



**ADDIS ABABA UNIVERSITY  
DEPARTMENT OF COMMUNITY HEALTH  
SCHOOL OF PUBLIC HEALTH  
MASTER OF PUBLIC HEALTH**

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**Assessment of Men Involvement on Family Planning In Rural  
Communities of Jeldu Woreda, West Shewa Zone, Oromia  
Region, Ethiopia**

**BY**

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A Thesis Submitted To the School of Graduate Studies, Addis Ababa University in  
Partial Fulfillment of the Requirement for the Degree of Masters of Public Health

**June 2010**

**Addis Ababa**

## **Acknowledgement**

This thesis research would not have been possible without the financial support of Addis Ababa University.

My deepest thanks goes to my advisor, Ato **Wubegzier Mekonnen** for his beneficial assistance, advise, critique and encouragement starting from the development of the proposal up to the end of the thesis work.

I would like to acknowledge Jeldu woreda Health Office and Jeldu woreda administration for their cooperation during the process of data collection.

Last but not least my thanks goes to the study participants, who devoted their time to give valuable information.

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## **Acronyms**

**AAU-** Addis Ababa University

**BSc-** Bachelor of Science

**CBD-** Community Based Distributor

**CI-** Confidence Interval

**CSA-** Central Statistic Agency

**DHS-**Demographic Health Survey

**EDHS-** Ethiopian Demographic and Health Survey

**FP-** Family Planning

**IEC-**Information, Education and Communication

**IUD-** Intra Uterine Device

**MPH-** Masters of Public Health

**OR-** Odds Ratio

**TFR-** Total Fertility Rate

**TV-** Television

**UN-** United Nations

**USAID-** United States Agency for International Development

## Abstract

**Background:** In order to slow the current rapid population growth particularly in less developed countries, family planning programs have always been considered as the intervention of choice. These programs, however, are seen to give little attention to the roles that could be played by men regarding family planning. Different studies focus mostly on the role that is played by women neglecting those of men. As a consequence, there is shortage of information on factors which prevent men to be involved on family planning in Ethiopia.

**Objective:** To assess the role of currently married men in family planning utilization in rural communities of Jeldu Woreda, West Shoa Zone

**Methods:** A cross-sectional survey was conducted on a total of 804 currently married men in the age group of 15-59 years. A total of 6 kebeles were selected from 38 rural kebeles of the Woreda using simple random sampling method. Study households were selected from each kebeles through systematic random sampling. A pre-tested, structured questionnaire was used for data collection.

**Results:** Virtually all men (91.8%) had heard of family planning, but only 31.4% could correctly define the term. Nearly two-third of respondent knew presence of male contraceptives, and 92.3% of them know where to get information about them. About 95.3% of the respondent said family planning is important and a similar proportion of them approved use of contraception. About half of study participants were currently using at least one method of contraception with their wives. A multivariate result showed a significant relationship between knowledge of family planning (AOR=26.03, 95 %CI 6.180, 109.624), joint decision making (AOR=2.66, 95% CI 1.038, 6.536), decision made by wife alone (AOR=1.66, 95%CI 1.046, 2.634), possession of radio (AOR=1.46, 95%CI 1.045,2.038) and current use of family planning.

**Conclusion:** In conclusion, knowledge of contraceptive method, joint decision making, decision made by wife alone and possession of radio, were identified as key factors affecting contraceptive use among married men in the study area.

# **Background and Statement of the problem**

## **1.1 Background**

According to the population bulletin 2008 report, world population reach at 6.7 billion. During the 20<sup>th</sup> century, nearly 90% of population growth took place in countries classified as less developed including all countries in Africa. Africa's demography is quite different from other world region. For example the fertility remains the world's highest with a total fertility rate (TFR) of 4.9 and 5.4 in sub-saharan Africa where 84% of the continent's population found (1). The main reason for high fertility in most developing countries, particularly in rural agricultural population, is that children are productive agents. Furthermore the practice of subsistence agriculture with heavy reliance on family labour and to secure old age care contributes to high fertility (2).

Ethiopia with the current 79.1 million populations will have an estimated population of 110.5 million in 2025, if solution for rapid population growth is not sought (3). As a result, the number of people in need of health, education, economic and other services becomes large and increasing, which in turn compete for scarce resources (4). As a solution, in 1975, the Ethiopian government started integrating family planning with maternal and child health services (5).

Men have rarely been involved in either receiving or providing information on sexuality, reproductive health or birth spacing. They have also been ignored or excluded in one way or another from participating in many family planning programmes as family planning is viewed as a woman's affair (6). A study conducted in West Wollega Zone of Oromia region found out that most men have knowledge and favorable attitude towards family planning, some encourage their wives to use family planning method and most of them are in need of family planning methods use in the future. The majority of men share decision making on family issues, including family planning with their wives. Unlike the female contraceptive options the men's methods options including condom is not widely known by the community. The oral contraceptive pill is giving way for the injectable contraceptive as the leading family planning method preferred and used by majority of women. When both husband and his wife have information on family planning the probability of the women to use the methods is higher than when only either of the couples is informed (29). This finding may warn that if the existing

scenario of family planning service is changed from targeting only women to targeting couples, the family planning methods utilization rate may increase (7).

## **1.2. Statement of the problem**

Uncontrolled world population particularly in many developing countries has been a major challenge to the development plan (8). The problem of increased number of population is not simply a problem of number, but it is a human welfare and development problem (9). When a population is too large or increasingly too fast; problems like poverty, disease, urbanization and social break down occurs. In addition, future demand on natural resources such as water and fertile soil will be less (10, 11, and 12)

To minimize such problems and control the alarming growth rate of population and to improve reproductive behavior and better meet peoples need, important efforts have been made in the past, especially in family planning (11,12). Despite the awareness and knowledge about demographic explosion and its associated health hazard, it has raised a series of questions of why family planning programs were failed in many developing countries (13).

To understand its cause, for many years family planning program planners and researchers have focused their attention largely on women's attitude and behaviors in matters concerning reproduction. The fact that, women bear the physical and emotional strains of pregnancy and child birth is meant that fertility and contraceptive prevalence rates are based solely on female population, the social roles of men, who are dominant not only in decision making within the family but also at community leadership level have been ignored(14). The Programme of Action of the International Conference on Population and Development 1994 states: Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. States should take all appropriate measures to ensure, on a basis of equality of men and women, universal access to health-care services, including those related to reproductive health care, which includes family planning and sexual health. All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (15).

Ethiopians, which is a patriarchal society, share the majority of the above problems. As to which factors are hindering men to be involved in family planning utilization and support are not known

clearly particularly in the study area. Therefore, this study will try to identify factors affecting male involvement on family planning.

### **1.3 Rationale of the Study**

The cultural setting in which reproductive decision making takes place shapes the role of men on family planning . Therefore, the direction and magnitude of its effect differ from one cultural setting to another. In areas, where such information is not available, exploring the role of men on contraceptive behavior has significance for planning contextually appropriate family planning interventions. Investigating factors affecting men involvement on family planning has programmatic implication. However, in Ethiopia, particularly in this study area, such studies are lacking. Thus the current study involved married men to examine factors affecting men involvement on family planning from the rural community context.

### 1.3 Literature Review

Family planning has been a key issue in the promotion and improvement of reproductive health as well as in population reduction programs (16). The use of contraception has been associated with declining fertility; improving the health of women and children through birth-spacing and the reduction of the number of pregnancies; as well as increasing women's empowerment through allowing them to continue their education and join the labor force [16, 17]. Furthermore, family planning has also been advocated as reproductive rights, as affirmed in the proceedings of the 1994 International Conference on Population and Development held in Cairo [17].

There have been several decades of neglect of male role in family planning dated back to the 1960s with the development of modern contraceptive methods for women. One of the reasons why family planning programs in past focused on women instead of men was the assumption by many providers that women have the greatest stake and interest in protecting their own reproductive health (19, 23). But growing number of family planning research are finding challenge on the isolated focus to the woman and are focusing the influence of her male partner in protecting women reproductive health .This is especially true in sub Saharan Africa where men influence on decision making in many way ( 20,21,22).

Recently family planning programs and providers are seeing that involving men in addition to women in family planning results in an improved program effectiveness. The 1994 International Conference on Population and Development also encouraged family planning programs and providers to consider both men and women jointly .This new interest in men is in consideration that although most reproductive health burden is born by the women, the majority of the decisions that affect both women and men reproductive health are made by men or by men and women jointly. And also if men are involved they may be a potential partner in and advocates for good reproductive health rather than bystanders, barriers, or adversaries (19, 23, 24,)

Men share the major part of decision making in family life and their characteristics affect their partner. On one hand, the cultural value of men in the society made the men to dominate the women in her life including reproductive health. On the other hand, the male factors that are more important to plan for

intervention is not well known (22). Therefore, now days investigating the important men factor that affect reproductive health of the women including family planning are receiving increased attention.

Male involvement in family planning (FP) means more than increasing the number of men using condoms and having vasectomies; male involvement also includes the number of men who encourage and support their partner and their peers to use FP and who influence the policy environment to be more conducive to developing male-related programs. In this context “male involvement” should be understood in a much broader sense than male contraception, and should refer to all organizational activities aimed at men as a discrete group with the objective of increasing the acceptability and prevalence of family-planning practice of either sex (19).

Communication between partners is a key factor in joint decision-making and contraceptive use. Talking with one's partner about reproductive and contraceptive decisions making is likely to increase understanding and help support one's partner's decision. According to the Demographic and Health Survey data in West Africa, about three quarters of the men and women had not discussed family planning with their partners in the year preceding the survey. In Tanzania, 45 percent of married women did not know what their husbands thought about FP or thought their husbands disapproved of family planning, when in fact many of the husbands approved (19, 25).

In line with the above, a study in Tigray region revealed that the frequency of discussion between partners and contraceptive utilization by the couples are positively associated. But by the same study, more than third of the couples had no discussion on these issues (10).

Involving men in family planning could increase contraceptive prevalence in several ways: by providing alternatives to couples dissatisfied with their current method; by increasing male contraceptive use; by promoting greater discussion between sexual partners; and by changing male attitudes regarding contraception. A study in Ethiopia found that couples, in which the husbands participated in discussions during home visits, were more likely to initiate and maintain contraceptive use (24).

According to study from Iran, no significant relationship is found between occupation of men or women and men’s participation in family planning activities. One of the most important variables affecting the use of contraceptive methods is the place of residence. Both models indicate that urban

residents are more likely to use contraceptive methods and the probability of method use increases with city size. It thus appears that socio-economic and cultural factors associated with large urban places favor men's participation in family planning. No significant relationship between ownership of radio and television and men's use of family planning was found(26).

In study from Nigeria, Education, age, when to stop childbearing, and the number of surviving children were found to have a significant impact on contraceptive use. The impact of education is particularly pronounced when none of the partners had below a secondary school education. Men with female partners below 25 years of age are also significantly more likely to use or report use of a modern contraceptive. The significant net impact of communication on contraceptive use is worth noting, especially the implications for the participation of men in family planning. The result draws attention to the possibility that men can actually use or support their partners' use of a contraceptive if they are given adequate information, education, and communication (IEC) on the need and ways to regulate fertility (27).

Men need information about contraceptive methods for women as well as about those for men. Well-informed men can use a method themselves or support their partners in using a method. They can also talk with their wives and cooperate in assessing their needs and choosing a family planning method (28).

Spouse communication is positively associated with contraceptive use: DHS data from seven African countries (Botswana, Burundi, Ghana, Kenya, Senegal, Sudan, and Togo) show that the percentage of women using modern contraceptives is consistently higher in the group that had discussed FP with their husbands in the year before the interview than in the group that had not (29).

In traditional rural areas of Ethiopia, men hold considerable influence over family dynamics, including the decision to use family planning. This study demonstrates that attitudes of husbands are extremely influential in family planning decision-making, possibly more influential than characteristics of the woman. Additional efforts are needed to engage men in programs related to reproductive health and health of the family (30).

The findings indicate that demographic factors such as education, religion, types of marital relationship, and exposure to mass-media education have significant effects on the participants'

increased knowledge, changing attitudes, and practices of family planning and reproductive decision-making (31).

There are marked differences in the contraceptive prevalence rate among currently married women by background characteristics. Contraceptive use is associated with the number of living children. It is highest among currently married women with one or two children 17% and lowest among women with no children 12% (32)..

The study done in North Gondar, Ethiopia, to assess the perceptions and practices of 832 men on family planning indicated that (61%) of men knew at least one method of family planning (FP) and 64.3% of them approved the use of FP. Involvement of couples on the choice of family planning methods and desired number of children in the family was approved by 58.3% of men. Only 23.9% of married men have discussed family planning with their wives. Only 39.3% of current non-users of FP are planning to use FP in the future. Educational status was positively associated with higher awareness, favorable attitude and practice of family planning ( $p < 0.00001$ )(33).

Results from Jordan shows virtually all men (98%) had heard of birth spacing, but only 40% could correctly define the term. About two-thirds of respondents knew of male contraceptives, but a similar proportion did not know where to get information about them. Some 86% believed that men are as responsible as women for preventing pregnancies, and 52% thought that men's contraceptive use would rise if male-oriented services were available. Attitudes toward birth spacing and contraceptive use were more positive among men with at least a secondary education and among those with a higher income than among their less-educated and less well-off counterparts (34).

The role of men in making family planning decision is becoming significant especially in sub-Saharan Africa. A number of surveys carried out suggest that husbands are actively involved in making family planning decisions. In Sudan, most family decisions are made by men including decision on family planning. However, most men reported large family, as ideal and only small proportion prefer small family size. About 80% have the opinion that limiting family size is against their religion. However in terms of knowledge, 94% of men have knowledge of family planning methods. The familiar methods include pills, injections and rhythm, with 91% of men indicating willingness to approve contraceptive use of the health of the women will be endangered by frequent pregnancy (35, 36).

In a study conducted in Tanzania on factors affecting vasectomy acceptability, reasons for wanting to limit family size, having enough or too many children was a frequently mentioned motivation for undergoing vasectomy. The primary reasons provided for wanting to limit family size were economic hardship and concern for the health and well-being of spouses. A study conducted in Brazil has demonstrated that a segment of Brazilian men will accept responsibility for contraception and sterilization if an appropriate specialized program is available (37, 38).

The findings from Nigeria reveal that men's level of contraceptive knowledge is high in the study areas. About 90% knew at least one method of family planning. Furthermore, the level of contraceptive use among married men is such that men could participate in family planning activities if there were adequate programmes to involve them. Men in the sample areas were found not only to support their spouses' use of contraceptives, but were actually using condoms to delay or prevent pregnancy (39).

The result from study in developing countries found, men and women in these countries desire fairly large families; however, husbands tend to want more children than their wives and to want the next child sooner. The proportion of couples in which partners' ideal family size differs by two children or more ranges from 30% (in Bangladesh) to 72% (in Niger). In most couples, either both spouses want more children or both want no more, but in 10-26%, their desires differ. Modern method use is low in most of these countries, but husbands are more likely than their wives to report such use. Combining each spouse's fertility intentions into a couple analysis, while controlling for their demographic characteristics, significantly predicts modern method use in nine of 14 countries for which data are available; in six of these countries, the wife's fertility preference has a greater impact than the husband's (40).

Men's attitude towards contraceptive use exerts an important influence on their partner's attitude and eventual adoption of a method. In the 2005 Ethiopian Demographic and Health Survey (EDHS), nearly 15% of men who know about contraception think that contraception is women's business and that it does not concern them. A similar proportion of men also believe that women should be the ones to get sterilized, as they are the ones who get pregnant. Thirteen percent of men believe that women who use contraception may become promiscuous. Misconceptions about contraceptive use are relatively more

widespread among men with little or no education and men residing in rural areas. Men in Oromiya are most likely to believe that using contraception might make a woman promiscuous (41).

The study done in Kenya concludes, discussion with the partner about family planning (FP) was reported in 82% of couples. However, only 67% of wives and 75% of husbands correctly predicted their spouse's approval of family planning. Knowledge and approval of family planning, husband-wife communication, desire for more children and ideal family size are all significantly associated with current use (42).

Study from El Salvador reported that a quarter of the pregnancies had been unintended from the men's perspective, 13% had been mistimed and 11% had been unwanted. Almost half (46%) of unintended pregnancies had been conceived when the father was trying to avoid pregnancy. However, 36% of men reporting an intended pregnancy said they had been happy when they found out about it. For 20% of all pregnancies, men perceived that their partner's pregnancy intentions differed from their own (43). Studies from several nations has shown that reproductive health programs are likely to be more effective for women when men are actively involved (44).

Available studies showed that in many developing countries, males often dominate in taking important decisions in the family including reproduction, family size and contraceptive use. Male involvement not only helps in accepting a contraceptive, but also in its effective use and continuation. On the other hand, even if the wife wants to use contraceptive, she may not be able to use it or may be forced to discontinue the method, if the husband disapproves of contraception (45).

About 88% and 78% of men and women in Nigeria respectively have indicated that the views of men are more influential in family planning decision-making. This is because men make reproductive decisions, decide whether or not to have sexual intercourse, decide in the duration of abstinence to some degree and make the choice about the contraceptive method the wife is to use (46).

A study done in India found that, forty-three percent of all men (n = 51) reported that they or their wives were using some kind of family planning, this represented 73% of the married men; only one unmarried man was using contraception (condoms). Over half of the men stated that their wives are responsible for family planning; they are using the oral contraceptive pill, have an intrauterine device or had sterilization. Eight men were using condoms, and one man had had a vasectomy. The main

reason given for not using family planning was being unmarried. Two men reported a lack of knowledge of family planning, two men had religious objections and five men said that they wanted children (47).

According to study from Nigeria, all the men were aware of family planning and 60.9% are currently using a form of contraception with their spouse. Reasons for non-contraceptive use by 39.1% of the respondents include; family size not yet complete, religious opposition, afraid of contraceptive failure, still searching for a male sex. Christianity and education were significantly associated with contraceptive use and knowledge (48).

The study carried out in Kayseri, Turkey, in order to determine the attitudes and behavior of married men concerning family planning found that, 91.9% of men approved of family planning, but only 54.4% actually used any contraceptive methods; 66.7% of the men said that the decision should be a joint one, 66.4% wanted to limit their family size. Approximately one fourth of the men had never heard of voluntary sterilization. No one in the study group was aware of the mini-pill, diaphragm or Norplant. In the study group, 26.8% of the men did not want their wives to use intrauterine devices and 31.7% of them did not agree with women using the contraceptive pills. Among those unwilling to use a condom (46.3%), 70.1% stated that it might interrupt intercourse. If a contraceptive pill for males could be used, 25.2% of members of the group would be prepared to use it. Only 17.5% men in the study group had contacted a doctor or a health foundation to obtain information. The main sources of family planning information were TV/radio, followed by friends and newspapers/magazines. In order to encourage men's involvement in family planning, the use of mass media and continual training programs, to try to reach both men and women, could be very useful (49).

Study from Nepal indicated, Twenty-four percent of men who wanted no more children were not using any contraceptive method at the time of the survey, 30% reported that their wives were sterilized, 12% had had a vasectomy, 7% were using condoms and 27% used other temporary methods. The probability of relying on permanent methods was highest among men who had at least two living sons and lowest among those who had only daughters, while the probability of using no method was highest among those who had only daughters (50).

A study among married men about their contraceptive use and fertility preference in southern Ethiopia revealed that over two third of the men involved in the study claimed that they have discussed using family planning method with their spouse and over half reported joint decision making process. The study also revealed that majority of the men have supportive attitude towards contraceptive use (51).The study by Haile and Enqueselassie indicated couples openly discussing about family planning are more likely to be current users (52).

The study from Australia indicated that, although the wife's education level was associated with the type of method used by the couple, the husband's education level had more influence on the use of male sterilization and condoms. For example, men with any secondary or higher education were more likely than those with none to rely on either of these methods. Furthermore, couples in which the husband had at least six more years of education than the wife also showed increased reliance on male sterilization or condoms (53).

Nigerian community based reaserch showed, high level of formal education and duration of marriage (10 years and longer) were predictive of current use of a FP method while having fewer than 5 surviving children negatively affected the use of FP methods. Current users of any family planning method were likely to be men with high formal education and with two or more surviving female children (54).

Family planning services in Ethiopia are considerably affected by several socioeconomic factors such as, religion and tradition, the position of women on decisionmaking in the society, cultural values and others. Women's position in the family, economic affairs and public life can affect their access to family planning services (24).

These factors need be modified; appropriate family planning service targets need to be couple centered. Studies, however, have been focused on women and also services have been for them with exclusion of males. Bringing both together is of great importance for effectiveness of the program. Before launching service factors that affect married couples, participation in implementation of family planning should be studied.

This study will, therefore, attempt to identify factors that affect family planning methods use by couple at rural community of Jeldu Woreda, West Shoa Zone, Ethiopia. There is no previous studies on family planning issues available in the area.

## **Objectives of the study**

### **2.1 General objective**

- To assess the role of currently married men on family planning in rural communities of Jeldu Woreda, West Shewa Zone.

### **2.2 Specific Objectives**

1. To determine the knowledge of married men on family planning
2. To identify the roles and attitude of married men towards family planning use in Jeldu woreda.
3. To identify factors that influence use of family planning methods and measure the magnitude of contraception among married men.

## **Methods and Materials**

### **3.1 Study Area and Period**

The study was conducted in Jeldu Woreda which is located about 113 km west of Addis Ababa in Oromia regional state, Ethiopia. It is one of the 21 Woreda's found in the western Shewa zone. The Woreda is divided into 41 kebeles; three urban and 38 rural. The Woreda's total population is 202,655 according to the 2007 Ethiopian Census and has a total area of 1,329.22 square km having the population density of 160.2 persons per square km. Regarding health institution, the Woreda has three health centers, two clinics and 38 primary health care units each of them have 2 health extension workers. According to the woreda health bureau reports of 2001, the people who use contraception were 18.41% mainly injectable type of family planning method. It has three climatic zones known as Kolla, Dega and Waiynadega. The study was conducted from March to April 2010 in rural Kebeles of Jeldu Woreda.

### **3.2 Study Design**

This study used quantitative data collection method in the form of community based cross-sectional study design.

### **3.3 Population**

#### ***3.3.1 Source population:***

The source populations of the study were all married men living in rural communities of Jeldu Woreda.

#### ***3.3.2 Study population:***

The study populations comprise of those currently married men in the age group of 15-59 and live in the area for at least one year.

The sample population for the study was drawn from all currently married men residing in those kebeles with the following eligibility criteria:

### **Inclusion criteria**

- Men who are currently married and whose wives are in fertile age group ( 15-49 years)
- Permanent residents of the area and lived in the area at least 1 year.

The rationale for one year cut off is that a non-marital, short-term relationship is less likely to initiate the long-term issues for negotiation concerning family formation and family planning.

### **Exclusive criteria**

- Separated, divorced or widowed men
- Non-regular residents of the study area
- Men who are mentally unstable

## **3.4 Sampling Procedure and Sample Size Determination**

### **3.4.1 Sampling procedure**

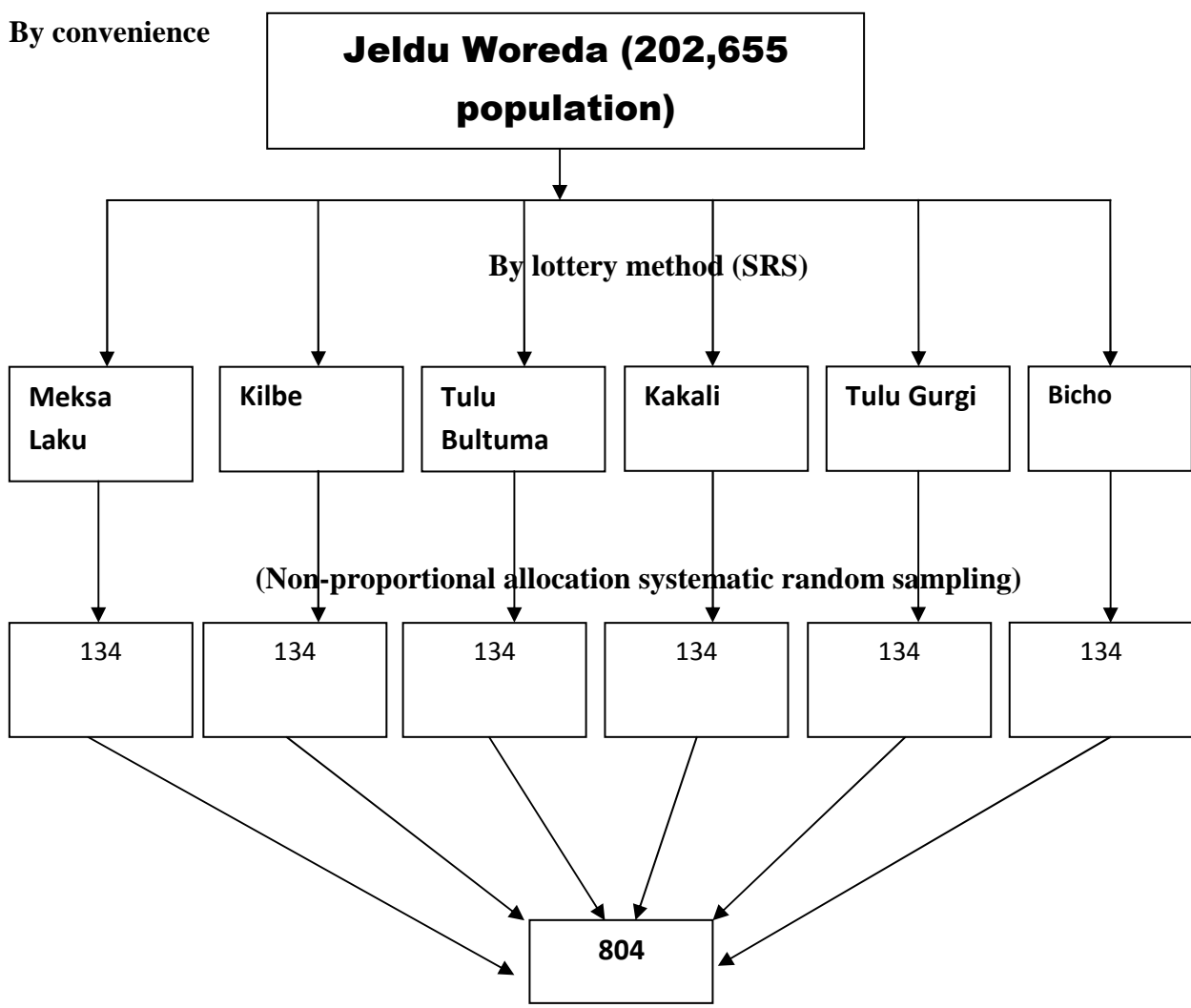
Six rural kebeles, out of 38, were selected through simple random sampling method namely: Meksa Laku, Kilbe, Tulu Bultuma, Kakali, Tulu Gurgi, and Bicho.

The study unit was conventional households within selected Kebeles with the assumption that each housing unit would have one conventional household and a married man in each household. Households within chosen kebeles were selected using systematic random sampling procedure.

Since there was no sampling frame and preparing new sampling frame was beyond the logistics available for this study, systematic selection of the households was done as follows. A kebele manager, who knows the selected Kebele very well, was recruited from each selected Kebele. The border at entrance of the Kebele by the road from Gojo town was used as starting point for the random selection of the housing units. The number of intervals from one housing unit to another housing unit was identified by dividing the total number of housing units in the Kebele to the allocated sample size.

A fixed amount of households (134) were chosen from each of the six kebeles included in this study. This is because according to the current governmental administrative structure, each kebele has one thousand households.

Using the field guides, from the border identified the nearby houses were counted in serpentine fashion until the number of households in one interval are attained. Out of the household counted within the interval, one household was selected by lottery method. That identified household was used as the first household for the study. All subsequent households were identified by adding the interval to the number of house selected prior to this selected household. A household number will be written at the doors of each selected house using a colored chalk.



**Fig 1: Schematic Presentation of the Sampling Procedure**

### 3.4.2 Sample size determination

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

- Prevalence of 50% was taken since family planning utilization by men in the area is not known.
- 95% confidence level, ( $\alpha= 0.05$ ).
- The degree of precision to be 5%.
- Design effect of 2.
- 5% non-response rate

The formula used for calculating the sample was

$$n = \frac{(Z_{\alpha/2})^2 p(1-p)}{d^2}$$

**Where:**

**n**=the desired sample size

**p**=proportion of married men assumed to be the contraceptive user (50%).

**Z<sub>α/2</sub>**= critical value at 95% confidence level of certainty (1.96)

**d**= the margin error between the sample and the population =5%

Using the above formula, the desired sample size is **384**. Considering design effect of 2 and 5% non response rate, the total sample size calculated for the study is **806** married men.

## **3.5 Study Variables**

### **3.5.1 Independent**

- Demographic characteristics(current age of men, number of living children, religion, education)
- Social characteristics(occupation)
- Program methods(knowledge of any method, source of supply, and knowledge of source of condom availability)
- Wives status(current age of wives, husband-wife communication)
- Attitudinal variables(approval of family planning, the desire for children)

### **3.5.2 Dependent/outcome variable**

- Current use of family planning by men

## **3.6 Data Collection and its instrument**

Pre-tested structured household questionnaires were used for data collection by trained 12th grade complete data collectors. The interviewers were fluent in speaking the local Oromiffa language. The questionnaire was originally prepared in English and its final version was translated into Oromiffa, and then back translated to English to check consistency. Data collectors and supervisors were recruited from the community and received three day intensive training on the data collection instrument and its administration. The questionnaire included sections on socio-demographic characteristics, reproductive history, and actual practice of contraceptive methods, knowledge and attitude towards contraceptive methods. The interview was made by house-to-house visit with strong supervision.

## **3.7 Data Quality Management**

The quality of data was controlled at different levels for completeness and consistency; first by data collectors at the end of each day, then by supervisors every day, then by the investigator, and finally during data entry. Supervisors were re-interviewing at least 5% of study participant. Enumerators were advised to see whether each question is completed and completed correctly before leaving the house. The investigator undertook a computer data entry, cleaning and edition.

### **3.8 Data Processing and Analysis**

The EPI INFO version 3.3 software package was used for data entry. Data analysis was done using SPSS version 15. The collected data were cleaned for completeness and consistencies. Responses in each question were coded for simplicity of data entry and a data entry template was prepared based on the questionnaire. Appropriate check programs was done to check consistency.

Generally, the data collected were analyzed at three levels and each level required different analytic procedures. The first level involved an examination of the distribution of the respondents according to each of the selected characteristics. The second level involved the examination of the patterns of association between the dependent and selected independent variables. At the third level, multivariate analyses were employed to examine the interrelationships between all selected independent variables and contraceptive use. Logistic regression models were employed to assess the association between some selected background and reproductive variables like age at marriage, number of currently living children and educational attainment, etc. and contraceptive use. Contraceptive use has a value of 1 if men reported use thus, indicating that couples recognize they are adopting a method for the purpose of delaying or preventing pregnancy and zero (0) if none of them reported use at the time of the survey. The results of the logistic regression models are presented in odds ratio with 95% confidence interval. The reference category of each measured independent variable has a value of one and the values for other categories are compared to that of the reference category. A value less than 1 implies that individuals in that category have a lower probability of reporting current use of contraceptives than individuals in the reference category. On the other hand a value greater than 1 implies that individual in that category have a higher probability of using contraceptives as compared to people in the reference category.

### **3.9 Operational Definition**

**Current use of contraception;** those respondents who were using contraception once during the period of data collection

**Involvement of men;** participating in family planning decision making, utilization of family planning by men themselves, and supporting wives to use contraception.

**Kebele:** Is the smallest administrative unit under governmental administrative structure.

**Woreda:** Is governmental administrative unit that includes different range of Kebeles.

### **3.10 Ethical Considerations**

Ethical clearance was obtained from AAU, Medical Faculty. Letters were written to Jeldu Woreda administration and other concerned bodies to obtain permission and cooperation for data collection. Study participants have been briefed about the objectives of the study, confidentiality of their responses and the importance of providing the right information. Informed verbal consent was secured from the study subjects to participate in the study. Participation was voluntary and they can withdraw from the study at any time without explanation and without penalty or loss of benefit. The names of study participants have never been written on questionnaires used for this study. Study participants were given an education on FP use and the advantage and disadvantage of each method after the interview was completed. Participants were told that, this study never had any harm to them except for the possible lapse of time by study participants which was compensated by production of valuable data for evidence based decision making.

### **3.11 Dissemination and Benefits of the Finding**

The result of the study was submitted to the school of public health as thesis defense for (AAU) as a partial fulfillment of MPH, Jeldu Woreda health office and other responsible bodies. Findings were disseminated in different seminars, meetings, conferences and workshops. Moreover, the findings of the study would be published and disseminated through different journals and scientific publications.

## Results

Respondents seem to vary by different socio-economic characteristics. All of the 804 men were willing to be interviewed which led to a response rate of 100%. Nearly half (46.5%) of the respondents were aged 31-45 years with the mean age of 38 years. Almost all (98.3%) of the respondents were Oromo by ethnicity and majority of them were Orthodox Christian (49.1%) followed by protestant (40.0%). Most (66.2%) of the respondent had attended at least primary level of education. Regarding their occupation the majority of respondents (88.3%) were farmers (Table-1).

**Table-1** Socio-demographic characteristics of currently married men in rural communities of Jeldu Woreda, West Shoa Zone, Oromia region, Ethiopia, June 2010.

Variables	Frequency	Percent
<b>Age/year</b>	<b>N=804</b>	
15-30	239	29.7
31-45	374	46.5
46-59	191	23.8
Mean±	38±9.8	
<b>Ethnicity</b>	<b>N=804</b>	
Oromo	790	98.3
Amhara	14	1.7
<b>Religion</b>	<b>N=804</b>	
Protestant	322	40
Orthodox	395	49.1
Wakefata	62	7.7
Others	25	3.1
<b>Educational status</b>	<b>N=804</b>	
Illiterate	272	33.8
Primary	470	58.5
Secondary and above	62	7.7
<b>Occupation</b>	<b>N=804</b>	
Farmer	710	88.3
Merchant	47	5.8
Government employee	9	1.1
Unemployed	9	1.1
Farmer and merchant	29	3.6

Respondents revealed different level in different reproductive health characteristics. About half (48.8%) of the respondents had their first marriage in the age group of 20-24 with the median age of 20 and a quarter of them got married at early time between the age group of 15-19. Giving birth to a child is universal in this community, the majority (96.4%) have got live born child and half of the respondents had give birth to five or more children. Nearly two third (62.3%) of the respondents had five or more current living children. Moreover, more than two third of the respondents (67.7%) desired to have more than five children. Nearly (65%) of the respondents' wives gave birth in their home attended by untrained traditional birth attendants and only (13.8%) were gave birth at health institution.(Table 2)

**Table-2.** Reproductive health characteristics of currently married men in rural communities of Jeldu Woreda, West Shoa Zone, Oromia region, Ethiopia, June 2010.

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
<b>Age at first marriage(years)</b>	<b>N=804</b>	
15-19	123	15.3
20-24	392	48.8
25-29	194	24.1
>=30	95	11.8
<b>Median <math>\pm</math>S.D</b>	<b>20<math>\pm</math>4.3</b>	
<b>Did you ever have any live born child</b>	<b>N=804</b>	
Yes	775	96.4
No	29	3.6
<b>Number of children born to men</b>	<b>N=775</b>	
1-2	182	23.5
3-4	203	26.2
>=5	390	50.3
<b>Current living children</b>	<b>N=623</b>	
1-2	63	10.1
3-4	172	27.6
>=5	388	62.3
<b>Desired number of children</b>	<b>N=804</b>	
1-2	19	2.4
3-4	241	30
>=5	544	67.7
<b>Place of last child birth</b>	<b>N=775</b>	
Home by untrained attendant	503	64.9
Home by trained attendant	165	21.3
Health institutions	107	13.8

Correct knowledge of contraceptives among the men is a basic prerequisite for its effective use. Awareness of family planning is universal, i.e. (91.8%) of the respondents heard about family planning. However only 31.4% correctly defined it as “planning for pregnancies”, 23.4% mistakenly thought it means “limiting family size”, 2.4% said it means “using contraceptives to prevent pregnancy”. To better understand the level of knowledge of respondents, they were asked whether they were aware of specific family planning methods. 540(75.5%) mentioned pills, 692(93.5%) injectables, and 240(32.4%) condoms. Very small proportion of men were heard about Norplant (13.9%), rhythm method (12.4%), IUD (7.0%) and LAM (7.4%). Nearly half (40.5%) of men did not know that there is contraceptive for male and more than half (59.5%) know about presence of male contraceptive. Most men (88.5%) said condoms as male contraceptive methods and about (34.3%) of the respondents wrongly mentioned pills, injectables, norplants, LAM and rhythmic method as male contraceptive methods. Majority of the respondents (92.3%) know the place where to find family planning information. Concerning ideal time between two consecutive menstruation at which pregnancy will occur, more than half (52.4%) of respondents said pregnancy will occur within the days of 9-18 b/n two consecutive menstruation whereas (20.1%) said it occurs at less than 9 days, (10.6%) of them answered as greater than or equal to 19 and about (17%) do not know when it can occur (**Table-3**)

**Table-3.** Knowledge of currently married men about family planning in rural communities of Jeldu Woreda, West Shoa Zone, Oromia region, Ethiopia, June 2010.

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
<b>Ever heard about family planning</b>	<b>N=804</b>	
Yes	738	91.8
No	66	8.2
<b>What does it mean</b>	<b>n=738</b>	
Limiting family size	172	23.4
Using contraceptive to prevent pregnancy	18	2.4
Planning for pregnancies	232	31.4
All	316	42.8
<b>Knowledge of each method</b>	<b>n=738</b>	
Pills	559	75.5
Injectables	692	93.5
Condoms	240	32.4
Norplant	103	13.9
Rhythmic method	92	12.4
IUD	52	7
LAM	55	7.4
Withdrawal	59	8
Male sterilization	12	1.6
Female sterilization	21	2.8
Emergency contraceptives	3	0.4
<b>Do you know that there is a contraceptive for males</b>	<b>N=804</b>	
Yes	478	59.5
No	326	40.5
<b>Types of contraceptive for male</b>	<b>n=478</b>	
Pills	27	5.6
Injectables	50	10.5
Male sterilization	29	6.1
Condoms	423	88.5
Rhythmic method	64	13.4
Withdrawal	39	8.2
LAM	18	3.8
Norplants	5	1
<b>Do you know place where FP information provided</b>	<b>N=804</b>	
Yes	742	92.3
No	62	7.7
<b>Ideal time at which pregnancy will occur</b>	<b>N=804</b>	
Less than 9 days	162	20
From 9-18 days	421	52
Greater than or equal to 19 days	85	11
Do not know	136	17

Table-4 describes the attitudes of men toward family planning. Nearly all (95.3%), of men thought that family planning is important and a similar number (95.0) of them approved use of contraceptive by their wife. Most (86.9%) of them intend to use family planning in the future. Concerning the purpose of having fewer children, (64.1%) of the respondents said it is important for the health of children followed by for health of mother which was responded by (52.9%). Majority (82.1%) of the respondents thought injectable methods as safe to use where as the safety of pills to use were responded by (28.7%) (Fig.2).

**Table-4.** Attitude of currently married men toward family planning in rural communities of Jeldu Woreda, West Shoa Zone, Oromia region, Ethiopia, June 2010.

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
<b>Do you think family planning is important</b>	<b>N=804</b>	
Yes	766	95.3
No	38	4.7
<b>Approved use of contraception</b>	<b>N=804</b>	
Yes	764	95
No	40	5
<b>Intention to use family planning</b>	<b>N=804</b>	
Yes	699	86.9
No	87	10.8
Unsure	18	2.2
<b>Purpose of having fewer children or birth spacing</b>		
Important for mothers health	425	52.9
Childrens health	515	64.1
Increased cost to rear children	271	33.7
I do not know	21	2.6
<b>Contraceptives thought as safe to use</b>		
Injectables	586	82.1
Pills	205	28.7
Condoms	96	13.4
Rhythm method	50	7
Norplant	46	6.4
LAM	23	3.2
Withdrawal	22	3.1
IUD	12	1.7
Female sterilization	4	0.6
Male sterilization	3	0.4

According to the respondents, about (49.4%) were using at least one family planning methods currently with their wife and the rest (50.6%) were not using any method. Among those who use contraceptive methods currently, about (95%) were using the modern one and the rest of them (6.6%) were using traditional method. The most commonly currently used contraception (68.8%) is injectable followed by pills (18.3%). From these the share of men family planning methods accounts about (4.1%)(Table-5)

**Table-5.** Practice of family planning method by currently married men in rural communities of Jeldu Woreda, West Shoa Zone, Oromia region, Ethiopia, June, 2010.

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
<b>Current use of contraceptive methods</b>	<b>N=804</b>	
Yes	397	49.4
No	748	50.6
<b>Types of FP methods used currently</b>	<b>N=397</b>	
Pills	72	18.3
Injectables	171	68.8
Norplant	15	3.8
Condoms	16	4.1
Rhythm method	17	4.3
LAM	3	0.8
Withdrawal	6	1.5

Involvements of men on family planning are shown in Table 6. Concerning male involvement on family planning, about (68.4%) said they inform others to use family planning method in their life. A large proportion (83.9%) of the respondents said they did not oppose others to use family planning method. Majority of them (70.6%) were informed their own partner to use the contraceptive method. A large proportion of (81.2%) decision on utilization of family planning was made jointly by both husband and wife followed by husband only (14.1%). Nearly (54.4%) of the participant told us that they discussed about family planning with their sexual partner and (44.0%) of them were not made discussion with their partner about family planning. From those who ever made discussion about family planning, majority (71.2%) were made two or more times in the last six month.

**Table-6.** Male involvement on family planning among currently married men in rural communities of Jeldu Woreda, West Shoa Zone, Oromia region, Ethiopia, September 2009.

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
<b>Inform other to use family planning</b>	<b>N=804</b>	
Yes	550	68.4
No	243	30.2
I do not know	11	1.4
<b>Opposed others to use FP</b>	<b>N=804</b>	
Yes	130	16.1
No	674	83.9
<b>Informed your partner to use FP</b>	<b>N=804</b>	
Yes	568	70.6
No	236	29.4
<b>Decision made on the utilization of FP by</b>	<b>N=804</b>	
Husband	113	14.1
Wife	30	3.7
Husband and wife jointly	653	81.2
Mother or father of husband and/ or wife	8	1
<b>Discussed about FP with partner</b>	<b>N=804</b>	
Yes	437	54.4
No	354	44
Do not remember	13	1.6
<b>Frequency of discussion in last six month</b>	<b>N=437</b>	
None	67	15.3
Once	59	13.5
Twice	108	24.7
Three times	70	16
More than three times	133	30.5

An analysis of source of information on family planning revealed that about (43.6%) of the men had got information from health professionals, (17.3%) of them from radio and (39.1%) from both radio and health professionals. Majority of respondents (87.6%) were said health post is the place where to get contraceptive methods and about (40%) respond they got contraceptive from health center. Regarding reason not ever served at health institution, more than half (54.4%) of them give a reason due to lack of knowledge about FP followed by those who said lack of knowledge about the existence of the service.

**Table-7** Information accessibility related factors among currently married men in rural communities of Jeldu Woreda, West Shoa Zone, Oromia region, Ethiopia, June 2010.

<b>Variables</b>	<b>Frequency</b>	<b>Percent</b>
<b>What is your source of information</b>	<b>N=752</b>	
Radio	130	17.3
Health professionals	328	43.6
Radio and health professionals	294	39.1
<b>Knowledge of where to get contraceptive methods</b>	<b>N=742</b>	
Health post	650	87.6
Health center	296	39.9
Gov't Clinic	191	25.7
Hospital	119	16
Community based distributors	35	4.7
Drug vendur	28	3.8
Shop	20	2.7
<b>Reasons for not to be served at health care institution</b>	<b>N=432</b>	
Lack of knowledge about FP	235	54.4
Lack of knowledge about existence of the Service	118	27.3
Expectation that health worker may not be Friendly	6	1.4
Place where health institution found too far	6	1.4
Others	67	15.5

Bi-variate analysis was done to look at relationship between independent variables and dependent on to identify predictor variables. On this model of analysis, literate respondents were 1.65 times more likely to use contraception compared to the illiterate groups. There was significant relationship observed in this study between those who thought as FP is important and current contraceptive use (OR=3.31, 95% CI 1.545, 7.080). No difference was found among men's who desire more number of children and small number of children in current use of family planning (OR=0.49, 95% CI 0.191, 1.270). Having more than three living children was not statistically associated with current use of contraception in this study area (OR=0.77, 95% CI 0.452, 1.313). Those respondents who heard about family planning were 2.82 times current users of contraception than those who never heard about it. According to this survey, respondents who have an intension of using family planning in the future are 3.81 times more likely to be current users of contraception. Those married men who approved use of contraception to their partner were 2.97 times more likely to practice family planning than those who were not approved contraceptive use(OR=2.97 95% CI 1.427, 6.177). According to this study, men who made decision about family planning use in joint with their partner were associated with increased contraceptive use(OR=2.22, 95% CI 1.454, 3.377). Ever informing partner to use family planning was also related with increased current contraceptive use (OR=2.28, 95% CI 1.664, 3.120). Possession of radio and ever gone to health care institution were associated with current practice of family planning.(**Table 8**)

Table-8. Current joint use of family planning versus selected predictor variables in rural communities of Jeldu Woreda, West Shoa Zone, Oromia region, Ethiopia, June 2010.

Variables	Current joint use of FP		Crude OR(95% CI)
	Yes	No	
<b>Educational status</b>	N <sub>0</sub> (%)	N <sub>0</sub> (%)	
Illiterate	112(41.2)	160(58.8)	REF
Literate	285(53.6)	247(46.4)	1.65(1.227, 2.215)**
<b>Thought that FP is important</b>			
No	9(23.7)	29(76.3)	REF
Yes	388(50.7)	378(49.3)	3.31(1.545, 7.080)**
<b>Desired no of children</b>			
1-2	12(63.2)	7(36.8)	REF
3-4	136(56.4)	105(43.6)	0.76(0.287, 1.986)
>5	249(45.8)	295(54.2)	0.49(0.191, 1.270)
<b>No of currently living children</b>			
1-2	33(52.4)	30(47.6)	REF
3-4	100(58.1)	72(41.9)	1.26(0.707, 2.255)
>5	178(45.9)	210(54.1)	0.77(0.452, 1.313)
<b>Ever heard about FP</b>			
Yes	379(51.4)	359(48.6)	2.82(1.607, 4.932)**
No	18(27.3)	48(72.7)	REF
<b>Intension to use FP</b>			
Yes	372(53.2)	327(46.8)	3.811(2.263, 6.417)**
Unsure	5(27.8)	13(72.2)	1.288(0.410, 4.053)
No	20(23.0)	67(77.0)	REF
<b>Approval of FP use</b>			
Yes	364(54.2)	307(45.8)	2.97(1.427, 6.177)**
No	33(24.8)	100(75.2)	REF
<b>Decision made on use of FP by</b>			
Husband	37(32.7)	76(67.3)	REF
Wife	17(56.7)	13(43.35)	2.69(1.181, 6.111)**
Husband and wife jointly	343(51.9)	318(48.1)	2.22(1.454, 3.377)**
<b>Ever informed partner to use FP</b>			
Yes	314(55.3)	254(44.7)	2.28(1.664, 3.120)**
No	83(35.2)	153(64.8)	REF
<b>Do you have radio</b>			
Yes	292(53.8)	251(46.2)	1.73(1.280, 2.332)**
No	105(40.2)	156(59.8)	REF
<b>Ever gone to health institution</b>			
Yes	205(55.1)	167(44.9)	1.534(1.161, 2.028)**
No	192(44.4)	240(55.6)	REF

\*\* -Statistically significant association

After adjusting for confounding factors, three variables namely: knew at least one FP method, joint decision making on family planning matters and possession of radio were found to be statistically related to current family planning use. In the third model of analysis, men's knowledge of at least one method of family planning was statistically associated to increased current contraceptive use (OR=26.03, 95% CI 6.180, 109.624). Another important finding is that, current use of FP was seen to be higher in those married men who made decision with their wife than who decide on this issues alone (OR=2.66, 95% CI 1.038, 6.536). (Table-9)

Table-9. Current joint use of family planning versus selected predictor variables in rural communities of Jeldu Woreda, West Shoa Zone, Oromia region, Ethiopia, June 2010

Variables	Current joint use of FP		Adjusted OR(95%CI)
	Yes	No	
<b>Educational status</b>	No(%)	No(%)	
Illiterate	112(41.2)	160(58.8)	REF
Literate	285(53.6)	247(46.4)	1.19(0.854, 1.652)
<b>Thought that FP is important</b>			
No	9(23.7)	29(76.3)	REF
Yes	388(50.7)	378(49.3)	0.61(0.229, 1.619)
<b>Ever heard about FP</b>			
Yes	379(51.4)	359(48.6)	26.03(6.180, 109.624)*
No	18(27.3)	48(72.7)	REF
<b>Intension to use FP</b>			
Yes	372(53.2)	327(46.8)	1.59(0.720, 3.530)
Unsure	5(27.8)	13(72.2)	0.96(0.283, 3.269)
No	20(23.0)	67(77.0)	REF
<b>Approval of FP use</b>			
Yes	364(54.2)	307(45.8)	1.31(0.665, 2.590)
No	33(24.8)	100(75.2)	REF
<b>Decision made on use of FP by</b>			
Husband	37(32.7)	76(67.3)	REF
Wife	17(56.7)	13(43.35)	1.66(1.046, 2.634)*
Husband and wife jointly	343(51.9)	318(48.1)	2.66(1.038, 6.536)*
<b>Ever informed partner to use FP</b>			
Yes	314(55.3)	254(44.7)	1.45(0.990, 2.121)
No	83(35.2)	153(64.8)	REF
<b>Do you have radio</b>			
Yes	292(53.8)	251(46.2)	1.46(1.045, 2.038)*
No	105(40.2)	156(59.8)	REF
<b>Ever gone to health institution</b>			
Yes	205(55.1)	167(44.9)	0.923(0.667, 1.277)
No	192(44.4)	240(55.6)	REF

## Discussion and Conclusion

An attempt has been made in this study to understand the level of knowledge, attitude, practice and factors determining use of FP methods among married men in rural community of Jeldu woreda. The main predictors of current contraceptive use, based on the study results, are: educational status, ever heard about family planning, possession of radio, approval of family planning use, joint decision making on use of family planning, intention to use FP and informing partner to use contraception.

The association between contraceptive use and increased awareness about family planning is fairly consistent with the literature (42, 47 ), but the result is far greater compared to study result from North Gonder (33), which could be explained by the establishment of health extension package that may be considered as an input for increased men knowledge on contraceptive method.

The study also indicates that the participants demonstrated a remarkable willingness to use a family planning method in the future. This could be due to their exposure to local family planning services and health education programs provided by the health extension worker in the study area. However in practice, not all of positive intentions can translate into action. Hence planners should be cautious about people's intentions for future use of a family planning method. Anyhow the result is consistent with studies mentioned in the literature (30, 41, 51 ). The implication of this is that; contrary to popular belief many men are interested in the issue of family planning.

In contrary to study result from Iran on urban male, possession of radio was significantly associated with increased current family planning use in the study area (26). The discrepancy may be that since in rural community the accessibility of other mass media is very low, they use radio more frequently than urban populations. But other studies from Turkey and Nepal found similar association with this study (31,49). Radio is a very effective tool to inform men about contraception throughout rural agricultural community like Jeldu woreda and well informed men can use a method themselves or support their partners in using a method (28).

Another important finding is that current contraceptive use was statistically associated with husband wife joint decision making and wife decision making alone on the use of family planning. Even though findings from developing countries indicate men are dominant in decision making regarding reproductive health including family planning use, this study shows that large proportion of men made

decision on contraceptive use with their wife which could be explained by increased spousal communication six months prior to the study. The finding that joint-decision making was an important explanatory variable in current contraceptive use shows that men have a role in the adoption of contraception which is congruent with studies from different nations (44, 45, 46, 49, 51, and 52).

Like in other studies, findings from this study confirm that men's approval of family planning use play a significant role in couple's current contraceptive use (41, 49 and 51). Informing partner to use family planning was also found to be significant predictor of current use of contraception.

About (49.4%) of the participants in the study community reported that they and their wives were using at least one kind of family planning. This result is far greater than the result from nation-wide survey done in 2005. This discrepancy could be explained by the increased educational status of respondents compared to the previous survey and the establishment of HEP going underway. But the result is congruent to studies done in India and Nigera (47, 48).

The educational status of married men in the community can be considered to be average since most (66.2%) of them had at least attended primary school. Being literate has a positive effect on family planning behavior of men since such men usually desire small family sizes. On binary logistic regression analysis those men's who attend at least primary schools are current users of family planning than the illiterate one. This study is comparable with finding from Australia, Jordan and Nigeria (34,53, 54,48).

In contrary to other studies (27, 54), no significant association was observed between current living children and contraceptive use. This could be reasoned as for one thing in rural community many childrens were needed for their cheap labour and another is men who had more number of children was given respect from the community.

Large proportion of the respondents were engaged in skilled manual work (farming) and men who farm or engaged in work requiring manual labour usually desire many children, as these groups constitute a ready and cheap source of labour (2). Delivery at health institution have multiple advantage among which is obtaining information about birth spacing is one. But in the study community majority of the men's wives gave birth in their home attended by untrained traditional birth attendants which may predispose child for death and lead couples to have another pregnancy.

About half of the respondents were married between the age groups of 20-24 which gives them long time to have large number of children and actually this was demonstrated in practice because more than half of the respondents have current living children of more than five. This result was comparable with studies done in sub-saharan Africa (40)

In conclusion, knowledge of contraceptive method, joint decision making, and possession of radio, were identified as key factors determining contraceptive use among married men in the study areas. This study found that most men have knowledge and favorable attitude towards family planning, majority encourages their wives to use family planning method and most of them are in need of family planning methods use in future. The author concluded that men are showing keen interest in reproductive health matters and are also involved in family planning programs.

## **RECOMMENDATION**

The following recommendations are made based up on this study;

1. Men should be used as agent for family planning service promotion; this study showed that when husbands inform their wives to use contraception the couples tend to use .This finding may invite the service provider to use men partner in promoting family planning use by their wives other than excluding men and targeting only women.
2. To promote male involvement, family planning service providers has to make a deliberate effort to educate the male and provide appropriate methods more freely.
3. Women clients need to be encouraged to bring their partners for family planning session and discussions in order to enhance communication between them.
4. Further reaserch is needed to understand why couples with large number of current living children are not using contraception in order to design intervensions that will address this issue.

### **Limitation of the study**

A limitation of this study is that men were interviewed on issues related to birth spacing and contraceptives without their wives' are being interviewed as well. A further limitation is that, as with all cross-sectional surveys, this study is not free from response and recall biases. Finally, non use of qualitative type of study design could be another limitation.

### **Strengths of the study**

- One quality of this study is that it addresses the rural community family planning concern where many researchers did not reach for many reasons.
- Using large number of sample size is also mentioned as strength.

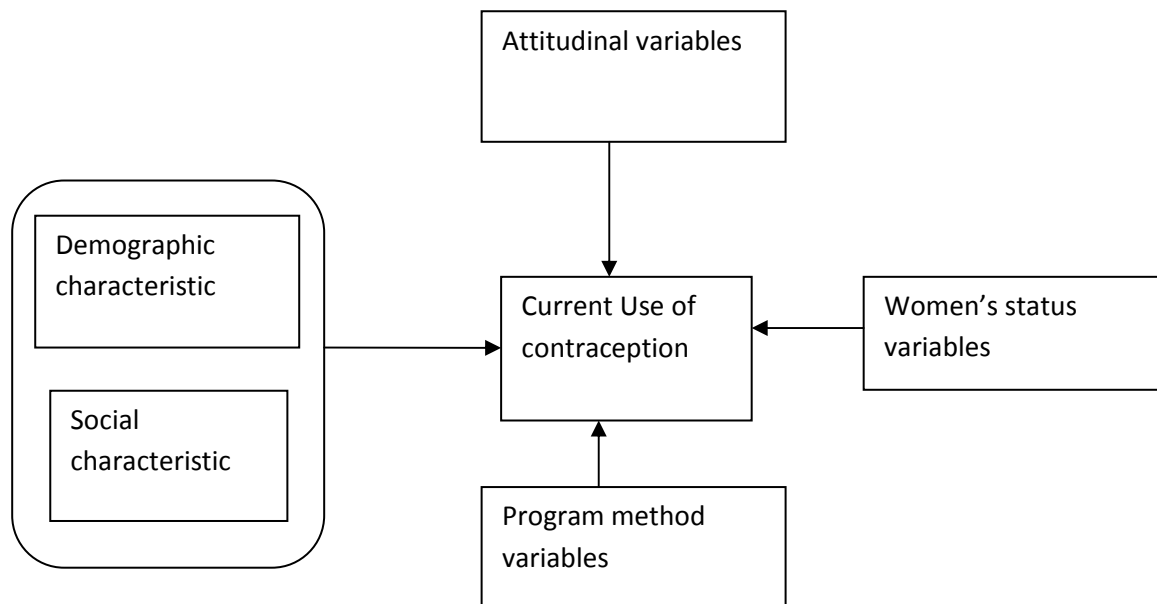
## Annex I. Conceptual Framework

A conceptual framework developed to study the relationship of the social, demographic, attitudinal, and program method variables to the contraceptive use behavior is depicted in Figure 1. Among the demographic and social characteristics, current age of men and women, number of living children, religion, and education are considered as exogenous variables affecting contraceptive use.

There are certain variables which determine men's attitudes, which in turn are likely to influence men's contraceptive use behavior and need to be included in the framework of analysis. These attitudinal variables are the approval of family planning and the desire for children.

Women's status is also critical in affecting the contraceptive use behavior. In this regard, selected variables such as women's mobility, age difference between husband and wife, and husband-wife communication are likely to play an important role in the decision to use contraceptives. In addition, program variables such as knowledge of any method, source of supply, and knowledge of sources of condom availability are expected to have a direct relationship with the use of family planning methods. All these variables are expected to have an independent direct relationship to the use of contraception.

**Fig.1. Conceptual Framework of role of men in family planning**



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## **Annex III. Questionnaire**

### **The Data Collection Instrument, English Version**

ID.No. \_\_\_\_\_ Vist 1. \_\_\_ 2. \_\_\_

#### **Addis Ababa University Faculty of Medicine, Department Of Public Health**

Survey questionnaire to assess the role of currently married men in family planning in rural communities of Jeldu Woreda, West Shoa Zone, Ethiopia

#### **Participant's Information Sheet**

##### **1. Title of the study**

Assessment of Men Involvement on Family Planning In Rural Communities Of Jeldu Woreda, West Shoa Zone, Oromia Region, Ethiopia

##### **2. Invitation**

I would like to invite you to take part in a research study. Before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Ask questions if anything you read is not clear or would like more information. Take time to decide whether or not to take part.

##### **3. Purpose of the study**

The fact on which factors are very determinant in blocking men to be involved in family planning utilization and support are not known clearly particularly in the study area. Therefore, this study will try to identify such hindering factors on male role in family planning which may help program designers as a source to set appropriate intervention strategies in order to fill the gap in utilization of contraception between males and females.

##### **4. Benefits of study to participants**

Study participants will be given an education on family planning use and the advantage and disadvantage of each method after the interview is completed.

## **5. Harm to study participant**

This study will never have any harm except for the possible loss of time by study participants which will be compensated by production of valuable data for evidence based policy decision making by policy makers and health program managers.

## **6. Taking part in the study is entirely voluntary**

It is up to you to decide. I will describe the study and go through the information sheet, which I will give to you. I will then ask you to sign a consent form to show you agreed to take part. You are free to withdraw at any time, without giving a reason.

## **7. Length of participation in the study**

The interview will take a maximum of one hour and will be visited once except in case of incompleteness of questionnaires where additional visit may be made.

## **8. What the participants have to do?**

The participants are expected to provide genuine information according to the questions.

## **9. Confidentiality**

All information which is collected about you during the course of the research will be kept strictly confidential.

## **10. Further information and contact details**

If you have a concern about any aspect of this study, you should ask to speak to the researcher who will do his best to answer your question with the following address:

- Fufa Daba
- E-mail address: [dabafufa@yahoo.com](mailto:dabafufa@yahoo.com)
- Mobile phone number: 0911559780
- Addis ababa

If you remain unhappy and wish to complain formally you can do this through the following address:

- IRB
- E-mail address: [aaumfirb@yahoo.com](mailto:aaumfirb@yahoo.com)
- Phone number: **0115538734**

### **Participant Consent Form**

Mr. Fufa Daba is doing a research as partial fulfillment for the requirement of Masters in Public Health at Addis Ababa University, Department of Public Health. I have been informed that they are interviewing married men to know roles of men involvement on family planning in rural communities of Jeldu Woreda, West Shoa Zone, Oromia region.

I have read the information sheet pertaining to this research project and I have had any questions answered to my satisfaction. I understand the nature of the research and my role in it. I further understand that I am free to withdraw at any time without penalty or consequence. If I have any concern pertaining to the study I can contact principal investigator by 0911559780 or [dabafufa@yahoo.com](mailto:dabafufa@yahoo.com) and if I remain unhappy and wish to complain formally I can do this through the following address:

- IRB
- E-mail address: [aaumfirb@yahoo.com](mailto:aaumfirb@yahoo.com)
- Phone number: **0115538734**

I hereby agree to be involved in the above-mentioned study as a participant.

Signature of study Participant: \_\_\_\_\_

Name and Signature of the data collector who sought the consent \_\_\_\_\_

Date of interview \_\_\_\_\_

Name and signature of the supervisor \_\_\_\_\_

## ለተሳታፊዎች መረጃ የመስጫ ቅጽ

### 1. የጥናቱ ርዕስ

ወንዶች ባቤተሰብ ምጣኔ ላይ ያላቸውን ተሳትፎ ላማወቅ በአሮሚያ ክልል ምዕራብ ሸዋ ዞን ጃልዱ ወረደ የገጠሩ ህብረተሰብ ላይ የሚደረግ የአሰሳ ጥናት

### 2. የተሳትፎ ግብዥ

በዚህ ጥናት ላይ እንዲሳተፉ በአክብሮት እጠይቃለሁ። በዚህ ጥናት ላይ ለመሳተፍ ከመወሰንዎ በፍትህ ጥናቱ ለምን እንደምሳራ እና የእርሶ ድርሻ በዚህ ጥናት ውስጥ ምን እንደሆነ በትክክል መረዳት አለበዎት። እባክዎ ጊዜ ወስዶ ከዚህ ቀጥሎ ያሉትን መረጃዎች ያንብቡ። ግልጽ ያልሆነ ሐሳብ ካለ ወይም ተጨማሪ መረጃ ከፈለጉ መጠየቅ ይቻላል ተጨማሪ ጊዜ ወስዶ በጥናቱ ላይ ለመሳተፍ አስቦ ይወስኑ

### 3. የጥናቱ ጥቅም

በአሁኑ ወቅት ወንዶች በቤተሰብ ምጣኔ ላይ ያላቸው ተሳትፎ ወይም ድጋፍ አነስተኛ ነው። ለዚህ ጉዳይ መንስኤዎቹ በወል አይታወቁም በተለይ ጥናቱ በሚካሄድበት አካባቢ በመሆኑም ይህ ጥናት እነዚህን መንስኤዎች ለይቶ በማወቅ ለፕሮግራም አውጭዎች ከፍተኛ አስተዋጽኦ ያበረክታል

### 4. ጥናቱ ለተሳታፊዎች ያለው ትርፍ

ለእያንዳንዱ የጥናቱ ተሳታፊ ከወይይቱ በኋላ በቤተሰብ ምጣኔ አጠቃቀም ላይ እንዲሁም ጥቅሙ እና ሊከሰቱ በሚችሉት የጎንዮሽ ጉዳዮች ላይ ትምህርት ይሰጣል

### 5. ጥናቱ በተሳታፊዎች ላይ የሚያስከትለው ጉዳት

ይህ ጥናት በተሳታፊዎች ላይ የሥራ ሳኝነትን ከመሻማት በስተቀር ምንም ዓይነት ጉዳት የማያስከትል መሆኑን እና ይልቁንም ለፖሊሲ አውጪዎች ቁምነገር ያለው መረጃን ለማመንጨት ከፍተኛ ድርሻ አለው

### 6. በጥናቱ መሳተፍ ሙሉ በሙሉ በፍቃደኝነት ላይ የተመሠረተ ነው

በጥናቱ ላይ መሳተፍ ወይም አለመሳተፍ ያንተ ወሳኔ ነው። እኔ ስለ ጥናቱ እገልጽልሃለሁ። አንተም የምሰጥህን የመረጃ መስጫ ቅጽ በጥልቅ ታነበዋለህ ከዚያ በኋላ በጥናቱ ላይ ለመሳተፍ መስማማትህን በፍርማ የሚታረጋግጥበት ፎርም ተሰጥቶ ፍርማህን እንዲታኖር

እጠይቃለሁ ያለምንም ቅድመ ሁኔታ በማንኛውም ጊዜ ከጥናቱ እራስህን የማግለል ሙሉ መብት አለህ

**7. በጥናቱ ሲሳተፉ የሚወስደዉ ጊዜ**

ከጥናቱ ተሳታፊ ጋር የሚደረገዉ ወይይት የሚወስደዉ ጊዜ ቢበዛ አንድ ሰዓት ሲሆን ተሳታፊዉ አንድ ጊዜ ይጎበኛል ነገር ግን መጠይቆቹ ሙሉ ካልሆኑ ድጋሜ ጉብኝት ሊኖር ይችላል

**8. ከተሳታፊዉ የሚጠበቀዉ ምንድ ነዉ**

ተሳታፊዉ በሚቀርብለት ጥያቄ መሠረት እዉነተኛ መረጃ መስጠት ተገቢ ይሆናል

**9. ምስጥር መጠበቅ**

ለጥናቱ ተብሎ ከእርሰዎ የሚሰበሰብ ማንኛውም መረጃ ምስጥራዊነቱ ሙሉ በሙሉ የተጠበቀ ነዉ

**10. ተጨማሪ መረጃ እንዴት ማግኛት እንደሚችሉ**

በዚህ ጥናት ላይ ማንኛውም ዓይነት ቅሬታ ቢኖር የጥናቱን ባለቤት በሚከተለዉ አድራሽ በመጠቀም ለጥያቄዎ መልስ ማግኛት ይችላሉ

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- አዲስ አበባ

አሁንም በመልሱ ደስተኛ ካልሆኑና ተጨማሪ ቅሬታ ለሚመለከተዉ ለማቅረብ ከፈለጉ የሚከተለዉን አድራሽ መጠቀም ይኖርቦታል

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- አዲስ አበባ

**የስምምነት መሙያ ቅጽ**

አቶ ፉፋ ዳባ በአዲስ አበባ ዩኒቨርሲቲ ሕክምና ፈኩልቲ በሕብረተሰብ ጤና ማስተርስ ድግሪያቸውን ለመያዝ በከፊል የሚጠበቅባቸውን ጥናታዊ ጽሁፍ በመሥራት ላይ ናቸው። በዚህ ጥናት በጋብቻ ውስጥ ካሉ ወንዶች ጋር “ወንዶች ባቤተሳብ ምጣኔ ላይ ያላቸውን ተሳትፎ ላማወቅ በኦሮሚያ ክልል ምዕራብ ሸዋ ዞን ጃልዱ ወረዳ የገጠሩ ህብረተሰብ ላይ የሚደረግ የአሰሳ ጥናት” በሚል ርዕስ ላይ ወይይት እንደምነደርግ ተገልጿል።

ይህን ጥናት በተመለከተ የተሰጠኝን የመረጃ ቅጽ በጥልቀት ካነቡበኩ በኋላ ለነበሩኝ ጥያቄዎች በቂ መልስ ተሰጥቶኛል። የጥናቱን ምንነት እና በጥናቱ ውስጥ ያለኝን ድርሻ በትክክል ተገንዝብያለሁ። በተጨማሪም ያለምንም ተጽዕኖ ወይም ቅጣት በማንኛውም ጊዜ ከጥናቱ እራሴን ማግለል እንደሚችልም ተገልጿል።

ጥናቱን በተመለከተ ማንኛውንም ቅሬታ ቢኖረኝ ከጥናቱ ባለቤት አቶ ፉፋ ዳባ ጋር በስልክ ቁጥር **0911559780** ወይም በኢ-ሜይል [dabafufa@yahoo.com](mailto:dabafufa@yahoo.com) መገናኘት እንደሚችል አወቅያለሁ። አሁንም በመልሱ ደስተኛ ካልሆንኩ ተጨማሪ ቅሬታ ለሚመለከተው ለማቅረብ የሚከተለውን አድራሽ በመጠቀም ቅሬታዬን ማቅረብ እንደሚችል ተገልጿል።

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- አዲስ አበባ

በመሆኑም ከላይ በተጠቀሰው ጥናት ላይ ለመሳተፍ ተስማምቻለሁ።

የጥናቱ ተሳታፊ ፊርማ \_\_\_\_\_

ስምምነቱን ያስፈጸመ የመረጃ ሰብሳቢ ስም እና ፊርማ \_\_\_\_\_

ወይይቱ የተካሄደበት ቀን \_\_\_\_\_

የሱፐርቪይዘሩ ስም እና ፊርማ \_\_\_\_\_

**Part I. Socio Demographic Characteristics**

**Id No \_\_\_\_\_**

<b>No</b>	<b>Questions</b>	<b>Responses</b>	<b>Code</b>
101	Adress (Kebele)		
102	Age the respondant		
103	Age of wife		
104	What is your religion?	A. Protestant B. Orthodox C. Wakefata D. Moslim E. Others(Specify)_____	
105	What is your ethnicity	A. Oromo B. Tigre C. Amhara	

		D. Others(Specify)_____	
106	Have you attend formal school?	1. Yes 2. No	
107	If 'Yes' to Q106, what grade did you completed?	A. 1-4 B. 5-8 C. 9-12 D. 12+	
108	What is your occupation	A. Farmer B. Merchant C. Government employee D. Unemployed E. Others(Specify)_____	
109	How long have you lived in this kebele	Year_____ Months_____	
110	Average annual income in birr		
111	At what age did you get married?		
112	How long is it since you got married (in years)?		
113	Did you ever have any live born child?	1. Yes 2. No	
114	How many children do you have totally?		
115	Do you have children from other partner/wife?	A. Yes B. No C. Unwilling to respond D. Do not know	
116	If your answer to Q113 is "Yes", how many children do you have from other partner/wife?		
117	How many person live in your house (family size)?		
118	If you have more than one wife, how many wives who are currently alive do you have?		

## Part II. Reproductive History

Id No. \_\_\_\_\_

No	Question	Response	Code
201	At what age did you have your first child?		
202	How many children ever born to you?		
203	How many of them are alive?	1. Male_____ 2. Female_____	
204	How many children do you want to have?	1. Both sex_____ 2. Male_____ 3. Female_____	

205	How many children do you think is good to have?	1. Both sex _____ 2. Male _____ 3. Female _____	
206	Have your wife ever experienced pregnancy terminated with abortion?	A. Yes B. No C. I do not remember D. Unwilling to respond	
207	If your answer to Q206 is “Yes”, how many times?		
208	If ‘Yes’ to Q206, What are the main reason?	1. Induced 2. Abortion because we don’t want it 3. Others(specify)	
209	Since last six month, is there any person died out of this family?	1. Yes 2. No	
210	If the response to Q208 is “Yes”, how many (write with their age at death)?	1. Age _____ 2. Age _____ 3. Age _____	
211	Since last six month, is there any child born to you?	1. Yes 2. No	
212	Where was your last child born?	1. Home (by untrained attendant) 2. Home (by trained attendant) 3. Health institutions	
213	Between two consecutive children, how many years of intervals do you think is good?	_____ year/s	
214	Is your wife pregnant currently?	1. Yes 2. No 3. I do not know	
215	If the response to Q213 is “Yes”, what is the duration of pregnancy (in months)?		
216	If the response to Q213 is “Yes”, have your wife ever been to ANC clinic for her current pregnancy?	A. Yes(write how many times) _____ B. No C. Unaware of the existence of the service D. I do not know	
217	If the response to Q213 is “Yes”, do you want the pregnancy?	A. Yes B. No C. My wife wanted D. Gift of God E. Others(Specify) _____	
218	What is the ideal time at which a woman can be pregnant between two menstrual periods?		

**Part III: Knowledge & Attitude towards Family Planning**

**Id.No. \_\_\_\_\_**

No	Question	Response	Code
301	Have you ever heard of family planning?	1. Yes 2. No	
302	If your response to Q301 is "yes" what does it mean?	A. Limiting family size( Yes/No) B. using contraception to prevent pregnancy(Yes/No) C. Planning for pregnancy(Yes/No) D. All (Yes/No) E. Others(specify)_____	
303	Have you ever heard of methods to delay or avoid pregnancy?	1. Yes 2. No	
304	If your response to Q303 is 'yes' which type of method do you know (see code below, and write all the responses)?	A. Pills B. Intrauterine device (IUD) C. Injectable (depo-provera) D. Norplant (Implants) E. Condom F. Diaphragm G. Female sterilization H. Male sterilization I. Rhythm method J. Lactational Amenorrhea Method (LAM) K. Withdrawal L. Emergency Contraceptive M. others (specify)	
305	Do you think that family planning is important?	1. Yes 2. No 3. Not sure	
306	Do you approve family planning methods use?	1. Yes 2. No 3. Other(specify)_____	
307	Do you want to use family planning methods in future?	1. Yes 2. No 3. Unsure	
308	Do you approve of family planning methods use by your partner?	1. Yes 2. No	

		3. Others(specify)_____	
309	Which family planning methods do you think is safe to use by yourself or by your partner (circle all responded Choices)?	A. Pills B. Intrauterine device (IUD) C. Injectable (depo-provera) D. Norplant (Implants) E. Condom F. Diaphragm G. Female sterilization H. Male sterilization I. Rhythm method J. Lactational Amenorrhe Method (LAM) K. Withdrawal L. Emergency Contraceptive M. 13. Others (specify)	
310	For what purpose do you think that child spacing or having fewer children is important?	A. For the mothers health(Yes/No) B. Increased cost to rear many children(Yes/No) C. For the health of the child(Yes/No) D. I don't know E. Others(specify)_____	

### Family planning methods

1. **Pills**-A pill used to prevent pregnancy. It contains hormones that block the release of eggs from the ovaries
2. **Intrauterine device (IUD)**- A small, plastic T-shaped device that is placed inside the uterus to prevent pregnancy)
3. **Injectable (depo-provera)** - is also a hormone, but is administered by intramuscular injection and provides protection against pregnancy for three months.

4. **Norplant-** is a long-acting hormone that is inserted under the skin and prevents conception for up to five years.
5. **Condom** - Male condoms are thin sheaths of latex (rubber), polyurethane (plastic), or animal tissue that are rolled onto an erect penis immediately prior to intercourse.
6. **Diaphram-** are dome-shaped barrier methods of contraception that block sperm from entering the uterus.
7. **Female sterilization-** the process of permanently ending women's ability to conceive by tying off or cutting apart the fallopian tube.
8. **Male sterilization-** the process of permanently ending men's ability to make conception by tying off or cutting apart the vasdeference.
9. **Rhythm method-**A birth-control method dependent on abstinence during the period of ovulation.
10. **Lactational Amenorrhea Method (LAM)-** is a method of avoiding pregnancies which is based on the natural postpartum infertility that occurs when a woman is amenorrheic and fully breastfeeding.
11. **Withdrawal**
12. **Emergency contraceptive-** refers to contraceptive measures that, if taken after sex, may prevent pregnancy
13. **Others (specify)**

#### Part IV. Practice of Family Planning

Id.No. \_\_\_\_\_

No	Question	Responses	Code
401	Are you using family planning methods currently?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	
402	If your response to Q403 is 'yes', which type of contraceptive methods are you using? (circle all responded Choices)	<ol style="list-style-type: none"> <li>A. Pills</li> <li>B. Intrauterine device (IUD)</li> <li>C. Injectable (depo-provera)</li> </ol>	

		<p>D. Norplant (Implants)</p> <p>E. Condom</p> <p>F. Diaphragm</p> <p>G. Female sterilization</p> <p>H. Male sterilization</p> <p>I. Rhythm method</p> <p>J. Lactational Amenorrhe Method (LAM)</p> <p>K. Withdrawal</p> <p>L. Emergency Contraceptive</p> <p>M. Others (specify</p>	
403	Does your partner use contraceptive methods currently?	<p>A. Yes</p> <p>B. No</p> <p>C. I don't know</p> <p>D. Not sure</p> <p>E. Unwilling to tell</p>	
404	If your response to Q406 is 'Yes' which type of contraceptive methods she is using? (circle all responded Choices)	<p>A. Pills</p> <p>B. Intrauterine device (IUD)</p> <p>C. Injectable (depo-provera)</p> <p>D. Norplant (Implants)</p> <p>E. Condom</p> <p>F. Diaphragm</p> <p>G. Female sterilization</p> <p>H. Male sterilization</p> <p>I. Rhythm method</p> <p>J. Lactational Amenorrhe Method (LAM)</p> <p>K. Withdrawal</p> <p>L. Emergency Contraceptive</p> <p>M. Others (specify</p>	
405	Do you want to use contraceptive in future?(for those who never used	<p>A. Yes</p> <p>B. No</p>	

	contraceptive methods)	C. Unsure D. others (specify) _____	
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**Part V. Male Involvement**

**Id . No.** \_\_\_\_\_

No	Question	Response	Code
501	Have you ever informed others to use contraceptive methods?	1. Yes 2. No 3. I don't know	
502	Have you ever opposed your friend or others of using contraceptive methods?	1. Yes 2. No	
503	Have you ever informed your partner to use contraceptive methods?	1. Yes 2. No	
504	Have you ever opposed your partner of using contraceptive methods?	1. Yes 2. No	
505	If you want to use contraceptive methods, who makes decision s on utilization of contraceptive methods?	A. Myself B. Wife C. Me and wife jointly D. Mother or father of husband and or spouse E. Others(specify)	
506	Have you ever discussed about family planning with your partner	1. Yes 2. No 3. Don't remember	
507	Have you discussed the number of children you want to have with your partner?	1. Yes 2. No 3. Don't remember	
508	If your response to Q506 is "Yes", how frequent in the last six weeks?	A. None B. Once C. Twice D. Three times E. More than three times	
509	Do you know that there is a contraceptive method for males?	1. Yes 2. No	
510	If your response to Q508 is "Yes", what is the type of contraceptive methods for men you know? (circle all responded Choices)	A. Pills B. Intrauterine device (IUD) C. Injectable (depo-provera) D. Norplant (Implants) E. Condom F. Diaphragm	

		G. Female sterilization H. Male sterilization I. Rhythm method J. Lactational Amenorrhe Method (LAM) K. Withdrawal L. Emergency Contraceptive M. Others (specify)	
511	Do you know the place where family planning information is given?	1. Yes 2. No 3. I do not know	
512	If the response to Q510 is 'no', or 'I don't know', do you think that its existence in future is important?	1. Yes 2. No 3. Others[specify]_____	

**Part VI. Socio Cultural Factors Affecting Family Planning Utilization**

**Id. No. \_\_\_\_**

No	Question	Response	Code
601	Do you have radio?	1. Yes 2. No	
602	Have you ever heard information about family planning?	1. Yes 2. No 3. Unsure	
603	If your response to Q602 is "yes", from where do you get information about family planning?	A. Radio B. Health professionals C. Posters D. News paper E. Others (specify)	
604	Do you know where to get contraceptive methods?	1. Yes 2. No 3. Unsure	
605	If your response is yes to Q604, from where do you think you may get contraceptives?	A. Govt. Hospital (Yes/No) B. Govt. Health Center(Yes/No) C. Govt. Health Post(Yes/No) D. Govt. Health station/clinic(Yes/No) E. CBD(Yes/No) F. Drug vender (pharmacy)(Yes/No) G. Shop(Yes/No) H. Others (specify)	
606	Is the source of contraceptive methods far from your home?	1. Yes 2. No	

		3. Medium [difficult to say near or far]	
607	Have you ever gone to health care institutions in need for advice or service for family planning?	1. Yes 2. No	
608	If your response to Q607 is 'yes', were the family planning service providers friendly?	1. Yes 2. No 3. Neutral	
609	Were you visited by health extension worker or community health agent or any other health professional to inform you about the use of family planning?	1. Yes 2. No 3. Neutral	
610	If your response to Q607 is 'no' why?	A. lack of knowledge about family planning B. lack of knowledge about the existence of the service C. I expect that the health workers may not be friendly D. the place is too far E. others(specify)_____	
611	Whom do you prefer as service provider?	1. Male service provider for men 2. No sex preference 3. Others (specify)	
612	Does your partner support if you want to use contraceptive methods?	1. Yes 2. No 3. I don't know	
613	Do your close relatives (mother, father, father or mother of your partner) support if you want to use contraceptive methods?	1. Yes 2. No 3. I don't know	
614	Does the society you are living in support use of contraceptive methods for family planning?	1. Yes 2. No 3. I don't know	
615	Do you think your religion is against use of contraceptive methods?	1. Yes 2. No 3. I don't know	
616	How many children do you have who are older than 5 years of age?	_____Female	
		_____Male	
617	How many of them are going to school?	_____Female	
		_____Male	
618	Who decides on family's expenditure?	A. Me B. Wife C. Me and wife jointly D. Others [specify]_____	
619	Whom do you expect to support you during your old age?	A. My children B. I save money now for my old age	

		support C. The government D. Others[specify]_____	
620	From what the house of the respondent is made? (the interviewer should observe and fill)	A. Roof is iron sheet, floor is mud B. Roof is grass, floor is mud C. Roof is iron sheet ,floor is cement D. Others(specify)_____	

**Data Collection Instrument, Oromo Language Version**

Lak.Addaa(ID.No)\_\_\_\_\_

Visit 1 \_\_\_\_ 2. \_\_

**Universitii Finfinne, Faakaaltii Meediicinii, Depaartimentii fayyaa hawaasa**

Gaaffilee waa'ee qusannaa maatii irratti qooda abbaan manaa /abbaan warraa qabuu addaan bafachuudhaaf kan qophaa'ee.

## **Guca Odeeffanno Hirmaattota**

### **1. Mataduree qo'anna**

Naannoo oromiya, godina shawaa lixaa, aana jalduutti gandoota baadiyya keessatti hirmaanna dhiirri qusannoo maati irratti qabu sakatta'uudha

### **2. Affeerraa**

Qo'annoo kana irratti akka hirmaattan kabajaan isin affeerra. Osoo hirmaachuuf hin murteessin dura qo'annichi maal irratti akka xiyyeffatee fi gaheen keessan maal akka ta'e sirritti beeku qabdu. Odeeffanno asiin gadii yeroo kennuudhan gadifageenyan dubbisaa. Gaaffii ykn odeeffannoo dabalataa yoo barbbaadan sodaa tokko malee gaafadhaa. Yeroo fudhadhuuti irratti hirmaachuuf ykn dhiisuf murteessi.

### **3. Kaayyoo qo'annoo kanaa**

Sababoonni dhiirri qusannoo maati irratti akka hin hirmaannee taasisan ifatti hinbeekkaman keessattu iddoo qo'annoon kun itti adeemsifamuu kessatti. Qo'annoon kun kan itti xeyyeeffate, sababoota ifatti hinbeekkamne kana adda baasuudhan hoggantoota fayyaatiif gargaarsa guddaa ni taasisa jedhamee yaadama, akkasumas garaagarumman dubartii fi dhiirri hirmaanna qusannoo maati irratti qaban ni xiqqaata.

### **4. Bu'aa qo'annichi hirmaattotaaf qabu**

Dhuma gaaffi fi deebi irratti hirmaattotaaf waa'ee qusannoo maati irratti barnootni ni kennama akkasumas rakkinaa fi faayida tokkoon tokkoon malawwan qusannoo maati qaban irratti ni mariyatama.

### **5. Hubaati qo'annichi hirmaattota irratti geessisu**

Qo'annaan kun yeroo isaani aarsa gochuu malee hubaati tokko kan hirmaattota irraan hin geenye yoo ta'u odeeffannoon isaan irraa argamu garuu poolisii odeeffannoo irratti hundaaye baasuuf gahee guddaa qaba.

## **6. Qo’annicha irratti hirmaachun guuttumman guutuutti fedhii irratti kan hundaaye**

Hirmaachuuf murteessun fedhii keeti. Waa’ee qo’annichaa ergan siif ibseen booda waraqaa odeeffannoo hirmaattotaa kanan siif kenne sirritti dubbifta. Achiin booda waraqaa waliigaltee irratti akka mallatteessitu taasifna. Gaaffii tokko malee yeroo kamiyyuu hin hirmaadhu jechuun mirga keeti

## **7. Yeroo mariin hirmaata tokko waliin godhamu fudhatu**

Mariin hirmaata waliin taasifamu yoo baay’ate sa’a tokko kan fudhatu si’a ta’u, hirmaatan tokko kan daawwatamu yeroo tokko ta’e garuu yoo yaada dabalataa barbaadne yeroo lamas daawwatamuun ni jiraata.

## **8. Hirmaattota irraa maaltu eeggama**

Hirmaattotni gaaffi itti himamu irratti hunda’ani odeeffannoo dhugaa ta’e kennuutu irra eegama

## **9. Icitii eeguu**

Qo’annoo kanaaf jecha odeeffannon isin irraa funaanamu hundi icitiin isaa kan eegamedha

## **10. Odeeffannoo dabalataaf eenyu waliin akka quunnamtu**

Qo’annoo kana ilaalchisee gaaffi kamiyyuu yoo qabaatte, nama qo’annicha adeemsisaa jiru teessoo asiin gaditti ibsameen argachuu ni dandeessu

- Obbo Fufaa Dhaaba
- I-meelii: [dabafufa@yahoo.com](mailto:dabafufa@yahoo.com)
- Lak.moobayilii: 0911559780
- Finfinnee

Ammas yoo gaaffi keessaniif deebi quubsa dhabdan teessoo itti aanu kanaan nama dhimmi isaa ilaallatu argattanii waliin mari’achuu ni dandeessu

- IRB
- I-meeli: [aaumfirb@yahoo.com](mailto:aaumfirb@yahoo.com)
- Lak.bilbilaa: 0115538734
- Finfinnee

## Guca Waliigaltee Hirmaattotaa

Obboo Fufaa Dhaaba Universiitii finfinnee, dipaartimentii publiik heelziitti digirii lammaffaan eebbifamuuf qo'annoo isaani adeemsisaa jiru. Xiyyeeffannoon qo'annoo kanaas naannoo oromiyaa, godina shawaa lixaa, aana jalduu gandooti baadiyyaa keessatti gahee dhiirri fuudhee jiru qusannoo maati irratti qabu beekuuf dhiirota fuudharra jiran waliin marii akka godhan natti himaniiru.

Guca odeeffanno naaf kenname sirritti ergan dubbiseen booda gaaffiin qabuuf illee deebiin quubsaan naaf deebi'eera. Waa'een qo'annichaa fi gaheen ani taphadhu naaf galeera. Kanamalees gaaffii tokko malee hirmaanna qo'annichaa keessa yeroon barbaade adabbii tokko malee hirmaattumma koo addaan kutuu akkan danda'u natti himameera. Qo'annoo kana ilaalchisee gaaffi kamiyyuu yoon qabaadhee, nama qo'annicha adeemsisaa jiru teessoo asiin gaditti ibsameen argachuu akkan danda'u naaf ibsameera

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- Finfinnee

Ammas yoon gaaffi kiyyaaf deebi quubsa dhabe, teessoo itti aanu kanaan nama dhimmi isaa ilaallatu argachuun waliin mari'achuu akkan danda'u naaf ibsameera

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- Finfinnee

Waan kana ta'eef qo'annoo armaan olitti ibsame irratti hirmaachuuf murteesseera

Mallattoo hirmaata\_\_\_\_\_

Maqaa fi mallattoo nama odeeffannoo funaanu kan yeroo hirmaataan mallatteessu argee fi mallattessise\_\_\_\_\_

Guyyaa mariin adeemsifame\_\_\_\_\_

Maqaa fi mallattoo supervaayizerii\_\_\_\_\_

**Kutaa I. Gaaffilee Waa’ee Soshoo Dimograaphii**

**Lak.Addaa(Id No) \_\_\_\_\_**

<b>Lak</b>	<b>Gaaffiwwan</b>	<b>Deebii</b>	<b>Koodii</b>
101	Gandii ati keessa jiraattu eessa?		
102	Umuriin kee meeqa?		
103	Umuriin haadha mana kee meeqa?		
104	Amantaan kee maali	A. Protestaantii B. Ortodoksii C. Waaqefataa D. Musiliima E. Kan biraa(Ibsii)_____	
105	Sanyiin kee maali?	A. Oromoo B. Tigree C. Amaara D. Kan biraa(Ibsii)_____	
106	Barumsa Idilee barattetta?	1. Eeyye 2. Lakkii	
107	Yoo deebiin kee gaaffii 106 “Eeyye” ta’e, kutaa meeqa baratte?	A. 1-4 B. 5-8 C. 9-12 D. 12+	
108	Hojiin kee maali	A. Qotee bulaa B. Daldaala C. Hojetaa Mootumma D. Hojii homaa hin qabu E. Kan biraa(Ibsii)_____	
109	Ganda kana keessa hagam jiraatte?	Waggaa_____ Ji’a_____	
110	Waggaatti galiin ati argattu tilmaaman hagam ta’a (Midhaan yookin horii hagamii qabda?)	A. Qarshii qulqulluu_____ B. Qamadii_____ C. Xaaffii_____ D. Garbuu_____ E. Boqqooloo_____ F. Beeqila/Atara_____ G. Horii_____ H. Kan biraa(Ibsii)_____	
111	Yeroo fuute umuriin kee meeqa?		
112	Edda fuute waggaa meeqa ta’e?		
113	Daa’ima dhalchiteetta?	1. Eeyye 2. Lakki	
114	Yoo deebiin kee “Eeyye”, ta’e, akka waliigalaatti ijoolle meeqa qabda?		
115	Haadha manaa keetin ala ijoollee qabdaa?	A. Eeyye B. Lakki C. Deebisuu hinfedhu	

		D. Hin beeku	
116	Yoo deebin G115ffa “Eeyye” ta’e, ijoollee meeqa?		
117	Mana kee keessaa nama meeqatu jiraata?		
118	Yoo haadha manaa tokko ol qabaatte, meeqa saanitu lubban jira amma?		

## Kutaa II. Seenaa Waa’ee Walhormaata

Lak. Addaa (Id No.) \_\_\_\_\_

Lak	Gaaffi	Deebii	Koodii
201	Mucaa jalqabaa kee umurii meeqaan dhalchite?		
202	Ijoollee meeqa dhalchite waliigalatti?		
203	Isaan keessa meeqa saanitu lubban jira?	1. Dhiira _____ 2. Dhalaa _____	
204	Ijoollee meeqa horachuu barbaadda?	1. Lamaanu _____ 2. Dhiira _____ 3. Dhalaa _____	
205	Ijoollee meeqa qabaachuutu gaaridha jette yaadda?	1. Lammaanu _____ 2. Dhiira _____ 3. Dhalaa _____	
206	Haadha manaa kee irraa ulfii harkaa ba’ee beeka?	A. Eeyye B. Lakkii C. Hin yaadadhu D. Deebisuf fedhii hinqabu	
207	Yoo deebin G206ffa “Eeyye” ta’e, yeroo meeqa?		
208	Yoo deebin G206ffa “Eeyye” ta’e, sababni guddaansaa maali?	1. Ofumaan 2. Waan hinbarbanneef baasifne 3. Kan biraa(ibsi)	
209	Ji’a ja’an darban kessa maati kee keessaa namni baddalamee jiraa?	1. Eeyye 2. Lakki	
210	Yoo deebin G209ffa “Eeyye” ta’e, meeqa(umurii wajjin barreessi)?	1. Umrii _____ 2. Umrii _____ 3. Umrii _____	
211	Ji’a ja’an darban kessa, mucaa dhalatee qabdaa?	1. Eeyye 2. Lakki	
212	Mucaa kee inni dhumaa eessatti dhalate?	1. Manatti (deessiftu mandaraatin) 2. Manatti (deessiftu mandaraa kan barumsa qabdu) 3. Mana yaalaatti	
213	Ijoolleen waggaa meeqa walirra fagaatanii	Waggaa _____	

	yoo dhalatan gaari sitti fakkaata?		
214	Haati manaa kee amma garaatti baatti?	1. Eeyye 2. Lakki 3. Ani hinbeeku	
215	Yoo deebin G214ffa “Eeyye” ta’e, ulfi kun kan ji’a meeqaati?		
216	Yoo deebin kee G214ffa “Eeyye” ta’e, tajaajila ulfaaf ta’u argachuuf mana yaala deemte beekti?	A. Eeyye(yeroo meeqa)_____ B. Lakki C. Tajaajilli kun akka jiru hinbeeku D. Ani hinbeeku	
217	Yoo deebin kee G214ffa “Eeyye” ta’e, ulficha ati ni barbaadda?	A. Eeyye B. Lakki C. Haadha mana kiyyatu barbaada D. Kun kennaa waaqaati E. Kan biraa(ibsi)_____	
218	Ulfi adafii lama gidduutti tilmaaman guyyaa meeqaaffaa irratti uummama sitti fakkaata?		

### Kutaa III: Beekkumsaa fi Ilaalcha Qusannaa Maati Irratti Jiru

Lak. Addaa (Id.No.)\_\_\_\_\_

Lak	Gaaffi	Deebi	Koodii
301	Waa’ee qusannaa maati dhageesse beekta?	1. Eeyye 2. Lakki	
302	Yoo deebin kee G301ffa “Eeyye” ta’e, maal jechuudha?	A. Baay’inaa maati murteessu(Eeyye/Lakki) B. Ulfa hanbisu(Eeyye/Lakki) C. Karoorfatani ulfaa’u(Eeyye/Lakki) D. Hundinuu sirriidha (Eeyye/Lakki) E. Kan biraa(Ibsi)_____	
303	Mala ittiin ulfa tursuun ykn hanbisuun danda’amu dhageesse beekta?	1. Eeyye 2. Lakki	
304	Yoo deebin kee G303ffa “Eeyye” ta’e, mala isaa kam beekta?( kan deebii ta’an hunda jala mari)	A. Kiniini B. Meeshaa gadameessa keessa kaa’amu C. Marfee waraannachu D. Kan gogaa jallatti awwaallamu E. Coondoomii F. Dhangala’an dhiira akka gadameessa	

		<p>keessa hin galle kan dhorku.</p> <p>G. Dubartii kan maseensu</p> <p>H. Dhiira kan maseensu</p> <p>I. Yeroo hadafiin dhufu eegani qunnamtii gochuu</p> <p>J. Harma hoosisuudhan ulfa dhorkuu</p> <p>K. Yeroo qunnamtii saala godhan osoo dhangala' aan dhiira hin ba'in qunnamticha addaan kutuu.</p> <p>L. Emergency Contraceptive</p> <p>M. Kan biroo (Ibsi)</p>	
305	Qusannaan maati bu'aa qaba sitti fakkaata?	<p>1. Eeyye</p> <p>2. Lakki</p> <p>3. Shakkiin qaba</p>	
306	Fayyadama mala qusannaa maati kana ni deegartaa?	<p>1. Eeyye</p> <p>2. Lakki</p> <p>3. Kan biraa(Ibsi)_____</p>	
307	Gara fuulfuraatti mala qusanna maati kanatti fayyadamuu ni barbaadda?	<p>1. Eeyye</p> <p>2. Lakki</p> <p>3. Nanshakka</p>	
308	Haati mana kee akka mala qusannaa maati kanatti fayyadamtu deegartaa?	<p>1. Eeyye</p> <p>2. Lakki</p> <p>3. Kan biroo(Ibsi)_____</p>	
309	Mala qusannaa maati isa kamtu siifis ta'ee haadha mana keetif itti fayyadamuun hubaati hin qabu jette?( kan deebii ta'an hunda jala mari)	<p>A. Kiniini</p> <p>B. Meeshaa gadameessa keessa kaa'amu</p> <p>C. Marfee waraannachu</p> <p>D. Kan gogaa jallatti awwaallamu</p> <p>E. Coondoomii</p> <p>F. Dhangala'an dhiira akka gadameessa keessa hin galle kan dhorku.</p> <p>G. Dubartii kan maseensu</p> <p>H. Dhiira kan maseensu</p> <p>I. Yeroo hadafiin dhufu eegani</p>	

		<p>qunnamtii gochuu</p> <p>J. Harma hoosisuudhan ulfa dhorkuu</p> <p>K. Yeroo qunnamtii saala godhan osoo dhangala' aan dhiira hin ba' in qunnamticha addaan kutuu.</p> <p>L. Emergency Contraceptive</p> <p>M. Kan biroo (Ibsi)</p>	
310	Ijoollee addaan fageessani da'uun ykn baay'ina daa' imaa xiqqeessun maal fayyada sitti fakkaata?	<p>A. Fayyaa haadhaatiif(Eeyye/Lakki)</p> <p>B. Qarshii dhabaaf waan guddisuu hindandeenyeef(Eeyye/Lakki)</p> <p>C. Fayyaa ijoolleetiif jecha(Eeyye/Lakki)</p> <p>D. Ani hinbeeku</p> <p>E. Kan biroo(Ibsi)_____</p>	

#### Kutaa IV. Itti Fayyadama Qusannaa Maati

Lak. Addaa (Id.No.)\_\_\_\_\_

Lak	Gaaffi	Deebi	Koodii
401	Yeroo ammaa mala qusannaa maatiitti fayyadamaa jirtaa?	<p>1. Eeyye</p> <p>2. Lakki</p>	
402	Yoo deebiin kee G403ffa "Eeyye" ta'e, mala qusannaa isa kamitti fayyadamaa jirtaa? ( kan deebii ta'an hunda jala mari)	<p>A. Kiniini</p> <p>B. Meeshaa gadameessa keessa kaa'amu</p> <p>C. Marfee waraannachu</p> <p>D. Kan gogaa jallatti awwaallamu</p> <p>E. Coondoomii</p> <p>F. Dhangala'an dhiira akka gadameessa keessa hin galle kan dhorku.</p> <p>G. Dubartii kan maseensu</p> <p>H. Dhiira kan maseensu</p> <p>I. Yeroo hadafiin dhufu eegani</p>	

		<p>qunnamtii gochuu</p> <p>J. Harma hoosisuudhan ulfa dhorkuu</p> <p>K. Yeroo qunnamtii saala godhan osoo dhangala' aan dhiira hin ba'in qunnamticha addaan kutuu.</p> <p>L. Emergency Contraceptive</p> <p>M. Kan biroo (Ibsi)</p>	
403	Ammaan tana haati mana kee mala qusannaa maatitti fayyadamaa jirtii?	<p>A. Eeyye</p> <p>B. Lakki</p> <p>C. Ani hinbeeku</p> <p>D. Nan shakka</p> <p>E. Himuu hinfedhu</p>	
404	Yoo deebin G406 "Eeyye" ta'e, mala isa kamitti fayyadamti? ( kan deebii ta'an hunda jala mari)	<p>A. Kiniini</p> <p>B. Meeshaa gadameessa keessa kaa'amu</p> <p>C. Marfee waraannachu</p> <p>D. Kan gogaa jallatti awwaallamu</p> <p>E. Coondoomii</p> <p>F. Dhangala'an dhiira akka gadameessa keessa hin galle kan dhorku.</p> <p>G. Dubartii kan maseensu</p> <p>H. Dhiira kan maseensu</p> <p>I. Yeroo hadafiin dhufu eegani qunnamtii gochuu</p> <p>J. Harma hoosisuudhan ulfa dhorkuu</p> <p>K. Yeroo qunnamtii saala godhan osoo dhangala' aan dhiira hin ba'in qunnamticha addaan kutuu.</p> <p>L. Emergency Contraceptive</p> <p>M. Kan biroo (Ibsi)</p>	
405	Kanaan dura mala kanatti hinfayyadamne yoo taate, kara fuulduraatti fayyadamuu ni feeta?	<p>A. Eeyye</p> <p>B. Lakki</p> <p>C. Nan shakka</p>	

	D. Kan biroo (Ibsi)_____	
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**Kutaa V. Hirmaanna Dhiira**

**Lak.Addaa(Id . No.)\_\_\_\_\_**

<b>Lak</b>	<b>Gaaffi</b>	<b>Deebi</b>	<b>Koodi i</b>
501	Namoonni kan biroo akka mala qusannaa maati kanatti fayyadaman gorsitee beekta?	1. Eeyye 2. Lakki 3. Ani hinbeeku	
502	Haati manaa kee ykn namni biroo akka mala kanatti hinfayyadamne dhokitee beekta?	1. Eeyye 2. Lakki	
503	Haati manaa kee akka mala kanatti fayyadamtu kakaaftee beekta?	1. Eeyye 2. Lakki	
504	Haati mana kee akka mala qusannaa maati kanatti hinfayyadamne gootee beekta?	1. Eeyye 2. Lakki	
505	Yoo ulfa tursiisu barbaaddan, mala kanatti akka fayyadamtan eeynutuu murteessa?	A. Anatu murteessa B. Haadha manaa koo C. Aniif isheen waliigalleeti D. Abbaa ykn haadha koo ykn ishee E. Kan biroo(Ibsi)	
506	Haadha manaa kee wajjin waa'e qusannaa maati mari'attanii beektu?	1. Eeyye 2. Lakki 3. Hin yaadadhu	
507	Ijjoollee meeqa godhachuu akka barbaadanoo waliin mari'atanii beektu?	1. Eeyye 2. Lakki 3. Hin yaadadhu	
508	Yoo deebin kee G506 "Eeyye" ta'e , ji'a ja'an darban keessatti yeroo meeqa?	A. Homaa B. Altokko qofa C. Yeroo lama D. Yeroo sadii E. Yeroo sadii oli	
509	Malli ittiin maati qusatan kan dhiira akka jiru beekta?	1. Eeyye 2. Lakki	
510	Yoo deebiin kee G509 "Eeyye" ta'e, isaan kami kami akka ta'an caqasii. ( kan deebii ta'an hunda jala mari)	A. Kiniini B. Meeshaa gadameessa keessa kaa'amu C. Marfee waraannachu D. Kan gogaa jallatti awwaallamu E. Coondoomii	

		<p>F. Dhangala’an dhiira akka gadameessa keessa hin galle kan dhorku.</p> <p>G. Dubartii kan maseensu</p> <p>H. Dhiira kan maseensu</p> <p>I. Yeroo hadafiin dhufu eegani qunnamtii gochuu</p> <p>J. Harma hoosisuudhan ulfa dhorkuu</p> <p>K. Yeroo qunnamtii saala godhan osoo dhangala’aan dhiira hin ba’in qunnamticha addaan kutuu.</p> <p>L. Emergency Contraceptive</p> <p>M. Kan biroo (Ibsi)</p>	
511	Oodeeffannoon waa’ee qusannaa maati eessatti akka kennamu beektaa?	<p>1. Eeyye</p> <p>2. Lakki</p> <p>3. Hinbeeku</p>	
512	Yoo deebin kee G511 “Lakki ykn hinbeeku” ta’e, gara fuulduraatti yoo jiraate gaarii sitti fakkaata?	<p>1. Eeyye</p> <p>2. Lakki</p> <p>3. Kan biroo[Ibsi]_____</p>	

**Kutaa VI. Dhiibbaa Aadaa Fii Akkaataan Waliin Bulmaanni Ummata  
Fayyadama Qusannaa Maati Irratti Qabu**

**Lak.Addaa Id. No.\_\_\_\_\_**

<b>Lak</b>	<b>Gaaffii</b>	<b>Deebii</b>	<b>Koodii</b>
601	Raadi’o manaa qabdaa?	<p>1. Eeyye</p> <p>2. Lakki</p>	
602	Waa’ee qusannaa maati oodeeffannoo dhageesse beekta?	<p>1. Eeyye</p> <p>2. Lakki</p> <p>3. Nan shakka</p>	
603	Yoo deebin kee G602ffa “Eeyye” ta’e, oodeeffannoo kana eessaa dhageesse?	<p>A. Raadi’oo irraa</p> <p>B. Ogeessa Fayyaa irraa</p> <p>C. Poosterii</p> <p>D. Gaazexaa</p> <p>E. Kan biroo (Ibsi)</p>	
604	Mala ittiin ulfa tursiisan ykn mala qusanna maatii eessattii akka argattuu beekta?	<p>1. Eeyye</p> <p>2. Lakki</p> <p>3. Nan shakka</p>	
605	Yoo deebiin kee G604ffa “Eeyye” ta’e,	A. Hoospitaala mootummaa	

	malawwan kana eessaa akka argattu ibsi?	(Eeyye/Lakki) B. Buufata fayyaa mootummaa(Eeyye/Lakki) C. Keellaa fayyaa mootummaa(Eeyye/Lakki) D. Kilinika fayyaa mootummaa(Eeyye/Lakki) E. Bakka bu'aa fayyaa ummataa (Eeyye/Lakki) F. Mana qorichaa(Eeyye/Lakki) G. Suuqii(Eeyye/Lakki) H. Kan biroo (Ibsi)	
606	Iddoon mala ulfa ittiin tursiisan kun argamu mana kee irraa fagoodha?	1. Eeyye 2. Lakki 3. Giddu galeessa	
607	Tajaajila ykn gorsaa waa'ee qusannaa maati argachuuf mana yaala deemtee beekta?	1. Eeyye 2. Lakki	
608	Yoo deebiin kee G607ffa "Eeyye" ta'e, tajaajiltoonni kun sirritti nama keessummessuu?	1. Eeyye 2. Lakki 3. Gidugaleessa	
609	Hojjattootni eksiteeshinii fayyaa ykn ogeessi fayyaa kan biroo mana keessan dhufanii waa'ee qusannaa maati irratti isin mari'achiisani beeku?	1. Eeyye 2. Lakki	
610	Yoo deebiin kee G607ffa "Lakkii" ta'e, maaliif?	A. Beekumsa qusannaa maatii waanan hinqabneef B. Tajaajilli akkanaa akka jiru waanan hinbeekneef C. Hojjattootni fayyaa sirritti nama hinsimatan jedhee waanan yaaduuf D. Bakki itti tajaajilli kennamu narraa fagoo waan ta'eef. E. Kan biroo(Ibsi)_____	
611	Saala kamtu tajaajila qusannaa maati siif akka kennu feeta?	A. Dhiira B. Dubartii/durba C. Saala hin filuu D. Kan biroo (Ibsi)	
612	Yoo ati mala qusannaa maatiitti fayyadamuu feete haati manaa kee si deegartii?	1. Eeyye 2. Lakki 3. Ani hinbeeku	
613	Firoonni kee (Abbaa, Haadha, Abbaa ykn Haadha niitii ) yoo mala qusannaa maatiitti	1. Eeyye 2. Lakki	

	fayyadamuu barbaadde yaada kee kana deeggaruu?	3. Ani hinbeeku	
614	Ummanni ati keessa jiraattu itti fayyadamaa mala qusannaa maatii kana ni deeggaruu ?	1. Eeyye 2. Lakki 3. Ani hinbeeku	
615	Amantaan kee mala qusannaa maati kana ni dhorkaa jettee yaadda?	1. Eeyye 2. Lakki 3. Ani hinbeeku	
616	Ijoollee umriidhaan waggaa shanii ol ta'an meeqa qabda?	Dhalaa _____  Dhiira _____	
617	Isaan keessaa meeqatu mana barumsaa gale?	Dhalaa _____ Dhiira _____	
618	Baasii qarshii ykn qabeenyaa irratti eenyutu murteessa?	A. Ana qofa B. Haadha manaa koo C. Anaafii isheen waliigalteedhaan D. Kan biroo [Ibsi] _____	
619	Yeroo dulluma kee eenyutu nagargaara jettee eegdaa?	A. Ijoollee koo B. Qabeenyaa yeroo dullumaa nagargaaru olkaa'een jira C. Mootummaa D. Kan biroo[Ibsi] _____	
620	Manni isaanii maal irraa hojjatame?	A. Baaxiin qorqoorroo, lafti biyyoo B. Baaxiin citaa, Lafti dhoqqee C. Baaxiin qorqoorro ,lafti simmintoo D. Kan biroo(Ibsi) _____	