives to use contraception or use male methods themselves (37.9%) and relatively smaller percentage of those who don't allow their wives to use contraception or don't use male methods themselves (24.9%) are observed among those who have 1 or 2 living children. Similar proportion of respondents that allow their wives to use contraception or use male methods themselves and those who don't allow their wives to use contraception or don't use male methods themselves are revealed among those respondents with 3 or 4 living children, with 24.2% versus 21.9% respectively. Greater proportion of respondents who don't allow their wives to use contraception or don't use male methods themselves are expected among those respondents with no child, but not among respondents with smaller family. Again, a greater proportion of respondents that allow their wives to use contraception or use male methods themselves should have fallen among those respondents with large family size. As shown above, the reverse holds true for the current study.

Table 2.4.2.4: Percentage of currently married men by number of living children and contraceptive use

Number of living children	Current use of family planning methods					
	Current use		Non-use		Group Total	
	Number	Col %	Number	Col %	Number	Col %
0	5	4.0	12	5.1	17	4.7
1-2	47	37.9	59	24.9	106	29.4
3-4	30	24.2	52	21.9	82	22.7
5+	42	33.9	114	48.1	156	43.2
Total	124	100.0	237	100.0	361	100.0

The possible justification for the above finding is forwarded from FGD in Jole 1st. According to the discussants, the issue of FP is a recent one in this community and people have not yet internalized it. Due to this couples at younger ages, less than 25, have a better capacity to capture the message transmitted. Consequently, contraceptive users are those who have one or two children. Surprisingly couple at honeymoon has started using FP methods.

2.4.2.5. Desire for additional children

Table 2.4.2.5 shows that respondents that don't allow their wives to use contraception or don't use male methods themselves are higher (86.5%) than those who allow their wives to use contraception or use male methods themselves (78.2%) among those respondents who want additional children and lower (13.5%) than those who allow their wives to use contraception or use male methods themselves (21.8%) for those who don't want additional children anymore. Therefore this analysis concludes that the majority of respondents who don't allow their wives to use contraception or don't use male methods themselves are those who desire additional children.

Table 2.4.2.5: Percentage of currently married men by desire for additional children and contraceptive use

Desire for additional children	Current use of family planning methods					
	Current use		Non-use		Group Total	
	Number	Col %	Number	Col %	Number	Col %
Yes	97	78.2	205	86.5	302	83.7
No	27	21.8	32	13.5	59	16.3
Total	124	100.0	237	100.0	361	100.0

2.4.3. Family Planning Factors and Contraceptive Use

2.4.3.1. Knowledge of various family planning methods and Contraceptive Use

Knowledge of family planning methods was found to have a substantial impact on contraceptive initiation. Possession of higher knowledge of family planning methods increases current use of contraception (Bahurajan, P.K.; 1993). The current finding is in the expected direction. Table 2.4.3.1 state that respondents that allow their wives to use contraception or use male methods themselves are higher than those who don't allow their wives to use contraception or don't use male methods themselves among those respondents who know three or more methods of family

planning. In contrast a considerable number of respondents who don't allow their wives to use contraception or don't use male methods themselves (70.9%) as compared to a relatively smaller percentage of those who allow their wives to use contraception or use male methods themselves (50%) are found among those respondents who know of at most two methods of family planning. This finding reveals that knowledge of various methods of family planning makes a difference on current use of contraception. In other words a greater percentage of respondents that allow their wives to use contraception or use male methods themselves are found among those with better knowledge of various methods of family planning.

Table 2.4.3.1: Percentage of currently married men by knowledge of FP methods and contraceptive use

Knowledge of various methods of FP	Current use of family planning methods					
	Current use		Non-use		Group Total	
	Number	Col %	Number	Col %	Number	Col %
Know at most two	62	50.0	168	70.9	230	63.7
Know three or more	62	50.0	69	29.1	131	36.3
Total	124	100.0	237	100.0	361	100.0

However, this study shows that knowledge of various family planning methods doesn't guarantee current use. The general knowledge of family planning by the study population is 92% (Table 2.3.1). But only 37% of respondents who have knowledge of FP are those who allow their wives to use contraception or use male methods themselves. Consequently, the current finding illustrates knowledge-practice gap. A male focus group discussant in East Meskan said the following,

> *"The community has a wealth of knowledge regarding family planning; at least the majority knows pills and injection. When we come to practice they become reluctant. In my opinion the major reason is that couples want to achieve their desired level of children."*

2.4.3.2: Approval to Family Planning Methods and Contraceptive Use

It is believed that when husbands approve of family planning or when wives think that husbands support it, the wives are more likely to use contraception. Yet some wives typically report that their husbands disapprove of family planning, when in fact the husbands themselves report that they approve (FHI, 1998). Table 2.4.3.2 shows that 100% of respondents that allow their wives to use contraception or use male methods themselves against 58.6% of those who don't allow their wives to use contraception or don't use male methods themselves are found among those respondents who approve contraceptive use. Whereas, there is no case of respondents that allow

their wives to use contraception or use male methods themselves among those who disapprove of contraceptive methods. Whereas, 41.4% of the respondents are those who don't allow their wives to use contraception or don't use male methods themselves

This finding discloses that husbands' approval is crucial to use family planning methods by their wives. All respondents who allow their wives to use contraception or use male methods themselves approve the use of family planning methods. There are also respondents who approve of the use of family planning methods but do not allow their wives to use contraception or don't use male methods themselves. This group of respondents may be those respondents who do not communicate with their wives about family planning issues or those respondents who desire for additional children. This is also supported by findings from FGDs in the subsequent paragraphs.

Table 2.4.3.2: Percentage of currently married men by approval and contraceptive use

Approval to family planning	Current use of family planning					
	Current use		Non-use		Group Total	
	Number	Col %	Number	Col %	Number	Col %
Approve	124	100.0	139	58.6	263	72.9
Disapprove			98	41.4	98	27.1
Total	124	100.0	237	100.0	361	100.0

Findings from the female FGD in Jole 1st illustrate that women should get their husbands' approval prior to use of family planning. The problem in the community, however, is that women don't trust their husbands. In other words, women really want to use family planning methods. They are very worried about the impact of frequent birth on their health. However, they thought that their husbands want many children, and if they don't give birth to as many children as possible, their husbands may look for other women who can bear many children.

Similarly, one of the male FGD in Jole 1st says the following;

> *"At this time men have a great interest of using the method whereas females do not. This is because women have a perception that a man hates his wife unless she bears many children. They feel that having many children is the only way they please their husbands even if their husbands tell them not to. They even are very reluctant to go for medical treatment. So the behavioral change is seen on men than women. Besides women usually stay at home, have poor social relationship, and thus they don't share experiences. Their social relationship is bound with their neighbor of the same experience. It is literate women who at least have a better awareness.*

Table 2.4.3.4: Percentage of currently married men by the availability of FP services and contraceptive use

Availability of FP services	Current use of family planning					
	Current use		Non-use		Group Total	
	Number	Col %	Number	Col %	Number	Col %
Yes	76	61.3	107	45.1	183	50.7
No	48	38.7	130	54.9	178	49.3
Total	124	100.0	237	100.0	361	100.0

This finding is supported by a study in Pakistan on Barriers to family planning services use among urban poor. The study depicted that despite the high knowledge of modern methods of contraception, a very small percent of married couple practice family planning due to poor physical access to family planning services (Rob Stephenson and Mnique Hennik, 2004).

Information gathered from the male FGD in East Meskan shows that they traveled a long distance to get FP services. According to them there are couples who want to use family planning method but due to the remoteness of the service, they couldn't realize their desire.

CHAPTER III

Correlates of Contraceptive Use

The previous chapter dealt with the descriptive statistical method, which was applied to see the relationship between contraceptive use and the various independent variables. Although examination of the various row and column percentages in a cross tabulation is a useful first step in studying the relationship between two variables, row and column percentage don't allow the testing of that relationship. For this purpose, it is useful to consider various indices that measure the extent of association as well as statistical tests of the hypothesis that indicate absence of association (Marija. Norusis/SPSS Inc., 1993).

The chi-square test detects whether there is a significant association between two categorical variables (Andy, 2001), in this case contraceptive use and various independent variables mentioned in the previous chapter. Table 3.1, 3.2, 3.3 shows the chi-square tests of each predictor variables in relation to the outcome variable. Accordingly education, religion, type of marriage and desire for additional children are not significant. The remaining variables are significant at $P<0.05$ and $P<0.001$.

However chi-square test doesn't say anything about how strong that association might be. As a result logistic regression analysis is applied to identify the relative importance of the various independent variables (Education, religion, access to different channels of family planning information, domestic decision making; age, number of living children, desired number of children, desire for additional children, type of marriage, knowledge of family planning methods, approval to wife in using family planning methods, discussion with wife about family planning issues and availability of family planning services) in relation to the dependent variable, current use of contraceptive.

Backward method is selected for the purpose of this analysis. This method begins the model with all predictors in the model. The computer then tests whether any of these predictors can be removed from the model without having a substantial effect on how well the model fits the observed data (Andy, 2001).

Table 3.1: Chi-square bivariate association of contraceptive use by Socio-cultural variables

Socio – cultural variables	Current use		Non use		Total		χ^2	P-value
	Number	%	Number			%		
Educational level								
No education	59	47.6	137	57.8	196	54.3	4.15	.125
Primary	55	44.4	89	37.6	144	39.9		
Secondary and above (RC)	10	8.1	11	4.6	21	5.8		
Exposure to FP info.								
At most 2	45	36.3	153	64.6	198	54.8	35.24	.000
3 to 4	58	46.8	76	32.1	134	37.1		
5 to 6	21	16.9	8	3.4	29	8.0		
Religion								
Orthodox (RC)	37	29.8	69	29.1	106	29.4	.135	.935
Muslim	77	62.1	151	63.7	228	63.2		
Protestant	10	8.1	17	7.2	27	7.5		
Decision making in the household							5.213	.022
Non dominant (RC)	50	40.3	127	53.6	177	49.0		
Dominant	74	59.7	110	46.4	184	51.0		

Table 3.2: Chi-square bivariate association of contraceptive use by demographic variables

Demographic variables	Current use		Non use		Total		χ^2	P-value
	Number	%	Number			%		
Age group								
15-24	8	6.5	11	4.6	19	5.3	11.02	.012
25-34 (RC)	61	49.2	87	36.7	148	41.0		
35-44	38	30.6	72	30.4	110	30.5		
45 and above	17	13.7	67	28.3	84	23.3		
Type of marriage								
Monogamy (RC)	113	91.1	211	89.0	324	89.8	.195	.659
Polygamy	11	8.9	26	11.0	37	10.2		
Number of Living children							8.87	.031
0	5	4.0	12	5.1	17	4.7		
1- 2 children	47	37.9	59	24.9	106	29.4		
3 - 4 children	30	24.2	52	21.9	82	22.7		
5 + (RC)	42	33.9	114	48.1	156	43.2		
Desired number of children							8.60	.003
1-4 (RC)	37	29.8	38	16.0	75	20.8		
5+	87	70.2	199	84.0	286	79.2		
Desire for additional children							3.49	.620
Yes	97	78.2	205	86.5	302	83.7		
No (RC)	27	21.8	32	13.5	59	16.3		

Table 3.3: Chi-square bivariate association of contraceptive use and FP factors

Family planning factors	Current use		Non-use		Total		χ^2	P-value
	Number	%	Number	%	Number	%		
Knowledge of FP methods								
Know at most two	62	50.0	168	70.9	230	63.7	11.47	.000
Know three or more (RC)	62	50.0	69	29.1	131	36.3		
Respondents approval								
Approve (RC)	124	100.0	139	58.6	263	72.9	68.30	.000
Disapprove	-	-	98	41.4	98	27.1		
Discussion to wife about FP								
Never	7	5.6	139	58.6	146	40.4	108.87	.000
Once or twice	21	16.9	39	16.5	60	16.6		
More often (RC)	96	77.4	59	24.9	155	42.9		
Availability of FP services								
Yes (RC)	76	61.3	107	45.1	183	50.7	7.85	.005
No	48	38.7	130	54.9	178	49.3		

3.1. Results of Logistic Regression Analysis

Logistic regression analysis shows that the significant variables are the respondents' approval of their wives using contraceptive methods, discussion with wife about family planning, decision-making in the household, exposure to different sources of family planning information and desire for additional children. The interpretation of those correlates of contraceptive use and possible explanations are discussed in the subsequent paragraphs.

3.1.1. Discussion with wife about family planning

Discussion with wife about family planning is found to be strongly associated with contraceptive use. Discussion about family planning in the past 12 months is categorized into three groups: those respondents who have never discussed about family planning with their wives, those respondents who discussed once or twice in the past 12 months and those who discussed the issue more often (three or more) with their wives. The last group (those who discussed more often about family planning with their wives) is taken as a reference category.

In Table 3.1 the value of the odds ration Exp (ß) =. 099 interpreted as men who have never discussed family planning issues with their wives are significantly less likely (90.1%) to allow their wives to use contraception or use male methods themselves than men who have made frequent discussion (RC). Similarly men who have discussed the issue once or twice are 65.5% (Exp (ß) =0.345) less likely to allow their wives to use contraception or use male methods themselves as compared to men in the reference category. There is a parallel relationship between discussion of family planning and contraceptive use. The more respondents discuss family planning issue with their wives, the more they are likely to allow their wives to use contraception or use male methods themselves and vice versa. The finding is in line with the bivariate analysis in the previous chapter where contraceptive use increases with increase in the frequency of discussion. This result is supported by prior studies which showed that current use of contraceptive method was found to be strongly associated with the frequency of discussion with which currently married or in union couples had with their partners in the last year (Gebrekidan, 2002; Clifford Obby Odimegwu, 1999).

It is evident in the previous chapter that lack of discussion is cited as one of the major impediment for contraceptive use. One of the male focus group discussant in Jole 1st said the following,

"Women are suspicious of their husbands' attitude regarding family planning. Although they want to use family planning method, they may not do so because of fear of husbands' disapproval. In reality things are changing now that men in this community are being aware of the importance of family planning. Because of lack of discussion, couples in this community are not using family planning method".

3.1.2. Respondents' approval of family planning use by their wives

Favorable attitude towards family planning often are seen as a bridge to contraceptive use (Alex C. Ezeh, et al, 1996). The present result also indicates that husbands' approval of their wives use of contraception has a net significant effect on current use. Exp (ß) =. 078 imply that men who disapprove their wives use of contraception are significantly less likely (92.2%) to allow their wives to use contraception or use male methods themselves as compared to men who approve (RC). This variable is found to be highly significant at P<. 001. Men's approval status is categorized into two; those who approve of their wives use of contraception and those who disapprove. The former is taken as a reference category. Husbands' approval is crucial to their wives use of contraceptive method. The result is in the anticipated direction and supported by a female focus group discussant.

"From the start I told my husband otherwise it would be very difficult if he knows about my using contraception."

This finding from the FGD is supported by another study in Addis Ababa that Ethiopian women will not initiate contraception without their husband's knowledge; a husband's disapproval can be expected to be a major deterrent to use contraceptive methods (Almaze Tefera, et al 1993). Similarly a male focus group discussant in East Meskan added the following points;

"Although a man has positive attitude towards contraceptive use, he may take negative measures if he discovers that his wife is using a method with out his knowledge. Whether she likes it or not, a woman should inform her husband prior to her use of family planning methods. So husbands' approval is a must for a wife to use family planning methods."

3.1.3. Decision making role in the household

For the purpose of this analysis, respondents' decision-making role is indexed into dominant and non-dominant. The ingredients of the index are decision regarding: family size, purchasing expensive items, saving money in a bank/in Equib/in credit association and decisions on the amount of crops to be eaten or sold. (In all these ingredients, the choices of the questions are self, jointly and wife/none of us (none of us is only in case of family size)). Accordingly dominant refers to a respondent who makes decisions with out consulting his wife on the above three or four

issues. Non-dominant stands when respondents made decisions alone on none of the issues or on one or two of the issues.

The result from the logistic regression shows that those respondents who are dominant in household decision-making are 2.4 times more likely to allow their wives to use contraception or use male methods themselves as compared to those who are in the non dominant category (RC). The finding from the logistic regression is similar with that of the bivariate analysis in the previous chapter. The expected out come was the reverse in which respondents in the dominant category are more likely to allow their wives to use contraception or use male methods themselves than those in the reference category.

This may be due to the very small number of women in all the components involved in the index. In addition to this, men are the ultimate decision makers in every aspect in the household although women are consulted and hence, as discussed in the bivariate analysis, those respondents who reported joint decisions are male dominated.

Findings from FGD support this statement. According to the discussants, there are couples who decide together on household matter. In case a wife doesn't agree with her husband's opinion, the man's voice is heard. The wife should accept whatever her husband says. This is supported by findings in Ghana and Burkina Faso. When the husband wants to limit family size, the use of contraceptive increases, no matter what the wife's preference is (Buenos Aires and Argentina, 1998). Another finding from DHS in 18 developing countries showed that in 10 countries, modern contraceptive use is higher when only the husband wants to stop having children. In other eight countries it is higher when only the wife wants to stop child bearing (Bankkole and Susheela Singh, 1998).

The other justification may be due to the transition of men from non-involvement to involvement in family planning in the community. Consequently this transition in men's attitude may create an opportunity to use the men's dominant role in contraceptive use. Findings from male focus group discussant in Jole 1st showed that because of the current family planning mobilization process men have developed a positive attitude towards family planning than women do.

3.1.4. Exposure to Different Sources of Family Planning Information

Access to different sources of family planning information arises as one of the correlates of contraceptive use. The odds ration Exp (ß) =0.156 is interpreted as those respondents who have access to any two channels of family planning information is 84.4% less likely to allow their wives to use contraception or use male methods themselves as compared to those respondents who have five to six channels (RC). Similarly those respondents having 3 to 4 channels of family planning information are 83.3% (Exp (ß) =0.167) less likely to allow their wives to use contraception or use male methods themselves as compared to the (RC). Here there is a slight difference (1.1%) between men who have access to 3 to 4 sources of family planning information and men having access to at most two channels.

The possible justification may be that men who have access to at most two channels of family planning information can use contraceptive methods equally as those who have 3 to 4 sources, given the two sources are appropriate for them. A mere increase in the channels of family planning information may not necessarily increase contraceptives use. This result is in congruence with the finding in the bivariate analysis.

3.1.5. Desire for additional children

Desire for additional children is one of the factors that have bearing on current use of contraception. Men who desire additional children are significantly less likely (62%) to use contraceptive method as compared to those who desire no more children (RC). This finding is similar with the finding from DHS in 18 developing countries which showed that contraceptive use is more likely when couples want to stop childbearing and less likely when they intend to have more children (Bankkole and Susheela Singh, 1998).

The remaining explanatory variables, namely respondents' age, religion, desired number of children, number of living children, education, geographic location, knowledge of various methods of family planning and availability of family planning services do not seem to have significant independent effects on the current use of contraception by men. This may be due to the fact that the existing information, education, and communication program in the study area appear to be relevant in subduing the effects of the aforementioned variables.

Table 3.4: Results for logistic regression analysis

	B	Exp (B)	Sig.
Age of respondents			
15-24	-.364	.695	.537
25-34 (RC)			.044
35-44	-.200	.819	.572
45-59	-1.138	.320	.005
Access to sources of FP information			
Have access to at most 2 FP information	-1.859	.156	.002
Have access to 3 to 4 FP information.	-1.793	.167	.003
Have access to 5 to 6 FP information. (RC)		1.00	.006
Attitude towards FP			
Approve (RC)		1.00	
Disapprove	-2.546	.078	.001
Discussion with wife about FP	-2.313	.099	.000
Never discuss			
Discuss once or twice	-1.063	.345	.003
Discuss more often (RC)		1.00	.000
Domestic decision making			
Non dominant (RC)		1.00	
Dominant	.884	2.420	.003
Interest to have additional children			
Don't want additional children (RC)		1.00	
Want additional children	-.961	.382	.022

CHAPTER IV

Summary, Conclusion and Recommendation

4.1. Summary

The objective of the study is to identify the most important socio-cultural, demographic and family planning factors that influence men involvement in family planning in the southern parts of Ethiopia in a place known as Meskan Wereda. The study was based on 407 randomly selected married men in the age group 15-59 in the woreda. Both quantitative and qualitative information was collected. The qualitative information was gathered through focus group discussion and key informant interviews.

In terms of ethnicity, the study population is predominantly (91 %) Guraghe. As far as religion is concerned less than two in three men are Muslims. More than half of the study population (56%) is illiterate. There is an inverse relationship between education and age of respondents as the younger generation has a better educational background than the relatively older ones. Twelve in thirteen men have access to family planning information. Radio, community events and health professionals are the main sources of family planning information. Respondents who have better education have a better access to different sources of family planning information as compared to respondents with no education.

Access to sources of family planning information is universal among the study population. Regarding decision-making role in the household, the majority of the respondents made decisions jointly although men are the ultimate decision maker. The women' decision-making role in the household is negligible.

The relatively higher proportion of the respondents (39%) are found in the age group 25-34 and a small proportion of the study population, 5.9% is found in the age group 15-24. Average age of the respondents is 36.5 and average age at first marriage is 22 years.

As far as type of marriage is concerned nine in ten respondents are in monogamous union, and one in ten are in polygamous union. Polygamy is positively related with age of respondents. As the age of respondents increases polygamy also increases. Two in nine respondents in the age group 45-59

are in polygamous union, whereas none of the respondents in the age group 15-24 are in polygamous union.

More than half of the respondents have 5 or more CEB. Age of respondents and CEB are related in such a way that CEB increase with increase in age of respondents. 97% and 75.7% of respondents in the older age group (45-59) have 5 or more and 1 or 2 CEB respectively. The same is true for respondents with number of living children. Less than six in seven respondents in the age group 45-59 have 5 or more living children. Nearly eight in ten respondents would like to have many children (5 or more). The majority of the respondents favor large family size. On average, each respondent wants to have 9 children in their entire life. The majority of the respondents pointed out that having many children help one to increase relatives and win respect in the community. In the current study a substantial difference between the desired number of sons and daughters is revealed. Two in five versus one in five respondents desire 5 or more sons and daughters respectively.

Regarding knowledge of family planning, more than nine in ten respondents have heard of family planning methods. The younger generation has a better knowledge of family planning methods as compared to the relatively older respondents. In other words the proportion of respondents who know of contraceptive methods decline as age of respondents increase. Among these 97.3% and 94.4% know pills and injection respectively. Similarly respondents with better education have a better knowledge of family planning methods as compared to those with less education. A considerable number of respondents (73.4%) approve of their wives use of family planning method. Respondents with better education approve the use of family planning methods better than their less educated counterparts.

About one in three respondents allow their wives using modern contraception or use modern male methods themselves. 97.1% of these respondents support their wives in using family planning method. Desire for children was the main reason for not allowing their wives to use contraception or for not using male methods themselves, which constitutes 82%. Among respondents that allow their wives to use contraception or use male methods themselves, nearly one in ten use male methods of family planning. Calendar method constitutes the highest proportion (87.5%). Around 67% of the respondents, who are not currently using male methods of family planning, reported that female have better access to contraceptive methods, as compared to the male once.

As far as discussion of family planning is concerned, one in six men have discussed once or twice in the past and two in five have discussed more often (three or more times). But four in nine respondents have never discussed the issue of FP with their wives. About 47% of respondents have intentions to allow their wives to use contraception or use male methods themselves in the future.

Education is one of the social factors that affect respondents' contraceptive use. The finding from this study reveals that higher proportion of respondents that allow their wives to use contraception or use male methods themselves are found among better educated men, and those who don't allow their wives to use contraception or don't use male methods themselves are more among non-educated respondents. 57.8% of those who don't allow their wives to use contraception or don't use male methods themselves are found in the non-educated category as compared to 47.6% of respondents that allow their wives to use contraception or use male methods themselves. On the contrary a greater proportion of respondents that allow their wives to use contraception or use male methods themselves (44.4%) are found among those respondents who have attended primary education as compared to 37.6% of those who don't allow their wives to use contraception or don't use male methods themselves with the same level of education.

In terms of religion, respondents that allow their wives to use contraception or use male methods themselves are slightly higher among the Christians (Orthodox and Protestants) than the Muslims. Concerning information about family planning, those respondents with better exposure to different sources of family planning information allow their wives to use contraception or use male methods themselves methods as compared to those with less exposure. Contraceptive use increases with increase in exposure to different channels of family planning information. Percentage of respondents that allow their wives to use contraception or use male methods themselves increases with increase in sources of family planning information. On the contrary, percentage of respondents who don't allow their wives to use contraception or don't use male methods themselves decline with increase in different sources of family planning information. Less than three in eight respondents that allow their wives to use contraception or use male methods themselves against less than two in three respondents who don't allow their wives to use contraception or don't use male methods themselves are found among those who have at most two sources of information. Where as 46.8% of respondents that allow their wives to use contraception or use male methods themselves versus 32.1% of respondents that don't allow their wives to use

contraception or don't use male methods themselves are observed among those respondents who have access to 3 or 4 sources of family planning information respectively.

Regarding decision-making on family size, similar pattern was observed among those who report joint decision-making and those who report that decision ismade by the respondents only. Respondents that allow their wives to use contraception or use male methods themselves are greater than those who don't allow their wives to use contraception or don't use male methods themselves in both cases, although the degree varies. The possible justification is that, although wives are consulted about family size the final decision is left for husbands.

Age is one of the demographic factors that have an influence on current use of contraception by the respondents. As age of respondents increases, contraceptive use declines. The proportion of respondents that allow their wives to use contraception or use male methods themselves overshadows those who don't allow their wives to use contraception or don't use male methods themselves among the younger cohort of respondents. The reverse is true for the relatively older age group. 49.2% of the respondents that allow their wives to use contraception or use male methods themselves versus 36.7% of those who don't allow their wives to use contraception or don't use male methods themselves are found among those respondents in the age group 25-34. Conversely 13.7% of respondents that allow their wives to use contraception or use male methods themselves and 28.3% of those who don't allow their wives to use contraception or don't use male methods themselves are observed to be among respondents in the age group 45-59. As far as type of marriage is concerned, there is a slight difference between those in monogamous and those in polygamous union. However proportion of respondents that allow their wives to use contraception or use male methods themselves as compared to those who don't allow their wives to use contraception or don't use male methods themselves are higher among those respondents in monogamous union.

Regarding desired number of children, respondents who (would like to) have 4 or fewer children are more likely to allow their wives to use contraception or use male methods themselves than those who (would like to) have 5 or more. Those who don't allow their wives to use contraception or don't use male methods themselves are higher (84.0%) than those who allow their wives to use contraception or use male methods themselves (70.2%) among those respondents who favor large family size and lesser (16.0%) than those who allow their wives to use contraception or use male

methods themselves (29.8%) among respondents who have interest in smaller family size. On the subject of number of living children, percentage of respondents who allow their wives to use contraception or use male methods themselves is higher among men in smaller parity (1-2 and 3-4) than those in the higher parity (5 or more) and among respondents with no child. Similarly the proportion of respondents who don't allow their wives to use contraception or don't use male methods themselves is higher than those who allow their wives to use contraception or use male methods themselves among those respondents who would like to have additional children, 86.5% versus 78.2% respectively.

Concerning family planning factors, knowledge of various family planning methods are found to influence contraceptive use. Respondents with better knowledge constitute the greater proportion of those who allow their wives to use contraception or use male methods themselves, and lesser percentage of those who don't allow their wives to use contraception or don't use male methods themselves, and vice versa. Consequently, 50% of respondents that allow their wives to use contraception or use male methods themselves as compared to 70.9% of those who don't allow their wives to use contraception or don't use male methods themselves are found among respondents who know at most two methods of family planning. In contrast 50% of those who allow their wives to use contraception or use male methods themselves versus 29.1% of those who don't allow their wives to use contraception or don't use male methods themselves are found among those who know three or more methods of family planning respectively. This implies that those who don't allow their wives to use contraception or don't use male methods themselves are higher, as compared to those who allow their wives to use contraception or use male methods themselves among those respondents who know at most two methods of family planning and lower among those who know three or more methods of family planning.

As far as the other factors of family planning are concerned approval and discussion are found to be most influential. All respondents that allow their wives to use contraception or use male methods themselves (100%) approve of contraceptive use by their wives, and 58.6% of those respondents who approve of contraceptive use are those who don't allow their wives to use contraception or don't use male methods themselves. Where as 41.4% of respondents who don't allow their wives to use contraception or don't use male methods themselves are found among those respondents who disapprove of contraceptive use. However there is no case of current users among respondent who disapprove.

Regarding discussion, frequent discussion with wife about family planning issues increases contractive use. Men who discussed family planning issues more often (three or more) with their wives more likely allow their wives to use contraception or use male methods themselves as compared to those who have never discussed. Significant difference between users (5.6%) and those who don't allow their wives to use contraception or don't use male methods themselves (58.6%) is observed among respondents who have never discussed family planning issues with their wives. On the contrary more than three in four respondents that allow their wives to use contraception or use male methods themselves versus one in four respondents who don't allow their wives to use contraception or don't use male methods themselves are found among those who have made frequent discussion, respectively. Respondents with better availability of service allow their wives to use contraception or use male methods themselves better than those who don't. Greater proportion of respondents that allow their wives to use contraception or use male methods themselves (61.3%) have access to family planning services as compared to lesser (45.1%) percentage of those who don't allow their wives to use contraception or don't use male methods themselves and vice versa,

In order to see whether there is statistical association between contraceptive uses and each independent variable studied above, chi-square test was employed. Except education, geographic location, religion type of marriage and desire for additional children, all variables are found to have association with contraceptive use at $P<0.05$ and $P<0.001$.

Finally logistic regression analysis is applied to see the net effects of each independent variable on contraceptive use and hence all variables are entered into the model. Accordingly five socio-cultural, demographic and family planning factors are found to be determinants of contraceptive use. The variables identified by the model as correlates of contraceptive use are: access to family planning information, decision making in the household, desire for additional children, approval and discussion with wife about family planning.

4.2. Conclusion

This study examined the factors that influence men's involvement in family planning among currently married men in Meskan Wereda with particular focus on the extent to which socio-cultural, demographic and family planning factors exert independent influence on contraceptive use.

From the present study it appears that discussion with wife about family planning issues has significant bearing on current use of contraception. Discussion with wife regarding family planning has paramount importance in cultures like ours where reproductive health issues are not discussed openly. Similar results were documented in Nigeria and in the northern part of Ethiopia. In Tigrai region use of contraceptive was found to be strongly associated with the frequency of discussion with which currently married or in union couples had with their partners (Gebrekidan, 2002; Clifford Obby Odimegwu, 1999).

Husbands' approval of their wives use of contraceptive method shows significant difference on current use of contraceptive methods. Here the fourth hypothesis is proved which states that husbands' approval positively influences contraceptive use is proved. In a patriarchal society where men are the ultimate decision makers in any aspects of married life, their approval is found to be crucial in using contraceptive methods by their wives. Similar findings in other parts of Ethiopia and Nigeria are documented. It is clear from these findings that greater approval by husbands enhanced contraceptive use by their wives (Gebrekidan, 2002; Clifford Obby Odimegwu, 1999).

Exposure to different channels of family planning information is one of the factors that have bearing on current use of contraception. The finding disclosed that access to different channels of family planning information facilitates contraceptive use. This finding accepted the second hypothesis (men who have a better access to different channels of family planning information allow their wives to use contraception or use male methods themselves more likely than those who have less exposure).

Men's decision-making role in the household is another important factor that influences current use of contraception. The last hypothesis in this study is accepted, but in the reverse direction. Unexpectedly percentage of respondents that allow their wives to use contraception or use male

methods themselves is higher for those respondents in which men are dominant in the household decision-making.

Similarly the current study reaffirms the third hypothesis which states that desire for additional children is one of the most important factors that negatively influences current use of contraceptive methods. In a patriarchal society like ours children are considered as the main assets of parents. Studies elsewhere disclosed similar findings. Couples who do not desire additional children are more likely to be current users than those who desire additional children (Shahid Ullah and Nitai Chakraborty, 1993). This finding strongly recommends that efforts have to be made on a regular and continuous basis to teach men about the negative consequences of having many children both on the economy of a family and the health of a mother.

Before winding up the discussion, the present study proves all the hypothesis that were mentioned at the beginning of this study except the first which is better educated men better allow their wives to use contraception or use male methods themselves as compared to their less educated counter parts. Moreover the last hypothesis, which says, men's decision-making negatively affects contraceptive use, is proved to be the opposite. Education of respondents is not a correlate of contraception. This may be because family planning education appears to be strong in changing respondents' attitude than formal education in the community.

In general, the findings have important policy implications. It is suggested that husbands' approval is crucial to use contractive methods. In most families of Ethiopia particularity in the study area, husband's consent is required before his wife can accept a contraceptive method. Therefore concerted efforts need to be made to change the attitude of men towards family planning through family planning motivational program. Coupled with approval, discussion with wife is another most important area that needs intervention. Many women are afraid or unwilling to discuss with their husbands about limiting the size of their families in the belief that husbands are not in favor of family planning. Efforts should be made, therefore, to promote discussion between couples regarding family planning issues. Any information concerning family planning should be given to both husbands and wives together.

In relation to the above it is also suggested that men's decision making role should be exploited further to raise contraceptive use through egalitarian decision making within the household.

Expanding different sources of family planning information is another key suggestion of this finding. A strengthened effort should be made to enable men to realize the negative consequences of having many children. In addition to that the existing family planning information should focus on men as well. Finally the study recommends that, further research should examine contraceptive use in greater detail, including husbands and wives simultaneously.

4.3. Recommendations

Based on the current findings, the following important recommendations are forwarded

- This finding strongly recommends that family planning programs should include IEC scheme that can promote discussion between married couples since it enhances couples understanding of each others' attitudes towards family planning and hence raise contraceptive use in the area.

- The result strongly suggests that family planning programs should recognize the relevance of male involvement in family planning. At least their approval to their wives use of contraception should be acknowledged and hence efforts have to be made to change men's attitude towards family planning.

- Efforts have to be made in maximizing different sources of family planning information like social gatherings, through community based agents in which the rural community can access irrespective of educational level, economic capacity, age and sex.

- Taking the decisive role of men in domestic decision making in to consideration, the current finding suggests that the existing or the forthcoming family planning program in the area should focus on changing men's attitude towards family planning on the one hand and, teaching men the importance of egalitarian decision-making in the household on the other.

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Questionnaire on Male Involvement in Family Planning

Part One: Respondent's Background

101. How old were you at your last birthday Age in years /____/_____/

102. Are you currently attending or have you ever attended any school, either formal, adult literacy program, religious or non-formal education?

1. Currently attending 2. Attended in the past
3. Never attended →**Q105**

103. Can you read and write a simple letter or a simple statement in any language?

1. Yes 2. No → **Q105**

104. What is the highest grade/year you have completed? (Record 00 for less than grade one or non-formal, 13 for post secondary) Grade /____/_____/

105. What is your religion?

1. Christian, Orthodox 2. Christian, Protestant or Catholic
2. Muslim 4. Other _____
(please specify)

106. What ethnic group do you belong to?

1. Gurage 2. Silite 3. Oromo 4. Amhara 5. Other _____
(please specify)

107. How many times have you been married?

1. Once 2. Twice 3. More than two times

108 How many wives do you have? Number of wives /____/____/

109. How old were you when you first got married or started living with a woman? (If DK record 96) /____/_____/

110. What is your occupation? [Probe as needed to code]

1. Not working 2. Farmer
3. Trader 4. Government employee
5. Student 6. Other _____
(please specify)

Part Two: Reproduction

Now, I would like to ask you about all the births you have had during your life.

201. Have you ever given birth, even if the child is not now alive, or even if the child lived for only a very short time? 1. Yes 2. No →**Q214**

202. How old were you when you had your first child? Age at birth of first child /____/_____/

203. How many of your sons are now residing with you? Sons residing with man /____/_____/

204. How many of your daughters are now residing with you? Daughters residing with man /____/_____/

205. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?

1.Yes 2. No → **Q 208**

206. How many of your sons are now living elsewhere? Sons residing elsewhere /____/_____/

207. How many of your daughters are now living elsewhere? Daughters residing elsewhere /____/_____/

208. Have you given birth to a boy or a girl who was born alive but later died?

1. Yes 2. No → **Q211**

209. How many of your sons have died? Sons dead /____/_____/
210. How many of your daughters have died? Daughters died /____/_____/
211. In total, how many boys have you given birth? No. of boys /____/_____/
212. In total, how many daughters have you given birth to? No. of girls /____/_____/
213. Just to make sure that I have this right, you have had in TOTAL /____/_____/ births during your life. Is that correct? If not, probe and correct 203 through 212 as necessary.
214. Would you like to have (additional) child/children?
1. Yes 2. No ⟶ **Q218**
215. How many (additional) c child/children would you like to have? No. of additional children /____/_____/
216. Who makes the decision to have (additional) child/children?
1. Self 2. Wife
3.Jointly 4. None of us (up to God)
5. Other_____
(please specify)
217. Who makes the decision when to have (additional) child/children?
1. Self 2. Wife
3.Jointly 4. None of us (up to God)
5.Other_____
(please specify)
218. Who makes the decision for not to have additional child/children?
1. Self 2. Wife
3.Jointly 4 None of us (up to God)
5.Other _____
(please specify)
219. Would you like to have many children (more than 4 children)?
1. Yes 2. No ⟶ **Q 221**
220. What is the major reason for wanting to have many children? [Probe as needed to code]
1. Having many children makes one powerful
2. Having many children makes one rich
3. Having many children helps one win respect
4. Having many children increases relatives
5. Other _____
(please specify)
221. The major reason for not wanting to have many children [Probe as needed to code]
1. Having many children makes one weak
2. Having many children makes one poor
3. Having many children makes one hated
4. Having many children makes marriage weak
5. Other _____
(please specify)
222. How many children would you like to have in your entire life?
Number/____/_____/
88. Up to God _____
223. How many of these children would you like to be sons? No. of sons /____/_____/
224. How many of them would you like to be daughters? No. of daughters /____/_____/

225. In general who makes the decision about the size of your family?

1. Self
2. Wife
3.Jointly
4. None of us (up to God)
5. Other _____
(please specify)

Part Three: Fertility Regulation

Now I would like to talk about family planning-the various ways or methods that a couple can use to delay or avoid pregnancy.

301. There are various methods of delaying or avoiding pregnancy. Have you ever heard of any such method?

1. Yes
2. No ——→**Q401**

302. Which methods of family planning do you know?

1. Pill
2. IUD
3. Injection
4. Implant
5. Condom
6. Female sterilization
7. Male sterilization
8. Rhythm/Calendar
9. Withdrawal
10. Others _____
(please specify)

303. Are you or your wife/partner currently using any method or methods to delay or avoid pregnancy?

1. Yes
2. No ——→**Q 309**

304.What method or methods are you or your wife/partner currently using?

1. Pill
2. IUD
3. Injection
4. Implant
5. Condom
6. Female sterilization
7 Male sterilization
8. Rhythm/Calendar
9. Withdrawal
10. Others _____
(please specify)

305. What is the main reason that you or your wife/partner are currently using a method?

1. Limit the number of children
2. My wife wants to use
3. To space the next birth
4. The method is easily accessed
5. Due to the health problem of my wife
6. Hard to raise additional children
7. Other _____
(please specify)

306. Who makes the decision to use contraception?

1. Self
2. Wife
3. Jointly
4.Other _____
(please specify)

307. Do you encourage your wife/partner in using a family planning method?

1. Yes
2. No

308. Do you support your wife/partner in using a family planning method?

1. Yes
2. No ——→ **Q 312**

309. How do you support your wife/partner in using a method?

1. Accompany her when she visits a family planning services
2. Consult her on which method is convenient to her

3. Remind her the time of taking a method
4. Remind her the time of taking a method
5.Advice her to visit a health center for check up
6. Other _____
(please specify)

310. What is the main reason that you or your wife/partner is not currently using a method?
1. Want child 2. Don't know about the method
3. Don't know about the source 4. Cost too much 5. Health concerns 6.Hard to get methods
7.Religious probation 8.Opposed to family planning
9. Other people opposed 10. Infrequent sex
11. Other _____
(please specify)

311. Who makes the decision for not to use contraception?
1. Self 2. Wife
3.Jointly 4. None of us
5.Other_____
(please specify)

312. Are you currently using male methods of family planning?
1. Yes 2. No ——→**Q 314**

313. Among the male methods which one are you currently using?
1. Condom 2. Withdrawal
3. Male sterilization 4. Rhythm/calendar method
5. Other_____
(please specify)

314. What is the main reason for not currently using male methods?
1. Because it is the responsibility of wives
2. Because there is limited choice of male method
3. Because female method is easily available
4. Oppose family planning
5. Because male methods are barriers to sexual pleasure
6. Others_____
(please specify)

Part Four: Intention to Use Contraceptive in the Future

401 Do you or your wife intend to use any method to delay or avoid pregnancy at any time in the future?
1. Yes 2. No 3. Not sure——→**Q 403**

402. When you use a method in the future, which method would you prefer to use
1. Pill 2. IUD 3. Injection
4. Implant 5. Condom 6. Female sterilization 7. Male sterilization 8. Rhythm/Calendar 9. Withdrawal 10. Others
_____
(please specify)

403. What is the main reason you will not use a method in the future?
1. Want child 2. Don't know about the method
3. Don't know about the source 4. Cost too much

5. Health concerns
6. Hard to get methods
7. Religion prohibition
8. Opposed to family planning
9. Other people opposed
10. Infrequent sex
11. Others _____
(please specify)

404. Do you intend to use male methods of family planning in the future?
1.Yes 2. No→**Q406** 3.Not sure →**Q406**

405. Which male method do you intend to use in the future?
1.Condom 2.Withdrawal
3. Male sterilization 4. Rhythm / calendar
5. Other _____
(please specify)

406 The main reason for not using male methods in the future
1. Because it is the responsibility of wives
2. Because there is limited choice of male method
3. Because female method is easily available
4. Oppose family planning/it makes one infertile/
5. Because male methods are barriers to sexual pleasure
6.Others _____
(please specify)

Part Five: Discussion about and Attitude Towards Family Planning

501 How often have you talked to your wife/partner about family planning in the past?
1. Never → **Q503** 2. Once or twice 3. More often

502. Who usually initiates the talk(s)?
1. Self
2.Wife
3. Jointly
4. Other _____
(please specify)

503. Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?
1. Approve
2. Disapprove

504. Would you say that you approve or disapprove of your wife/partner using a method to avoid getting pregnant?
1. Approve
2. Disapprove

Part six: Decision Making

601. What type of crop do you mainly produce?
1. Teff 2. Pepper 3. Maize
4. False Banana 5.Chat 6. No production→Q603
7. Others _____
(please specify)

602. Who makes the decision on how much of the food items produced be eaten or sold?
1.Self
2.Wife
3. Jointly
4. Others _____
(please specify)

603. Who makes the decision to purchase major (expensive) items such as blanket, radio, etc.?
1.Self
2.Wife
3.Jointly
4. Others _____

(please specify)

604. Who makes (used to make) the decision on whether to send children to school or whether to keep children to keep them at home?

1. Self 2.Wife
3. Jointly 4. No child
5. Others _____

(please specify)

605. Who makes (used to make) the decision on how much earned money can be saved in a bank or in credit association or in "Equib"?

1.Self 2.Wife
3.Jointly 4. NA/no bank or other savings place available
5. NA/never has any savings 6. Others_____

(please specify)

Part Seven: Service Availability

701. Is there any family planning service or outreach program available in this area?

1 .Yes 2 .No → **Q 801**

702. How far is the nearest family planning services or the out reaching services? (In kms) /____/_____/

703. How long ago this service has lived in this area?

1.less than five year 2.five to ten years 3. More than ten years
4. Other _____

(please specify)

Part Eight: Exposure to Media

801. How often do you read a newspaper or magazine?

1. Almost every day 2. At least once a week
3. Less than once a week 4. Not at all

802. How often do you listen the radio?

1. Almost every day 2. At least once a week
3. Less than once a week 4. Not at all

803. Do you own a radio?

1. Yes 2. No

804. How often do you watch a TV?

1. Almost every day 2. At least once a week
3. Less than once a week 4. Not at all

805. Do you own a television?

1. Yes 2. No

806. In the last few months have you heard/read about family planning?

	Yes	**No**
On the radio?	1	2
On the television?	1	2
In a newspaper or magazine	1	2
Pamphlets/poster	1	2
Community events	1	2

DECLARATION

The thesis is my original work and has not been presented for a degree any other university, and that all sources of materials used for the thesis have been duly acknowledged.

Name Aynalem Tekra

Signature Aynalem

Date 21/07/05

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

Assefa Hailemariam Assefa 22/07/05

Advisor Signature Date