ASSESS THE EFFECT OF MEN INVOLVEMENT ON FAMILY PLANNING AMONG CURRENTLY MARRIED MEN IN WOLKITE TOWN.

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An assessment the effect of men involvement on family planning among currently married men in Wolkite Town in 2015

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Abstract

The general objective of this study was to assess men involvement in family planning in wolkite town. The study used mixed method approach, for quantitative method a close ended questionnaire was used and for qualitative method key informant in depth interviews were conducted to collected data. for this study the sampling techniques used non probability sampling which is purposive sampling techniques for key informant and probability sampling techniques, type of which are simple random sampling techniques were used to selected. From total married couples in the specific year of lives menehariya kebele were selected 172 selected married men and 2 key informants were participated. The result of the survey data 105(70percent) of married men they know about family planning who belongs to 25-35 age group than other age, and the other present 45(30%) does not know about family planning the reason for the ones is religion. it means does not said that all men know about family planning the engage in with his wives 61(40.6) of married men they get the information about family planning through mass media, 108(72 percent) of married men the use of family planning to spacing between children, 105(70percent) of married men using contraceptive methods which injection. Married men agreed on benefit of him in involvement on family for all (wives husband and children) and this effect has been a positive impact. The result from the key informant the mostly the men do not come with her but it has a many advantage when he come with her they get a knowledge about family planning and also important to understand his wives because this family planning method they have some a side effect. The need to include men who require joint spousal decisions is critical in achieving key reproductive health indicators. other researches also indicated Low involvement of males in family planning use is one of the contributing factors for low contraceptive use in Ethiopia and also wolkite town specifically menehariya kebele. Our recommendation is based on studies developed test messaging specifically for men disseminate information, men should be encouraging their wives, and involving men as well as women in promoting family communication. Understand the men better attend they health center. Economy also has an effect on family planning due to limited family size to give the treatment for children.

Abbreviations

FB = Family planning

WHO= World health organization

NGO= Non- governmental organization

CHAPTER ONE

1.INTRODUCTION

1.1 Background of the Study

Male involvement in family planning refers to all organizational activities aimed at men as a discrete group which has the of increasing the acceptability and prevalence of the family planning (FP) practice of either sex (Adera, 2015).Family planning is an effort by a couple to limit or space the number of children they have by using contraceptive methods (Girum,2017).Family planning use reduces unwanted pregnancy induces abortion, and promotes birth spacing. Moreover, it also helps to reduce neonatal, infant, child, and maternal mortality (Helamo,2011). According to United Nations the involvement of male is defined as the ways in which man relate to reproductive behavior (Cohen, 2003). There are two aspects of involvement of males in family planning, first is that the men accept and support their partners need, choices and rights in fertility regulation, second contraceptive use and sexual behavior of the men.

Globally, husbands' active disapproval led women give up the use of contraceptives, and it becomes a valid reasoning in the contact of Islamic society, as husbands opposing family planning vary by socioeconomic characteristics. Many studies in different formulations have been conducted globally to determine the men's role and participation in family planning (Khalifa, 2002) Involving men has been a prominent part of the shift from family planning to the broader reproductive health agenda. Men obviously make up a significant new clientele for programs. They constitute an important asset in efforts to improve women's health. And efforts to involve them in ways that transform gender relations and promote gender equity contribute to a broader development and rights agenda planning programs were essentially about women's healthy, reproductive health as it has now been formulated goes beyond health to broader development issues, (Birdsall,2004). In the 1990s, many women's health programs began to acknowledge the fact that family planning must be viewed in the broader context of reproductive health. Male involvement includes the number of men who encourage and support their partner and their peers to use family planning and who influence the policy environment to be more conducive to developing male related programs.

In Developing Countries, men play the role gate keepers to health care (WHO,2008). They are the primary decision makers that directly affect their partners affect utilization of resource and access to

health care service use of contraceptives and child spacing, availability of nutritious food and women work load (WHO,2019). Apart from the role of decision makers in the family their actions in terms of abuse or neglect have a direct impact over the health of their partners and children (Any,2017). Thus having tremendous economic and social power in the family, active involvement of men in maternal and child health has significant role of men, they have inadequate Knowledge about maternal and child health (Kamal, 2013). The deep rooted social structures of developing societies have formed an inequity over the power of making decisions on various aspects of reproductive health (Charan, 2013). Furthermore, when men used to be the sole income family health and their involvement in reproductive health is limited (WHO, 2018). Specifically in Ethiopia the decision on household related issues, including fertility, mainly belongs to the husband. The low involvement of men in family planning use and high unmet need in Ethiopia Studies performed in different regions of Ethiopia showed the role of men in family planning use, and male participation in contraceptive use improves women's uptake of family planning services (Muiga, 2014). The contraceptive use was low and there was a high unmet need for family planning, which contributed to a high total fertility rate of maternal mortality of live births, neonatal mortality of infant mortality and under five mortality rate per 1000 live births (Girum, 2007). Dissipating this, there is lack of nationally representative data on male involvement in family planning use in Ethiopia. Several studies have been conducted in different parts of the country on male involvement in reproductive health and utilization of family planning use (Kiogora, 2016). Although the Ethiopian government set a target for a contraceptive prevalence rate of 55% by 2020 to achieve SDGs (Chekole MK,2019) and develop the National Guideline for Family Planning Services low emphasis has been given to the role of men's involvement. Dissipating this, there is a lack of nationally representative data on male involvesmen in family planning use in Ethiopia (Tamiso A,2016). Several studies have been conducted in different parts of the country on male involvement in reproductive health and utilization of family planning (Adera A,2015). However, there are inconsistent findings on prevalence and its determinants of male involvement in family planning use (Tilahun T, 2014). Therefore, this systematic review and meta-analysis protocol aimed to determine the pooled prevalence of male involvement in family planning use and its determinants in Ethiopia.

1.2 Statement of the Problem

There are a number of studies on role of men in family planning in different countries of the world examining these researchers. (Hawkins, 2002) he researched on importance of men role and motivation infertility decision making in Africa. The researcher finds out the family planning association recognized the question what family planning and reproductive health program due to encourage men cooperation. While reproduction involves both women and men and some contraceptive methods require the active participation of men, organized family planning efforts in the developing country since 1960s and global initiatives including family planning 2020 focus primarily on women, with less attention to men but we were focus on men because his studies focus on Africa but we were see in Ethiopia specifically study area in other hand we seen effect of men involvement because increasingly family planning cannot be successful without their engagement in supporting better health and well-being for family and the empowerment of women, progress were remain slow.

Young MI Kim (2013) studied on informed and decision making in family planning counseling in Kenya. He find out men's level of spousal communication about family planning and other reproductive health issues was quite poor. Although discussion may reflect a lack discussion may reflect a lack of personal interest, hostility to the subject or customary reticence in taking about sex related matters. This study only focused on communication way but our study were included economic status of men socio cultural factor affecting of involvement of men and also effect of involvement of men.

(Zerihun, 2009) conducted on the role and responsibility of men in family planning and contraceptive method in Hawasa city. He find out family planning programs planner have focused their attention largely a women attitude and behavior in matter concerning reproduction above studies largely give attention to women attitude and behavior in matter concerning reproduction but in behavior in matter concerning reproduction does not only issue of women. We saw married couples because it is the issue of both women and men or married couples the other one is this study conducted in Hawassa city in our study was studied in Wolkite town. Johannes (2004) the family guideline for family planning service Ethiopia family planning is a means of promotes the health of women a family. According to all individual male or female who can conceive or cause conception regardless of age or marital status are eligible for family planning services in country according to above research family planning is a means of promoting only women. Researchers included the role of men in family planning.

(Mesfin Gbrekidan, 2002) conducted his research on role men infertility and family planning in case of

semi urban community of Tigray region. He indicated that even through both couple desire for more children, male need more than women among currently married couple had discussion with regard to the current use of contraceptive this above studies studied in Tigray region but in our studies we saw in Gurage region. In general The above studies are seen to given relatively little attention to role that could be played by men regarding to family planning the other study seen the communication way but in our studies we were observed causes of effect of men involvement in family planning, influence of economic status of men by using mixed methodological approach in Wolkite Town specifically menehariya kebele 2015.

1.3 Objective of the Study

1.3.1 General Objective

The General objective of this research was to assess the effect of men involvement in family planning among currently married men 2015.

1.4 Specific Objective

- To identify socio-cultural factor that affects the involvement of men in family planning
- To assess how economic status affect the family planning among target population
- To assess the positive and negative effects of men involvement in family planning

1.5 Research question

- How socio-cultural factor that affect men involvement in family planning?
- How economic status affect the family planning among target population?
- What are the positive and negative effects of men involvement in family planning?

1.6 Significance of the Study

The result of the studies will enables to better understand to know the factors that affecting family planning. Besides to this the study helps to tackle the problem related to involvement of male in family planning. It is hope that the result of this study will enable planner and programs manager to design appropriate strategies for better involvement of men to design improve family planning programs in the study and other similar setting and also teach the priest, help the married women in create better awareness about family planning and contraceptive methods.

1.7 Scope of the Study

This study was mainly focused on the effects of men involvement in family planning by using quantitative and qualitative research approach in wolkite town specifically menehariya kebele in 2023.

1.8 Limitation of the studies

The researchers have faced various barriers in the process of conducting effective study. Some of these barriers were include, lack of enough time and budget to prepare the study, unwillingness of the respondents to give appropriate responses as well as some of the respondents did not return the questionnaire.

1.9 Organization of the paper

This study contains five chapters. The first chapter talks about the studies background, statement of the problem, general and specific objectives including the research questions the studies addressed. The second chapter focuses on literature review both theoretical and empirical with the key finding of the studies area including key variable theoretical review and definition. The third chapter entirely focuses on the methodology of the studies and the fourth chapter talks about the data analysis and interpretation, and last chapter is focused on the key findings, conclusion and recommendations of the studies.

CHAPTER TWO

2. LITERATURE REVIEW

2.1 Definition of Family Planning

Family planning is the consideration of number of children o person wishes to have, including the choice to have no children, and the age at which they wish to have them. Things that may play role on family planning decisions include marital situation, career or work consideration, financial situation. If sexuality active, family planning may involve the use of contraception and other techniques to control the timing of reproduction Family planning has been of practice since the 16th century by people of Dejenne in West Africa, when physicians advised women to space their birth at three year intervals (McKissack, 2003). Other aspects if family planning aside from contraception include sex education, prevention and management, and infertility management (Bajos,2014).Family planning as defined by United Nations and World Health Organization, encompasses services leading up to contraception. Abortion is not typically recommended as primary method of family planning and access to contraception reduces the need for abortion (Fredrick,2014). Family planning sometimes used as a synonym euphemism for access to and the use of contraception.

2.2 Types of Family planning

1 Natural family planning

Natural family planning methods provide a unique option for committed couple. Advantages include the lack of medical adverse effects and the opportunity for participants to learn about reproduction. Family planning allows individuals and attains the desired number, spacing, and timing of children (Fredrick, 2004). Fertility awareness methods of family planning use one or more biologic makers to identify fertile days of a women's reproductive cycle. Intercourse is avoided of contraceptive method is used on these fertile days to avoided pregnancy. Conversely, couples desiring pregnancy are more likely to conceive if they have intercourse during this fertile period. Fertility awareness methods qualify as natural family planning if they are used with periodic abstinence rather than an artificial contraceptive method (WHO,20015).

2 Artificial method of Family Planning

Artificial Method of Family Planning: is the use of artificial method used to prevent fertility of egg and conception of the focus at certain time.

This is also commonly referred to as birth and contraception technical method includes. Areal contraceptive (pill), inject able (Depo- provera), Implant (Norplant), mechanical and chemical method (condom spermicidal, loop, surgical (vasectomy tubal ligation).

Family planning program always been considers as the intervention of choice for slowing population growth. It is obvious that family planning in developing countries like Ethiopia is significance effect to minimize the rate of population growth abortion or unintended pregnancy and poverty reduction or maternal death and child in other words (Ross,2010).

2.3 Religious and culture

Religious and culture factors have potential to influence the acceptance and use of contraception by couples from different religious backgrounds in very distinct ways. Within religious, different sects may interpret religious teachings on this subject in varying ways and individual women and their partners may choose to ignore religious teachings. Cultural factors are equally important in couple's decisions about family size and contraception (Pinter B, et al, 2016).

2.4 Economy and family planning

Small family sizes enable couples to save a higher percentage of their income and invest some of it in education and infrastructure, leading to increased productivity of the economy, greater employment, and higher incomes. the concept or a program of limiting the size of families through the spacing or prevention of pregnancies, especially for economic reasons. Many of the goods and services that households purchase or otherwise provide their members benefit from economies of scale, meaning that it is cheaper per person to provide these goods for many people than for few .Aug 30, 2018 Family planning (FP) is a human right, and ensuring women's access to FP is central to protecting the health and wellbeing

Today 222 million women in developing countries wish to avoid pregnancy but are not using a modern form of contraception. In other words, they have an unmet need for family planning. In many places, this is because family planning services and supplies are not available, accessible or affordable. Access to voluntary family planning is a fundamental human right. This is acknowledged by governments in international agreements such as the International Conference on Population and Development (ICPD) Programmer of Action and the Millennium Development Goals (MDGs). Family planning also plays a catalytic role in improving the health and well-being of women and children, while at the same time influencing other areas of human development.

Family planning helps prevent household poverty

Complications from pregnancy and birth not only threaten the health and lives of women and children they can also have economic consequences for families. In many countries, maternal health care is not free and can be extremely expensive for poor households. For example, in Burkina Faso, delivery costs are estimated to be 43% of the per capita income in the poorest households and as much as 138% for a caesarean section. On the other hand, when family planning services are accessible and affordable, they can have positive, long-term effects on the lives of women, girls and families. For instance, sexually active adolescent girls who use contraception are less likely to drop out of school due to pregnancy than their peers who do not use contraception. In addition, girls who delay their first birth until later in life are better able to take advantage of training and education, which is a deterrent to household poverty. Healthy women are also more productive in the workforce and stand to earn more throughout their lives than women who suffer ill health.

2.5 Effect of couples involvement of in Family Planning

The Involvement of men has many advantages to women empowerment

2.5.1 Women empowerment

Women empowerment is defined as the process of correcting gender disparity in society that leads to improving the condition and status of women in all sphere's household as well as community level, UNFPA, (2008). This concept is very important in our study. It further states the status of women explain by the degree of women's access to and control over material resources (Including food, income land and other forms of wealth) and social resource (including knowledge power and prestige) with in the family, in the community, and in the society at large, it is a multi- dimensional concept, which purports to measure women's ability to control resource (UNFPA.2008. p.10). women empowerment and gender equality discourse, in historical perspective, has moved through various phases during the past two decades: from women development (WID) to gender and development (GAD) (Firer Marko's Merson, year not stated), women's movement developed, in the 1970 demanding political, economic and social equality in society in order to be able to take active part development proses, and proclaimed the police women in development (WID) (Ryan, 2007).

2.2.2 Culture and the Empowerment of Women

It is known that unequal status of women in Ethiopia has resulted from the cultural norms of the society (MOFED, 2012). The existing socio-cultural practices played a greater role not only for women oppression but also were the major obstacle to their empowerment (adroit, 2013). So deeply gendered

socio-cultural norms, sex-stereotypes, harmful educational practice, and patriarchal ideology limit women chance for successful educational pursuits and confine their rights. According to Adroit (2013), women in Ethiopia traditionally have been assigned to strict societal roles that limited their activities to household and restricted in child rearing activities outside home. Particular, women in rural areas heavily burdened in household to clean, washing clothes, the culture of the society can influence for women empowerment in household decision making. The feminist ideal was one of selflessness, fragility and dependence on husband, and this involved the absence of work outside the home for money. Socialization also has its own influence for women in household decision making. Empowerment refers to increasing the spiritual, political, social, or economic strength of individuals and communities. It often involves the empowered developing confidence in their own capacities (Blanchard, John & Alan, 2001). Empowerment covers a vast landscape of meanings, interpret interpretations, definitions and disciplines ranging from psychology and philosophy to the highly commercialized self-help industry and motivational sciences. Judi (2010) concurs with Blanchard et al. (2000) on sociological empowerment. They argue that sociological empowerment often addresses members of groups that social discrimination processes have excluded from decision-making through – for –example discrimination based on disability, race, ethnicity, religion, or gender. Thomas and Penthouse (2010) and Wilkinson (2011) concern that empowerment of women, also called gender empowerment, have become significant topics of discussion in regards to development. and to motive them and though them their wives towards family planning. (Ethiopian health journal 2007),

Here issue such as the knowledge an practice of family planning and other fertility issues deserve consideration, again there is a need to investigate the gender power relation in reproductive health decisions making process. For instance who decide and when or when not be additional children? Who decide when to adopt family planning and which fertility protection method use? All these question are important for major channeling and direction of action programmer. (Ethiopian health journal 2002 and 2004)

2.6 Theoretical Perspectives on Population Growth and Low Uptake of Family Planning Services.

2.6.1 Structural Functionalist Theory

The Structural -functionalist perspective views the society as a living organism in which each part of the organism contributes to its survival. They emphasize the way in which parts of the society (example Educational, Religious, Financial institutions) are structured to maintain its stability. Durkheim (1857-1917), like other functionalist views the various elements in society in terms of their functions or positive consequences for society. Talcott Parsons (1902-1979) regards the society as a system. Parsons claims that society is the way it is as social structures are interconnected and dependent on each other. Herbert Spencer (1820-1903) presents the parts of the society as "organs" that work towards the proper functioning of the "body" as a whole. Recognizing that not everything in society operates smoothly, Robert Merton labels certain elements as dysfunctional (referring to negative consequences an element has for the stability of the social system (Ritzer, 2008). In relation to population growth, functionalism considers population growth as a normal process for any society. A society certainly cannot survive if it loses members, but can thrive only if it grows so that it can meet future challenges. The reasons for the importance of population growth according to the functionalist depend on the type of economy a society operates. Nigeria, a capitalist society is characterized by high birth and low death rates, but they still need to hire younger workers as older workers retire while new industries need to be able to depend on hiring enough young workers with the skill and knowledge these industries require.

However to the functionalist, though population growth is a normal process in terms of its benefit in the maintenance of the social system, when it is too rapid and severe it can be dysfunctional for the society because such growth creates overcrowding and can use up valuable resources such as food in the society. The problem with the functionalist analysis is not really in the qualitative life of the citizens but more or less on whether social order is maintained in the society. To that effect, the theory has little or no attention regarding the family size and challenges of use of family planning services.

2.6.2 Conflict Theory

Conflict theory assumes that social behavior is best understood in terms of conflict or tension between competing groups. Such conflict needs not be violent; it could be conflict between various groups in the society- men and women, people of different ages, racial or national backgrounds. Karl Marx(1818-1883) a major proponent of this theory argues that individuals and groups (social classes) within society have different amounts of material and non-material resources(such as the wealthy vs. poor) and that the more powerful group use their power in order to exploit groups with less power (Schaefer,

2005).

The theory blames population growth on the failure of a nation's government to make contraceptives readily available and to do everything possible to increase women's education and independence (which both reduce birth rate). In Nigeria, tradition is an instrument of women's exploitation by the men (Salaam, 2003). The society has positioned the male folks to be the dominant party in the affairs of the society. Gender related power dynamics which position men at the head of the house hold with decision making power often make men have greater say in household decision making including when sex occurs and if contraception is used. Oluduro (2013) posits that men in West Africa desire and have large family sizes in relation to their wives. According to him, Nigerian men are motivated to have many children because of their perceived socio economic benefits, for continuation of the family name and in the absence of real wealth, having many children is a way of boosting the man's ego. Conflict theory therefore, advocates for increase in women's education and the importance of having a say in the decision making power especially in the family and independence. Education promotes a shift in the quantity of children in favor of the quality of children.

2.6.3 Symbolic Interactionism

Symbolic interaction focuses on how individuals interact with one another in the society. This theory directs our attention to considering symbols and details of everyday life, what these symbols mean and how people interact with each other. Herbert Blumer (1900-1989) who coined the term symbolic interactionism puts forward an influential summary of the perspective; people act toward things based on the meaning those things have for them and these meanings are derived from social interaction and modified through interaction. The importance of meanings is reflected in Thomas's (1931) famous dictum: If situations are defined as real, they are real in their consequences. The definition of the situation emphasizes that people act in situations on the basis of how they are defined. Definitions, even when at variance with "objective" reality, have real consequences for people's actions and events.

In relation to population growth, symbolic interactionism seeks to understand why people engage or do not engage in activities related to population growth (for example, the use of contraceptives). These reasons may be due to social, cultural, political, or religious background of the people. For instance, in Nigeria, family planning choice depends on the religion of the couples. It may be Islam or Christianity that calls for raising and bearing children in the society. Some religions such as Roman Catholic sect have restrictions on artificial contraceptive use based on the belief that it is God's will to bring children into the world (Olaitan (2011). Therefore, in order to address population growth, it is important to understand why people become involved, or fail to become involved in various activities related to

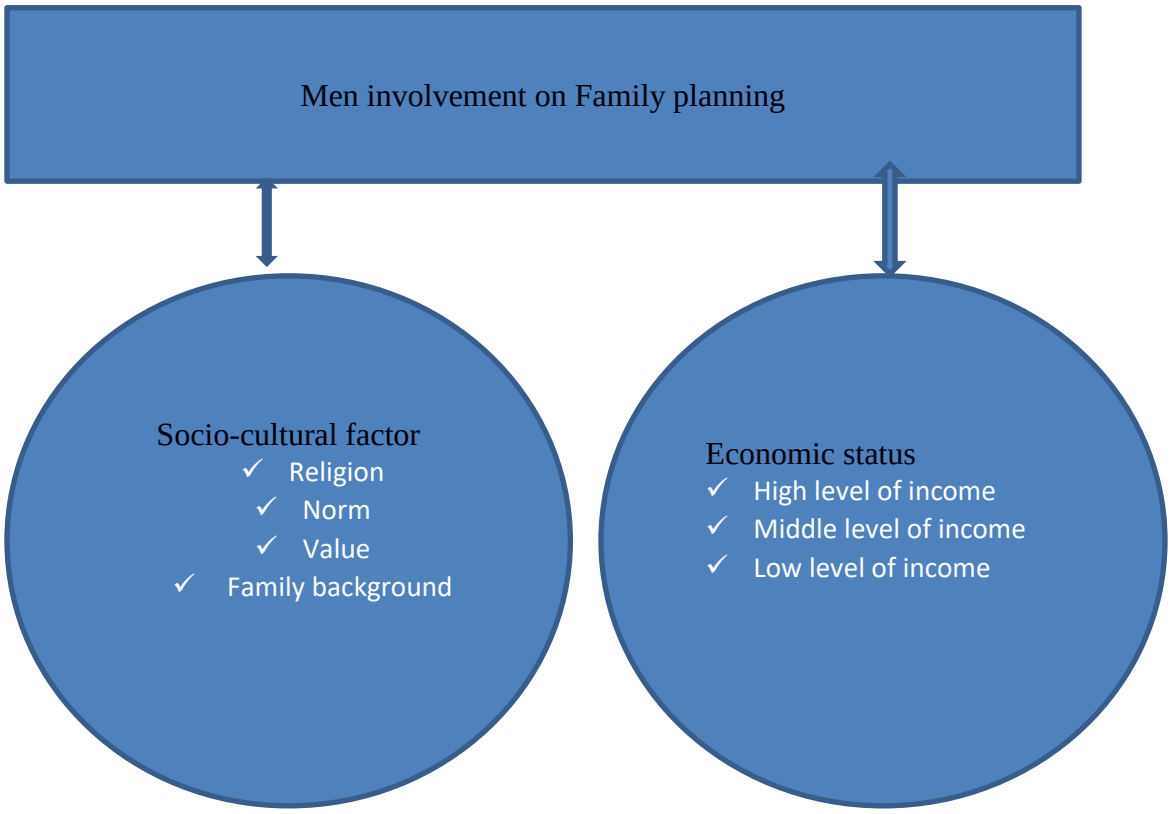
population problems. They also emphasize that people from different social backgrounds and from different cultures may have different understanding of child birth and population issues. Male children are held in high esteem and given preferential treatment over the female children (Ogunfowokan, 2009). This is because male child can maintain family genealogy by marrying many wives and procreating children who bear the family name. This calls for family with female children having frequent pregnancies until a male child is born.

Likely solutions to low use of family planning in Nigeria as identified in literatures are discussed here. R instance, Omolase et al (2009) advocated that more awareness about family planning services should be created amongst the populace through health education. The mass media should as well play a more important role in enlightening the populace about family planning.

Another solution is put forward by UNFPA (2010). According to this report, there is need to support more male involvement in the use of family planning services. This document further submits that specific focus by zone, state, age groups, urban, rural places of residence, marital status, level of education and literacy, and wealth should be ensured for programmer and policy implementation aimed at improving access and utilization of sexual reproductive health services. Another scholar Ewhrudjakpor (2009) calls for a legislative act of government on the implementation of policies and enforcement of family size control. Olaitan (2011) suggests that Family planning service providers should educate the couples on the effectiveness of family planning choice. He further stressed that every couple should be discouraged about the thought of health risk of family planning choice and couples should as well agree and be involved when making decisions on the choice of family planning.

Adekunle, et al (2000) emphasize that family planning activity in Nigeria would be improved by wider dissemination of information on family planning through public lectures and the electronic media, training of family planning counselors to facilitate grassroots courage; universal entrenchment of family planning counseling into routine antenatal clinic activities, and integration of private medical centers into the national family planning service. Nkwo (2009) advocates for a partnership between family service providers and religious leaders such that contraceptive information could be disseminated through the churches and further suggests that governments at local and state level should partner to create more awareness at the grassroots, and partnership should involve faith based organizations and traditional leaders

2.7 Conceptual Frame Work



Conceptual frame work developed by the researchers

CHAPTER THREE

3.1 Description of study area

Wolkite Town is a town and separated woreda in south western Ethiopia. found in 158 kilo meter away from the capital city of Ethiopia. The administration center of Gurage zone of the southern nation, nationality and people region (SNNPR).This town has a latitude and longitude of 8 o 17' N 37 o 47' E|8.283 o N 37.783 E and an elevation between 1910 and 1935 meter above sea level. It is surrounded by Cheha wereda one of the reform town in the region and has a town administration, municipality there sub cities and five kebelle. The town has structural plan. Based on the 2012 census conducted by the CSA,Woreda of wolkite has a total population of 70,796.of whom 53% are Men and 47% are Women.

The majority of the inhabitants practice Ethiopian Orthodox Christianity, protestant, Muslim, other traditional beliefs ( ). The reason to select this study area the researchers limited by budget and in time in order to address the issue and the reason to select wolkite city is near to for our campus.

3.2 Research Approach

To this study the researchers were used mixed (both qualitative and quantitative) research approach. The main reason the researchers used qualitative in qualitative approach collect more details or deep information about sociocultural effect on couples in family planning and effect of involvement of couples in family planning. On the other hand quantitative method is need to conduct data about influence of economic status of men on family planning. In general mixed approach it is a good approach to more fully explore our research questions it is give a better understanding of the problem and yield more complete evidence the researchers gains both depth and breadth so that its better for our research questions.

3.3 Study design

For this studies the researchers was used cross-sectional descriptive study design that is the studies was concern within a point in time. And our research questions also studied at one point of time doesn’t study the change.

3.4 Target population

The target population of this study was the couples who are married in the past five years in wolkite town specifically menehariya kebele.

3.5 Sample technique

The participant was selected from study area by using non probability sampling type of which is purposive sampling. The reason for choosing the purposive method is to organize volunteer respondents simply, to save time, to find out reliable information. The researchers also used probability sampling techniques types of which are simple random sampling. The reason for choosing the simple random sampling in order to provide equal chance for all respondent, to represent the population under studies fairly, to avoid any personal bias and such kind of sampling techniques is much less complicated than other methods.

3.6 Sample size

For the purpose of determining the sample size that was studies, the researches was used Accordingly, in this study to make the sample more representatives, so from 300 total couples the sample size of the studies was determined using the formula adopted by kreijcie and Morgan's (1970, as cited in Amin, 2005). Thus, the formula used to calculate the sample size is

$$n= N / (1+N (e^2))$$

Where: N= is the total population

n= is the sample from the population

e= is the error term, which is 5% (i.e. at 95% confidence interval)

Using the above formula the sample size of the study is determined as

$$n = \frac{300}{1 + 300(0.05)^2}$$

$$n = \frac{300}{1.75)}$$

$$\underline{n = 172}$$

Therefore, based on the above formula 172(57.3%) currently married men was participated in the

studied.

3.7 Data source

Both primary and secondary data source were used to attain the objectives of this studies.

Secondary data source

The secondary data was used which includes information that is obtained mainly from different reports, websites and literatures, which are relevant to the theme of the studies which are factor affecting men involvement in family planning in wolkite town, Ethiopia.

Primary data source

The information gathered from secondary source is validated by the information from primary source. In this regard a combination of both quantitative (survey) and qualitative (key informant in depth interviews are employed to obtain firsthand information from selected respondents on wolkite town, Ethiopia.

3.8 Method of data collection

3.8.1 Questionnaires

Questionnaire is the most appropriate tool to obtain quantitative information relative to other methods for one study. The reason for choosing questionnaires was to make respondents feel free and forward their view independently as well as for its simplicity and minimized cost. One set of questionnaire, containing both open-ended and close- ended types were designed and administer to the selected respondent. Initially the questionnaires were prepared in English and Amharic language, because of the local language to make the questions simple, clear, and understandable to respondents.

3.8.2 Qualitative data collection

Key informant interview

Key informant interview were used to collect in-depth information about role of couples in family planning and the information was gathered through key informant interview. The researchers was selected three key informants, from health care services who have deep information about the determinant factors of involvement in family planning.

In depth Interview

Qualitative interviews are special kinds of conversation or speech events that was used by researchers to explore informants experience and interpretations (Mishler, 1986:39). This study was focused on the interviews point of view. Therefore, in order to get deep information about the role of men in family

planning the researchers was used interview. Personal interview method asking questions in face to face contact with respondent the answer of respondents it may non- structured and semi-structured interview question. The researchers was asked 5 married couples

3.9 Method of data analysis

The collected data was analyzed both quantitatively and qualitatively by using descriptive statistical techniques such as frequency, and percentage. A descriptive statistical techniques was used for data collected through questionnaire, whereas thematic were used for data collected through in depth interviews.

3.9.1 Ethical consideration

Ethical consideration was included like clearly explain for participant about our research topic, the research participants not to be subjected to harm in any ways whatsoever, respect our respondents dignity of research participants was prioritized, full consent was obtained from participants prior to the study, was protected participants privacy of research participant. Research needs ethics as any types of human activities. Therefore, the researchers was applied the following ethics in this research. First, the researchers was informed the objective and purposes of the study for the informants. The researchers also informed the informants about confidentiality of their information. The informants were participate voluntarily and they were not used of force to answer the question they do not want to answers.

CHAPTER FOUR

4 .RESULT AND DISCUSSION

4 .1 Result of the Study

This part mainly deals with the analysis and result obtained from the sample survey through questionnaires and qualitative data drawn from key informants in depth interviews. A total of 24 questions were distributed by researchers ourselves for 172 respondents among this the returned paper from 150 persons the others were not returned due to different reasons.

4.1.1 Characteristics of the respondents

Demographic characteristics are the main factors that affecting family planning. Demographic characteristics of target population give some basic information about age, income, family size, religion and married year.

Table 1 Socio-demographic characteristics of respondents

Age	Frequency	Percentage
18-25	33	22%
25-35	67	45%
Above 35	50	33%
Total	150	100%
Monthly income level of respondents	Frequency	Percentage
0-1000	20	13.3%
3000	23	15.3%
Above 4000	107	71.3%
Total	150	100%
Number of respondents children	Frequency	Percentage
Nothing or they have not	46	30.6%%
1	15	10%
2	79	52%
3	10	6.6%

Total	150	100%
Religion of respondents	Frequency	Percentage
Orthodox	81	54%
Muslim	49	32.6%
Protestant	20	13.4%
Others	0	0
Total	150	100%

Source; own survey 2023

From table 1 out of total respondents about 67 (44 percent) of sample respondents belong to adult age group 25-35 is the biggest group of married men followed by above 35 (33percent0 and about 18-25 (22percent) of sample of respondents. This indicated that most of the respondents married in past five years and currently 2015 married men who belongs to 25-35 age groups. Income is another socio economic factors that affecting that tends to have an impact on family planning. Information on income of the married men it is difficult to obtained honestly information due to different reason such as the majority of lives in study area they have not fixed income it is not regular because most part of them have a private business. However by explaining the purpose of research we can get this information so, most of respondents income is above 4000 in frequency 107 (71.3percent) this indicated that most of married men have above 4000 income followed by 3000 (15.3percent) and 20 respondents 1000(13.3). On the other hand one of the socio demographic of our respondents are the number of children's they have because it is help to know the user of contraceptive methods the highest percentage of married men 52.8percent (79) have 2 children 10 percent of respondents have 1 child and 6.6 (10) have 3 children.

This indicated that highest married men when he have 2 children within 5 years their indicate how space they have between child. The last characteristics of our respondents are religion so, the highest percentage of married men religion is orthodox 81(54percent) followed Muslim religion 49 (32.6) and protestant religion 20 (13.4percent).

Table 2 knowledge they have about family planning

Do you know about family planning	Frequency	Percentage
Yes	105	70%
No	45	30%
Total	150	100%

Source; own survey 2023

From the above table the highest frequency of married men they know about family planning methods they indicated how our country improved from before years as majority of married men 105(70) are know.

Table 3 the reason for they have not knowledge about family planning.

If you say no in above questions what is the reason and how?	Frequency	Percentage
Religion	21	46.7%
Norm	7	15.5%
Value	5	11.1%
Family background	6	13.3%
Responsibility of women	6	13.3%
Others	0	0
Total	45	100%

Source; own survey

The above table indicates 45(30) they have not any information about family planning due to different reason the highest reason for does not know about family planning is religion because this contraceptive methods seen as a sin and seen as kill a person because this person after birth may be it become religious leader, king, and it became a government followed from family background the second reason 6(13.3%) this indicated that how the family background influence the futures life of person or a socialization way According to Erik Erikson theory the first stage is trust on this stages begins at birth and lasts until your baby approaches their first birth and a little beyond you have probably noticed that your little ones totally dependent on you for everything; food, warmth, comfort. Be there for your baby by giving them not only physical care, but also plenty of love no need to hold the cuddles by providing these basic needs, you teach them that they can depend on you this builds

within them the psychological strength of trust. Feeling secure and safe, your infant will be ready to experience the world. On the other hand responsibility of women 6(13.3%) this indicate that the men think family planning methods see as only the responsibility on women. The other reason is norm 7(15.5%) and value 5(11.1%) this indicated how societal value and norm how influence a use of contraceptive methods. According to contemporary sociological theory Talcot Parson he also interested in the ways that the norms and value system are transferred to the actors within the system. In successful socialization process, he argued, this norms and values are internalized; that is they become part of the actors conscience as a result in pursuing their own interest, the actors are in fact serving the interest of the system as a whole.

Table 4 source of information about family planning

How did you get	Frequency	Percentage
Mass media	55	52.3%
From health professionals	5	4.7%
From friend or family	45	43%
Others	0	0
Total	105	100%

Source; own survey 2023

Based on the above table majority of the respondents, 55(52.3%) Based on the above table majority of the respondents, 55(52.3%) who knows about family planning gets information about family planning from mass media. This indicates that both electronic and social media are playing an important role in creating awareness about family planning. As it is shown in the above table, next to mass media, friends and families are playing an important role regarding increasing awareness about family planning.

Table 5 way of understanding family planning

How understand family planning	Frequency	Percentage
As spacing between children's	74	70.4%
As limiting family size	29	27.6%
As avoiding un wanted pregnancy	2	2%
Total	105	100%

Source; own survey 2023

In the above table the highest percentage or frequency 74(70.4%) of married man they understand the family planning methods as spacing between children's this indicates that according to our key

respondents it is better because mothers and also child's does not injury and for mothers it is decrease the over load work 29(27.6%) of married men they understand family planning methods as limiting family size and 2(2%) they understand family planning to avoiding un wanted pregnancy .

Table 6 influence of culture men involvement on family planning

Do you agree on culture have influence on family planning methods	Frequency	Percentage
Strongly agree	25	23.8%
Agree	63	60%
Disagree	10	9.5%
Strongly disagree	7	6.7%
Total	105	100%

Source; own survey 2023

Based on the above table the highest frequency 63(60%) agreed on influence of cultures on family planning followed in 25(23.8%) this indicated that how the culture influence the family planning it may positively or negatively they have influence because the one culture different from other culture it means one culture see the child as a wealth for the other culture may be see the child as consume the resource. In another hand 10(9.5%) and 7(6.7%) does not agree on influence of culture in family planning.

Table 7 user of family planning methods

Do you Use of family planning methods	Frequency	Percentage
Yes	105	70%
No	45	30%
Total	150	100%

Source: own survey 2023

In the above table the highest frequency 105(70) of married men they using family planning methods and the 45(30 percent) does not use due to different reasons as indicate the table 2 they have not any information about family planning.

Table 8 kind of family planning they use

What kind of family planning do you use	Frequency	Percentage
Natural methods	30	28.5%
Implant	10	9.5%
Injection	37	35.2%
Tablet	25	23.8%
Condom	3	3%
Total	105	100%

Source; own survey 2023

In the above table the highest 37(35.2%) family planning method they used injection according to our key informant the case of choose which injection it is unforgettable than tablets because they use in 3or6 months. The other one more used a natural methods 30(28.5%) and 25(23.8) they used tablet the some percent 10(9.5%) used implant and the least percent used condom 3 (3%) this indicated that most of married couples used injection and natural methods due to their different reasons.

Table 9 support their wives

Do you support your wives	Frequency	Percentage
Yes	105	74%
No	45	26%
Total	150	100%

Source; own survey 2023

In above table the highest frequency 105(74) of married men is support his wives as explain in table 2 45(26%) they have not any information about family planning methods and 40(26) does not support their wives.

Table 10 kind of support

What kind of support	Frequency	Percentage
Giving money	64	61%
Go with her health care	5	4.7%
Encouraging	36	34.3%
Total	105	100%

Source; own survey2023

In the above table the highest frequency 64(61%) of married men support his wives through giving money followed the 36(34.3%) encouraging their wives the way go health care with his wives 5(4.7%) this percent indicated that low involvement of men on family planning through go health center because it is important go to health care with her to get full information about family planning methods according to our key informant respondents also indicates this the women's come alone the men does not come the health care so, that they low involvement men in family planning because the when he come along they have many advantages.

Table 11 interest of continuity on family planning methods

Do you think persist you participation on family planning	Frequency	Percentage
Yes	105	100%
No	0	0
Total	105	100%

Source; own survey 2023

In the above table the highest frequency 105(100%) of married men there are interested to support his wives and persist this support and 45 as indicated in above different tables they have not any information about family planning methods.

Table 12 Source of income

Do you have any source of income	Frequency	Percentage
Yes	101	96.1%
No	4	3.9%
Total	105	100%

Source; own survey 2023

In above table the highest frequency 101(96.1%) of married men they have source of income 4(3.9%) of married men have not any source of income.

Table 13 source income they get

Where did you get	Frequency	Percentage
Private business	73	70%
Government	30	28%
NGO	2	2%
Total	105	100%

Source; own survey 2023

In the above table majority of percentage 73(70%) of married men they have their own business such as shop and merchandise 30(28%) of our respondents they have government work and 2% of our respondents they work on non- governmental organization.

Table 14 Economic factor on family planning

Dou agree economic factor can influence the family planning	Frequency	Percentage
Strongly agree	40	39%
Agree	60	57%
Dis agree	4	3.8%
Strongly disagree	1	1%
Neither agree nor disagree	0	0
Total	105	100%

Source; own survey 2023

In above table most percentage 60(57%) of married men agree on the influence of economy on family planning this indicated how the economy have impact on family planning in different way the second one is strongly agree this indicate also influence of economy on family planning and the least 4and 1percent percent does not agree on influence of economy on family planning due to different reasons.

Table 15 The negative influence of economy on family planning

How influence family planning	Frequency	Percentage
Limited family	67	63.8%
Restrict attend health care	21	20%
Decrease encouraging wives	10	10%
Other problems	3	2.8%
Total	105	100%

Source; own survey 2023

In above table most percent 67(63.8%) explain negative influence of economy on family planning this indicated that most of married couples the impact of economy see as limited family size in terms of food cloth quality life they influenced the family followed 21(20%) explain influence of economy due to restrict attend health care and 10% explain decrease encouraging health care because some married

men support his wives through giving money so that it is decrease one supportive way the other one 3(2.8%)is other problem.

Table 16 advantage of men involvement on family planning

Who Benefited from involvement of men in family planning	Frequency	Percentage
Husband	10	9.7%
Wives	13	12.3%
Children	0	0
All (husband, wives, children)	82	78%
No body	0	0
Total	105	100%

Source; own survey 2023

In above table majority of percent 82(78percent) this indicated involvement of men have importance to all family our key informants also support in terms of all of the are advantageous to mothers health and also to child's health and to live better life 13(12.3percent) indicated benefit for women or wives 10(9.7) indicated that involvement of men benefited his self or husband most this indicated that husband wives and children are advantageous to involvement of men on family planning.

Table 17 advantage of men involvement on wives

Advantage of involvement of men on wives	Frequency	Percentage
Yes	105	100%
No	0	0
Total	105	100%

Source; own survey 2023

In above table majority of percentage 100(100percent) indicated that involvement of men they have effect on wives it means does not say that men are dis advantageous..

Table 18 effect of men involvement on wives

What kind of effect they have	Frequency	Percentage
Positive	105	100%
Negative	0	0
Total	105	100%

Source; own survey 2023

In above table we can understand the involvement of men have positive impact on wives and also on

their family planning so that most of people must be understand the advantage of men involvement on family planning so that most of men must engage in family planning to gain positive effect on their family because majority 105(70percent) and also according to our key informant respondents it have a positive effect in terms of know the side effect of those contraceptive methods and understand their wives they have an positive effect.

4.3.9 Findings of key informant according to our key informant the answers discuss in below

4.4 The married men attend their health center and it is impact

"The husbands who accompany her when she uses family planning have several advantages, including the first being that the contraceptive or family planning techniques they use have some effect. Most men do not visit this health center when she uses family planning, but husbands who accompany her do have many advantages. Most women use family planning to space out their children, while the others use it to restrict their family size. This is done depending on their interests, so we may provide advice in terms of months or years, which might be for one, two, or three years. Because women utilize the tactics when husbands agree when they are uncomfortable with them, it is advisable to modify when the wives and husbands concur on them''. Additionally, women are aware of the negative effects of contraceptive techniques, such as the variation of their periods or the possibility of experiencing different pains; as a result, they have an adverse influence on wives as well as family planning. Most men believe that women are solely responsible for using contraceptive techniques; however this is incorrect because men also need to be accountable to their own families. Benefits use male participation still low male participation".

The other Studies in developing countries have examined the role of male involvement in family planning, and male participation improves women's uptake of family planning methods, increases spousal coordination, supports the success of family planning programs, and provides rights to their partners in reproductive health services. Women, attention to male involvement has improved special efforts to emphasize men's joint responsibility and promote their active participation in reproductive health. Studies have shown that family planning has many benefits, including reducing maternal, child, and infant mortality; protecting unplanned pregnancy; and improving sustainable socioeconomic development. Despite these

4.5 Availability of the different form of family planning services in health center

”Yes, they provide family planning information and guidance much like organizations, specialists, and health centers. The sort of advice they offer can affect fertility, but with these kids they have to give the kids space, and this distance between kids for mom and kids has a lot of significance. When children are separated, they receive better care and can satisfy their needs. Additionally, we inform her that she has access to a variety of family planning options and contraceptives. We also discuss the potential negative effects of each option, allowing her to select the one that feels most comfortable for her body.
The last one give her advice the side effect of contraceptive methods tell to her one by one and all of this side effect she can a solution," claims the Wolkite Governmental Health Center. The mother or woman who wants to utilize family planning techniques "knows they have no payment," to use the other”.

6 The effect of economy on family planning

"Yes, the economy has an impact on family planning because in order to survive, one must acquire the necessities of life, such as food, clothing, and nutrition. In addition, children require medical care when they are ill, so they must visit a health center, but when a family lacks the necessary resources or income, they are unable to do so, making it clear how the economy affects family planning.

According to our respondents it is difficult to tell exact number poor or rich come to our hospital but they think most probably the upper class or middle class more attained the health center to gain the family planning".

According to Anbesu et.al (2022) research’s small family sizes enable couples to save a higher percentage of their income and invest some of it in education and infrastructure, leading to increased productivity of the economy, greater employment, and higher incomes .the concept or a program of limiting the size of families through the spacing or prevention of pregnancies, especially for economic reasons. Many of the goods and services that households purchase or otherwise provide their members benefit from economies of scale, meaning that it is cheaper per person to provide these goods for many people than for few .Aug 30, 2018 Family planning (FP) is a human right, and ensuring women's access to FP is central to protecting the health and wellbeing.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATION

5.1 Conclusion

This study has been conducted to assess the involvement of men on family planning in wolkite town. Based on the literature revised, the data collected, and the findings obtained, conclusion drawn are attempted as follows.

The result indicated that the most men does not involve that much with women on family planning but now a day it is better than before most often 25-35 young adults attained the health center than the other age. And also mentioned that the reasons to low involvement on family planning they think it is only the women's responsibility according to key informant religious, societal norm and family background are the cause to low involvement of men in family planning. The negative influence of economy on family planning are due to limiting family size, due to decrease attend the health care have the impact. The others indicated that the involvement of men are very important for the family planning, for both wives and husband and also for children so to live better and happiness life the men must engage on family planning. the outcome of the study had been identify socio-cultural factor that affects the role of men in family planning male involvement of family planning use among married men in wolkite city. The outcome of the study had been determinates of male involvement in family planning use among married men in wolkite city. In other studies Male involvement in family planning refers to the involvement of males in at least one of the following activities: discussion or spousal communication, support, approval, and contraceptive use of the husband. Studies that mentioned the objective of male involvement in family planning use with full text would be further evaluated for quality. Women, attention to male involvement has improved special efforts to emphasize men's joint responsibility and promote their active participation in reproductive health. Studies have shown that family planning has many benefits, including reducing maternal, child, and infant mortality; protecting unplanned pregnancy; and improving sustainable socioeconomic development. Despite these benefits use male participation still low male participation. Study have examined the effect of male involvement in family planning, and male participation improves women's uptake of family planning methods, increases spousal coordination, supports the success of family planning programs, and provides rights to their partners in reproductive health services. Currently, there are no enough male involvement in use family planning methods.

5.2 Recommendation

- The health center professions and women's disseminate the information about importance of men involvement in family planning.
- Include strategies for reaching female partners when designing programs to increase male contraceptive use.
- Develop and test messaging specifically for men and boys that resonates in the local language and culture. Likewise, designers should seek information channels and influencers that are appropriate to reach men and boys..
- The study finding bears some policy implication for the future design of implantation of family planning strategy.
- Family planning program should be not focus only women, but also address men as principal stockholder.
- Men should be encourage apply their decision making power to influence their wife in the use of family planning.
- Ultimately empower them by this specific knowledge's should be apply to make right decision for the better healthy their family.
- Involving men along with women in promoting family communication and use family planning and contraceptive method information dissemination could have an impact in high population rate or birth rate regulation.
- Men's should communicate with wives to understand her.
- Journalist and TV or radio channels manager should expanded the program that concern family planning methods.
- Men should feel the responsible on family planning.
- The families should teach their child because first agent of socialization is family.
- Health worker should giving couples the priority for services, encouraging women to bring alone their spouse during subsequent visits and early issuing of delivery pack to accompanied antenatal women.
- Health worker should a meeting with religious leader to sensitize then about male involvement in reproductive health despite the challenges and sometimes misconceptions especially about using family planning methods.
- To understand to what extent some of the strategies aiming at encouraging men in family planning services implemented at health facility and community levels reach men and their

response to such moves asked all the men it they had ever been invited to health facilities for family planning information and services and if they had ever attended community meeting which incorporated family planning issue.

REFERENCE

- ✓ Adera A, Belete T, Gebru A, et al. Assessment of the role of men in family planning utilization at Edaga Hamuse town, Tigray, North Ethiopia, Am J Nurs Sci.2014; 4 (4).
- ✓ Anbesu L, et al. Men's involvement in family planning service utilization among married men in Kondala district, western Ethiopia: a community-based comparative cross-sectional study. Contracept Reprod Med. 2022;6(1):1–16.
- ✓ Angeles, G. (1997). "Endogenous Schooling, Selective Migration, and the Estimation of the Returns to Education in Peru," The EVALUATION Project.
- ✓ Angeles, G., D. Guilkey, and T. Mroz (2001). "The Determinants of Fertility in Rural Peru: Program Effects in the Early Years of the National Family Planning Program," MEASURE Evaluation Working Paper No. 46.
- ✓ Adekunle AO, Arowojolu AO, Adedimeji AA, & Okunlola MA. (2000). Emergency contraception: Survey of knowledge, attitudes and practice of health care professionals in Ibadan. Journal of Obstetrics and Gynecology, 20(3)284–289.
- ✓ Becker, Gary S., (1960). "An Economics Analysis of Fertility," in Demographic and Economic Change in Developed Countries, NBER Conference Series No. 11, Princeton: Princeton University Press, pp. 209-31.
- ✓ Behrman, J. (1990). "Women's Schooling and Nonmarket Productivity: A Survey and Reappraisal," The World Bank.
- ✓ Behrman, J., and N. Birdsall, (1983). "The Quality of Schooling: Quantity Alone is Misleading," American Economic Review, Vol 73, No. 5, December, pp. 928-46.
- ✓ Behrman, J., and M. Rosenzweig (2002). " Does Increasing Women's Schooling Raise the Schooling of the Next Generation?" American Economic Review Vol.92, No.1, pp. 323 - 334.
- ✓ Bledsoe, C., J. Johnson-Kuhn, and J. Haaga (1999). "Introduction," in Critical Perspectives on Schooling and Fertility in the Developing World, Caroline H. Bledsoe, John B. Casterline, Jennifer A. Johnson-Kuhn, and John G. Haaga, eds, Washington, D.C.: National Academy Press.
- ✓ Campbell M, Sahin-Hodoglugil, N.N., & Potts, M. (2006). Barriers to fertility regulation: a review of the literature. Study Family Planning, 37, 87–98.

- ✓ Chekole MK, Kahsay ZH, Medhanyie AA, et al. Husbands' involvement in family planning use and its associated factors in pastoralist communities of Afar, Ethiopia. Reprod Health. 2019;16(1):1–7.
- ✓ Contraceptive Practices in Nigeria:Literature Review and Recommendation for Future Policy Decisions.Available from: https://www.researchgate.net/publication/49603351_Contraceptive_Practices_in_Nigeria Literare_Review_and_Recommendation_for_Future_Policy_Decisions [accessed oct 30 2017].
- ✓ Darroch JE, Singh S.Trends in contraceptive need and use in developing countries in 2003, 2008,and 2012; an analysis of national surveys. Lancet. 2013.
- ✓ David, P. and T. Mroz, (1989b). "Evidence of Fertility Regulation Among Rural French Villagers, 1749-1789: A Sequential Econometric Model of Birth-Spacing Behavior (Part 2),". European Journal of Population, 5, No. 2, pp. 173-206.
- ✓ Diamond, I., M. Newby and S. Varle, (1999). "Female Education and Fertility: Examining the Links," in Critical Perspectives on Schooling and Fertility in the Developing World, Caroline H. Bledsoe, John B. Casterline, Jennifer A. Johnson-Kuhn, and John G. Haaga, eds, Washington, D.C.: National Academy Press.
- ✓ Duflo, E., (2001). "Schooling and Labor Market Consequences of School Construction in Indonesia: Evidence from an Unusual Policy Experiment," American Economic Review, Vol.91, No. 4, September, pp. 795-813.
- ✓ Eliason, S., Baiden, F., Quansa-Asare, G., Graham-Hayfron, Y., Bonsu, D.,Philips, J., & AwusabiAsare, K. (2013). Factors influencing the intention of women in rural Ghana to adopt postpartum family planning. Journal of Reproductive Health,10(34).
- ✓ Egger M, Smith GD, Schneider M, et al. Bias in meta-analysis detected by a simple, graphical test. Bmj, 2009.
- ✓ Ezumah, N.N. (2003). Gender issues in the prevention and control of stis and hiv/aids. Lesson from Awka and Agulu, Anambra State, Nigeria. African Journal of Reproductive Health, 7(2),89-99.
- ✓ Girum T, Shegaze M Tariku Y. The role of currently married mwn in family planning and its associated factors in Agaro town,South West Ethiopia. Ann Med Health Sci Res,2017.
- ✓ Helamo D, tessema F, Deribew A. Assesment of husband wife communication and practice of contraceptives in Angecha Woreda, Kembata Tembaro Zone, SSNNPR, Ethiopia; 2011.

- ✓ Hawkin,Lalla Toure (1996); male involvement in family planning review of selected program initiative in Africa.
- ✓ Kiogora, C.G.,Barrier to male involvement in family planning in Kiambu Country, central Kenya.2016, University in Nairobi
- ✓ Mattebo M, Sharma B, Dahlkvost E et al. perception of the role of men in family planning, during pregnancy and child birth; a qualitative study with Fitten Nepali men. JAsian Mid wives 2016;31-45.
- ✓ Mishra A, Nanda P, speizer IS, et al. men's attitudes on gender equality and their contraceptive use inuttar Pradesh India Repord Health, 2014;22-15.
- ✓ Oludoro, O. (2013). Son preference in Nigeria: The human rights implications. Faculty of law, AdekunleAjarin University, Ondo state Nigeria. Retrieved From www.medicalsociolody.online.org/resources/medsoc.2023.confrence. posters/oluduro.poster.pdf.
- ✓ Omolase, C.O, Faturoti, S.O & Omolase, B.O. (2009). Awareness of family planning amongst antenatal patients in a Nigerian community: an exploratory study. Annals of Ibadan Postgraduate Medicine, 7(1).
- ✓ Osakue, S.O. (2010). Broadcast Media in Family Planning Matters in Rural Nigeria:The Ebelle Scenario. Journal of communication, 1(2), 77-85.
- ✓ Ritzer, G. (2008). Sociological Theory. New York, NY: McGraw-Hill.
- ✓ Tilahun T, Coene G, Temmerman M, et al. Spousal discordance on fertility preference and its efect on contraceptive practice among married couples in Jimma zone, Ethiopia. Reprod Health. 2014;11(1):1–10.
- ✓ Tamiso A, Tassew A, Bekele H, et al. Barriers to males involvement in family planning services in Arba Minch Town, Southern Ethiopia: qualitative case study. Int J Public Health Sci. 2016;5(1):46–50
- ✓ UNFPA (2004). State of The world Population: Reproductive Health and Family Planning. Retrieved from http//:www.unfpa.org/swp/2004/English/ch6/index.htm
- ✓ UNFPA (2010). Nigeria Family Planning Analysis: Selected Demographic and SocioEconomicVariables. Retrieved fromhttp//www.nigeria.unfpa.org/pdf/fpanalysispdf. WHO. (2013). Family Planning. Retrieved from,http//:www.who.int/topics/familyplanning/en.
- ✓ Zerihun Lade and Brhane yemanne (2009) perspective of fertility regulation in remote community south Ethiopia. Ethiopian journal of health development Addis Abeba Ethiopia.

Appendix

Wolkite University

Collage of social science and humanities

Department of sociology

Assess the role of men in family planning

Dear respondents please fill the following questions your right answers. This question is prepared to gather data about role of men in family planning. And your data is going to be used for only research purpose.

Date of interview 12/8/2015

Demography of the respondents

Age 18-25 ☐ 25-35 ☐ above 3 ☐

Income level less than 1000 ☐ 2000-3000 ☐ above 40 ☐

Married for how many years 1 years ☐ 2 years ☐ 3 years ☐ 4 year ☐ 5 years

Children they have 1 ☐ 2 ☐ 3 ☐ nothin ☐

Religion Orthodox ☐ Muslin ☐ Protestant ☐ others ☐

Socio-cultural that affect family planning and family planning

1 Do you know about family planning?

A yes B no

2 If you say no in question number 6 what is the reason?

A religion B norm C value D family background E others

3 If you say yes in above questions how did you get?

A through mass media B from health professionals C from friend or family D others

4 How do you understanding family planning?

A as limiting family size

B as spacing between children's

C as avoiding unwanted pregnancy

D others

5 Do you use family planning methods?

A yes B no

6 If you say yes in above questions which kind of family planning methods use?

A condom B implant C tablet D injection E natural method's

7 Do you support your partner to get family planning?

A yes B no

8 If you support your partner in what kind of support?

A giving money B encouraging C go with her health center D others

9 Do you think persist participation on family planning?

A yes B no

10 Do you agree on cultural influence of family planning?

A strongly agree B agree C dis agree D strongly dis agree

Economic status affect that the family planning

11 Do you have any source of income?

A yes B no

10 If you say in above questions when did you get?

A Government B NGO C Private business D others

12 Do you agree economic factor can influence family planning?

A strongly agree B agree C disagree D strongly disagree

13 If you agree in above question how can influence the family planning?

A limit family planning B restrict attend health center C decrease encourage wives D others

The Effect that involvement of men in family planning

14 Who benefited from involvement of men on family planning?

A Husband B Wives C Children D all

15 Do you think that men involvement in family planning has an impact in family planning?

A Yes B No

16 If you said yes what kind of effect?

A positive B negative

17 Do you think involvement of men have an effect on wives?

A Yes B No

18 If said yes in question number 18 what kind of effect?

A positive B negative

Questions for key informant (health care servant)

1 Do men come to this health center usually with their wives to get family planning? Do you think that this can have an impact on family planning?

2 Is there enough availability of the different from family planning services in this health center?

3 Do you think that the economic status of the family affect their family planning? If so how? Usually which group comes to your health center?