ADDIS ABABA UNIVERSITY

COLLEGE OF DEVELOPMENT STUDIES

INSTITUTE OF POPULATION STUDIES

MALE INVOLVEMENT IN FAMILY PLANNING IN AMBO TOWN, OROMIA REGION

BY: BELACHEW BEYENE

October, 2009

Addis Ababa, Ethiopia

ADDIS ABABA UNIVERSITY
COLLEGE OF DEVELOPMENT STUDIES
INSTITUTE OF POPULATION STUDIES

MALE INVOLVEMENT IN FAMILY PLANNING IN AMBO TOWN, OROMIA REGION

BY: BELACHEW BEYENE

A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES OF ADDIS ABABA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SCIENCE IN POPULATION STUDIES

October, 2009
Addis Ababa

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

Male Involvement in Family Planning in Ambo Town, Oromia Region

By

Belachew Beyene Geremew

Institute of Population Studies
College of Development Studies

Approved by the Examining Board

Dr. Eshetu Gurmu Chairman, Department Graduate Committee	Signature
Dr. Michael Dejene Advisor	Signature
Dr. Assefa Hailemariam Examiner	Signature

ACKNOWLEDGMENTS

First of all, I would like to express my deepest gratitude to my advisor Dr. Michael Dejene, for his tireless and unrestricted guidance as to how I would manage the whole work of research from the beginning to the end.

I would like to extend my heart felt gratitude to those people who have been contributing their technical ,financial and moral support during my graduate study without whom my dream would not become real.

Word can't express my deepest thanks to my wife Weizero Abayinesh Taye for her unreserved and all rounded financial, material and moral supports.

My appreciation also goes to Ato Fekadu Chernet who gave me his laptop with out which the entry, cleaning, processing of data and final paper production was not possible.

I would also like to extend my grateful to my friend Berhanu Bergelo for his assistance during the data collection process and others whose name are not mentioned here for their encouragement and technical supports.

Finally, I would like to thank Addis Ababa University for its financial support to work my thesis work.

Tables of Contents

LIST OF TABLES AND FIGURES

Tables **Pages**

Figures **Pages**

LIST OF ACRONYMS

AAU Addis Ababa University

AIDS Acquired Immune Deficiency Syndrome

CPR Contraceptive Prevalence Rate

CSA Central Statistical Agency

DHS Demographic and Health Survey

EDHS Ethiopian Demographic and Health Survey

FGD Focus group discussion

FHI Family Health International

FP Family Planning

HIV Human immune virus

ICPD International Conference on Population and Development

IUD Intra Uterine Device

LAM Lactation Amenorrhea Method

MOH Ministry Of Health

NFFS National Family Planning and Fertility Survey

NGO Non governmental organization

PPS Probability Proportion to Size

SPSS Statistical Package for Social Sciences

STDs Sexually Transmitted Diseases

STIs Sexually Transmitted Infections

TFR Total Fertility Rate

UN United Nations

UNFPA United Nations Fund for Population Activities

USAID U.S. Agency for International development

VCT Voluntary counseling and testing

WHO World Health Organization

LIST OF APPENDIXES

Appendixes **Pages**

ABSTRACT

In recognition of men's influence on family life decision and actions and family planning needs, men are encouraged to involve in family planning programs to determine the most important socio-cultural, demographic and family planning factors that influence male involvement in family planning .

A cross sectional community based study was conducted in Ambo town, from February 28 to March 7, 2009 using Systematic sampling to select the study subjects .Moreover, Pre-tested questionnaire in Afan Oromo was used to collect information from respondents. Both primary and secondary source data were used in the study. This study tries to assess male involvement in family planning in the study area. To attain the intended objectives, a total of 422 currently married men aged15-59 years were included in the study. Multivariate analysis was applied to examine the demographic, socio-economic and family planning factors influencing current contraceptive use of couples by using Logistic Regression model. The analysis was performed by using SPSS (version 15) software.

More than three quarter (84.8%) of the respondents are from the oromo ethinic group, sixty four percent are 35 and above years old, 69.7% is Orthodox Christians, 61.6% of them have completed junior secondary and above education. Ninety eight percent are monogamous in marriage, 67.6% have three and above children and 61.1% do not want to have additional children.

Ninety percent of the respondents have knowledge of at least one method of family planning methods, 66% of them reported that they approve their wives' contraceptive usage, and 43.6% have discussed about family planning with their wives. Nearly two third (65.3 %) of the respondents reported that either their wives or themselves are using contraceptive methods. About quarter (17.3%) of the respondents are using male methods of contraception and 30% reported as having an intention to use contraceptive in the future. Both bi-variate and multi variate analysis have shown that age, number of living children, desire for additional children, discussion with wife about family planning, husband approval of his wife contraceptive use and knowledge of family planning are predictors of family planning use of the respondents .The health facility assessment further revealed that, the existing health institutions did not fulfil the education , counselling and method service provision regarding family planning especially to male clients in the study area. The facilities lack a staff with appropriate training on male concerned family planning service provision.

The finding of the survey confirms that the contraceptive utilization of wives or husbands is affected by demographic, socio-.cultural and family planning characteristics of the respondents and institutional features. Therefore, in order to address the problem, it is recommended that additional to addressing women in the reproductive age group, all programs targeted to promoting family planning service have to focus on men so as to encourage them to use the available male methods of family planning and serve as agents to expand the use of family planning utilization.

CHAPTER ONE

INTRODUCTION

The world's population is still growing. Nearly most of this population growth is concentrated in the developing nations of the world, in many of which fertility rate is remaining high. Unlike other developing nations, fertility rate in Sub-Saharan Africa is very high or constantly increasing. This part of the world is experiencing less change than Asia, or Latin America. Its total fertility rate is 6.0 not with standing down trend in few countries such as, Kenya, Zimbabwe, Ghana and Zambia (Rand, 1998).

Ethiopia is one of the developing countries whose population is growing at an alarming rate. Currently, the country has a population of over 71 million with growth rate of 2.9 percent per annum. It is estimated that the population will exceed 73 million by the year 2005 and reaches to 129 million by the year 2030 (CSA, 1998). The country is also the second populous country in Sub- Saharan Africa. The high rate of population growth is the result of high fertility rate which arises from extremely low contraceptive usage in general and that of low male involvement in family planning in particular.

Rapid population growth which is the outcome of high fertility holds back development and it obviously hindrers each millennium Development Goals. Rapid population growth due to high fertility probably leads to poverty and makes it hard for countries to pull resources and concentrate on future development efforts because resources are highly consumed. Moreover, high fertility is associated with maternal mortality and morbidity (Jameston et al., 1993). Thus, for developing countries like Ethiopia with high fertility, family planning is a means for solving such problems.

Family planning service has become the intervention of choice to slow this demographic explosion. It prevents unwanted and high prennancyas well as it helps to space birth more widely. By usingt family planning women can considerably reduce the risk of maternal mortality and morbidity which is associated with complication of pregnancy and child birith (Norton, 2005 and WHO, 1994). Family planning has the potential to prevent maternal and infant ndeathes and ill health resulting from unewanted births and and it has the potential to advance jender equity (USAID, IGWG and WHO, 2005)

Moreover, the economic benefit of family planning in African countries is very crucial. Jemstone and his colleagues (1993) stated that in a typical African country with high

mortality and fertility rate, the cost of averting a single unintended birth through family planning is estimated to cost $368 and the estimated saving to government was $440. According to CSA, (1991), the overall contraceptive prevalence rate (CPR) in 1990 was reported to be as low as 4% of child bearing women aged 15-49 years. Even the major urban centers such as Addis Ababa,, Jimma and Gondar where family planning service are available and virtually provided free of cost the CPR is reported to be between 12% to 17% of women in age group 15-49 years.

Despite the awareness and knowledge about demographic explosion and its associated health hazards, a serious question of why family planning programs were failed in many countries has raised. Several reasons such as, socio-economic, cultural and demographic factors have been mentioned as factors that influence couples' decision to use or not to use contraception even in the availability of contraceptives (Sulvan, 1989).

For many years, family planning programs have focused their attention largely on women's attitudes and behavior in matters concerning reproduction. The fact that women bear the physical and emotional strain of pregnancy and child birth means that fertility and contraceptive prevalence rates are based solely on female population. Thus, the social role of men who are dominant not only in decision making within the family but at community leader ship is ignored (Uche, 1999).

Understanding the assumption of involving men in family planning program and encouraging men to assume greater responsibility for fertility control might make men aware of and concerned to wards women's reproductive needs and rights. The "supportive partner", language of the 1994 ICPD program of action supports this assumption. In relation to this, it is argued that further progress in family planning depends on changing men's attitude and behavior regarding their responsibility to wards reproductive health and gender issue (UN,1995).

Therefore, excluding men in reproductive health and participation in family planning appears to be one of the factors for low contraceptive usage and under utilization of reproductive health services, particularly in culture where men dominate reproductive decision making (Ezeh, 1993).

Most family planning programs offer and promote certain contraceptive methods, such as pills and injectable to be used by women. However, the effectiveness and continuous usage

often remains unsuccessful owing to lack of approval from their partners/ husbands. They give less attention to the understanding of men's role in the effectiveness and consistent utilization of contraceptives. The methods that require male participation such as condom, periodic abstinence, withdrawal, and vasectomy are less used (Danforth, 1994).

Family planning providers (government and private) in general failed to address concerns and fears which are obliviously different from that of women. Many studies have also suggested that family planning programs in many African societies were unsuccessful because they failed to take in to account the power relation between couples and the patriarchal nature of the societies (Ezeh et. al, 1996).

A study on fertility regulation in Jimma, western Ethiopia, disclosed that men are important source of information concerning family planning for their wives (Mirgsa, 2000). More over, different studies also revealed that, involvement of husbands in family planning would result in a subsequent rise in the prevalence of modern contraceptive (Almaz and Larison, 1993).

Indeed, men's participation and involvement in programs like family planning is indisputably very useful to its success. Hence, they are "the forgotten fifty percent family planning program participants." Therefore, bringing men into the program has a great importance for the effectiveness of the program. Hence, before launching service factors that affect married couple's participation in implementation of family planning a study should be conducted.

1.1 Statement of the Problem

The role of men in fertility and family planning in Sub-Saharan Africa is becoming increasingly important in the context of rising contraceptive prevalence and reducing the level of high fertility. Fertility studies in recent past, however, have been dominated by findings almost exclusively from women (Mbizvo and Basset, 1998). Policies and programs based on such findings have not expected success in increasing contraceptive prevalence and simultaneously reducing fertility in Sub Sahara Africa.

According to the guidelines for family planning service in Ethiopia, family planning is a means of promoting the health of women and families. Accordingly, all individuals male or female who can conceive or cause conception regardless of age or marital status are eligible for family planning in the country (MOH, 1996).

However, some family planning researchers, policies and programs in Ethiopia have given little attention to men's role in reproductive decision making. Even though family planning personnel are slightly considering men in the reproductive matters; Ethiopia's family planning program is still female oriented.

Men's exclusion from family planning efforts affects their performed family size and attitude towards contraceptive use. International studies from various regions shows that reproductive health programs are likely to be more effective for women when men are involved in the way (Mbizov and Basset, 1998; Mistike et al., 2003). The most successful family planning program which targeted couples has positive results rather than skewed towads women (Ezeh, 1993). The multiple decision-making roles of men in reproductive health particularly family planning have highly influenced women's health (Piet-Pelon et al., 2000).

Men's attitude in family planning is important in the context of rising contraceptive prevalence and reducing level of fertility. This is more clearly described in Ezeh's study from Ghana, in which he found that the wife's attitude towards contraception is strongly affected by her husband's attitude but not the vice versa (Ezeh, 1993).

According to the national surveys conducted in Ethiopia (CSA and ORC macro 2001 and 2006), the knowledge of contraception has increased from 63% in 1990 to 83% in 2000 and 88% in 2005 with respective contraceptive prevalence rate of 4.6%, 8.2% and 15%. Although fertility has declined from 6.4 births in 1990 to 5.4 births per women in 2005, there is a wide gap between knowledge of contraception and current use in the country.

Thus, it seems that the wide existing gap between knowledge and practices of contraception use is possibly the result of the absence of men's involvement in family planning. The purpose of this study is therefore, to assess the influence of male involvement in family planning on couple's current contraceptive use with some selected demographic, socio-cultural and family planning characteristics. Consequently, it is essential to investigate such factors associated with couple's current use of contraceptives which in turn explain the influence of men's involvement in family planning on contraceptive use in the study area.

1.2. Rationale of the Study

Ethiopia introduced national population policy in 1993 with different objectives. One of the specific objectives of this policy is reducing fertility from TFR of 7.7 children per women in 1990 to 4.4 children per women in 2015 by increasing the contraceptive prevalence in the country (CSA, 1993).To achieve the objectives of family planning programs and strategies, planners and decision makers need a deep understanding of various factors that impede practice of contraception. According to CSA, 1991, contraceptive prevalence as the whole in the country is as low as 4% of child bearing women aged 15-49 years. Even in the major urban centers such as Addis Ababa, Jimma, and Gondar, where family planning service are available and virtually provided freely, the CPR is reported to be between 12% to 17% of women in age group 15-49 years. Low level of contraceptive utilization by the population where the service is available, accessible and affordable is one of the problems facing providers of family planning service.

This being the reality, there is a paucity of demographic data on male knowledge, attitude and practice of contraception in Ethiopia. In other words, there is a need to know the reproductive initiation and expectation of Ethiopian men more than ever before. Ignoring men in fertility research and programs undermines efforts of changing their attitudes on population matters and to motivate them and through them, their wives towards family planning.

Therefore, this study attempts to identify the most important demographic and socio-cultural factors influencing contraceptive use comparing users with non-users residing in Ambo town. The results of this study are expected to help planners and providers of the service to formulate appropriate policy and program measures geared at increasing contraceptive utilization among the population.

1.3. Operational Definition of Terms

The following definitions concepts are used in this the study:

Male Involvement in Family Planning: - is the action of male in using of contraceptive methods (condom, vasectomy), encouraging their partner and their pears to use family planning and influencing the policy environment to be more conducive to develop male related program (Toure, 1996).

Male Participation in Family Planning: refers to men's supportive roles in their families communities and workplace to promote gender equity and equality. It also suggests a more

active role for men in decision making, supporting partner's choice of family planning (Green et al., 2003).

Current use of Contraception: the respondents who were using contraceptive method during the period of data collection (Yohannes, 2004)

Family planning: is a deliberate action performed by the couples in order to limit / space births (Fikre, 2006).

Family planning methods: are either modern or traditional methods. Modern contraceptives are: female and male sterilization pill, IUD, injectable, implants, condoms, diaphragm and lactation amenorrhea method (LAM) and traditional methods are: periodic abstinence and withdrawal (CSA and ORC, 2005)

1.4 Objectives of the Study

1.4.1. General Objective

The general objective of the study is to assess factors that affect male involvement in family planning among men in Ambo town.

1.4.2. Specific Objectives

Based on the above general objective, the study attempts:

- to assess the level of men's knowledge and attitude of various family planning methods.
- to determine whether men are involved in family planning .
- to identify the effect of demographic, socio – cultural and family planning related factors on male's participation in family planning.

1.5. Hypothesis

- Men whose level of education is secondary and above are more likely to be involved in family planning as compared to males with primary and no educational background.
- Men who know one or more different family planning methods are more likely to be involved in family planning than those who know no family planning methods at all or those who knows less different family planning methods.
- Men's desire for additional children negatively affects contraceptive use of both husband and wife.

CHAPTER TWO

REVIEW OF LITERATURE

So far, different studies were conducted by different researchers regarding male involvement in family planning in relation to their knowledge, attitude and practices towards family planning; and socio-economic, cultural, demographic, and family planning factors that influence men's use of contraception. The following section intended to review relevant literatures addressing this issue.

2.1. Socio-cultural and Demographic Factors

2.1.1. Education

In Nigeria, according to the study of Adewuyi and Ogunjuyigbe (1998) level of education is found to be a factor that significantly influences husband's use of contraceptive. Husbands having education up to primary level or less are less likely to use contraceptives currently than those who have education higher than secondary level (Mohammed et. al., 2005).The study by Meseret and Samuel (1993) also shows contraceptive use is strongly associated with educational level of the husband and the likelihood of contraceptive use has increased for married women whose husbands completed higher educational level. Similarly, the study of Girma (1997) reveals that men's education has positive relationship with current contraceptive use.

2.1.2. Religion

Religion is one of the social factors that has an impact on practice of contraception, especially its doctrine. For instance, Shapiro and Tembashe (1994) observed a significant difference in contraceptive use among religious groups in Kinshasa. The non catholic religious groups have higher prevalence rate of contraceptive use than Catholics. Men that do not use contraception also may cite religious factors as reasons for not intending to do so. For example, according to Ezeh and his colleagues (1996), 37% of people from Senegal, 23% from Egypt and Bangladesh each who cited religion as a reason for not using of contraceptive. Another study in Bangladesh on factors affecting contraceptive use also shows that Muslims have less contraception than non Muslims (Shahid and Natai, 1993).Men that do not use contraception also may cite religious reasons for not intending to do so.

2.1.3. Access to Family Planning Services

Family planning services are delivered mainly through health institutions. In Africa the majority of people have no access to family planning service. Even if it exists, it is far from satisfying the demand of the population. According to Biddlecom *and his colleagues* (1997), the demand and supply factors are very important in determining contraceptive behavior. Here the word "demand" refers to the motivation to space or limit birth while "supply" refers to the accessibility and quality of family planning services.

A study conducted on contraceptive method choice except condom, in developing countries, using data from national surveys reveals that the use of each method of contraceptive is the highest when there is more availability of the methods. In countries with the greatest use of pills (36-44%), the level of availability of method is 76-80%. Likewise the highest prevalence of female sterilization (35-41%) is found in countries where (71-80%) of the population has access to the method. The freedom to choose from, a range of contraceptive methods according to once needs and preferences is affected by the sheer availability of those methods. In general, the prevalence or use of each method follows its availability (Ross *et. al*, 2001).

The 2002 National family planning program effort of Ethiopia shows that the over score for the availability and accessibility of contraceptive method increases over the years and rated 31% in 2002. Rating was given to the availability of condom which is easily available at 73% followed by pills and injectables at 59% each. Although ratings for the other methods were low, there has been gradual improvement over the years. The availability and accessibility of Male sterilization is rated at 10%, female sterilization at 9%, IUD at 13%, abortion services at 11%.

2.1.4. Exposure to Family Planning Information

Exposure to family planning information is considered as one of the most influential factor changing the attitude of couples towards family planning. A study conducted in Mali on the impact of multimedia campaign on couples' contraceptive use reveals a sharp increase in the proportion of men and women who intend to use modern contraceptive in the future. During the campaign information about modern contraceptive methods, the need for male sexual responsibility, the health and economic advantages of family planning, the need for communication between spouses were conveyed through radio and television. Consistent increase in the current use of modern contraception among married couples was observed

between the base line and the post intervention survey. Substantial increase in married men's report of their partner's use of contraceptive methods and increase in the use of condom has also been observed (Thomas, 1998)

2.1.5. Decision Making in Hose Hold Issue and Contraceptive Use

Different group of researchers have noted power inbalances in marriages favour men and the husband. Opposition to contraception may be sufficient to block use in many cases (Biddlecom *et. al*, 1997). Similarly, a research done in West Timor reveals that, male alone themselves, decide the number of children that couples would have. Even if a wife disagrees with decision made by her husband, she cannot refuse to do what he says (Bayu, 2004). According to a study conducted to assess the perceptions of fertility regulation in remote community of southern Ethiopia, men dominance in culture is reported to be the major obstacle in fertility regulation decision of women. Female respondents reported that because of the male dominance in their culture, they are forced to bear large number of children (Yohanes *et. al*, 1999).

2.2. Demographic Factors

2.2.1. Age

According to a recent study in Istanbul, by Suzane (2000) age and parity are significantly related with women's contraceptive choice. The prevalence of methods use rose with age, from no use among women 15-24 years to 6.3% among those aged 35 or older.

Kalifaa (1998) stated that among young women the decision not to use contraceptive in the family is made more often by the husband and wife together (Khalifa, 1998).

According to a study by Chulasai (2001) in Thailand, the younger husbands (20-29 years) tend to make the major decision on the practice of birth control alone, while among older ones husband and wife together are the decision makers.

Bayu in his study of (2004) in West Timor stated that older generation used to marry and have many children as God would give them. They need many children to help them in their work in the field and support in old age. Different from the old generation, the younger generation prefers to have a smaller number of children, because they are concerned about the future, of their children's education.

2.2.2. Large Family Size Norms and Sex Preferences

African men are proud of the number of children they have, particularly sons, because they think they gain social and economic benefits out of it. Children are considered important source of old age support for their parents, especially in a society where there is no social welfare and security programs (Bertrand, 1996).

In contrast to this, a study conducted in Jordan reveals that men see a number of draw backs to have large families. Respondents of this survey believe that large families are less happy than those who have small family; and communication between parents is better when the number of children is smaller. Moreover, they believed that large number of children adversely affect the quality of child bearing and parent's physical and mental health (Wasleh, 1999). Similarly, in Ethiopia, although the ideal number of children preferred by men is higher than women, large family sizes are currently not needed by couples as described by a study conducted in remote community of South Ethiopia (Yohannes *et. al,* 1999).

2.3. Family Planning Factors

2.3.1. Knowledge of Family Planning

A study conducted by Bankol and Singh (1998), in sub Saharan Africa, indicates that substantial proportion of married men know about at least one method of family planning how ever, only a small proportion of those who know practice it . This implies that men have at least heard of both male and female control methods as often as women .But, the knowledge may not result in using the method, or supporting partners who seek treatment when there are health side effects (Ezeh et. al, 1996).

In Ethiopia, according to DHS 2000, knowledge of family planning was high (85.3%) and almost similar among currently married men and women. However, among urban youths in Ethiopia, it is found that there is large discrepancy between knowledge and the actual practice of contraception. Only15% of males use condom. Among Ethiopian Domestic Distribution corporation male employees, it is found that 95% of them knew at least one method of family planning and only 39% of them are current users of contraceptive and condom is used by 37.5% of the respondents (Mathewos, 1993).

According to a survey conducted by Shabbir in North Gondar 61.5% of the respondents addressed by the survey know about one or more family planning methods. The top

commonly known methods are: pill 88.1%, Condom 48.2%,Rhythm, 23.2%, Injectable 230%, Female sterilization 12.1% and others were less than 10% each (Shabbir,1998).

2. 3.2. Attitude towards Family Planning

A study conducted in Nigeria on family planning attitudes and use shows that both male and female who approve of contraceptive are two times as likely to be using contraceptive as compared to those who disapproved (Bankol, 1995). However, a substantial number of males who approved contraception favor its use only after having two or more children. Since women cannot use any contraceptive with out her husband's permission, such conditional approve of contraception by men could be serious obstacle in acceptance of contraception at the lower parity for maintaining an adequate interval between two births (Wasileh, 1999).

Another study conducted in Ghana also reveals that men's attitude is important in the context of rising contraceptive prevalence and reducing fertility. According to this study, attitude of wife towards contraception is strongly affected by her husband's attitude but not the vise versa (Ezeh, 1993). Gebrekidan's study (2002) in Tigray region also shows that partner's approval of family planning appears to be an important determinant and predictor variable of current use of family planning methods..

2.3.3. Discussion with Wife about Family Planning

The association between spousal communication about family planning and contraceptive use is well recognized (Salway, 1994).Couple's communication can be a crucial step towards increasing men's participation (Biddelcom *et. al.,* 1997). Communication can also encourage shared decision-making and more equitable gender role (Omondi, 1997; Stycos, 1996)

Even though couple's communication enables husbands and wives to know each other's attitude towards family planning and contraceptive use, communication concerning contraception in developing countries remains rare (Becker, 1996). As one group of researchers has noted, power unbalance in marriage favor men and husband's opposition to contraception may be sufficient to block use in many cases, but the reverse occurs rarely (Biddlecom *et al,* 1997). Some other researchers concluded that when there is no couple's communication, women's family planning aspirations will more often be frustrated than men's (Biddlecom *et al,* 1997; Lasee and Backer 1997). Bongart and Brucel (1995) in their study also argued that, family planning discussion with partner is expected to increase

contraceptive use, because sizable minorities of women cite their husband's disapproval of contraception as the reason for not using the methods.

Communication between husband and wife about family planning matter is also a major problem in Ethiopia. According to (CSA,2001) report, nearly one in five women discussed family planning once or twice while 15 percent said they talked more often. Women in their twenties and thirties are relatively more likely to discuss than women in their teens and forties. According to Gebrekidan's study (2002), the extent and frequency of discussion making among couples concerning family planning appears to be an important determinant and predictor variable of current use of family planning methods.

2.4. Contraceptive Use

DHS, which was conducted in 15 developing countries (11 sub Saharan Africa plus Bangladesh, Egypt, Morocco and Pakistan) reveals that men's contraceptive use is lower than expected, given the over all level of approval and knowledge . The implication of such findings is that if programs could find better ways to reach men contraceptive use might raise considerably (FHI, 1998).

About 5 percent of married couples in developing world rely on vasectomy for pregnancy prevention and an equivalent proportion relies on condom. Usage of these two methods is highest in Asia. Periodic abstinence and withdrawal are not widely used in most developing countries. About 10 percent of Kenyan married couples use methods that require male participation such as condom, periodic abstinence, withdrawal or vasectomy (Akinrinola and Sasheela, 1998).

Men's view of contraception may vary with the different reasons for using contraceptives. For example, according finding of a study conducted in Senegal, the acceptance of contraception among men is significant, even among men from the conservative back grounds when it is for the purpose of spacing birth (Ezeh *et.al*, 1996).

The result of survey done in Dembia District shows that current contraceptive prevalence rate in kola Diba town was 22%. Among the total women included in the survey and among those who never used contraceptive, 70.5% of them did not want to use contraceptives in the future. Again 46.5% and 3.7% of them desire for many children and fear of the side effect respectively being the top among the list of reasons for not using (Yigzaw, 2006).

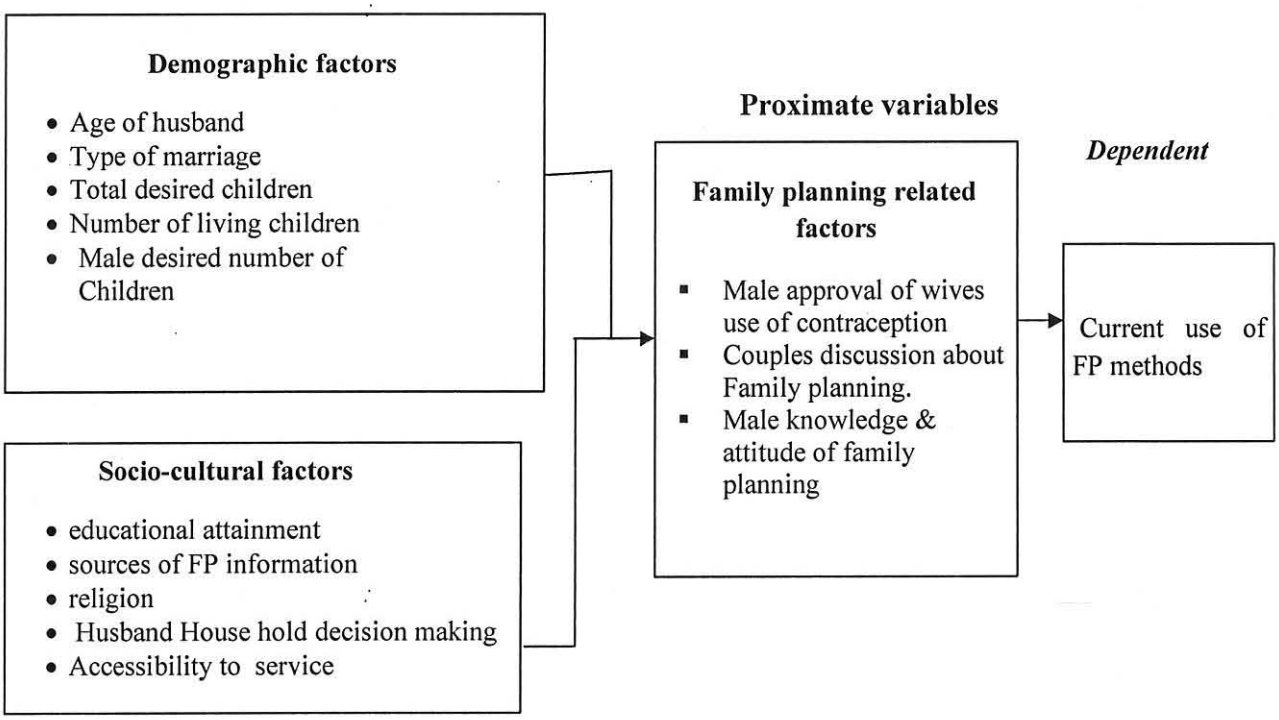
According to (CSA and ORC Macro 2006), contraceptive prevalence is four times higher in urban than in rural areas (47% versus 11%). There is also a substantial variation in the current use by region. The current use was highest in Addis Ababa (57%) and lowest in Somali region (3%). Urbanized areas like Dire Dawa and Harar also have higher levels of contraceptive use (37%) for each than the other regions.

2.5. Conceptual Framework

The conceptual framework of this study is shown below. The independent variables used in this study are demographic and socio-cultural factors. And the proximate variables include family planning factors. The dependent variable is current contraceptive use.

Conceptual Frame Work

Fig 1: Conceptual Framework for the Determinants of Currently Married Men involvement in Family Planning



Source: Prepared based on different literature.

CHAPTER THREE

STUDY DESIGN AND METHODOLOGY

3.1. Study Design

The study follows a community based cross-sectional survey design and employed quantitative and qualitative data collection techniques to gather the required information from the study subjects. The quantitative data were gathered through face to face interview using structured questionnaire specifically designed for this purpose. The qualitative data were collected through FGDs and health assessment from Ambo zonal hospital Marie Stops and Ambo health center. A total of four FGDs were conducted with two different groups of discussants (a male and female selected from each kebeles). Currently married men and women were participated in the FGD.

3.2. Study Area

The study is conducted in Ambo town which is the capital of west shewa administrative zone of Oromia regional state. Ambo town comprises three kebeles and is located about 115km away from Addis Ababa along the main asphalt road that runs from Addis Ababa to Nekemt.

There are one Zonal hospital, one health center, two higher clinics, three medium clinics four small clinics one NGO clinic(Marie stops) , three health posts one pharmacy and eight drug venders in the town. (West Shewa Finance and Economic planning Office, 2006)

3.3. Study Population

The study population consisted of all currently married men aged 15-59 years live in the two randomly selected kebeles. According to the 2007 census report, Ambo town has a total population of 50,267 of which, 25,677 are male and 24,590 are female. Based on the data, males account for 51 percent of the total population.

3.4. Sample Size Determination and Sampling Procedure

3.4.1. Sample Size Determination

The sample size was calculated using the following formula (Gordon, 1994).

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

Where, n=Sample size

z= the standard normal value corresponding to 95 percent confidence interval.

p= expected proportion, (0.5) is used since contraceptive prevalence rate in Ambo town is not known.

d = Margin of error (± 5%) around p

Substituting the values of z, p, 1-p and d in the above formula the sample size is calculated to be 384. A ten percent (10%) allowance for absentee or refusal to participate in the study was considered. Thus the 10% of 384 are 38.4 Therefore, the total sample size used is 384+38.4= 422.4 ≈ 422

3.4.2. Sampling procedure

In order to attain the study, from the three kebeles in Ambo town, two of them were selected using a lottery method (simple random sampling). After the *kebeles* to be covered by the survey were identified, the listing of households with currently married men 15-59 years was undertaken in the selected *kebeles.* There were sections of small administrative unit called *'Got'* in the kebeles. In the data collection procedure, the selected kebeles were divided to each data collector and supervisor based on the 'Got' divisions.The number of men sampled from the selected kebeles were determined using probability proportionate to the household size filtered having eligible respondents. Based on the list of households with eligible respondents as the sampling frame, systematic sampling was employed to address the target interviewee.

3.5. Data Collection Procedures

Ten male interviewers and five supervisors were recruited. After they are recruited, three days training was given to them on the content of the study tools, techniques and procedures of the data collection. The data collectors also can speak both Amaharic and Afan Oromo.

After training was completed, the survey and listing of currently married men in the selected kebeles (01 and 03) was made by moving in clockwise direction and giving serial numbers to the filtered households. Then, using the serial number as the sample frame, systematic random sampling was employed to select eligible respondents for the interview.

Eligibility Criteria

The study used samples of married men who are living in the study area.

Inclusion Criteria

- Married men aged 15-59 regularly living in the study area for at least 6 months

Exclusion criteria

- Irregular residents of the study area
- Married men whose ages are less than 15 years and greater than 59 years.

3.6. Tools for Data Collection

The quantitative data was collected using a structured questionnaire prepared to address all important variables. Before finalizing the individual questionnaire, a pilot study was conducted on 25 males selected from Ambo 02 *kebele* which is not included in the survey. A result of the pilot study was used to do the necessary corrections on the study tools.

The qualitative data were gathered using FGD guide and health facility assessment made to gather information on service availability and male involvement in family planning.

3.7. Data Quality Assurance

The quality of data were ensured through proper recruitment and training of data collectors, pre-testing of questionnaire, close supervision of data collectors and checking each of completed questionnaires daily. Information was exchanged between data collectors and supervisors and then the principal investigator daily to correct problems during the course of data collection. All collected data were checked for completeness, accuracy and consistency by the principal investigator on daily basis. Anything which was unclear was corrected by communicating the data collectors when necessary

3.8. Data Analysis

Data were cleaned and then analyzed using SPSS version 15 statistical software. The analysis examined one basic dependent variable that is a measure of current contraceptive use. Logistic regression was used to examine the relation between the dependent variable and a set of independent variables. In this case, the dependent variable, (contraceptive use), is

dichotomous (use or non-use). Information gathered from FGDs and health facility survey was described and incorporated to the findings under the qualitative information.

3.9. Variables Included in the Study

Independent Variables

Age 15-24, 25-34, 35-44 and 45 and above

Educational Background Illiterate and elementary (1-6), Junior and Secondary (7-10), Preparatory (11-12) and above

Source of FP Information Access to at most 2 Sources, Access to 3-4 Sources, and Access to 5 and above sources

Religion Orthodox, Protestant, and Others (Muslim, Wqeffata and Jehovah Witness)

Husband Household Decision Making Dominant, Non dominant

Type of Marriage Monogamy, Polygamy

Number of Living Children 0-2, 3-5 and 6 and above

Desire for Additional Children Yes, No

Intermediate Variables

Knowledge of FP Methods Know at most 3 methods, Know 4-5 methods, Know 6 and above methods.

Husband Approval of Wife's Contraceptive Use Approve, Disapprove

Husband Wife Discussion on FP Discuss, Not discuss

Dependent Variable

Couples (Wife or Husband) Current Contraceptive Use Yes, No

3.10. Ethical Considerations

Ethical clearance was obtained from Institute of Population Studies, College of Development Studies, and AddisAbaba University. Written consent was also secured from west Shewa zonal health desk. All study participants were informed about the purpose of the study, their right to refuse and assured confidentiality. Their informed verbal consent was obtained prior to the interview.

CHAPTER FOUR

RESULTS OF THE STUDY

This chapter deals with the background characteristics of 422 currently married men in Ambo town and factors affecting them or their wives' contraceptive use. It includes demographic, socio-cultural and family planning factors such as age, religion, ethnicity, education, access to family planning information, type of marriage, number of living children and desired children. It also tests the bivariate and multivariate relation of the demographic, socio – cultural and family planning variables with the dependent variable (current contraceptive use).

4.1. Demographic Characteristics of the Respondents

The age distribution of the respondents ranges between 15-59 years. Nearly thirty three percent of them are in the age of more than forty five years. About 32% and 20.1% of them are aged 35-44 years and 25-34 years respectively. The remaining (15.2%) of the respondents are aged 15-24 years. About 98% of the respondents are monogamous while 2% of them said they are polygamous.

Number of living and desired children influence contraceptive practice. The response of the respondents concerning the number of living children they have indicated that, while most (46.7%) of them have three to four children, about 33% of them have two and less children and, about 21% of them have six and more children. With reference to desire to have more additional children, more than half (61.1%) of the respondents do not want to have more additional children (Table 1).

Table 1 Percentage Distribution of Respondents' by Demographic Characteristics, Male Involvement in FP Survey, Ambo town, Oromia Region- March 2009.

Variables	Number (N=422)	Percent
Age		
15-24	64	15.2
25-34	85	20.1
35-44	134	31.8
45 and above	139	32.9
Type of Marriage		
Monogamous	415	98
Polygamous	7	2
Number of living Children		
0-2	137	32.5
3-4	197	46.6
6 and above	88	20.9
Desire for additional children		
Yes	164	38.9
No	258	61.1

Source: Survey data (March, 2009)

4.2. Socio-cultural Characteristics of the respondents

The Oromo ethnic group comprises the majority (84.8%) of the study population followed by Amhara (12.6%) and Guraghe (2.6%) which are categorized under others ethnic group for the purpose of this study. Considering religion, the majority (69.7%) of the respondents are orthodox Christians followed by protestant (21.5%), and 8.8% others of which comprises, 4.5%, are Muslim, 3.1% are Waqeffataa and 1.2% are Jehovah witness.

For the purpose of this study, the educational status of the respondents is categorized in to three groups. These are: illiterate and elementary (1-6), Junior and secondary (7-10) and Preparatory and above. Nearly 39% of the respondents have illiterate and elementary educational status. About 35% and 27% of them have preparatory and above and junior and secondary educational status respectively. More than half (61.1%) of the respondents have junior secondary and above educational status.

In relation to occupation, considerable proportions (35.8%) of the respondents are government employee and 22.3% of them are merchants. Twenty percent, 17% and 4% of them which are included under others for the purpose of this study are self employee, daily laborers and farmers respectively.

The majority (87%) of the respondents make house hold decision with their partners. The majority (90%) of the respondents have heard about family planning. For the purpose of this study the frequency of sources of in formations from which the respondents have heard the information are grouped as; at most two channels, three to four channels and five and above channels. Accordingly, while 40% of them reported having heard from 5 and above channels, 31.8% and 28.2% of them have reported as they have heard from 3-4 and at most 2 different channels respectively .Radio, Television , Friends and Wife are frequently reported as being the most important source of family planning information by most of the respondents (Table2).

Table 2 Percentage Distribution of the Respondents by Socio- Cultural Characteristics, Male Involvement in FP Survey, Ambo town, Oromia Region- March 2009.

Variables	Number (N= 422)	Percentage
Educational Status		
Illiterate and elementary (1-6)	162	38.4
Junior and Secondary (7-10)	113	26.8
Preparatory and above	147	34.8
Ethnicity		
Oromo	357	84.8
Others (Amahara, and Guraghe).	65	15.2
Religion		
Orthodox	294	69.7
Protestant	91	21.5
Others (Muslim, Waqeffata and Jehovah Witness)	37	8.8
Occupation		
Merchant	98	23..2
Government employee	151	35,.8
Others (Self Employed, Farmer and Daily Laborer)	173	41.0
Husband house hold decision making		
Dominant**	54	13.0
Non- dominant*	368	87.0
Access to family planning information		
Have access to at most 2 channels	119	28.2
Have access to 3-4 channels	134	31.8
Have access to 5 and above channels	169	40.0

** House holds where the husband independently decides on three and more out of the four household issues asked in the questionnaire

* House holds where the husband decides on only two and less out of the four household issues asked in the questionnaire

4.3. Family Planning Characteristics of the Respondents

4.3.1 Knowledge and Attitude of Family Planning Methods

The finding of the study shows that about 90% of the respondents know at least one family planning method. As shown in table 3, among respondents who are aware of one or more FP methods, 94.5% know condom, 92.6% pills, 71.6% injectable, 54.5% rhythm (periodic abstinence, 37.1% female sterilization and 22.4% IUD. Whereas, withdrawal, implant and breast feeding each are known by less than 20% of the respondents (Table 3).

Table 3 Percentage Distribution of the Respondents by Knowledge and Attitude of FP methods Characteristics, Male Involvement in FP Survey, Ambo town, Oromia Region-March 2009.

Characteristics	Number (%)
Knowledge of family planning (N=422)	
Yes	380(90)
No	42(10)
Knowledge of specific FP methods* (N=380)	
Pills	352 (92.6)
IUD	85 (22.4)
Injectable	272 (71.6)
Diaphragm	37 (9.7)
Foam	30 (7.9)
Jelly	21 (5.5)
Condom	359 (94.5)
Implant	65 (17.1)
Female Sterilization	141 (37.1)
Male Sterilization	47(12.4)
Rhythm	207(54.5)
Withdrawal	74(19.5)
Breast Feeding	59 (15.5)
Attitude towards FP method usage	
Approve	280(66)
Dissapprove	100 (24)
Don't know	42(10)

*** Multiple Responses, Figures in parenthesis are percentage**

The respondents were also asked whether they approve or disapprove contraceptive methods use of their wives. Accordingly, while 66 % of them reported that they approve, the remaining 24% don't approve and 10% of them don't know what contraceptive method is (Table 3).

As far as the status of their wives contraceptive use approval by age of the respondents is concerned, about 45% of those who approve of their wives contraceptive use are found in the age category of 35-44 years as compared to 6% who disapprove with in the same age category. Similarly, a considerable number of respondents (33%) who approve of their wives contraceptive use as compared to 14% of those who disapprove are found with in the older (45 and above) age category. In contrary, comparatively smaller proportions (7%) of who approve their wives' contraceptive use versus 40% who disapprove are found in the younger age group (15-24). Similarly, 15% of the respondents who approve as compared to 40% who disapprove are found in 25-34 age groups (Table 4).

Table 4 Percentage distribution of the respondents' approval of their wives' contraceptive use characteristics by age, Male Involvement in FP Survey, Ambo town; Oromia Region- March 2009.

Age	Approve	Disapprove	Don't know	Total
	Number (%)	Number (%)	Number (%)	Number (%)
15-24	20 (7)	40 (40)	4 (9.5)	64 (15.0)
25-34	42 (15)	40 (40)	3 (7.1)	85 (20.0)
35-44	126 (45)	6 (6)	2 (4.8)	134 (32.0)
45 and above	92 (33)	14 (14)	33 (78.6)	139 (33.0)
Total	**280(100)**	**100(100)**	**42(100**	**422(100)**

Respondents' approval is also assessed by their educational status as shown in table 5. Accordingly, larger proportions of the respondents (52%) who approve of their wives' contraceptive use are found in preparatory and above educational status as compared to 1% who disapprove in the same educational status category. Similarly, considerable proportions (30%) of the respondents who approve of their wives' contraception are found in the junior and secondary educational status as compared to 11% of those who disapprove in the same educational status category. In contrary, the smaller proportions (18%) that approve as compared to (88%) who disapprove are found in the illiterate and elementary educational status category (Table 5).

Table 5 Percentage distribution of the respondents' approval of their wives' contraceptive use characteristics by educational status, Male Involvement in FP Survey, Ambo town, Oromia Region- March 2009.

Education al status	Approve	Disapprove	Total
	Number (%)	Number (%)	Number (%)
Illiterate & Elementary (1-6)	50 (18)	88 ((88)	138 (36.3)
Junior and Secondary (7-10)	85 (30)	11 (11)	96 (25.3)
Preparatory and above	145 (52)	1 (1)	146 (38.4)
Total	**280(100)**	**100(100)**	**380 (100)**

4.3.2. Current Contraceptive Use

As indicated in table 6, about 65.3% of respondents' wives were using contraception or the respondents themselves are using male methods. Among these, almost 45 % of them reported that their wives used injectable and 29 % of their wives used pills. Of the respondents, 24.6% of them reported that they were using rhythm method. The use of condom and withdrawal was negligible which was 1.2 % and 0.8%, respectively. Among the methods of family planning used, injectable (from the modern methods) and rhythm (from traditional methods) constitute the highest proportion which is 45% and 24.6%, respectively. Condom (from modern methods) and withdrawal (from traditional methods) are the least d contraceptive methods used by couples in the study area (Table 6).

Table 6 Percentage Distribution of Couples' Contraceptive Use Characteristics, Male Involvement in FP Survey, Ambo Town, Oromia Region- March 2009.

Characteristics	Number (%)
Current Use of Contraception (N= 380)	
Yes	248 (65.3)
No	132 (34.7)
Modern methods currently used (N= 185)	
Pills	71 (28.6)
Injectable	111 (44.8)
Condom	3 (1.2)
Traditional methods currently used (N= 63)	
Rhythm	61 (24.6)
Withdrawal	2 (0.8)

The current contraceptive use of the respondents' wives or the respondents themselves was assessed by using the educational status of the respondents in table 7. Accordingly, the proportion of couples who use family planning methods increases with educational status of the respondents. Almost half (47%) of the couples ,who were using family planning methods, were those whose husbands have preparatory and above educational status as compared with 22% of the couples who did not use the method in the same educational status. Similarly, considerable proportions (28%) of couples who were using contraception were those whose husbands have junior and secondary educational status as compared with 20% of them who were not. In the contrary, smaller proportion (25%) of couples were using contraception in illiterate and elementary educational status as compared to (58%) of them who were not using in the same educational status (Table.7)

Table 7 Percentage Distribution of the Couples' Contraceptive Use by Educational Status of the Respondents, Male Involvement in FP Survey, Ambo Town; Oromia Region- March 2009.

Educational Status	Used	Not used	Total
	Number (%)	Number (%)	Number (%)
Illiterate & Elementary (1-6)	61 (25)	77 (58)	138 (36.3)
Junior and Secondary (7-10)	70 (28.)	26 (20)	96 (25.3)
Preparatory and above	117 (47)	29 (22)	146 (38.4)
Total	248 (100)	132 (100)	380 (100)

Source: Survey data (March, 2009)

4.3.3. Current Use of Male Methods of Family Planning

Respondents who know contraceptive methods were also asked about whether they were specifically using male methods of family planning (condom, rhythm method, withdrawal and vasectomy). About 17.4 % of them reported that they were using male method of family planning. Among the male methods used, rhythm method constitutes the highest proportion (92.4%). The remaining 7.6% goes to condom and withdrawal with 4.6% and 3%, respectively. Although the percentage of respondents currently using male methods of family planning is low (17.4%), the figure shows there is male practice of methods of family planning in the study area besides approving their wives' use of it (Table 8)

Table 8 Percentage Distribution of the Respondents' Contraceptive Use and Specific methods used, Male Involvement in FP Survey, Ambo town, Oromia Region- March 2009.

Characteristics	Number	Percent
Current Use of Male Method of FP (N= 380)		
Yes	66	17.4
No	314	82.6
Specific Male Methods Currently Used (N= 66)		
Condom	3	4.6
With Drawl	2	3.0
Rhythm	61	92.4

Source: Survey data (March 2009)

Respondents who were using any male method of family planning were also asked the reason why they were using family planning methods. Accordingly, almost half (48.5%) of the respondents reported that it was for the sake of birth spacing. The remaining 42.4% and 9.1% reported that it was because of limiting the number of their family and considering the health of their wives, respectively (Table 9).

Table 9 Percentage distribution of the respondents' by reason for the use of FP methods, Male Involvement in FP Survey, Ambo town; Oromia Region- March 2009.

Reasons for current use of male methods of family planning	Number	Percent
To space birth	32	48.5
To limit the number of family	28	42.4
Health of wife	6	9.1
Total	**66**	**100**

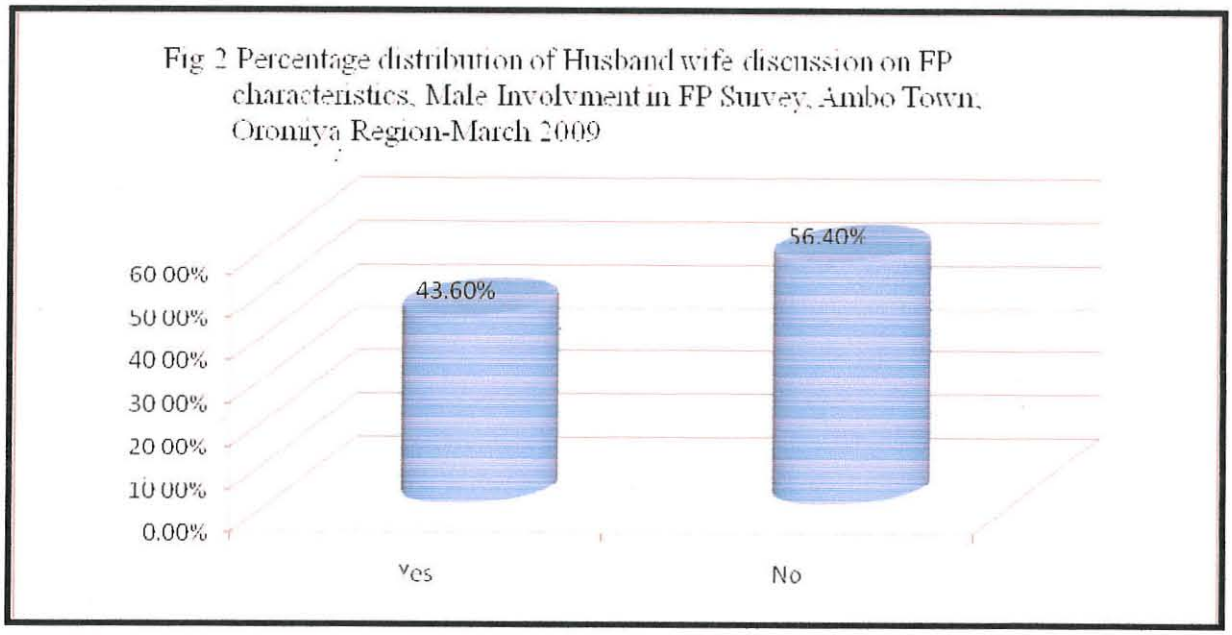
Respondents who reported that they were not using family planning methods during the survey were asked the reason why they were not using any method. About 41% of the respondents reported the desire to have more children, 29.3% of the respondents reported due to religious beliefs, and 20.4% of them reported for fear of its side effect. Whereas the remaining 4.8% and 4.5% considered as women's business and lack of suitable range of methods choice unlike women, respectively (Table. 10).

Table 10 Percentage Distribution of the Respondents' by Reasons for Use of FP methods, Male Involvement in FP Survey, Ambo town, Oromia Region- March 2009.

Reason for not Currently Using Male Methods of Family Planning	Number	Percent
Desire For Additional Children	129	41.0
Religious barrier	92	29.3
Fear of the side effect	64	20.4
Believe that using FP methods is Women Business	15	4.8
No alternatives method culturally accepted as female methods (except condom).	14	4.5
Total	**314**	**100**

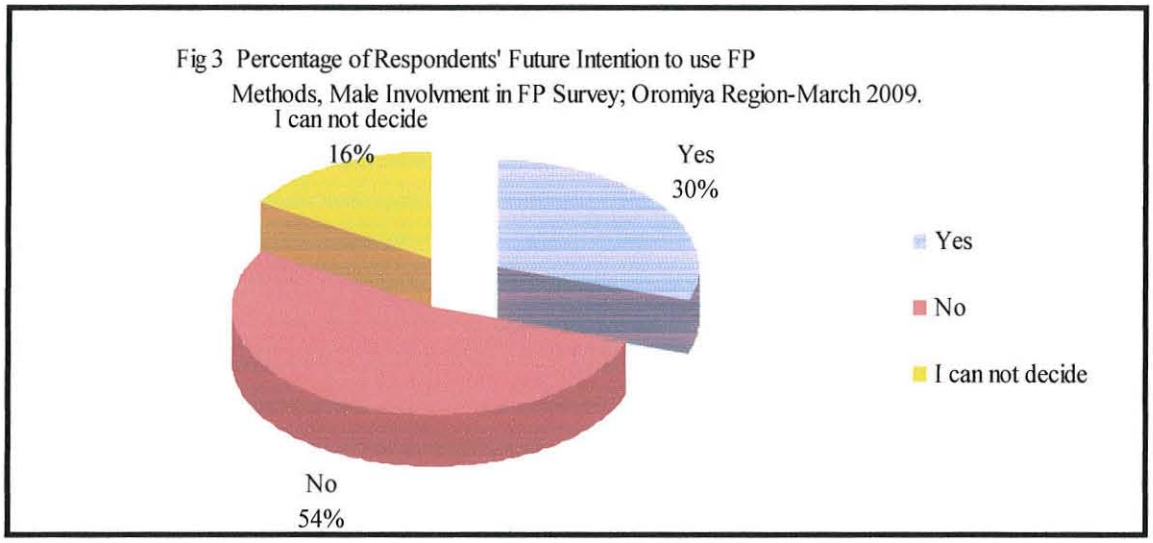
4.3.4 Discussion with Wives about Family Planning

Respondents were also asked whether they have discussed about family planning with their wives within 12 months before the survey date. Accordingly, 43.6% of the respondents reported they discussed on family planning and related issues with their wives while 56.4% of them never discussed on the issues of family planning with their wives (Fig.2).



4.3.5. Respondents' future intention to allow their wives use of family planning methods or using male methods themselves

The respondents were also asked whether they intend to use family planning in the future or not. For this, more than half respondents (54%) of the s said that they had no intention to use contraceptives in the future whereas 30% mentioned that they had intention to use. The rest (16%) reported that they couldn't decide whether they would use or not.(Fig 3).



4.4 Results of Focus Group Discussion (FGDs)

Based on the check list that was developed to guide the discussion, relevant information was obtained. A total of 32 participants were involved in the discussion. The participants freely and actively expressed their ideas about family planning methods, the importance of family planning in relation to mother and child health, and the economic status of the family. In this regard, all the participants already know about family planning. They said that they had heard of family planning from different sources. These sources include: friends, neighbors, relatives, health institutions, health professionals, radio and television. They also explained the importance of family planning and its methods well. The most important function of family planning methods they mentioned were birth spacing, improving economic status of the family, preventing STIs, and birth limiting.

This discussion also reveals that the perception of all discussants on whether men involvement in family planning is important is positive. However, concerning the knowledge and practice of specific method for example, vasectomy, almost all the discussants had no knowledge about it and all didn't practice it still, and have no desire to practice it in the future

even. The absence of knowledge of this method may have hindered some of the beneficiaries to have a range of choice and use of contraceptive methods. Similarly, concerning the use of condom as contraceptive method among couples, all the discussants had negative attitude. After arguing on the issue, they agreed that ''condom should not be practiced among couples in stable marital union since it results in mistrust between husband and wife''. They also mentioned condom as a contraceptive method is used only by those who practice extra marital sex in order to protect contraction by sexually transmitted infectious diseases.

Factors that hinder men's use of family planning methods were discussed and all participants mentioned different factors that affect male use of family planning methods. Among these, factors they cited were the lack of awareness, absence of education and limited choice available.

4.5. Results of Health Facility Service Assessment

Male people in Ethiopia are the forgotten part of the society in their ability to access information and service of family planning relative to the female population because of studies and services have focused on female with the exclusion of males (Yohannes, 2004)

In order to supplement qualitative data besides FGDs, health facility assessment was conducted from March 2-3 2009 by the researcher from Ambo zonal hospital and Ambo health center which provides family planning education and method services besides curative and preventive health services and Marie stops clink which is devoted in providing family planning education and method service.

The three health facilities are located with in a walking distance from the center of the town and are easily accessible for the people residing from all corners of the town. Service provision in all of the facilities is limited to regular working hours i.e. 8:30 a.m. to 12:30 (noon) in the morning and 1:30 P.M to 5:30 P.M in the afternoon .In the government health facilities, all the services are rendered during regular working hours. Marie stops is open for half of a day on Saturday besides the other working days in order to provide the service.

Both government facilities and Marie stops are providing a range of services including information/education on HIV/AIDS, and other commonly communicable diseases like STIs. They also provide a wide range of contraceptives which include: condom IUD, norplant, pills, etc. Other services like, STI diagnosis and treatment, HIV counseling and testing are also provided in all facilities.

Ambo zonal hospital, Ambo health center and Marie stops clinic each has 82, 22 and 4 health professionals excluding the administrative workers respectively. Three nurses from Ambo zonal hospital, three nurses from Ambo health center and one health officer and one nurse from Marie stops clinic have received training on general family planning issues like STIs, HIV/AIDS, and VCT.

Health facility assessment also made to gather information on the proportion of time allocated by health workers to men clients compared to the time they spend in providing the family planning service. In doing so, the health professionals spent negligible time; i.e only 5% of their time is devoted to male clients in each of health service sites.

The proportion of male clients who obtained family planning method service in the last six months before the survey date was also collected from the three health facilities. In this regard, only 21(3%) out of 674, 45 (5%) out of 856, and 98(10%) out of 998 were male clients for Ambo zonal hospital, Ambo health center and Marie stops clinic, respectively. Therefore, as compared to Ambo zonal hospital and Ambo health centre, more male clients visited Marie Stopes Clinic.

4.6. Bivariate Analysis Results

This section deals with bivaiate results of demographic, socio-cultural and family planning characteristics of currently married men such as age, marital status, educational status, occupation, religion, ethnicity, household decision making, knowledge of family planning, discussion with wives about family planning, and approval of their wives' use of contraceptive. In order to measure the strength of association between the different variables, cross tabulation was made between the dependent and independent variables using chi-square test. The different sections below show the relationship and the strength of association between the dependent variable and the selected independent variables.

4.6.1 Difference in Utilization of Family Planning Methods

Couples' utilization of methods of family planning varies with demographic, socio-cultural and family planning characteristics of men. Under this section, therefore, the patterns and differentials in family planning method utilization of currently married couples will be seen.

4.6.1.1. Demographic Factors

Based on Pearson's chi-square test, high value of the test for a given independent variable indicates that there is strong association between the dependent and the independent variable. The bivariate analysis result for the selected demographic variables indicate that age, desire for additional children, and number of living children have significant association with couples' use of family planning methods. Unlike these variables, the other demographic variable, type of marriage does not have a significant relationship with the dependent variable (Table 11).

Table 11: Bivariate Results of Couples' Contraceptive Use by Demographic Characteristics of the Respondents, Male Involvement in FP Survey, Ambo Town, Oromia Region-March 2009.

Variables	Status of Current Contraceptive Use			Chi- Square (X^2)	P Value
	Number	Use	Non use		
Age					
15-24	56	13 (23.2)	43 (76.8)		
25-34	81	52 (64.2)	29 (35.8)	**72.3**	0.000
35-44	132	115 (87.1)	17 (12.9)		
45 and above	111	68 (61.3)	43 (38.7)		
Type of Marriage					
Monogamous	375	243 (65)	132(35)	0.367	0.341
Polygamous	5	3 (60)	2 (40)		
Desire for additional children	142	30 (21.1)	112 (78.9)		
Yes	238	218 (91.6)	20 (8.4)	**194.819**	0.000
No					
Number of living children					
0-2 children	133	83 (62.4)	50 (37.6)		
3-5 children	179	129 (72)	50 (28)	**8.688**	0.013
6 and more children	68	36 (53)	32 (47)		

As shown in table 11 above, age of the respondents has statistically significant association with couples' current contraceptive use ($\mathbf{X^2}$=72.3; P<0.001).That is when the respondents' age increases the number of couples who use the family planning method also increases.

Accordingly, the proportions of contraceptive utilization among couples whose husbands are in the age group of 35-44 are the highest followed by couples whose husbands are aged between 15and 34 and 45 and above years. The lowest contraceptive use is among couples whose husbands are in the lowest age group (15-24).

Desire for additional children of the respondents is also associated with current contraceptive use of couples ($\mathbf{X^2}$= 194.819; P<0.001). The proportion of current contraceptive use of couples is higher (91.6%) among couples whose husbands have no desire for additional children as compared with couples (only 21 %) whose husbands have a desire to have additional children (Table 11).

The test result also reveals that the number of living children that couples have is a significantly associated with their current contraceptive use (x^2=8.688; P<0.05). The proportion of couples who are using contraceptive methods is higher among cohorts of couples who have 3-5 children as compared to those who have 0-2 children (Table 11).

4.6.1.2 Socio-Cultural Factors

Table 12 shows that the relationship between couples' contraceptive use with educational status, ethnicity, religion, husbands' household decision making character, and access to family planning information of the husbands. The chi-square test result shows that of all the socio-cultural factors included in the study, only educational status shows statistically significant relation with couples' current contraceptive use in the study area.

Educational status of the respondents is associated with couples' current contraceptive use (x^2=55.321; P<0.001). As shown in table 12, contraceptive use between couples increases with an increase in educational status of the husbands. Higher proportion (80%) of couples whose husbands have educational status of preparatory and above followed by (73%) of the couples whose husbands have junior and secondary educational status were using contraceptive, respectively. Only 44% of couples whose husbands have illiterate and elementary educational status were used the methods.

Table.12. Bivariate Results of Couples' Contraceptive Use by Socio-cultural Characteristics of the Respondents, Male Involvement in FP Survey, Ambo town, Oromia Region-March 2009.

Variable	Status of current Contraceptive use			Chi-square (X^2)	P Value
	Number	Use	Non use		
Education status					
Illitrate & elementary education(1-6)	138	61(44)	77 (56)		
Junior & secondary school(7-10)	96	70 (73)	26 (27)	**55.321**	0.000
Preparatory& above	146	117 (80)	29 (20)		
Ethnicity					
Oromo	319	208	111 (34.8)	0.003	0.540
Others	61	(65.2) 40 (65.6)	21 (34.4)		
Religion					
Orthodox	261	169	92		
Protestant	85	61	24	3.892	0.143
Others	34	18	16		
Husband household decision making					
Dominant**	49	29 (59.)	20(41)	0.197	0.212
Non-dominant*	331	219 (66.2)	112(33.)		
Access to FP information					
Access to at most 2 channels	77	45 (58)	32(42)		
Access to 3-4 channels	134	86 (64)	48(36)	2.824	0.224
Access to 5 and above channels	169	117 (69)	52(31)		

Note: Figures in the parenthesis are percentage,

** Household where the husband independently decides on three and more of the four of household issues asked in the questionnaire.

* House holds where the husband decides on only two and less out of the four household issues asked in the questionnaire.

4.6.1.3 Factors Related to FP

The relationship between family planning characteristics of the husband and couples' current contraceptive use is shown in table 15. The chi-square result shows that all family planning characteristics of the husband have statistically significant association with current contraceptive use of the couples.

Husbands' Knowledge of Family Planning

Knowledge of family planning of the husbands has shown a statistically significant association with current contraceptive use of the couples (x^2=122.619,P<0.001).As shown in table13, the higher number of couples (96%) whose husbands know six and more methods use family planning methods . 78% of couples whose husbands know four to five different methods of family planning were the users of the methods.

Husbands' and Wives' Discussion about Family Planning

The bivariate analysis reveals that discussion of husbands and wives on the issue of family planning has an association with the current contraceptive use of the couples (= 80.341; P<0.001). Most of the couples (91%) who discussed on family planning issue with in 12 months before the survey time were the current contraceptive users. To the contrary, only 44% of the couples who did not discuss on the issue reported using family planning methods (Table 13).

Husbands' Approval of Contraceptive Use

Small number of the husbands (17.3%) reported that they were using family planning methods at the time of the survey. Based on the perception of the respondents the majority of husbands (73%) whose wives or themselves using contraceptives had experiences of approving their wives' use of contraceptives (Table13).

The bivariate analysis establishes an association between husbands' approval of their wives family planning method use and couples' current contraceptive use (x^2=45.565; P<0.001). 73% of couples whose husbands' approve of their wives contraceptive use are the users of the method. On the contrary, only 44% of the couples whose husbands disapprove used the method. This again shows that husbands' approval has a positive association with couples' current use of contraceptives.

Table.13. Bivariate Results of Couples' Contraceptive Use by Factors Related to FP Characteristics of the Respondents, Male Involvement in FP Survey, Ambo town, Oromia Region-March 2009.

Variable	Status of current Contraceptive use			Chi-square (X^2)	P Value
	Number	Use	Non -use		
Husband's Knowledge of FP Methods					
Know at most 3 methods	141	46 (33)	95 (67)	**122.619**	0.000
Know 4-5 methods	154	120 (78)	34 (22)		
Know 6& above methods	85	82 (96)	3 (4)		
Discussion with wife					
Discussed	174	158 (91)	16(9)	**80.341**	0.000
Never discussed	206	90 (44)	116 (56)		
Approval Of Contraceptive use					
Approve	280	204 (73)	76 (23)	**45.565**	0.000
Disapprove	100	44 (44)	56 (56)		

4.7. Multivariate Analysis of the Correlates of Contraceptive Use

The existence of multicollinearity between the independent variables was checked by using variance inflation factor (VIF) before the model was fit. According to Schwarz (2007) a tolerance value less than 0.20 shows problem of multicollinearity .As presented in annex 5, the model tolerance is greater than 0.20.Therfore multicollinearity has no influence on the model. Again, when VIF value is greater than four, it indicates multicollinearity effect (Schwarz, 2007).As presented in annex 5, all the values are less than four. Thus, multicollinarity problem does not exist in the model.

In previous sections of this chapter, discussions were made on descriptive and bivariate analysis of different demographic, socio-cultural and intermediate factors that influence the respondents' or their wives' current uses of contraceptives. However, such simple statistical description and simple cross tabulation does not show the net effect of the independent variables on the dependent variable because the other variables are not controlled while analysing one independent variable with the dependent variable. In order to overcome this

problem, further analysis using multivariate regression technique is applied to measure the net effect of each independent variable up on the dependent variable. The independent variables are selected based up on the chi-square test result.

The dependent variable of this study is dichotomous. That is either currently using contraceptive or not using contraceptive. In the logistic regression model, the dependent variable is classified as "0''for those who are not using and "1" for those who are using the method. The exp (B) in this model represents the increase or decrease in log odds of occurrence of an event associated with a unit change in the independent variable controlling for the confounding effect of all other variables.

4.7.1 Determinants of Couples Contraceptive Use

Among different demographic, socio-cultural and family planning variables included in the study, age, desire for additional children, educational status, access to family planning information, discussion with Wives on family planning issue, and approval of the respondents of their wives contraceptive use were significant predictors of couples contraceptive use.

Age of the respondents is one of the variables that has a significant effect on couples' contraceptive use. The odds of wives or husbands contraceptive use among 35-44 years age group of respondents is 43.71 times higher than the reference category (15-24) years. Similarly, the odds of contraceptive use of wives or husbands whose husbands' age group is 45 and above are 20.808 times higher than the reference category.

Desire for additional children is also found to be related with couples' contraceptive use. The logistic regression result reveals that couples whose husbands do not have a desire for additional children were 3.102 times contraceptive users than couples whose husbands do not.

Educational status of the respondents is also one of the socio-economic variables to be correlated with contraceptive use of couples. Contraceptive use among couples in this study has a positive relation with the educational status of the respondents. Couples whose husbands have preparatory and above educational status were 29.975 times more contraceptive users than couples whose husbands have elementary and less educational status .Similarly, couples whose husbands have junior and secondary educational status were 15.43 times more contraceptive users than couples whose the husbands have elementary and less education status (Table 14).

Table.14.Logistic Regression of Demographic, Socio-cultural and Factors related to FP Characteristics of Respondents and Couples' contraceptive use, Male Involvement in FP Survey, Ambo town, Oromia Region-March 2009.

Variable	B	S.E	EXP(B)	P-value
Age				
15-24 (RC)	0.000	-	1.000	
25-34	0.306	1.549	1.538	0.843
35-44	3.778	1.617	**43.710**	0.020
45 and above	3.035	1.569	**20.808**	0.043
Education level				
Never been in school and	0.000	-	1.000	
elementary (1-6) (RC)	2.736	0.294	**15.430**	0.003
Junior& secondary(7-10)	3.400	1.309	**29.975**	0.009
Preparatory and above				
Discussion with wife about FP				
Discussed (RC)	0.000	-	1.000	
Never discussed	-1.707	0.979	**0.181**	0.038
Approval of contraceptive use				
Approve (RC)	0.000	-	1.000	
Disapprove	-2.949	1.073	0.052	0.006
Desire for additional children				
Yes (RC)	0.000	-	1.000	
No	5.102	1.829	**3.102**	0.005
Knowledge on the methods of FP				
Know at most 2 methods (RC)	0.000	-	1.000	
Know 3-5 methods	-0.753	0.861	0.321	0.643
Know 6 and above methods	-0.376	0.398	0.701	

Husbands' and wives' discussion on family planning issue has statistically significant effect on their contraceptive use. Couples whose husbands have no experience of discussing on family planning issue with their partners were 0.181 times less likely to use contraceptive than couples whose husbands have experience of discussing on family planning issue with their partners.

Husbands' approval of contraceptive use is another family planning variable which is associated with couples' contraceptive use. The multivariate analysis result shows that couples whose husbands disapprove their wives' contraceptive use were 0.052 times less contraceptive users than those whose husbands do.

4.8 Discussion of Main Findings of the Research

The contraceptive use problems of couples in Ethiopia are many and interrelated. Even though different family planning methods and services are available in urban and rural areas, their actual use is very less. This study assessed problems related to couples' contraceptive use in Ambo town. No attempt was made however, to represent the rural area of Ambo. Therefore, the survey results may not be applicable to rural areas of the zone.

Of the respondents 380 (90%) reported that they had knowledge of family planning methods. This might be because of their educational status since more than half of the study population (61.1%) have junior-secondary and above education. According to CSA and ORC macro (2006) finding, injectable and pills were the most known family planning methods. Similarly, in this study condom (94.5%), pills (92.6%) and injectable (71.6%) known by the respondents. This shows that condom injectable and pills are the most popular among the other methods.

The current use of contraceptive methods in Ambo town by couples is found to be 65.3% which is close to the findings of the studies in Harar town (69%) by Kermudin (2005) and Awasa town (68%) by Sahle (2003).This similarity of result could arise from their similarity in educational status on one hand and access of family planning methods since all are urban centers. But, the contraceptive prevalence rate found in the present study is higher than the results by USAID/Pathfinder Ethiopia (2004) which was 24% in Oromia, 20% in both Tigray and Amahara. It is also inconsistent with the Ministry of Health report (2005) which showed 25 percent for the whole country. The discrepancy could be explained by the fact that the above findings by USAID/pathfinder and Ministry of Health studies were done in mentioned regions and the whole country which include the average result of both urban and rural settings while the current was conducted in urban area. The difference could also arise from the difference in the educational status and access to family planning services. A study by Yohannes (2004) and Tsedeke (2004) also reveals that injectable and pills are the most widely used methods of family planning. Similarly, in this study injectable (41%), pills (33%) and rhythm (24.6%) were used by the respondents' wives or the respondents themselves.

The majority of the respondents reported that their reasons for use of contraceptives are to space birth 48.2%, to limit their family number 42.5%. Even though spacing can limit the number of children, both spacing and limiting bring a substantial reduction in population growth. The modern contraceptive methods, especially, male methods, like condom and vasectomy are poorly practiced in the study area. The main reason mentioned by the non users for why they did not practice contraceptive methods were the desire for more children, religious taboos and fear of the side effect of the method.

There is high contraceptive prevalence rate in the study area as compared with general rate in the country. However, still there is a gap between knowledge and actual use. Samuel (1993) on his work portrayed that contraceptive use is strongly associated with educational status of husbands. According to this study, the likely hood of married women's contraceptive use is higher among those whose husbands completed higher education than those whose husbands have less educational status. Girma's study (1997) also reveals that, men's education has positive relationship with their wives' current use of contraceptive. A very high proportion of subjects in the present study have formal education. This is may be because the study was done in town. Among the respondents 147 (34.8%) of them have preparatory and above educational status. 113 (26.8%) and 162(38.4 of them have) junior and secondary and elementary and below educational status respectively. 117 (80%) and 70 (73%) of the couples whose husbands have preparatory and above and junior and secondary educational status, respectively were users of contraceptive methods. Only, 61(44%) of the couples whose husbands are illiterate and elementary in educational status were current contraceptive users. There fore, there is a strong association between education and current contraceptive use.

This finding is consistent with the findings of Ezeh (1997) in Ghana which describes husbands' approval of contraceptive enhances the chances of couples' contraceptive use. This indicates that improving the attitude of individuals may have a significant effect on use of contraceptive methods by couples. Data collected from FGDs in the present study also shows that husbands' approval of their wives use of family planning methods is very important for the use of contraceptives effectively and for the continuation of couples' use. One of the FGDs discussant, currently contraceptive user and teacher of high school and a father of three children, explained his opinion on the influence of husbands' approval of their wives family planning on current contraceptive as:

My wife is currently contraceptive user (pills). I accept her idea to use it. My acceptance of it helps my wife to use it correctly. In addition to this, my support is very important to know her interest and change in to other methods suitable for health and that is the case she changed injectable.

Less than a half of the respondents (43.8) reported that they discussed on family planning in with in 12 months before the survey time. Most of the wives or husbands (83%) whose husbands have experience of discussing on family planning issue were current contraceptive users. This finding is similar with Girma's finding (1997) which documents that couples' communication on family planning has statistically significant relationship with contraceptive use. Similarly, other different studies show that couples' communication regarding family planning is positively associated with contraceptive use in Ghana (Salway, 1994), Bangladesh (Kamal, 1999). In line with this, almost all of the respondents from the FGDs described positive influence of couple discussion regarding family planning on couples'use.

For instance, a 38 years old merchant father of 8 years child from the FGDs discussants described his opinion on the influence of couples' communication regarding family planning on current contraceptive use as:

I have only one child. My wife and I did it intentionally through discussing among us on the importance of family planning to space our children. My wife has been using family planning method (pills). But, we have a plan to have our second child in the near future since our child is ten years old and we have enough capital for....

The finding of this study highlights that respondents aged 35-44 years, are found to be 8.4 times more likely to allow their wives to use contraceptive or use male methods themselves than the other age categories. According to a study conducted by Ygizaw (2006) in Dembia District also, Women who are 35-44 years old were 1.12 times more likely to use contraceptive compared with 15-24 year ones.

Use of modern methods of contraceptives is high when couples want to stop child bearing and low when they want to have more children (Akinrinola and Susheela, 1998). The bivariate analysis of this study also reveals that desire for additional children has statistically significant association with contraceptive use. Consistently, multivariate analysis also shows

that couples whose husbands have no the desire for more children are 3.102 times more likely to use contraceptive than couples whose husbands do.

The bivariate analysis on the number of living children also shows significant association with couples' current contraceptive use. Other findings in Nigeria provide some evidence for the present finding. In Nigeria, Adewuyi and Ogunjuyijbe's study (1998) demonstrates those children ever born influence the use of contraceptive .In Bangladesh, Mohamed and his colleagues study (2005) also reveals that husbands with no children have lower odds of using contraceptive than those who have 5 or more children.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1. Summary

Even though population increment is the major phenomena of the world, it is the highest in Sub Saharan Africa. Ethiopia, as, African country, is experiencing high population growth. The rapid population growth in Ethiopia is posing serious difficulties in effort to achieve economic and social developments. Hence, the objective of decreasing fertility rate has been the major issue at both micro level (like family) and macro level (nation wide).This objective would be possible through expanding effective family planning technique among the general public.

The major objective of this study is to determine the most important socio-cultural, demographic and family planning factors that influence male involvement in family planning in Ambo town. The study is based on 422 randomly selected currently married men aged 15-59 years in Ambo town. Both qualitative and quantitative information were collected. The qualitative information was gathered through focus group discussion and health facility assessment. The focus group information was gathered from currently married men and women of o1 and 03 kebeles. The health facility assessment was organized from Marie Stops Clinic which is devoted in providing methods of family planning, Ambo zonal Hospital and Ambo Health Centre which also provide family planning methods besides preventive and curative health services. Following this, data gathering, data entry, data cleaning and analysis were made step by step. Finally, discussion was made on different demographic, socio-cultural and family planning variables in order to examine correlates of current contraceptive practice of the respondents or their wives in the study area.

In terms of ethnicity the study population was predominantly Oromo. (84.6). As far as religion is concerned, more than half of the respondents (69.7%) were orthodox Christian. Nearly three out of four of the population (83.4%) were literate. Considerable numbers of the respondents (37.4%) were above 45 years in age. Access to family planning information is universal. Among the respondents (71.8%) have heared information about family planning from three and above channels. Regarding house hold decision making, the majority of the respondents 71.8%) were non-dominants who made decision jointly with their wives even

though men are the ultimate decision makers compared to women. As far as the type of marriage is concerned, more than nine out of ten of the respondents were monogamous.

The descriptive approach of this study shows that respondents' knowledge of family planning is quite high (90%). As far as knowledge of specific method is concerned the knowledge of pills (93.7%), condom (83.4%), injectable (64.5%), rhythm (58.2%) were the most known by the respondents respectively. In the contrary, female sterilization, withdrawal and breast feeding were relatively the least known methods .With regard to attitudes towards family planning methods, the majority of the respondents (66%) approve contraceptive method used to regulate fertility by their wives. 34% of them did not approve their wives' contraceptive use.

In relation to current contraceptive use, 65.3% of the total respondents reported their wives or they themselves were using contraceptive methods during the survey period. The proportion of non users is relatively less than the proportion of users (34.7%). The study also shows that injectable and pills are the most widely used methods by the wives of the respondents, and rhythm for the male. Among traditional contraceptive methods used, rhythm accounts to 24% of family planning methods used by the couples.

As far as the use of male method is concerned, 17.3% of the respondents whose wives are using contraceptive or using male methods by themselves were users of contraceptive methods. Among the male methods practiced, rhythm accounts to 92.4% and the remaining 4.6 % and 3% were condom and withdrawal respectively.

With regard to reason for non-using of family planning methods, 41% of the non user respondents reported they have desire for a more children. About 29.3% of the non user respondents were not using family planning methods because of religious doctrine.

Less than half (48.7%) of the respondents have discussed with their wives about family planning. Among the respondents who know family planning methods, only 42.4% have an intention to use methods of family planning in the future, 41% have no intention to use and 16 .6% of them couldn't decide whether they use or not.

From the total respondents, 78% of those who aged between 35 and 44, and 65.7% of those aged between25 and 34 were allowed their wives to use contraceptive or used male method by themselves. Concerning the younger age cohorts (15-24) years and older cohorts (above

45) years age, only 20.8%and 4.5% of them were allowed their wives to use contraceptive or used male methods by themselves.

Regarding the number of desired children, respondents who would like to have 3 or fewer children are more likely to allow their wives to use contraception or use male method themselves than those who would like to have 4-5 and 6 and above children. In relation to living children, percentage of respondents who allow their wives to use contraception or use male methods themselves is high in 3-5 parity couples than 0-2 parity couples.

5.2 Conclusion

This study examined factors that influence couples contraceptive use among currently married men in Ambo town with particular reference to the extent to which socio-cultural, demographic and family planning factors exert an in influence on the dependent variable (contraceptive use).

The study disclosed that age of respondents is among the factors that have strong influence on contraceptive use in the study area. Respondents with middle age, 35-44 years were those who's wives or themselves more used contraceptives than the other age groups. The less use of contraceptive among the younger age group (15-24) is may be related to their desire to have children at their early stage of their marital life.

The desire for additional children by respondents is also another variable found to have a significant effect on couples' contraceptive use in the study area. Couples whose husbands have no desire to have more children were using contraceptive methods 3.109 times less likely than those who want to have more children. This finding is similar with the findings of Akinrnola and Sasheela (1998) which reveals that the use of modern contraceptive methods is highest when spouses want to stop child bearing and lowest when they want to have more children.

The number of living children also has a significant influence on contraceptive use of couples ($\mathbf{X^2}$ =8.688, P<0.05).The proportion of contraceptive users is high among cohorts who have 3-5 children than other cohorts who have less children. Similarly, according to Mohamed and his colleagues study (2005) in Bangladesh, husbands who have no children have lower odds of using contraceptives than those who have 5 or more children.

The present study portrays that discussion with wives on family planning has a strong influence on contraceptive use. In some cultures like Ethiopians discussion of couples on

family planning is not common. Similar result is found in northern part of Ethiopia (Tigrai region), where use of contraceptive is strongly associated with the frequency of discussion made between husbands and wives on family planning issue (Gebrekidan, 2002).

Before concluding the discussion, the present finding proved all mentioned hypothesises at the begging of the study. The hypothesis, men who have secondary and above education are more likely to be involved in family planning as compared to male with primary and no education is proved. The second hypothesis , men who know one or more different family planning methods are more likely to be involved in family planning than those who know no or less family planning methods and the third hypothesis which states men desire for additional children negatively affects contraceptive use of both husband and wife are also proved .

In general, the finding has important policy implications. One of these findings suggests that, discussion between husbands and wives on family planning needs an intervention in the study area. Many couples are afraid off discussing or unwilling to discus with each other about limiting their child bearing due to cultural barrier. Therefore, efforts are needed to promote discussion between couples regarding family planning issue.

5.3. Recommendations

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

- All concerned agencies in the area should work together in order to expand education and information regarding family planning in the study area and promoting discussion between couples which let them understand each other on using contraceptive methods.
- The finding also highlight the variation of knowledge of different contraceptive methods of the respondents is one factor for variation of contraceptive use among couples. Therefore, all organizations working on family planning in the study area should use all efforts in order to expand education and awareness on range of choices of family planning methods to those who are not practising it.
- Agencies and institutions working on family planning in the study area should work on awareness creation among:
    - the society to recognize men's involvement in family planning.
    - men to change their attitude towards family planning and hence to use their potential positive role to promote family planning programs

- The health institutions in the area should work with zonal health departments, NGOs and other concerned bodies in the area and must consider the expansion of contraceptive choices, especially male methods.
- Agencies and institutions working on family planning in the area should strengthen education and counselling of men to change their positive attitude and knowledge of different methods in to actual practices.

REFERENCES

Adewuyi, A. and Ogunjuyigbe, P. (1998). The Role of Men in Family Planning: An Examination of Men's Knowledge and Attitude to Contraceptive Use Among the Yorubas," Department of Demography and Social Statistics. Obafemi Awolowo

Almaz Terefe and Larison C.P.(1993). Modern Contraception in Ethiopia: Does Involving Husbands Make A Difference? American Journal of public Health. 83(11) 167-176.

Akinrinola, B and Sasheela, S. (1998). Couple's Fertility and Contraception Decision Making in Developing Countries: Hearing the Men's voice. International Family Planning Perspectives, 23 (3)11-22

Bankol, A. and Singh, S. (1998). "Couples' Fertility and Contraceptive Decision-Making in Developing Countries: Hearing the Men's Voice. International Family Planning Perspectives, 21(2) 23-31

Bayu, S. (2004). "Barriers to Male Participation in Family Planning in West Timor" Asia-Pacific Population Journal, Research Center of Population, Indonesia institute of Science, Jakarta, Indonesia.

Bertrand, J.T. (1996). "Male Versus Female Perspectives on Family Planning" Journal of Biosocial Science 28:37-55

Becker,S. (1996). "Couples and Reproductive Health": A Review of Couples' Studies: Studies in Family Planning, 32 (2) 111-119

Biddlecom, A.E Casterline J.B. and Perez, A.E. (1997).Spouses' Views of Contraception in the Philippines. International Family Planning Perspectives, 23(3): 108-115.

Bongart, J and Bruce, J. (1995). The Cause of Unmet Need for Contraception and the Social Content of Service .Studies in Family Planning, 26(2):57-75

Central Statistical Agency (CSA) (1991). Population Analysis and Study Center, the 1990 Family and Preliminary Survey Report: Central Statistical authority, Addis Ababa.

_____ (1993).The 1990 National Family and Fertility Survey Report: Central Statistics Authority, Addis Ababa

_____ (2001). The 2000 Demographic and Socio- economic Report: Part II-Unpublished

Central Statistical Agency (CSA) (2009).The 2007 Population and Housing Census of Ethiopia, a Preliminary Report .Addis Ababa.

Central Statistical Agency (CSA) and ORC Macro (2001). The 2000 Ethiopian Demographic and Health Survey Report: Central Statistical Agency, Addis Ababa.

Central Statistical Agency (CSA) and ORC Macro (2006). The 2005 Ethiopian Demographic and Health Survey Report: Central Statistical Agency, Addis Ababa.

Chulasai, L. (2001). The Role of Husbands and Fathers in Family Planning in Rural Chiangamai, Thailand Chiangamai: Chiangamai University.

Danforth, N. (1994). Involving Men in Family Panning in Kenya. National Health Programs.

David ,G.G., (1998) Multiple Regression: Stat notes, Public Administration Program: North Carolina State University.

Ezeh, C.A.Seroussi, M. and H Raggers, H. (1996). " Men's Fertility, Contraceptive Use, and Reproductive Performance, Demographic and Health Surveys Comparative studies": Calverton, MD, USA, Macro International, No, 18

Ezeh., C.A. (1993) "The Influence of Spouses on Each Other's Contraceptive Attitude in Ghana". Studies in Family Planning, 24(3), 163-174

_____. (1997) ''Contraceptive Practice in Ghana: Does Partner's Attitude Matter?'' Paper Presented at the Annual Conference of Population Association of America, Denver, Colorado, and 19th April 2nd May 1997

Family Health International. (FHI) (2001). Unnoted Bibliography update: Fertility and Reproductive Health /Family planning (1986-2001).

Gebrekidan Mesfin. (2002)"The Role of Men in Fertility and Family Planning Program in Tigray region." Ethiopian Journal of Health Development, 16 (3)247-255

Girma Demissie. (1997). Male Attitude Towards Contraceptive Use and Reproductive Preference in Ethiopia: Unpublished M.Sc. Masters Thesis in Demography, Addis Ababa University.

Gordon, S.p, and Gordon, Fs (1994). Contemporary Statistics: Computer Approach Mc Grawhill.Inc.U.S.A

Green, P.C, Chen.SJ and Ghouayel H.B. (1995). Male Involvement in Family in Reproductive Health, UNFPA Technical Report 28, New York USA 7-9, 57-90.

Jameston DT., Mosely WH., and Misham AR. (1993): Disease Control Priorities in Developing Countries.New York: Oxford Univerisity Press for World Bank.

Kermudin Mubarek .(2000). Measuring Unmet Need of Family Planning Among Wives and Husbands in Harar town: Unpublished Masters Thesis in Public Health, Addis Ababa University

Khalifa, A M. (1998). Attitude of Urban Sudanese Men towards Family Planning. Study of Family Panning, 19(4):7-12

Kamal, N. (1999). Inter-spousal Communication on Family Planning as Determinant of the us of Modern Contraception in Bangladesh, Journal of Family Welfare,45(1):31-43

Lasee, A. and Becker, S. (1997). "Husband -Wife Communication about Family Planning and Contraceptive Use in Kenya." International Family Planning Perspectives 23(1):31-43

Mathewos Wakbulcho. (1993). Family Planning Survey Among Ethiopian Domestic Distribution Corporation Employees in Addis Ababa. Ethiopian Journal of Health Development, 7 (2)85-91

Mbizov, M.T. and Bassett, M.T. (1996) Reproductive health and AIDS prevention in sub-Saharan Africa: The Case for Increases in Male Participation. Health Policy and Planning, 11(1)84-92

Meseret Shiferaw and Samuel Gebrehiwot (1993). Socio-Demographic Factors Influencing the Use of Modern Contraceptive Use in an Urban Population in South –Western Ethiopia: Ethiopian Journal of Health Development, 5(1):29-34

Mirgsa Kaba. (2000). Fertility Regulation Among Women in Rural Communities around Jimma, Western Ethiopia. Ethiopian Journalof Healt Development, 14(1)117-125

Mistk.S, Nacar, M. and Mazicioglu, F. (2003). Married Men's Opinions and Involvement Regarding Family Planning in Rural Areas: Contraception: 67,133137.

Mohammed, A. I, Sabu, S., Padmadas and Peter W.F.(2005).Men and Family Planning in Bangladesh:Social Statistics, University of Southampton, UK: hitt://www.islam/soton .ae.uk (Accessed on:20, Nov.2008).

MOH. (1996). Guide line for Family Planning Service in Ethiopia. Addis Ababa.

MOH. (2005). Health and Health Related Indictors: Planning and Programming Department, Federal Democratic Republic of Ethiopia, and Addis Ababa, Ethiopia.

Omondi Odhimbo. (1997). Men's Participation in Family Planning Decision in Kenya: Population studies, 55 (1), 29-40

USAID/Pathfinder International. (2004). Knowledge, Attitude and Practice in Family Planning in Amahara, Oromiya, SNNPR, and Tigrai Regions of Ethiopia, Addis Ababa.

Piet-pelon,N.J., Rob,U. and Khan, M.E. (2000). Men in Bangladesh, India and Pakistan: Reproductive Health Issue. Karshaf Publishers: Dhaka, Bangladesh.

Rand .(1998). The Value of Family Planning Programs in Developing Countries. Santa Monica, Calif: Rand-978/rf/UNFPA

Ross J, Hardee K, and .Mumford, Eid. S. (200)1. Contraceptive Method Choice In developing Countries .International Family Planning Percpectives, 28(1) 32-38

Sahle Sita. (2003). Assessment of Magnitude and Determinants of Unmet need for Family Planning Among Currently Married Women in Urban and Rural Community in Awasa, Southern Ethiopia: Unpublished Masters Thesis in Public Health , Addis Ababa University

Salway, S. (1994). How Attitude toward Family Planning and Discussion between Wives and Husbands Affect Contraceptive use in Ghana: International Family Planning perspectives, 20 (2) 44-47

Schwarz J .(2007). Crash Course in Statistics for Neuroscience Center Zuric. University of Zuric.

Shabbir Ismael. (1998). Men's Knowledge Attitude and Practice of Family planning in North Gondar. Ethiopian Journal of Health Developmentn,16 (3) 263-269.

Shahd, U. and Natai, C. (1993). Factors Affecting the Use of Contraception in Bangladesh: A Multivariate Analysis. Asia-Pacific Population Journal,8(3):19-30

Shapiro, D and Tembashe, B.O. (1994). "The Impact of Women's Employment and Education on Contraceptive Use and Abortion in Kinshasa, Zaire", Studies in Family Planning, 25(2)98-104.

Stycos J.M. (1996). Men, Couples and Family planning: A Retrospective Look. Department of Rural Sociology Population and Development Program, 1996 (Population and Development Program Working Paper Series), Ithaca, New York Cornell University.

Sulivan M. (1989).Socio-Cultural and Psychological Factors Influencing Contraceptive Use in Developing Countries Unpublished manuscript .Mc Gill-Ethiopia Community Health Project.

Toure L. (1996). Male Involvement in Family Planning,: A Review of Literature and Selected Program Initiatives in Africa , Support for Analysis and Research in Africa , US Agency for International Development .Washington D.C.

Tsedeke Tuloro. (2004). Assessment of the Role of Currently Married Men Aged 20-64 years in Contraceptive Use and Fertility Preference, in Hosasaina, SNNPR-Ethiopia: Unpublished M.Sc. Masters Thesis in Public Health .Addis Ababa University.

Unite Nations. (UN) (1995) Program of Action of the International Conference on Population and Development (Cairo): New York, UN.115P

Uche, C. A. (1999).Reproductive Motivation and Family Size preference Among Nigerian Men; Studies in Family Planning, 25 (.3) 74-86

Wasleh, P.N.(1999). "Men's Knowledge of and Attitude towards Birth spacing and Contraceptive Use in Jordan." International Family Planning Perspectives, 25(4):182-185

West Shewa Finance and Economic planning Office. (2006). Socio-Economic Profile of West Shewa Zone.

WHO.(2001).UNDP,/UNFPA,/WHO/ World Bank Special Program of Research, Development and Research Training in Human Reproduction, Family and Community Health, Geneva.

Yigzaw Kebede. (2006). Contraceptive Prevalence in Dembia District, North West Ethiopian Journal of Health Development; 20 (1) 32-38

Yohanes Berhane, Eyasu Mkonen, Legese Zerihun, Getachew Assefa (1999). Perception of Fertility Regulation in Remote Community, South Ethiopia: Ethiopian Journal of Health development, (3) 217-221

Yohannes Tolassa. (2004). The Role of Men in Family planning in Rural Community of Ethiopia: Unpublished M.Sc. Masters Thesis in Public Health ,.Addis Ababa University

Annex I

ADDIS ABABA UNIVERSITY

COLLEGE OF DEVELOPMENT STUDIES

INSTIUTE OF POPULATION STUDIES

Title: Male Involvement in Family planning in Ambo town

In this study, the interview will be made to married men aged 15 to 59 years who resides in Ambo town.

Confidentiality and Consent

Dear respondent,

My name is _____. Currently, I am a working in the research team of Addis Ababa University, College of Development Study of the Institute of population Studies. The research is conducted on male involvement in family planning in Ambo town. The research will be helpful in keeping the reproductive health of both husband and wife and will help us to develop services and educational programs for the couples at Ambo town. There fore, your honest and genuine participation and response to the question help for a better understand the factors that affect the male involvement in family planning. And it is also serving as an important input for intervention program so as to improve husband and wife use of family planning (contraception) in Ambo town.

All the information you give me will be kept private and your name is not put any where on this questionnaire. Moreover, any one of your response will not be given to any one at any time. If you decided not to participate or complete the form, you may end filling the questionnaire any time you want to. This interview will take 30 minutes to complete the questionnaire. Are you interested to participate in this study!

[ ] Yes [ ] No

Thank you for your coopration in advance!

No	Identification	Name	Code	
1	Region	Oromia	01	
2	Zone	West Shoa	02	
3	Town	Ambo	03	
4	Kebele		04	
5	Date of Interview ___ / ___ / 2009 Starting time of the Interview _____ Ending time of the Interview _____			
6	Results of interview A. Completed B. Partialy completed C. Refused D. Others (please specify)			
7	Cod Interviwer name and signature_____			
8	Supervisor and Signature _____			

Part (I) Socio-Economic and Demographic Characteristics of Respondents

Item No	Questions	Coding Categories	Skip To
101	Age of Respondent in years	_____ (In complete year)	
102	Can you read& write?	1. Yes 2. No	**If 2, Go to 105**
103	Have you ever joined to any formal school?	1. Yes 2. No	**If 2 Go to105**
104	What is the highest grade you have completed	1_____(completed grade)	
105	Which ethnic group do you belong to?	1. Oromo 2. Amahara 3. Tigire 4. Guraghe 5. Others ,(Specify)_____	
106	What is your religion?	1. Orthodox Christian 2. Muslim 3. Protestant christian 4. Catholic christian 5. Others,(specify)_____	
107	What is your main occupation?	1. Merchant 2. Government employee 3. Self employee 4. Farmer 5. Daily labourer 6. Jobless 7. Pension 8. Other, Specify_____	
108	How many wives do you have?	1. one 2. Two &above	
109	For how long did you stay with your first wife?	1.Number of years_____ 2.Number of months (if less than a year)_____	
110	At what age were you married?	1.Age in year_____	

Part (II) Information on Economic and household Decision

Item No	Questions	Coding Categories	Skip To
201	What is your monthly income?	1. _____Birr per month(estimate of respondent) 2. No Response 3. No any income (zero) 4. Others,(Specify)_____	
202	Who decide to buy expensive household equipments like, Radio, etc in your family?	1. my self 2. my wife 3. Both together 4. Others,(Specify)_____	
203	Who decides whether your children join school to learn or not?	1.My self 2.My wife 3.Both of us 4. Others, (Specify).____	
204	Who decides to save your monthly income in the bank or other saving institutions?	1.My self 2.My wife 3.Both of us 4. I have no many to be saved 5. OtherS,(Specify)_____	

Part (III) Reproductive History of Respondents

Item No	Questions	Coding Categories	Skip To
301	How many children are ever born to you?	1. Number_____ 2. I don't know? 3. I have no children	**If 3,go to Q304**
302	At what age did you get your first child?	1._____(year) 2.Idon't remember	
303	How many of your children are a live?	1. In general_____ 2. Male_____ 3. Female_____ 4. I don't know 5. Others, (Specify)_____	
304	Have you any desire to have additional children?	1. Yes 2. No 3. I can't decide	**If 2, & 3 Go to Q401**
305	What is your reason to have more children?	1.To have more security at older age 2.To increase family income 3. To have more relatives 4.To get more respect ion in the community 5.Others,(Specify)_____	
306	How many children do want to have in your life time?	1. Total number_____ 2. Male_____ 3. Female_____ 4. Up to God	
307	Who decide the number of children in your family?	1. May self 2. My wife 3. Both of us	

Part (IV) Knowledge, About Family Planning

Item No	Questions	Coding Categories	Skip To
401	Do you know (hear) any way or method that women and men can use to delay or avoid pregnancy?	1.Yes 2.No	**If 2, go to Q 511**
402	Which of the following contraceptive methods do you know about? **(Multiple response are possible)**	1.Pills 2. IUD 3. Injectables 4.Diaphram 5. Foam 6. Jelly 7. Condom 8.Norplant(buried under skin) 9. Male sterilization 10. Female sterilization 11. Rhythm method(periodic abstinence) 12.Withdrwal 13. Prolonged breast feeding	
403	Which of the methods do you think is the best for male to use? **(Multiple response is possible)**	1 Condom 2. Male sterilization 3. Rhythm method 4.Witdrawal 5. Abstinence 6. I don't know	**If 6, go to4o5**
404	Why this method is the most preferable?	1. Has risk on health. 2.Is easily accessible 3. Is less costly 4.Has no negative influence on sexual pleasure_____	
405	Which of the methods do you think is the best for female to use? **(Multiple response is possible)**	1.Pills 2. IUD 3. Injectables 4.Diaphram 5. Foam 6. Jelly 6.Norplant(buried under skin) 8. Female sterilization 6.Rhythm method 10.Withdrwal 11. Abstinenence 12. Prolonged breast feeding 13. I Don't know	If,13, go to 501
406	Why this method is the most preferable **(Multiple response is possible)**	1. Has risk on health. 2.Is easily accessible 3. Is less costly 4.Has no negative influence on sexual pleasure 5. Others, (Specify)_____	

Part (V) Practice of Family Planning

Item No	Questions	Coding Categories	Skip To
501	Have you (your wife) ever used any contraception in your life?	1.Yes both of us used 2. Yes my wife has used 3. Yes I have used. 4. NO	
502	Are you using it Currently?	1. Yes 2. No	If 2,Go to Q 505
503	Which method are you using?	1. Condom 2.Male sterilization 3.Rhythm/periodic abstinence 4.Withdrwal 5. Others, (Specify)_____	
504	For what reason are you using contraception currently?	1 To space birth 2..To limit family size 3. No answer 4. Others,(Specify)_____	
505	Do you want to use contraceptive method in the future?	1. yes 2. No	
506	If answer to question 502 is 2, What was the main reason that you stopped using contraceptive method?	1,Fear of side effect 2.Desire to have more children 3.Prefered method is not available 4.Un acceptable in my culture 5.Relgious problem 6.Others,(Spesify)_____	
507	How many children were you having when you stopped using contraceptive?	1.Number of children_____ 2.I don't remember 3.No answer 4.Others, (Specify)_____	
508	Which methods (method) were you using?	1. Condo 2.Male sterilization 3.Rhythm/periodic abstinence 4.Withdrwal 5. Others, (Specify)_____	
509	Is your wife using any contraception currently?	1. Yes 2. No	If 2, Go to Q 511
510	If the answer to question 509 is 1, Which methods (method) is your wife using currently? **(Multiple response is possible)**	1.Pills 2.IUD 3.Injectables 4. Diaphragm 5. Foam 6.Jelly 7. Implant(Norplant) 8.Female sterilization 9.Rhythm method 9.Post partum abstinence 10.Withdrwal 11.Prolonged breast feeding 12.Others,(Specify)_____	
1	Have you ever discussed on family planning issues with your wife in the last 12 months	1. Yes 2. No 3. Others, (specify)_____	

Part(VI)Attitudes towards Family Planning			
601	Do you, approve your wife using of family planning methods	1. Yes 2. No 3. Others, (specify)_____	**If 2,go to Q603**
602	If you disapprove, why?	1.Religious prohibition 2.Culture don't allow 3.Desire to have more children 4.Fear of side effect 5.Others, (Specify)_____	
603	Do you believe that family planning information and services should be made available to men?	1.Yes 2.No	**If 2 go to Q 605**
604	If answer to 603 is 1 Whom do you believe are best to provide family planning methods for male? **(Multiple response is possible)**	1. Government hospital and its workers 2. Government health center and its workers 3. Government clinks and its workers 4. Private health center and its workers 5. Private clinks and its workers 6. Family guidance association 7. Traditional health workers 8. Extension health workers 9. Others, (specify)_____	
605	Do you believe that, family planning information and services should be made available to women?	1. Yes 2. No	**If 2, go to Q606**
	If answer to 605 is 1, Whom do you believe are the best to provide family planning methods for male? **(Multiple response is possible)**	1. Government hospital and its workers 2. Government health center and its workers 3. Government clinks and its workers 4. Private health center and its workers 5. Private clinks and its workers 6. Family guidance association 7. Taditional health workers 8. Extension health workers 9. Others,(specify)_____	
606	Who do you think should decide on the method of family planning to be used?	1.My self 2.My wife 3.Both of us 4.I don't know 5.Others, (specify)_____	
607	Do you believe that using condoms reduce men sexual pleasure?	1.Yes 2.No 3.No opinion 4.Don't know	
608	Is family planning hethod practice causes a loss of confidence between a wife and husband?	1.No 2.Yes 3.I don't know 4.Others,(Specify)_____	

Part.VII: Information on Source of Information and Availability of Family Planning Service.

701	Have you had information about family planning?	1. Yes 2. No	**If 2 Go to Q703**
702	From where do you get information about family planning that you have already heard (know)?	1.My wife 2.My friends 3. Hospital 4,Health center 5.Family guidance association 6.Radio 7. Television 8.Others(specify)----------	
703	Is family planning method service available in your residence area?	1.Yes 2.No	
704	From where you and your wife can get methods of family planning service? **(Multiple response is possible)**	1. Hospital 2. Health center 3. Clinic 4. Pharmacy 5. Shop 6. Others(specify)----------	
705	What is the distance of the nearest family planning service providing institution from your residence?	1. Hours_____ 2. Kilometers_____	
706	Have you ever gone to family planning service providing institutions to get the service?	1. Yes 2. No	**If 2, go to Q 706**
707	How were the service providers?	1. They give service well 2. They don't give service well 3. I don't remember 4. I don't know	
708	From whom do you prefer to get family planning service?	1. Male service provider 2. Female service provider 3. I have no sex preference	

Part (VIII) concerning Mass- Media as Source of Information

801	Do have a Radio?	1.Yes 2.No	
802	How often do you listen to Radio?	1.Once a day 3.Once a month 2. Once a week 4. I didn't listen 5. Others (specify)----------	
803	Do you have television?	1. Yes 2. No	
804	How often do you watch television?	1.Once a day 3.Once a month 2. Once a week 4. I didn'watch 5. Others specify----------	
805	How often do you read Newspaper?	1. Once a day 2.Once a week 3.Once a month 4. I didn't read 5. Others specify	

Annex II

Focus Group Discussion Guide (FGD)

1. What is family planning?
2. What is the importance of family planning?

   In relation to mother and children health

   In relation to family economy

3. Do men involvement in family planning (using male methods, approving and supporting wives use) is important?

   Why is their involvement important?

4. Do men in your community participate in family planning by using male methods?

   What about you?

5. Do you approve men participation in family planning by using male methods like condom, withdrawal, rhythm, and vasectomy?

6. Is there any health or other institutions that provide education and male methods of family planning for men?

7. What factors that hinder men participation in family planning exist in your community?

   Referring to culture?

   Referring to religion?

   Referring to availability of service for men?

Annex III

Health Facility Assessment Tool

I. General Basic Information OF Health Facility

1 Date of visiting_____

2 Name of Health Facility_____

3 Location of Health Facility Rural_____ Urban __X___ Semi Urban___

3.1 Region : Oromia

3.2 ZONE: West Sewa

3.3 Woreda: Ambo Zuria

4 Type of Health Facility:_____

5 Owner of Health facility: I. Ministry of Health II. NGO

III. Others (specify) _____

1. Standard of the Health Facility_____
2. Total number of room available _____

7.1 Administrative Work Room-_____ 7.2 Clinic Room_____ 7.3 Male focused room_____ 7.4 Waiting room _____7.5 Laboratory _____

7.6 Others_____

Table1.Name of Health professionals Interviewed in the Healt facility Assessment

No	Full name	Education Status	Total year of service	Responsibility in the facility
1				
2				
3				
4				
5				

II. Assessment on client volume and Rang of services provided in the health unit under assessment

Information on number of clients are taken from the data of the month prior to the survey

No	Type of facility provided in institution	Total number of clients	Total number of male clients			Remarks
			15-34	35-50	51-59	
1	**Counselling**					
	contraception					
	HIV					
	Other reproductive health related issue					
2	**Types of tests**					
	Sexually transmitted infections					
	Voluntary Counselling testing					
3	Types of Treatments					
	Sexually transmitted infection					
4	**Other Services**					
	Contraceptive method					

III. Assessment of service time for male clients

No	Types of services provided in the institution	Is the service in the institution?								
		Yes	No	Sunday	Monday	Tusday	Wedensd	Thursday	Fraiday	Saturday
1	**Counselling**									
	contraception									
	HIV/AIDS									
	Other Reproductive related									
2	**Types of tests**									
	Sexually transmitted infections									
	Voluntary counselling and testing									
3	**Types of treatment**									
	Sexually transmitted infections									

IV. Number of Male Clients (15-59) who gained contraceptive services during the last months in 2000 E.C, From March 1 to August 30 2oo E.C.

No	Month	Total contraceptive receive
1	March 2000	
2	April 2000	
3	May 2000	
4	June 2000	
5	Jully2000	
6	August 2000	

V. The ten most common Reproductive health problems in the area

	Type of Disease	Total Clients treated	Male clients (15-34)	Male Clients 35+
1				
2				
3				
4				
	Total			

VI. Types of Training given for service providers and proportion of service time given to Male clients

No	Name of health professional	Sex	Responsibility (use the code below)	Training Type	Place& date of training	Duration of training	Proportion service provider shared by male
1							
2							
3							
4							

1. Counsellor 2. Peer educator 3.Family planning 4. Sexually transmitted infection treatment 5. Male reproductive Health (Male oriented service) 6. Life skill
7. Others

VII. Number of Health Professionals and Administrative staffs in the institutions

No	Staff position	Sex		Number of staff getting training on reproductive health ,HIV/AIDS and Male oriented service		
		Male	Female	Reproductive health	HIV/AIDS	Male focussed Training
1	Medical doctor					
2	Health officer					
3	Nurse					
4	Laboratory technician					
5	Mid wife					
6	Sanitarian					
7	counsellor					
8	Delivery Nurse					
9	Public Health n Nurse					
10	Junior Nurse					
11	Administrative and Supportive staff					
12	others					

Annex IV

Tolerance and VIF Values to check Multicollinearity effects in the model

Collinearity Statistics		
Variable	Current contraceptive use model	
	T	VIF
Age of the respondent	.572	1.747
Education level of the respondents	.604	1.656
Husband wife discussion on F.P issue	.542	1.846
Husband approval of contraceptive use	.442	2.260
Desire for additional children	.339	2.947
Husband knowledge of F.P methods	.680	1.470
Access to family planning information	.643	1.555

Note: T= Tolerance VIF= Variance inflation factors

Declaration

I declare that this thesis is my original work and has not been presented for a degree in any University. All the sources of material used for the thesis are duly acknowledged.

Name: Belachew Beyene

Signature: ~~Ayf~~

Date: 11-5-2002

Place: A.A

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

Name: Dr Michael Dejene

Signature:

Date: 11-5-2002

Place: AA