Review

Assessment of male involvement in family planning use among men in south eastern zone of Tigray, Ethiopia

Alemayehu Bayray

Department of Nursing, College of Health Sciences, Mekelle University, PO Box 231, Mekelle, Ethiopia,
alemayehub35@gmail.com

Accepted 28 January, 2012

Male involvement in family planning not only helps accepting a contraceptive, but also in its effective use and continuation. Men’s knowledge, attitude and practice towards family planning also influence the behavior of their wives. Thus, the aim of this study was to assess male involvement in family planning use in South Eastern zone of Tigray. A community based descriptive cross-sectional survey was conducted from August, 2008 to June, 2009. Multi-stage sampling procedure was used in selecting sampling units. Semi-structured questionnaire was used for data collection. Out of 574 married men who participated in the study 75% have reported that they were familiar with the concepts and benefits of family planning. About 62.9% of the respondents explained that they had heard of at least two contraceptive methods. Thirty six percent of them did not know about male contraceptive methods. Overall, above 90% men have supported, approved using and choosing family planning. Majority, 75% of respondents or their wives used non-terminal contraceptive methods mainly injections 33% and pills 19.5% for child spacing. The study also revealed that none of the study participants used male terminal contraceptive methods. Therefore, family planning programs need to target men at all levels of the service. Accurate and complete information about family planning should be availed to male clients. Efforts to reduce misconception about male contraceptive methods and raise acceptance of men towards responsible parenthood have to be strengthened.

Keywords: Male involvement, terminal methods, non terminal methods

INTRODUCTION

Rapid population growth occurs when the fertility rate is much higher than the replacement level. A population growing at 2.7 % is considered as rapid in worldwide context, and will double itself in some 21 years. If the rate were reduced to 2 %, it would take some 35 years and to 1 % around 70 years (Population report. U.S.A. 2003). Family planning has beneficial effects in terms of sustainable socio-economic development and protection of the environment. It also helps improve the future by allowing parents to better plan their lives since poverty and lack of education limit the opportunities for individuals and families. Through family planning, individuals can obtain greater prosperity and security for the family because they can have a better chance at receiving an education and devoting more time to earning an income (Assefa M. Jirra C, 2004).

Several factors have contributed to the lowest rate of family planning use in the world, these includes difficulty in getting family planning supplies, access to family planning clinics, poor involvement of men in family planning, high value, many cultures, and place on large family size etc (Robey B. Drennan M, 1998). Most men have negative attitudes about women’s choice and use of family planning. Some men fear that family planning will make their wives independent of their control. They fear that their wives will have sex with other men if they are no longer at risk of pregnancy (Population report. U.S.A. 2003). Most men may be unwilling to have their wives adopt family planning, they themselves know little about it. Some Oppose contraceptive use for religious reasons others think that large families reflect their masculinity or their wives faithfulness in serving them. Traditional, social norms often have required men to maintain the honor and position of their extended family, village,
religion group or social organization. Therefore, men
feel responsible for the behavior of their wives; think they
have no right to make decision for themselves (Tuloro
T.Deressa W, 2006).

Men’s participation was crucial to the success of family
planning programs and to the empowerment of women
(Sternberg P.Hubley J, 2004). If men are brought in to a
wide range of reproductive health services in such a way
that they are supported as equal and responsible
partners, as well as clients in their own rights better
outcomes are expected in reproductive health indicators
such as contraceptive acceptance and continuation, safer
sexual behaviors, use of reproductive health services and
reduction in reproductive morbidity and mortality
(Pachauri S., 2001). Since men play a prominent role in
reproduction, it is therefore extremely useful to assess
and encourage them to be involved in contraception,
politically in developing countries where contraceptive
goals has not been reached (Karra MV, stark NN, wolf J,

According to Ethiopian DHS 2005 report, the current
population size reach as high as 75 million by 5.4 and
15% fertility and contraceptive prevalence rate
respectively, and these resulted over all high maternal
mortality rate 673 /100,000 live births and high infant
mortality rate 77/1000 live births (MOH, 1996, EDHS,
2005). In recognition of the need to address this issue,
the Ethiopian government population policy has
objective to reduce the total fertility rate and maternal
mortality rate by raising the contraceptive prevalence rate
to a national coverage of 58 % in the year 2015 (MOH,
1996). Study conducted in turkey showed that the
percentage of married couple in their reproductive age
using family planning in developed world reach as high
as 68%, where as in developing countries ranges from
4% to 43%. Similar finding in Madagascar showed that
involving men increased their contraceptive use,
encouraged women’s use of contraception, and improved
continuation rates. Many women discontinue contraceptives to please their husbands (Population

Another study in Philippines found that the husband
desire for more children is the most important obstacle in
family planning use by women who wish to space or
delay pregnancies. In a survey of more than 6,500
households, one-fourth of the women said they did not
want more children, but did not use family planning
because of their husband disapproval (Ozvaris SB.
Dogman BG, 1998). A review of literature from seven
African countries indicated that Spouse communication is
positively associated with contraceptive use and the
percentage of women using modern contraceptives is
consistently higher in the group that had discussed with
their husbands (Lala T, 1996).

A cross-sectional study conducted in sub-urban and
rural Nigeria showed men’s knowledge of and attitudes to
family planning is poor despite a global move to increase
the involvement of men in reproductive health matters;
only moderate proportion of men supported the family
planning concept 57.7% (Odu.OO, ljadunola KT, 2006).

Similar study conducted in 1995 in Sudan on attitude of
urban Sudanese men toward family planning shows that
Sudanese men play a major role in family planning
decision making, the decision not to practice family
planning is found to be male dominated, and husbands are
responsible for providing contraceptives when family
planning is practiced (Khalifa M., 1989).

A study conducted in North Gondar, Ethiopia in June
1995 showed that 61% of men knew at least one method
of family planning and 64.3% of them approved the use,
41% of these said that only women should use contraception. Involvement of couples on the choice of
family planning and desired number in the family
approved by 58.3% of men. Similarly, the finding showed
that only 23.9% of married men have discussed family
planning with their wives (Ismail S, 1998). In addition
study conducted in Tigray to assess men’s role and
attitude on fertility towards family planning showed that
Tigrian men wanted a greater children than their wives,
and their attitude towards family planning seen to
influence the fertility behavior of their wives towards the
use of modern contraceptives (Mesfin G, 2002).

Study conducted in Awassa on role of women in
decision making for contraceptive utilization showed that
decision regarding contraceptives utilization was reported
to be made by both men and women together in 53%of
the cases. More than 88% of the women reported that
they discuss with their male counterparts on reproductive
health issues including contraception. 83.2% of the
women reported that their male partners have positive
attitude about the women using contraceptives. It also
revealed that decision making role on contraceptives was
found to be associated with religion, however educational
status, occupation, income levels were not (Addissie
A,Girma M, 2006). Moreover, a study conducted in
hosanna town in 2004 showed that 90% of married men
respondents approved use of family planning methods,
66% reported that they had discussed family planning
matters with their wives, 47% currently used any form of
family planning method with their wives or partners
(Tuloro T.Derresse W, 2006).

A study conducted in Tahuleder woreda, in south Wollo
on improving the range of contraceptive choices in rural
Ethiopia shows, from the total of 218 interviewed family
planning clients, 11(5%) were males who had undergone
vasectomy. Almost 81% of the clients who used long-
term and permanent methods were in the age group 25-
44 and majority 89.4% were predominantly Muslim
(Asnake M.Walle L, Melkamu Y, 2006). Similar study
conducted in Jimma about influence of women's
autonomy on couples contraception use indicated that
couples who openly discuss about family planning is
higher in use of contraception than in those who didn’t
communicate. Similarly couples current contraception
use was higher when the husband approves the family planning than in cases when doesn’t approve (Haile A, Enqueselassie F, 2006). Thus, this study was conducted to assess male involvement in family planning use in South Eastern Zone of Tigray.

**METHODOLOGY**

**Study design and Study period**

A community based descriptive cross-sectional study design was used to assess male involvement in the use of family planning. The study was conducted from August, 2008 - April, 2009.

**Study area**

The study area South eastern zone of Tigray administrative region is a special administrative zone currently established, consisting of four woredas (local administration), located in south east of Mekelle city namely Seharti samre (population size 120,404), Hintalo wajirat (population size of 160,284), Doga tembien, (population size of 145,290) and Enderta, (population size of 133,739) With the total population size of 559,717. The woredas are sub-classified in to 79 Tabias (Kebeles); in general there are 108,726 heads of households in the zone. The total fertility rate (TFR) of Tigray is 5. The educational status of the residents is no formal education 63%, primary education 27.2%, secondary education 8.5%, and tertiary and more 0.8% (EDHS, 2005). Few Governmental and Non- Governmental services are giving reproductive health service to the community; this is one of the reasons for selecting this zone which is believed to be one of the neglected rural areas.

**Operational definition**

**Male involvement:** Based on the summative score of questions designed to assess involvement, men with score above the mean were considered as having better involvement in family planning.

**Attitude:** Based on the statements above the mean score of the distribution were considered as having positive attitude towards family planning.

**Knowledge:** Based on the summative score of questions designed to assess knowledge, men with above the mean of the distribution were considered as having better knowledge of family planning.

**Data collection procedure**

Data was collected using interviewer administered semi-structured questionnaire. The questionnaire was developed in English and was translated in to local language (Tigrigna) . It was designed to include socio-economic variables such as age, religion, number of children; educational level, and occupation. Additionally variables such as practice of family planning methods, knowledge and attitudes towards family planning methods were included. Data was collected only from the husband during the late afternoon, as this is found to be optimal time to get subjects at home. If the husband was not available during data collection repeated visits was employed, if the respondent was not found after repeated visits, the immediate household was interviewed. Similarly if a household without a child was found, the next household was visited before going to the next subsequent household.

To assure data quality, the questionnaire was pre-tested on similar population a week before the
Table 1: Socio demographic characteristics of respondents, south eastern zone of Tigray, (n=574), November, 2008

<table>
<thead>
<tr>
<th>Variable</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-30</td>
<td>84</td>
<td>14.8</td>
</tr>
<tr>
<td>31-40</td>
<td>260</td>
<td>45.7</td>
</tr>
<tr>
<td>41-50</td>
<td>200</td>
<td>34.3</td>
</tr>
<tr>
<td>51-70</td>
<td>30</td>
<td>5.3</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodox</td>
<td>271</td>
<td>47.2</td>
</tr>
<tr>
<td>Muslim</td>
<td>216</td>
<td>37.8</td>
</tr>
<tr>
<td>Protestant</td>
<td>77</td>
<td>13.4</td>
</tr>
<tr>
<td>Others</td>
<td>10</td>
<td>1.6</td>
</tr>
<tr>
<td>Husband’s education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>305</td>
<td>53.2</td>
</tr>
<tr>
<td>Primary</td>
<td>218</td>
<td>37.8</td>
</tr>
<tr>
<td>Secondary and higher</td>
<td>51</td>
<td>8.9</td>
</tr>
<tr>
<td>Wife’s education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>305</td>
<td>53.3</td>
</tr>
<tr>
<td>Primary</td>
<td>219</td>
<td>38.9</td>
</tr>
<tr>
<td>Secondary and higher</td>
<td>50</td>
<td>8.8</td>
</tr>
<tr>
<td>Current living children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>112</td>
<td>19.6</td>
</tr>
<tr>
<td>3-4</td>
<td>125</td>
<td>20.7</td>
</tr>
<tr>
<td>5+</td>
<td>337</td>
<td>59.2</td>
</tr>
<tr>
<td>Husband’s Occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td>25</td>
<td>5.4</td>
</tr>
<tr>
<td>Farmer</td>
<td>306</td>
<td>40.8</td>
</tr>
<tr>
<td>Government employee</td>
<td>148</td>
<td>35.2</td>
</tr>
<tr>
<td>Private employee</td>
<td>84</td>
<td>16.7</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>1.9</td>
</tr>
<tr>
<td>Wife’s Occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>House women</td>
<td>407</td>
<td>71.3</td>
</tr>
<tr>
<td>Government employee</td>
<td>89</td>
<td>15.6</td>
</tr>
<tr>
<td>Petty trade</td>
<td>60</td>
<td>10.5</td>
</tr>
<tr>
<td>Farmers</td>
<td>10</td>
<td>1.7</td>
</tr>
<tr>
<td>Others</td>
<td>6</td>
<td>0.9</td>
</tr>
</tbody>
</table>

commencement of the main research. Data collectors were 12 nurses and three supervisors, a two days training was provided for all of them. The principal investigator and supervisors were actively involved in supervision of the data collection; completed questionnaire was cross checked daily for inconsistencies.

**Data processing and analysis**

The collected data, was handled confidentially, and entered in to SPSS version 13 statistical program for analysis. Frequency tables, graphs and proportions were used to present the data. In addition, measures of central tendency were calculated.

**Ethical Consideration**

Ethical clearance was obtained from research and post graduate office of Mekelle University. Letter of agreement was secured from the ethical committee established under the Regional Health Bureau and South Eastern Zonal administration too. Individual verbal informed consent was solicited to the respondents at the time of
Table 2:- Distribution of respondents by Family planning knowledge, south eastern zone of Tigray, (n=574), November, 2008

<table>
<thead>
<tr>
<th>Variable</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Do you know about FP?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-yes</td>
<td>430</td>
<td>(74.8)</td>
</tr>
<tr>
<td>2- No</td>
<td>144</td>
<td>(25.2)</td>
</tr>
<tr>
<td>2.2 List benefits of FP.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. 2 and 3</td>
<td>265</td>
<td>(47.5)</td>
</tr>
<tr>
<td>2. 1</td>
<td>189</td>
<td>(32.8)</td>
</tr>
<tr>
<td>3. None</td>
<td>120</td>
<td>(20.7)</td>
</tr>
<tr>
<td>2.3 List FP methods. listed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. 4 &amp; above methods</td>
<td>114</td>
<td>(19.9)</td>
</tr>
<tr>
<td>2. 2&amp;3 methods</td>
<td>263</td>
<td>(45.7)</td>
</tr>
<tr>
<td>3. only 1</td>
<td>79</td>
<td>(13.8)</td>
</tr>
<tr>
<td>4. None</td>
<td>118</td>
<td>(20.6)</td>
</tr>
<tr>
<td>2.4 List FP for males</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. 2&amp;above methods</td>
<td>78</td>
<td>(13.9)</td>
</tr>
<tr>
<td>2. only 1</td>
<td>290</td>
<td>(50.3)</td>
</tr>
<tr>
<td>3. None</td>
<td>206</td>
<td>(35.8)</td>
</tr>
<tr>
<td>2.5 Average birth interval</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Immediately after delivery</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>2. 6 months—1 year</td>
<td>198</td>
<td>(34.4)</td>
</tr>
<tr>
<td>3. 1-2 years</td>
<td>236</td>
<td>(40.3)</td>
</tr>
<tr>
<td>4. above 2 years</td>
<td>134</td>
<td>(23)</td>
</tr>
<tr>
<td>5. None</td>
<td>6</td>
<td>(2.3)</td>
</tr>
</tbody>
</table>

RESULTS

Altogether, 574 married men were included in the study; their age ranged from 20 to 70 years, the mean age was 39. Orthodox 271 (47.2%) was the predominant religion of the respondents followed by Muslim 216 (37.8 %) and the remaining were Protestant (13.4%). Almost half (53.2%) of the respondents were with no formal education, while 37.8 % were primary. About 51 (8.9%) were secondary and above in education, both husband and wives. Majority of the respondents (40.8 %) were farmers. About 59 percent of the respondents have five or more children, while 21 % have three or four children (Table 1).

The study on knowledge assessment revealed that most of the men respondents (75%) reported having knowledge on concepts and benefits of family planning methods. About 62.6 % of male respondents listed two or above family planning methods, while only 14 % of them able to list all the family planning methods used by men,50 % only one method mainly condom, while 30 % did not know about the family planning methods to be used by men. About 40.3 % men respondents reported 2 years and above the interval between two consecutive pregnancies, 31.5 % between 1 and 2 years and 23 % reported above 2 years (Table 2).

This study revealed better attitude towards family planning methods. Majority, above 90% of male respondents have supported and approved using and choosing family planning methods, but none of them practiced terminal methods (Table 3).

Altogether the study showed that 77 % of the respondents were using any form of contraceptives methods. However, among FP users 99 percent of the

The data collection. All documents were kept private and confidential. Respondents were not identified by name in the questionnaire. They were also informed to skip a single question, a section of the questionnaire, or refuse to participate totally if they are not comfortable at any occasion. All participants were told about the purpose of the study.
**Table 3**: Distribution of respondents by attitude towards family planning use, South eastern zone of Tigray, (n=574), November, 2008

<table>
<thead>
<tr>
<th>Variable</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Hold discussion with wife on FP related issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Yes</td>
<td>550</td>
<td>95.8</td>
</tr>
<tr>
<td>2. No</td>
<td>24</td>
<td>4.2</td>
</tr>
<tr>
<td>3.2 Approved use of family planning Methods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Yes</td>
<td>554</td>
<td>96.5</td>
</tr>
<tr>
<td>2. No</td>
<td>20</td>
<td>3.3</td>
</tr>
<tr>
<td>3.3 Support use of family planning methods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Yes</td>
<td>545</td>
<td>95</td>
</tr>
<tr>
<td>2. No</td>
<td>29</td>
<td>4</td>
</tr>
<tr>
<td>3.4 Encourage others to use and choose Family planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Yes</td>
<td>552</td>
<td>96.2</td>
</tr>
<tr>
<td>2. No</td>
<td>22</td>
<td>3.8</td>
</tr>
<tr>
<td>3.5 Interested to know more about Family planning use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Yes</td>
<td>548</td>
<td>95</td>
</tr>
<tr>
<td>2. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.6 Desire to use family planning methods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Yes</td>
<td>26</td>
<td>4.5</td>
</tr>
<tr>
<td>2. No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. No opinion</td>
<td>536</td>
<td>93.6</td>
</tr>
<tr>
<td></td>
<td>35</td>
<td>5.7</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>0.6</td>
</tr>
</tbody>
</table>

respondents or their wives use non terminal methods mainly injections (33%), pills (19.5%), Norplant (5.8%), IUCD (5.6) and abstinence 9.6% (Figure 2).

Majority use contraceptive methods for child spacing 65.5%, while 32.2 percent use to stop childbearing. The total unmet need as reported by men was 85 percent. This is mainly due to lack of awareness 35.5% and services 26.2% and religious 12.8% and wife opposition 2.8%. However, 15 % of non-users did not want to use due the desire to have more children and large family size (Figure 3).

The most important reason for using contraceptive methods for 66% of the respondents was the need of spacing, while for only 2% of the respondents their reason was to maintain their health (Figure 4).

The study revealed that 51 % respondents wives were currently using any family planning methods, 24 % used methods that involved both couples and 15 % by men only, while 22.6 % did not use any contraceptives methods (Figure 1).The study revealed that 84.7 % of men respondents had never and ever used any contraceptives methods. More than half (56. %) of them reported no discussion with their wives on related issues of FP use and believed that it is a natural process and need not to be discussed. However, 44 % believed that discussion on these issues should be always initiated in the family. Similarly, 78 % of them reported that decision were generally taken jointly with wife, while 21% felt that all decision related to family planning should be taken by wives alone. Another 12 % felt that elder family members
members and relatives, external power should decide. However, 3.3 % of them felt that decision on all matters related to family size should be taken by husband alone. The study also revealed that 54 % of men approved family planning use, while 46 % of men did not want to use or approve.

**DISCUSSION**

This study intended to assess involvement status of men in the use of family planning in South Eastern zone of Tigray. The findings of this study indicated the importance of adequate knowledge provision and
enhancing participation of men in family planning to improve the utilization of family planning in the study area.

There were variations on knowledge in relation to family planning methods among the respondents. In this study less than half of participants listed common family planning methods and contraceptives used by men. This figure is very low compared to studies done by (Ismail S. 1998 and by Tuloro T.Derresse W. 2006). The benefits and types of FP methods especially for men were not well known by the study participants, however, the study documented that positive effect of men’s FP knowledge
on couples contraceptive use and continuation, this complements with the study conducted. This study revealed that better attitude towards non terminal family planning among the respondents, in line with other studies in the country by (Ismail S.1998 and, Haile A, Enqueselassie F. 2006). However, this positive attitude alone did not result significant change in the improvement or use of family planning methods which is characterized by reduced contraceptive coverage in the study area EDHS. 2005. This indicated the need to introduce accurate knowledge and information to promote these positive attitudes in to practice and use of family planning methods.

Moreover, this study demonstrated a negative attitude towards permanent FP method especially to male method (vasectomy). The result demonstrated use of tubal ligation 4 % and non for vasectomy during the survey. The finding was lower than the result observed in a study done in Amhara Regional state which showed 52 % for tubal ligation and 5 % for vasectomy EDHS, 2005.

Also some of the respondents hold misconception about men permanent methods did not agree on its effectiveness as well as acceptance as an option and method choice. These could be due to inadequate knowledge that needs strengthening through interpersonal and group education, awareness creation sessions and convinced and satisfied family planning users to motivate and reinforce others. Countries such as Turkey, India managed to bring the share of permanent methods form 18 % to 35 % using various interventional approaches including sensitization of the community towards use of permanent methods, and this is in agreement with the following studies (Population report, 2005, Kim Best. Network. 2002; and Ozvaris SB. Dogman BG. 1998).

This study also revealed that half 53.7% of the respondents supported and approved family planning use, which was lower than the result of other studies (Ozvaris SB. Dogman BG. 1998,1 Lala T. and Tuloro T.Derresse W.2006). Similarly various studies have documented that female clients discontinued their methods of use because of their husbands’ objection or unfavorable attitude towards family planning (Robey B. Drennan M. 1998, and Mistik S.Nacar M. 2003). Hence, the general program should emphasis not only promoting family planning methods but also enhancing women decision making capacity related to family planning use, and motivation of men’s to participate and share the responsibility in fertility regulation are the most important strategies for the success of family planning program in the study area.

This study showed that only 43.5 % of respondents had discussed with their wives on topics related to contraception or planning of pregnancies. This is in fact, true for the majority of the Ethiopian families especially rural areas where strong patriarchal tradition exited.

However, various studies documented the importance of proper discussion between husband and wife, and joint decisions by couples to improve contraceptive utilization this result complements with (Tuloro T.Deressa W. 2006, Ismail S. 1998, Mesfin G., 2002, Asnake M.Walie L. Melkamu Y. 2006). Thus, there is a need to sensitize and inform various segments of the male population about the importance of male participation in family planning.

The study demonstrated lower modern contraceptive methods, especially among men’s, also showed use of short term contraceptive methods mainly injectable and oral pills. These results are in line with other studies conducted in Ethiopia (Tuloro T.Deressa W. 2006), This underlines the need to increase community awareness on various contraceptive methods, offering wide range of contraceptives, so that they could have choice as well as possibility of switching over from one method to another. Lack of information, method availability, and desire to have more children were some of the reported reasons for not using family planning methods in the study area. A similar finding was observed by the studies carried out in other areas (Tuloro T.Deressa W. 2006). Limited choices, failure of FP programs to encourage and attract men to receive services (programs oriented toward women) were also additional reasons, however, the constraint needs to be further analyzed and investigated, and the existing educational approaches and programmatic efforts be modified.

Moreover, all men and women currently used non-terminal methods for the purpose of child spacing rather than limiting. Similar results observed in studies done in Ethiopia (Tuloro T.Deressa W. 2006, and Ozvaris SB. Dogman BG.1998), this showed that majority of couples had not understood the concept of two-child family. Furthermore, barriers caused by service providers who assume that men have no interest in family planning, contributed for the less or no involvement of men. Thus, it is necessary to educate the wives who will in turn convince their husbands to use male methods. In addition, counseling of women in negotiating skill is also necessary to develop confidence, influence their partner’s attitude towards fertility regulation. Programs should also work and emphasize to reduce providers bias.

LIMITATIONS

The opinion of unmarried and divorced men in relation to family planning was not studied. Response biases, mainly the intention of the participants not to respond the actual knowledge and practice of family planning and, moreover, responses to the questionnaire related to family planning knowledge and use also subjected to recall bias. The questions to assess men’s support in the use of family planning could have been better if women also were included to this specific question, but, collected independently from the husband only.
CONCLUSIONS

Male involvement is not limited to the use of family planning methods by itself. It refers rather to the supportive attitude that males have towards their wives in using family planning and motivation in sharing responsibility in reproductive health matters. The study demonstrated lower knowledge on contraceptive methods that could be used by men. In addition, it was found out that there was low utilization of family planning methods and use of these methods for spacing rather than limiting child bearing. Level of discussion between a husband and a wife, husband support and approval found to be lower, lack of information, access to the services and the desire to have more children were some of the main reasons for not using and choosing family planning.

RECOMMENDATIONS

The need to include males in the family planning program is obvious, for this purpose the following measures were recommended.

Program planners need to organize meetings, workshops with family planning workers, managers, local opinion and religious leaders to signify the importance of male involvement in family planning, to develop a definite detailed work plan for the activities related to male involvement.

Family planning service providers have to provide precise information to husbands on the various family planning methods, how they help to prevent childbirth. To inform women and men that man family planning methods are very easy and safe than women.

Service delivering centers need to be properly equipped with materials to motivate males. IEC materials have to be specially designed and printed for use by males. Men need to have specially scheduled hours to receive information and services and need to be widely publicized.

ACKNOWLEDGMENT

Several people have indifferent and valuable ways contributed to the creation of this study. Their assistance and input is acknowledged with appreciation. Special thanks to: - Mekelle University, the interviewers, the interviewees, and the supervisor for devoting your time, sharing your knowledge and personal information, NPT project for sponsoring this research and my families for their indifferent patience, and psychological support throughout the study.

REFERENCES


Karra MV, stark NN, wolf J. Male involvement in family planning. Study family planning, 1997, 28 (1): 24-34.


Kim, B (2002). When partners talk, behavior may change. Network. 21(4).


