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WOLKITE UNIVERSITY

COLLEGE OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIOLOGY

**THE ROLE OF MEN IN FAMILY PLANNING: THE CASE OF GUBRE SUB CITY
(BUCHACH KEBELE).**

**SENIOR ESSAY SUBMITTED TO THE DEPARTMENT OF SOCIOLOGY IN
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DEGREE IN SOCIOLOGY**

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JANUARY, 2021 G.C

WOLKITE, ETHIOPIA

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**WOLKITE, ETHIOPIA
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ACRONYMS

- ❖ **CPR** = Contraceptives prevalence rate
- ❖ **DSH** = Demographic health survey
- ❖ **FGD** = Focus group discussion
- ❖ **ICPD** = International conference population
- ❖ **IFL** = Implemented lea for life
- ❖ **MCH** = Material and child health
- ❖ **STD** = Sexual transmitted disease
- ❖ **UNPF** = United nation population fund
- ❖ **USA** = United states of America
- ❖ **WHO** = World health organization

ABSTRACT

The general objective of this research was the role of men in family planning. This thesis is based on the fact that there are less men role in family planning both in district and country. The specific objective of this research was to assess the male attitude and perceptions towards family planning the case of Gubre sub city Buchach kebele.

- ❖ It also identifies the different role of men in family planning and to explore factor affecting men involvement in family planning in Gubre sub city Buchach kebele.*
- ❖ Sampling method was simple random sampling and The sampling size of the study was 40 respondents, 10 of them were distributed to the questionnaire, 7 of them were health employee make an interview and 5 respondents were key informants, and the remaining 18 respondents were focus group discussion. The data was analyzed by using qualitative and quantitative analysis. On other hand the data was collected by using interview was further analyzed descriptively by narrating statement. Most of the respondents are not practicing family planning and it appears that the better educated approve as well as practice family planning more than those with less education. A large proportion[89%]of men respondents are not interested in learning more about family planning*

Keywords: *family planning, Attitudes, practices, men role*

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CHAPTER ONE: INTRODUCTION

1.1 BACKGROUND OF THE STUDY

“The global population is still growing, nearly all of which is in developing parts of the world. Slow progress in the use of modern family planning methods, along with the significant problems of poverty in African countries, illustrates concerns regarding the impact of rapid population growth (Lee *et al*, 2013).

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, it will double itself in some 21 years if the rate is reduced to 2% it would take some 35 years and 1% around 70 years (population report, USA 2007 in family planning). The important role of men in reproductive decisions making and its effects on contraceptives uses as well as behavior of couples has been increasingly recognized as subject of interest (Bankole and Sing, 1993; Omand Odhiambo, 1997; Karra *et.al*, 1997).

In sub-Sahara African ancestral custom given men right over women situations we would expect that the husband, approval might often be precondition for a women to use family planning methods. Analysis of modern contraceptives prevalence rate, (CPR) in recent and health surveys show that three countries achieved much more rapid increase in CPR than any other countries in sub Saharan Africa such as, Ethiopia, Malawi and Rwanda. The annual increase in CPR of modern methods among married women of reproduction age was 2.3% in Ethiopia (2005-2010), 2.4% in Malawi (2005-2010) and Rwanda 6.9% (2005-2010) according to the demographic health survey for the year noted. Rapid population growth is a critical issue in most developing countries including Ethiopia family planning methods to save women lives by preventing unwanted pregnancy.

Until recently, family planning programs have merely focused on women attitudes and behaviors. Women have been considered or the make target for information, education and communication on contraceptive knowledge and use. As child Ethiopia country is with large and rapid governing population ranking the third most population family guidance association of Ethiopian

nongovernmental family planning 1996, however, after four decades total fertility is still high (5-9 women). The Ethiopian demographic health survey (DHS) 2000 also showed that their minimal couple's discussion on matters related to family planning. For example, 67% of women who know at least one method of contraceptive had not discussed issues of family planning with their husband in the twelve months prior to the DSH, and one third of reported that they didn't know their husbands, attitude towards family planning (Central Statistical Agency, 2007).

Family planning purpose include rising a child requires significant amount of resources; time, social, financial and environmental. Planning can help assure that resources are available. In Africa, family planning is considered as a mechanism which helps to reduce health risk of women and given them more control over their reproductive system. These control system plays prospective role in the society (Lodes 1999; 110).

Most people in Ethiopia find it difficult even shameful to talk about sex and its various consequence these general attitudes have kept millions of young people especially young women from seeking accurate reproductive and sexual information from reliable resources. Although in Ethiopia family is still strong and extended network of obligation and protection traditional practices have a rounded rapidly decades. However, providing reproductive and sexual information to the young women is matter of great urgency (Repothin, 2001). Rapid population growth is critical issue in most developing countries including Ethiopia family planning methods to save women live by preventing unwanted pregnancy. The aim of this study was assessing the role of men in family planning in case of Gubre sub city in Buchach Kebele.

1.2. STATEMENT OF THE PROBLEM

It's evident that the wide spread adoptions as family planning represent one of the most diameter in family planning. Earliest studies found out the most women are forced to have more children by their male partner. In some other cases, women reported the need for husbands permission for practicing family planning; are unable to use family planning service due to opposition by their husbands (Ezech, 2005; Berhane, et al; 2005) the total fertility rate is observed in sub-Saharan Africa at 5.4 percent, followed by Latin America at 3.1 percent and Asia at 3.0 percent given such uncontrolled growth and its impact on the socioeconomic development of the society. Great emphasis has been given to family planning which plays role reducing fertility worldwide.

According to Malthus and many other social experts that families are not to feed themselves if the area are not supported by appropriate policy (Biruk et al, 2002).

According to (Jamal,2010) the increase of family size can lead to difficult to see fulfillment of family to made which also result in food security and lack of access to education for the families. More over high fertility rate translates in young population which has several implications. The past two decades witness an accelerated effort among research especially in developing countries ‘to focus couple or a means of understanding aspect of fertility such as family planning behavior (Bong j, 1996 and Oddo, 1998). About 10% of Kenyan’s married couples are using a method that requires male participation such as condom, periodic abstinence, withdrawal or vasectomy (Akinrinonal and Susshela, 1998; Toure, 1998).

In Ethiopia particularly in the peripheral area there is uncontrolled birth rate and birth space that leads different problem in the community because of acute poverty in our country thus the viable solution is on practicing family planning service was planning socio economical manageable of family members in Gubre sub city Buchach kebele . So, the previous research that has been worked by Yeshareg W , Zelalem A 2013 and Biruk A 2002 in Ethiopia Bihardar city, regarding women fertility and practice in family planning.

So as the researcher stated above there was previous research that has been worked by Yeshareg W, Zelalem A 2013 and a study conducted by Biruk A 2002 . The study was fill the following gaps, gap include A studies focused on only women fertility and practice of family planning, in this study they give a little attention and ignore men role in family planning and give a little attitude of men in family planning, of the previous research’s they focused on only women fertility and practice of family planning. So Throughout the field the study focused on the role of men in family planning in Gubre sub city Buchach kebele and there is no research is studied on this area.

1.3. OBJECTIVE OF THE STUDY

1.3.1. GENERAL OBJECTIVE

The general objective this study was to assess the role of men in family planning in Gubre sub city Buchach kebele.

1.3.2. SPECIFIC OBJECTIVES

The specific objective of this study was

- To assess male attitudes towards family planning.
- To identify the different role of men in family planning.
- To explore factors affecting men involvement in family planning.

1.4. RESEARCH QUESTION

- What are male attitudes and perception towards family planning?
- What is the role of men in family planning?
- What is the issue affecting men involvement in family planning?

1.5. SIGNIFICANCE OF THE STUDY

The study provides information about the role of married men in family planning in Gubre sub city Buchach kebele. The finding of the study used as a base line data for further investigation similar at local level. It also helps concerned authorities for planning purpose on family planning service delivery to the community. It increases community's awareness about family planning.

1.6. SCOPE OF THE STUDY

The scope of study was geographical to Gurage zone particular the Gubre Sub city Buchach kebele community. The study was limited to the main study variables; thus support in the use of family planning, men knowledge, men attitude, their perception in family planning programmers.

1.7. LIMITATION OF THE STUDY

research faced with a certain limitation; but the degree of the might be varies depending up on the nature of the type of research problems and the study area. Accordingly, the researcher has faced the following limitations in the course of the study.

- ❖ Some informants were not given detail information.
- ❖ Constraint of budget and time.
- ❖ Difficulty of finding published reference materials on the topic area in reference in Ethiopian context.

CHAPTER TWO: REVIEW LITERTURE

2.1 CONCEPT OF FAMILY PLANNING

Family planning is a deliberate effort couples to regulate the number of children and spacing of births. It aims at improving family life at the micro level and contributing to sustainable development at the macro level. This is through fertility decline among other mechanisms. However, variables such education, religion, socio – economic as well as cultural factors Affect the effectiveness of family planning programmers. One factor that deserves attention is the Involvement of males in family planning. Male involvement in family planning means more than increasing the number of men using condoms and having vasectomies; it also includes the number of men who encourage and support their partners in contraception and encourage peers to use family planning and who influence the policy environment to be more conducive to developing male related programme(Marrida and Ulla, 2004).

In this context, male involvement should be understood in a much broader sense than male contraception, and should refer to all organizational activities aimed at men as a discrete group, which has the effect of increasing the acceptability and prevalence of family planning practice of either sex (Toure, 1998).Conducting a social research such as this one requires that one reads through works done by authorities, relevant documents and publications to gain more insight into the problem understudy since works done previously might shed more light on the subject.(Omondi Odhiambo, 1997).

Thus, in the ongoing study, literature is reviewed on various issues relating to the topic. These include the state of family planning across the globe. Also reviewed are the factors that were responsible for male involvement, knowledge, attitudes, perceptions and practice of family planning, partner support and achievements so far and the way forward in increasing male participation. There has been considerable initiative in various forms to involve males in family planning programmers in Africa. Programmers to encourage men involvement in family planning are now gradually gaining prominence due to interventions to increase knowledge and interest of men, such as information, education, and communication campaigns using the mass media, interventions to increase access and use of family planning services by men such as community there have been several decades of neglect of male role in family planning dating

back to the 1960s with the development of modern contraceptive methods for women. One of the reasons why family planning programs in the past focused on women instead of men was the assumption by many providers that women have the greatest stake and interest in protecting their own reproductive health (Toure, 1998). But growing numbers of family planning research are facing challenges on the isolated focus on the woman and are focusing on the influence of her male partner in protecting women reproductive health. This is especially true in sub Saharan Africa where men influence decision making in many ways (Ezeh, 2005; 1998; Marrida and Ulla, 2004). Recently, family planning programmer and providers have seen that involving men in addition to women in family planning results in improved programs effectiveness. The 1994 International Conference on Population and Development also encouraged family planning Programmed and providers to consider both men and women jointly. This new interest in men is based on the consideration that although most reproductive health burdens are borne by the women, the majority of the decisions that affect both women and men reproductive health are made by men or by men and women jointly. The concept of male involvement in family planning is broad in nature. The programmer of action adopted by the International Conference on Population and Development (ICPD) held in Cairo 1994 emphasized that special efforts should be made to emphasize men shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behavior, including family planning; prenatal, maternal and child health prevention of sexually transmitted Diseases (STD s) and prevention of unwanted and high risk pregnancies. Use of male methods is one important aspect of male involvement in family planning. Historically, the traditional method of withdrawal (coitus interrupt's) has been used as a contraceptive method since biblical times (1991).The use of condom dates back 400years ago (Ross and Fran ken berg, 1993).

2.2. ISSUES AFFECTING MALE INVOLVEMENT IN FAMILY PLANNING

The lack of interest by men in family planning can be attributed to several factors including spousal communication. Men have a limited role in the decision to use family planning methods and determining the number of children a couple should have. Spousal disagreement on reproductive matters relates to the ways in which men and women communicate their preferences. Spousal disagreement can be due to more to the lack of communication between

spouses than to be articulated opposition of one spouse to the other desires (Omondi – Odhiambo, 1997).

2.3. BENEFITS OF FAMILY PLANNING

Family planning is considered as mechanism which helps to reduce health risk for women and given them more control their reproductive system these control system plays prospective role in the society. Family planning is deliberate effort by couples to regulate the number of children and spacing of birth. The lack of interest by men in family planning can be attributed to several factors include spousal communication. Men have a major role in the decision to use family planning methods and determining the number of children a couple should have.

Family planning allows people to attain their deserved number of children and determine the Spacing of pregnancies. It is achieved through contraceptive methods and treatment of fertility. The World Health Organization (WHO) and the United Nations Population Fund (UNPF) have identified some benefits to family planning and they include preventing pregnancy related health risk in women, reducing infant mortality, helping prevent HIV/AIDS, empowering people and enhancing education, reducing adolescent pregnancies and slowing population growth. Other benefits include reductions in anemia and less demand for abortion, decreased need for surgical sterilization and reduced maternal mortality (Burkman et al., 2004).

2.4. GETTING MEN INVOLVED IN FAMILY PLANNING

In the past, family planning programmers had focused on women because of the need to free women from excessive child bearing, and to reduce maternal and infant mortality through the use of modern methods of contraception. Most of the family planning services were offered within maternal and child health (MCH) centers. Most research and information campaigns focused on women. This focus on women has reinforced the belief that family planning is largely a woman's business, with the man playing peripheral role. But in a patriarchal society which still prevails in most countries, husbands make most of the important decisions for their families. It is necessary to have effective communication between husband and wife in order to ensure equal roles in matters of reproductive health. Such communication can also bring many advantages for growth of men consideration to participate in family planning (Population Council 1998, pp.27-28).

Male motivation campaigns can build up male support for family planning, persuade men to discuss family planning with their partners and encourage couples to adopt modern contraception (Kim et al., 1992; Protrow et al., 1992; Yun et al., 1989).

2.5. MALE ATTITUDES TOWARDS FAMILY PLANNING

Exposure to family planning messages has in the past been known to influence and shape peoples' attitudes towards family planning. In a study carried out in Tanzania, findings revealed that women and men who were frequently exposed to mass media messages on family planning had developed more positive attitudes and were more likely to discuss family planning with their spouses than those who were not frequently exposed (Jato et al., 1999). In Mali, exposure to a campaign was linked to an increase in favorable attitudes towards contraception and a decline in the proportion of men and women who believed that Islam opposes family planning (Kane et al., 1998). In addition to mass media exposure, trends in family planning attitudes and practices are likely conditioned by other factors as well, notably women and men social-demographic characteristics.

Other studies have further suggested that family planning programs in many African societies were unsuccessful because they failed to take into account the power relations between couples, and the patriarchal nature of the societies (Ezeh et al 1996). In India, a study to assess the attitude of people towards family welfare demonstrated that men in the study area had shown poor interest to adopt family planning due to various social, economic and demographic factors (Alok et al 2011). These studies did not address the cultural, traditional and gender roles affecting male participation as it has been suggested by (Amirrtha et al; 2008). As they could influence attitudes and consequently contraceptive use among people from different backgrounds.

While (Cleland et al; 2011). Explains that attitude resistance is the major barrier to the utilization of family planning services (Tawaih et al; 1997) elaborates that male participation in family planning is very low and little is known about their attitudes and willingness to use modern family planning methods, especially those designed for men. The advantaged position of males at the domestic family level and their roles in family planning remains largely in-utilized in this context. For acceptance of family planning to increase in traditional rural societies, men should also be targeted by program providers (Nite et al., 2009). The factors influencing the attitude and

willingness of men to use modern family planning methods should be addressed in order to increase consumption of services by men.

In a study conducted in Dakar (Senegal), it was found that acceptance of family planning among men was significant even among very conservative backgrounds when it was for the purpose of spacing births. In order for husbands and wives to agree on the use of family planning, couples must not only discuss the topic but also accurately perceive each other attitudes on it (Becker, 1996). More so, in a study done in Ghana by Machipisa, (1997) it was found that while approximately 73% of men approved of family planning, only 22% of couples used either a modern or traditional method. This low rate of consumption can be assumed to be influenced by the source of family planning information which consequently determined the attitude that men held towards modern methods. A study done in Kenya by Fapohunda and Rutenberg (1998) found that family planning awareness was high, but many modern family planning methods were found to be highly stigmatized among men especially within marriages. Evidence suggests that men have been known to give limited support to the use of family planning because they believed that its usage had an adverse effect on the couple's sexuality and general health.

There is an existing knowledge gap regarding the attitudes and willingness of men towards the use of modern male family planning methods. Of all methods available, those that require male involvement, such as condoms, periodic abstinence, withdrawal and vasectomy are less used by married men because they hold certain attitudes towards their use in marriage .

2.6. MEN`S ROLE IN FAMILY PLANNING

The role men in fertility and family planning in sub-Saharan Africa. Africa is become increasing important in the context fertility studies in the recent paste however have been dominated by finding almost exclusively for women. In most developing countries, women carry the burden or responsibility contraceptive use often with little or no support and sometimes with great resistance from their male partners. A study from Addis Ababa, Ethiopia suggests that involving husbands in family planning education significantly influence a couple's decision on whether to begin contraception. Using any method agreed to home visit by two-member family planning educational team. About half of the women received this counseling alone while the education

for other was given to both husbands and wife after one-year counseling (33%), compared with use among couples in which women were counseled alone, without their husbands (Tigist, 2003).

Negotiation men with women to accept or increase to use of contraception or family planning method is one challenge by some peoples having a large number of people is assuming that it is a wealth so dealing with them or to make them accept is hard. Implemented learning for life (*IFL*) accelerated literacy initiative on of implemented learning for life activities entitled communicating with family about birth spacing and family planning, aimed to build women skill dealing with complaints and pressures from the family and society bearing up birth spacing and getting the point across to their husband and mother in law. Women empowerment is critical for them to negotiate birth spacing with their spouse until a woman has the capacity to do so she may use a contraceptive method or family planning method without the knowledge of her husband (Johannes, 2004).

2.7 .THEORETICAL FRAMEWORK

2.7.1 POWER RELATIONS IN THE FAMILY

Feminists provide a rich account or analysis of power relations in the family. Like Marxists, feminists tend to see society as divided into different social groups. However, they see the major division as being between men and women rather than between different classes characterized by exploitation and unequal power relations. Radical feminists characterize contemporary societies as patriarchal, arguing that men have much of the power in families.

One approach to studying conjugal roles is to examine power within marriage. This has usually been attempted through examination of who makes the most crucial decisions. To this end, a study conducted by Hardill et al (1997) provides a useful reference. They examined power in dual-earner households in Nottingham and came out with four main patterns of money management.

The first common pattern was the husband-controlling pooling. In this system especially where the wife did not work, money was shared but the husband had the dominant role in deciding how it was spent. This system tended to give more power to the men. The second most common category was where the wife was working and better-paid, the money was shared but the wife had the dominant role in deciding how it was spent. This tended to be the most egalitarian system of decision-making on finances. The third pattern observed was husband control where the husband was the main or only wage earner. Sometimes the women worked, but their earnings largely went into housekeeping. This system tended to lead to male dominance. The least frequent pattern was wife control where in some instances neither of the partners worked and both received their income from welfare benefits. Although this system appeared to give women more power than men, it was most common in poorer households where the responsibility for managing finances was more of a burden than a privilege. In conclusion, the evidence suggests that women are still a long way from achieving equality within marriage even in advanced societies like Britain. They are still primarily responsible for domestic tasks and they have less

power than their husbands or partners within marriage. The norms and practices that describe women as substandard to men inflict controls on-they exist everywhere and there is the ideology that men are superior to women and women are a part of the properties of men (Sultana, 2011). The feminist perspective on power relations in the family was used to examine male involvement in family planning in relation to the support that they give to their wives and the decision is making process (family size and family planning programs).

7.1.2 FAMILY DEVELOPMENTAL THEORY

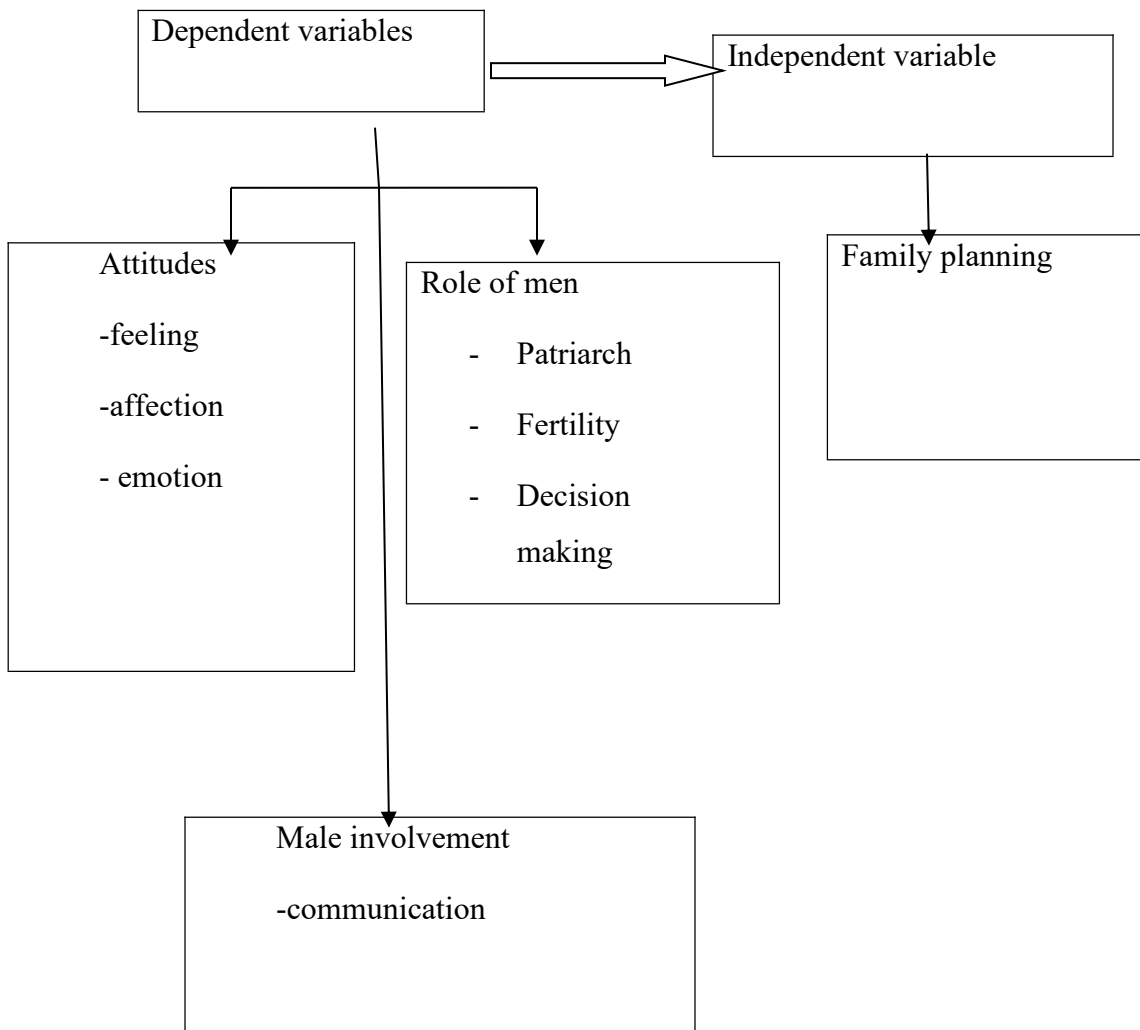
Family developmental theory dates back to the 1930s and has been influenced by sociologists, demographers, and family and consumer scientists, as well as others. It is used to explain patterns of change, the dynamic nature of families, and how change occurs within the family life cycle. Family Developmental Theory was originally focused on stages of the family life cycle. In many societies of the world especially in African men are the dominant decision makers consequently they have a power full role on family decision as in most sub Saharan cultures ,men in Ethiopia tend to dominate a couples decision about family size and whether to use contraception as study in Vietnam around 2003 showed that male partners used force ,threaten and violence to get young women not to use contraception. This was particularity the case with condoms, which some of the young women partners did not want to use because they assume that it reduces sexual pleasure. These seem a very negative attitude for both child spacing and family size limitation. The ideal number of children desired by the Ethiopian man was highest among rural men, the less educated ones, those who do not approve of using family planning as well as those who do not have ever practiced contraception and are not planning to use on the future (Kemal, 2009).

Family planning saves lives and can improve the health of women, children and society as a whole. According to Hakan *et al*, (2010) gaining control of one's reproductive choices and fertility has health benefits for both mother and child. In 2000, about 90% of global abortion related and 20% of obstetric related mortality and morbidity could have been averted by the use of effective contraception by women wanting to either postpone or stop having children. In some cases, a mother's death is considered to be the death of the household (Daulaire *et al*, 2002). Reports that children of deceased mothers are likely to be farmed out to relatives,

forced on to the street, and have a greater risk of dying themselves. In addition, using family planning to increase the interval at which women bear children not only has benefits to the mother, but also to the child. Children born within eighteen months of each other (Bernstein *et al*, 2006).

2.8 CONCEPTUAL FRAMEWORK

Orodho(2004) defines conceptual framework as model of representation where a researcher conceptualizes or represents relationship between variables in the study and shows the relationship graphically or diagrammatically.



CHAPTER THREE: METHODOLOGY

3.1. DESCRIPTION OF STUDY AREA

Gubre sub city Buchach kebele is located in the Gurage zone, southern, nation, nationalities people region (SNNPR) of Ethiopia. Gubre sub city Buchach kebele is 15km far from Wolkite town and is 165 km far from Addis Ababa. The total population of the sub city is 8600, out of this 4386 are females and 4214 are males. Gubre sub city Buchach kebele is bordered by to north direction is Wolkite town to south Emdebre, to east direction Agena and to west direction Karacha kebele. Gubre sub city is situated in the North West apex of the region and is located 6° 57' N to 7°02' N latitude and 35° 40' E to 37°61' E longitude. Various socio economic activities like Inset, chat, teff, corn and vegetable production have been undertaken. In addition to this the people engage in trade (Gubre sub city municipality, 2010).

3.2. RESEARCH DESIGN

The study was used cross sectional type of research design. Because of such a research design helps to describe the sample respondents at one point in time for the purpose of the research and advantage of time and cost effectiveness. The study also employed both quantitative and qualitative research techniques.

3.3. TARGET POPULATION

The Target population of the study was married men age of (18 &above), live in Gubre sub city Buchach kebele.

3.4. SOURCE OF DATA

The study was employed both primary and secondary data sources these sources helps the research to produced accurate data.

3.4.1. PRIMARY SOURCE OF DATA

Primary data sources gather information direct from society such as married couples, such as husbands and wives and other concerning bodies to contribute their role through key informant, questionnaire, interview and focus group discussion. Advantage of primary source of data is a greater scope for reliability of the information and first-hand account of the situation.

3.4.2. SECONDARY SOURCE OF DATA

Secondary data sources were obtained from local journals, books, official reports and internet access.

3.5. SAMPLING SIZE AND SAMPLING TECHNIQUES

In order to select a sample respondent from the total population the study was used probability sampling method. From probability sampling method, simple random sampling is favorable since it guarantees that every member of the population has been known have equal chance was selected as a sample from the total population and with homogeneous characteristics in order to avoid bias. Sampling technique from total population, households are live in Gubre sub city Buchach kebele

from these the sampling size of the study Was used respondents, 10 of them distributes to the questionnaire, 7 of them health employee make an interviews, 5 respondents is key informant and the remaining 18 respondents are focus group discussion (FGD).The study was select 40 respondents from the total married population in the Gubre sub city Buchach kebele.

3.6 .DATA GATHERING INSTRUMENT AND PROCEDURES

To collect information in the study area are primary and secondary sources of data. The primary sources of data were used to collect data the following sources.

3.6.1. QUESTIONNAIRE

The study was used for its appropriateness to use quality of the data. This approach would use for the study was to find out the feelings of the respondents towards the subject matter. After the selection of sample units, a questionnaire is prepared to collect facts from the sample and the questionnaire must be carefully designs within limits of the problem the preparation of questions, degree of probing, the sequence of questions and a skill to apply. The researcher was distributed 10, questionnaire based on the criteria of the person and knowledge about the issue.

3.6.2. KEY INFORMANT

This includes the detail interview with the concerned group's respondents of study areas and with the experience and knowledge of the individuals to subject matter. To select key informant interview the researcher was used 5 key informants based on the criteria of the person and knowledge about the issue.

3.6.3. INTERVIEW

The study was use face to face interview the respondents and the mode of obtaining verbal answer the questions by attending on the study area. This limit of number of interviews was deciding based on budget source and time. Data was collected by conducting the structured interview because this is an interview made with a detailed standardized schedule and the same questions are put all respondents in the same order in the members of the community. The researcher was to make 7, interview based on the criteria of the person and knowledge about the issue.

3.6.4. FOCUS GROUP DISCUSSION

The researcher was used this method together diverse information about the perception and the impact of community towards the issue of family planning. In different people may have different views thus to look at the views of different individuals and even their level of understanding this issue. The researcher was employed 3 FGD groups; each FGD consists of 6 discussants

3.8 METHOD OF DATA ANALYSIS

The data which used to collected from the field was analyzed by using more qualitative and quantitative analysis because they are verbal or other symbolic material and responses to open-ended questions of a questionnaire or schedule, first-hand information from respondents about their experiences, ideas, attitudes and the data was analyzed by percentage using tables. On other hand the data was collected by using interview is further analyzed descriptively by narrating statement.

3.9. ETHICAL CONSIDERATIONS

In this study, the following ethical considerations were taken into account.

- ✓ Explanation of the objective and significance of the study was given to the participant of the study and different concerned bodies in order to get more accurate information.
- ✓ Information was conducted by voluntary and asking politely.
- ✓ The culture and tradition of the study population was respected finally at the time of the research respondent was taken into account throughout the process of study
- ✓ After collect the data, the researcher was insured the respondents answer in privacy and safety.

CHAPTER-FOUR: DATA ANALYSIS AND INTERPRETATION

This part of the study contains Data analysis and interpretation. This chapter also aims to analyzing and presenting the role of men in family planning. The data for this particular research was conducted by using the following data collection tools such as, questionnaires, interview, key informant, and focus group discussion.

The types of data for this study are mainly qualitative and quantitative approaches and the sources of the data were both primary and secondary sources.

4.1 SOCIO DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS MEN WITH WIFE AGE (19-49) CASE OF GUBRE SUB CITY BUCHACH KEBELE.

Table 4. 1 socio demographic characteristics of respondents

Socio demographic characteristics		Numbers	Percent %
Age	15-19	5	12.5
	20-24	4	10
	25-30	7	17.5
	30-34	8	20
	35-39	9	22.5
	40-49	3	7.5
Total		40	100%
Religion	Muslim	38	95
	Orthodox	2	5
	Protestant	-	
	Others	-	
Total		40	100%
Ethnicity	Gurage	38	95
	Others	2	5
Total		40	100%
Educational status	Illiterate	25	62.5
	Literate	6	15
	>grade 8		
	Grade 9-12	5	12.5

	Diploma	3	7.5
	Degree	1	2.5
Total		40	100%
Occupational Status	Government employers	10	17.5
	Daily labor	2	5
	Farmer	6	15
	Merchants	15	37.5
	Others	7	25
Total		40	100%
Marital status	Married	30	75
	Unmarried	5	12.5
	Divorced	5	12.5
Total		40	100%)

Regarding Socio Demographic Characteristics from the total of the 40 study population majority were found in the age of 35-39 which 9(22%) and next majority were the age between 30-34 which is 8(20%) and few of them were found the age group of 45-49 which accounts3(7.5%).

Regarding religion the most dominant religions Muslim which accounts 38(95%) and others followed by orthodox which were 2(5%).According ethnicity from the total majority of them was Gurage ethnically which are 38(95%) and followed by other nationalities which were2 (5%).

Occupational status from the total majority of them was merchant which 15 are (37%) and followed by government employers which were 10(25%) and few of them were daily labor and

farmers. Marital statuses also take a great role in socio demographic characteristics of the society majority of the total 40 respondents were married which are 30(75%)

In educational status, from the total population majority of them were illiterate that means these who no tread and write which accounts 25(62%) and other were literate>grade8 which were6 (15%) and few of them were preparatory students.

According to family size majority study population was extended family about each family greater than seven children which is 31(77.5%) and followed by other couples that want to have greater than seven children which accounts 4(10%) and few of them they want to have greater than 1 which is 2(5%).Respectively majority of the population in the study area they did not use family planning

4.2. ATTITUDE AND PRACTICE TOWARD FAMILY PLANNING

Table 4.2 Attitude and practice toward family planning

NO	Items	Responses	No. respond	%
1	Do you discussed about family planning with partner to use and not use family planning method	Yes	29	72.5
		No	11	27.5
		Total	40	100
2	Do you use family planning currently and have you intention to practice family planning	Yes	27	67.5
		No	13	32.5
		Total	40	100
3	do you believed importance of child spacing	Yes	40	100
		No	-	-
		Total	40	100
4	Do you believe only husband decide on family planning	Yes	40	100
		No	-	-

		Total	40	100
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From the above table 2, the result indicated that 72.5% discussed about family planning with parent to use and 27.5% of the respondent not discussed about family planning with couples to use or to do not use family planning methods. Beside of this, 72.5% of them use family planning currently and have no intention to practice family planning while 27.5% of the respondent not use family planning currently and have intention to practice family planning. This is duo to fear and lack of awareness to discuss with the family and they have great intention on using family planning most of the time. As indicated on the above all of the respondents believed the importance of child spacing. In addition to this, all of the respondents as they states, wife only cannot decide on using family planning while completely all of the husband did not decide on the using of family planning. But husband agrees with his wife on family planning and the advantage of child spacing.

4.3. KNOWLEDGE ABOUT FAMILY PLANNING

Table 4.3 knowledge about family planning

NO	Items	Responses	No. respond	%
1	Where did you get information on the family planning	Health facility	30	75
		Friend	3	7.5
		Media	7	17.5
		Total	40	100
2	Which types of family planning method best suitable			
		Temporal	28	70
		Permanent	12	30
		Other	–	–
		Total	40	100
3	Do you think only husband decide on	strongly agree	18	45

	family planning	Agree	22	55
		Disagree	-	-
		Strongly disagree	-	-
		Total	40	100

From the above table 3; 75 % the users got information about family planning from health facilities or reproductive and child health clinics, from media 17.5% (Radio, TVs), from friends 7.5%. From this the researchers conclude that, the majority of the women get information on family planning from health facilities with 75 % as the respondents' states. From the study, 70% of the participants mostly use temporal types of family planning, because temporal family planning is beautiful can be spacing of child in and such line of place easily which is not constative.

4.5. THE ROLE OF DECISION-MAKING IN FAMILY PLANNING

Table 4.4 the role of decision making in family planning

Who decide on family planning	Frequency	Percentage
Both husband and wife	36	90
Husband only	3	7.5
Wife only	1	2.5
Either of the two	-	-
Total	40	100

About 90% of respondents sates that, both husband and wife participate and have obligation decide on types of family planning and on number of children to be born. Beside this7.5 % and 2.5% of the husband and wife can have receptively on deciding types of family planning and on number of children to be born individually. This study reveals that, majority of contraceptive methods or family planning decision is made by both family agreements.

4.6. FACTORS AFFECT THE ROLE OF MEN IN FAMILY PLANNING

Table 4.5 factors affecting the role of men in family planning

Factors that make the reasons for not using family planning	Frequency	Percentage
For having baby	20	50
Objection from partner	5	12.5
Lack of awareness	10	25
Religious objection	5	12.5
total	40	100

Women using of family planning influenced by religion objection and lack of awareness, In addition to this according to respondent of interview cultural factors also hinder the copying mechanism of contraceptive methods, while other factors like objection from partner and not getting contraceptive problems affects women from using of family planning. So there was a significant association between, religious beliefs and cultural attitude with using and decision of women in family planning.

4.6. PRACTICE OF MEN IN FAMILY PLANNING

Majority of the study population was not use family planning based on their perception related to their culture and religious aspects and few of them was used family planning. The major reason for non-use of contraceptives is important in designing and implementing appropriate family planning intervention strategies. There could be numerous reasons that prohibit men from using contraceptives. The reasons for non-use were categorized into opposition to use; and lack of Knowledge. Opposition to use (from respondents themselves, husbands, others, or religious prohibition) was an important reason for non-use mentioned women with a need for spacing and need for limiting citing this as a reason. Opposition to the use of family planning methods was another important deterrent to future contraceptive use,

with religious prohibition being more important opposition from husbands. Substantial proportion of men with need do not intend to use Contraceptives because of primarily the desire to have more children. Lack of knowledge of family planning was found to be another important reason for non-use among men with need. Family planning provision and use of the family planning in the future majority of the population does not get family planning counseling and provision friendly, and majority of them were not planned to use family planning in the future and only few people does planned to use family planning in the future. Fear of side effects is also important reason for non-use of contraceptives.

4.7. ATTITUDES TOWARDS FAMILY PLANNING

Regarding attitude towards family planning were less positive among than women because more of them they were not understand the concept of family planning few of them were know the importance of family planning. A study done by the ministry of health of Gurage zone in 2002 showed that attitudes and knowledge pertaining to family planning between male and female respondents do not often move in the same direction, nor do they have the same magnitude. With awareness among male respondents being generally lower than that of their female counterparts. Majority of the study men noted that religion does not allow controlling their gifts that means regulating children that they want to have and birth space, they believed having more children is essential to the every member of the family, especially parents. Majority of the study population were Muslims and few of them said that religion does not oppose using family planning.. For any family planning programmed to succeed it is important that the attitudes for family planning are negative among both men and women with adequate attention to the male.

CHAPTER FIVE: CONCLUSION AND RECOMMENDATION

5.1. CONCLUSION

Since mostly the role of men on family planning among married women have great importance for life hood and to decide on the use of modern contraceptive method.

. Them a in problem identifies were focus of family planning unsporting of husband in using family planning, lack of knowledge, opposition of use, lack of wife discuss with their partner opposition from husband to use family planning and religion against use of family planning. In this study, the level of male involvement was low. Lack of information, in accessibility to service and the desire to have more children were found to be some of them main reasons against male involvement in family planning service utilization. In addition to this, objection from partner and ambition to have more babies were great intention on using family planning. This study reveals that, majority of contraceptive methods or family planning decision making are made by both family agreement. Generally, information on family planning link was facilitated by health care

5.2. RECOMMENDATION

Based on the study finding the following was recommended.

- ❖ It should be increased the general populations knowledge of reproductive health and improve the use of family planning services, joint decision-making by couples should be encouraged.
- ❖ Community mobilization works have to be done to aware the community about the decision making of men on modern contraceptive usage
- ❖ Service providers should encourage and provide with the necessary training and motivation to effectively promote family planning services in health facilities on a regular basis.
- ❖ The husband should ensure equal access on decision making of modern contraceptive usage

- ❖ The local government should be creating awareness develop family planning programs to include male participation in reproductive health.

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APPENDIX A

Wolkite University

College of Social Sciences and Humanities

Department of Sociology

Dear Respondents; I would Like. Thanks to very much for your willingness, I am under graduate BA degree student in Wolkite University, social science and humanities, department of sociology. At this time I am conducting the objective of this questionnaire is to gather information about the role of men in family planning the case of gubre sub city buchach kebeele , please give answer the following question

Part One: - Socio demographic characteristics of respondent living in Gubre Sub city buchach kebele?

1. Age A. 21-30 B.31-40 C. 41-50 D. above 50
2. Marital status A. Single B. married C. widowed D. Divorce E. Others
3. Religion A. Orthodox B. Protestant C. Catholic D. Muslim E. Other
4. Education status A. Cannot write and read B. elementary level C. high school level D. Diploma level E. Diploma and above
5. Occupation A. Civil servant B. Daily labor C. Merchant D. Other
6. Monthly income A. below 1000 B. 1000-3000 C. 3000-5000 D. Above 5000

Part Two: - Reproductive Characteristics of Gubre Sub city men

1. How many children do you have?
A. 1-2 B. 3-4 C. above 5
4. How many year you are waiting before the birth of next child?
A. less than 2 year B. 2-3 year C. 2-4 year D. greater than 4
5. What is the attitude of wife with the regards to the number of child?
A. the same number B. More number C. Fewer numbers

Part three: - men attitude and practice of family planning.

1. Are you ever used family planning? A, yes B, no
2. If your response to Q1 is yes are you using family planning currently?
A. yes B, no C. I don't know D, neutral
3. What your husband feeling towards family planning use?
A, support family planning B. Oppose family planning C, neutral D
don't know

Part four: - Knowledge of currently married men toward family planning.

1. Do you have any information about family planning?
a. Yes b. No
2. If yes to question no 1 from where did you get information?
a. Health facilities' b. Relative and friend's c. Media
d. Do not know e. Others [specify]
3. Do you discussed about family planning with partner to use and not use family planning method? A. yes B. no
4. Do you use family planning currently and have you intention to practice family planning?
A. Yes B. No
5. Do you believe only husband decide on family planning.
A. Yes B. No
6. According to you what methods of family planning best suitable?
A. Permanent B. Temporal C. other

Part Five: - The role men decision making use of family planning and contraceptive.

1. Who make in decision making when to have another child?
A. Husband only B. Wife only C. Both
2. Who make decision making on the method of family planning?
A. Husband B. Wife C. Both C. Unknown

Part six: - Factors that affects the role of men in family planning

1. Do you use family planning?

A. Yes B. No

2. If you say, YES, question number 1, what is the reason for you used family planning?

A. To space birth B. To limit child C. Other

3. Factors that make the reasons for not using family planning

A. For having baby B. Objection from partner C. Lack of awareness D. Religion objection

4. Is there any factor that makes an obstacle in your use of family planning? If you say, Yes please Explain it.....

5. Is any help from government and non -governmental organization? If you say help please explain it-----

Part seven: - key informant interview

1. What are male attitudes towards family planning?

2. What is the role of men in family planning?

3. What is the issue affecting men involvement in family planning?