

The role of men in contraceptive use and fertility preference in Hossana Town, southern Ethiopia

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Abstract

Background: Family planning programs have always been considered as the interventions of choice for slowing population growth. These programs, however, are seen to give relatively little attention to the roles that could be played by men regarding fertility regulation. Consequently, there is a shortage of information on family planning knowledge, attitudes and practices among married men, and their fertility preferences in Ethiopia.

Objective: The objective of this study hence, was to assess the role of men in contraceptive use and fertility preference among currently married men.

Methods: The study used a community-based cross-sectional survey conducted from December 2003 to January 2004 in Hossana town, southern Ethiopia. A total of 773 currently married men in the age group of 20-64 years were included in the study. A total of nine *Kebeles* were selected from 15 *Kebeles* of the town using simple random sampling method. Study households were selected from each *Kebele* through systematic random sampling. Pre-tested, structured questionnaires were used for data collection.

Results: The average number of living children per man was 3.8. The majority of the study participants (60.3%) reported wanting more children. About 91% of the respondents were familiar with at least one of the family planning methods. The most commonly known methods of family planning included the pill (79.4%), injection (78.5%), male condom (65.6%), Norplant (42%), and IUD (30.5%). Nearly half (48%) reported current use of contraceptives by their wives. An additional 15% had used a method some time in the past. Injection was the most commonly used method (58%), followed by the pill (27.5%). The main reasons for not using contraceptives included a desire to have more children (32%), opposition from the respondents (husband opposition) (23.2%), and fear of side effects (15%). About 90% of them approved the use of family planning methods, and two-thirds (66%) of the respondents had discussed about family planning matters with their wives during the last one year. More than half (54%) of the respondents reported joint decision-making on 'when to have another child', and 80.9% reported agreement between spouses on a decision 'when to use contraceptives'.

Conclusions: This study found high prevalence of knowledge of contraceptive methods among married men, but a relatively low utilization rate. Discussion between spouses and their joint decision-making on contraceptive use was also found to be high. Thus, family planning programs should not focus only on women, but they should also address men. Information, education and communication programs for promoting family planning methods should, thus, be strengthened. [*Ethiop.J.Health Dev.* 2006;20(3):152-159]

Introduction

Although there has been a modest decline in fertility rates over the last decade in most countries in sub-Saharan Africa (SSA) (1, 2), the average growth rate during this period was above 2.5%, the highest among the developing countries (3). Sub-Saharan Africa has experienced little change in its fertility rates, the majority of countries having total fertility rates (TFR) of over 5.0 (1). High population growth rate puts pressure on already meager resources and poses a serious challenge in the provision of food, housing, health and educational services and employment opportunities to the general population.

Family planning services have become the interventions of choice to slow population growth. It is believed that child spacing or the timing of every birth can improve survival of the child and can maintain good physical and emotional health for the whole family. Despite awareness of the demographic explosion and its associated health hazards, it is possible to raise a question as to why family

planning programs have failed in many countries. Social and cultural factors have been shown to influence a couple's decision to use or not to use contraception, even in the availability of contraceptives (4). Communication between spouses, the effects of the attitude of significant others (5) and fear of side effects have also been shown to be the main factors that influence use of modern contraceptives (6).

Until recently, family planning programs have mainly focused on women's attitudes and behaviors. Women have been considered as the main targets for information, education and communication on contraceptive knowledge and use. As child bearers, the attention given to them has been seen as more relevant than men's contraceptive practice. Consequently, the roles of men who highly influence the family's decision-making process have been ignored (7-13). Most family planning programs offer and promote certain contraceptive methods, such as pills and injections to be used by women. However, their effectiveness and continuous use

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often remains unsuccessful owing to lack of approval from their partners/husbands (14). Most family planning programs give little attention to the understanding of men's roles in the effective and consistent utilization of contraceptives. Methods that require male involvement such as condoms, periodic abstinence, withdrawal and vasectomy are used less often (4, 15). Men in many developing countries generally desire larger families than do their wives. Men are proud of the number of their children, particularly sons because of the current and future benefits derived from them. More children are desired by their parents for later social and old age support (16).

With an estimated population of 77 million, Ethiopia is the second most populous country in Africa next to Nigeria (2). It has high annual population growth rate (2.9%), high maternal mortality rate (871/100,000 live births) and high infant mortality rate (97/1000 live births) (6). The population increased from 42.6 million in 1984 to 53.5 million in 1994 (17, 18). There was a modest decline in population growth rate from 3.1% to 2.9% between 1984 and 1994 (17, 18). As a result of this high growth rate, the projected population of the country is expected to reach 118 million in 2025 (3). The population has been growing at an average of 2 million annually between 2000 and 2005. The TFR is high at 5.9 children per woman (6). This is one of the highest figures among developing countries (2). In recognition of the need to address this issue, the government of Ethiopia adopted a population policy in 1993 to harmonize the current rate of population growth with that of socioeconomic development (19). The policy aims at reducing TFR from 7.7 in 1995 to 4 in 2015, and an increase in contraceptive prevalence rate (CPR) from 4% in 1995 to 44% in 2015 (19).

At 8.1%, the CPR for modern methods is below that of many countries in SSA (6). Several factors are incriminated for the low coverage of family planning services. The reasons include desire to have more children, lack of knowledge about contraceptive use and where to find contraceptives, health concerns, religious prohibition, husband opposition and low involvement of men (6). In spite of all these realities, however, there is a paucity of information on male knowledge, attitude and practice of contraception, and fertility preferences in Ethiopia. The traditional family planning programs give little attention to the roles played by men in fertility regulation (11, 12). Ignoring men in fertility research and programs undermines efforts to maximize the use of family planning services. This study, therefore, aimed to assess the role of men in contraceptive use and fertility preference among currently married men aged 20-64 years in Hosanna town, Southern Nations, Nationalities and Peoples Region (SNNPR) of Ethiopia. It is hoped that the results of this study will enable planners and program managers to design appropriate strategies for

better involvement of men in the attempt to improve the family planning programs in the study area and other similar settings.

Methods

Study area and source population: This study was conducted from December 2003 to January 2004 in Hossana Town, Hadiya Zone, southern Ethiopia. Hossana is the capital of Hadiya Zone, and is located at 230 Km south of Addis Ababa. According to the 1994 population and housing census, the Zone had an estimated population of 1,050,151 (49.7% males) (18). The Zone is divided into seven woredas, and Hadiya people make up the main ethnic group. There were one hospital, 14 health centers, 28 health stations, 19 health posts and one public pharmacy in the Zone during the survey. Four clinics, three pharmacies, three drug distribution stores, and 30 rural drug vendors were owned by private investors.

The total population of Hossana town was 31,701, of which 50.8% were females (18). Hossana town is structured in such a way that it has three *Kifle-Ketemas* (sub-district level local administrative units), each consisting of five urban dwellers associations or *Kebeles* (the smallest urban administrative unit). There were one hospital, one health center and one clinic in the Town, all belonging to the public sector and four clinics, three pharmacies, three drug distribution stores, and five drug vendors belonging to the private sector (20).

Study design: This study used a community-based cross-sectional study employing quantitative data collection methods.

Study population and sample size: Married men aged 20-64 years in Hossana town were the study population. A total sample size of 776 was calculated using a formula for a single population proportion, assuming a design effect of two and a non-response rate of 10%.

Sampling procedures: Hossana Town was divided into three areas, using the existing administrative unit (*Kifle-Ketema*). Nine *Kebeles*, three from each *Kifle-Ketema*, were selected using simple random sampling (SRS). The sample size was distributed to the nine *Kebeles* proportionate to the size of the households. An estimate of the number of households in each *Kebele* was obtained from the *Kebele* office. Study households were selected from each *Kebele* through systematic sampling from a random start point. The sampling interval of households in each *Kebele* was determined by dividing the total number of households to the allocated sample size. The initial interviewed household was randomly selected by a lottery system from the *Kebele* house number register, using a number between 1 and the sampling interval. The subsequent households to be included in the study were identified systematically through house-to-house visits, each time adding the sampling interval to the previous

number. One married man per household was interviewed. If more than one eligible man was encountered in the household, a lottery method was used to determine the person to be interviewed. In cases where no eligible man was identified in the selected household, the next household located in the clockwise direction was visited and included if eligible.

Data Collection: Pre-tested structured household questionnaires were used for data collection by trained 12th grade complete data collectors. The interviewers were fluent both in Amharic and the local vernacular (Hadiya Language). The questionnaire was originally prepared in English and its final version was translated into Amharic, and then back translated to English to check consistency. Data collectors and supervisors were recruited from the town and received three days intensive training on the data collection instrument and its administration. The questionnaire included sections on socio-demographic characteristics, reproductive history, actual practice of contraceptive methods, fertility preference, knowledge and attitude towards contraceptive methods. The interview was made by house-to-house visit with strong supervision. To reduce non-response or reporting biases, interviews were conducted either in private rooms or places where other people could not overhear.

Data analysis: Data were entered and cleaned using Epi-Info version 6.04, and transferred to SPSS 10 statistical software package for analysis. Tables, frequencies and proportions were used to present the data. In addition, the association between dependent and independent variables was determined using odds ratio with 95% confidence interval. Logistic regression analysis was performed to control for potential confounders.

Ethical clearance: Ethical clearance was obtained from the Department of Community Health, Faculty of Medicine, Addis Ababa University. Written permission was secured from the SNNPR Health Bureau and the Hadiya Zone Health Desk offices. All the study participants were informed about the purpose of study, their right to refuse, and assured confidentiality. Their informed verbal consent was secured prior to the interview.

Results

Socio-demographic characteristics: Overall, 773 (99.6%) currently married men responded to the questionnaire. The mean age of the respondents was 39.8 years. About 41% of the respondents fell within the age range of 31-40 years, 19% were aged 20-30 years, 26.5% between 41-50 years and 13.6% were 51 years or above. More than half (60.8%) of the study participants were from the Hadiya ethnic group, followed by Amhara (15.7%), Kembata (9.3%), Gurage (6.0%) and others (8.2%). Over half (53.2%) of the study participants were

Protestant, while Orthodox comprised of 35.4%, Muslims (8.7%), and Catholics (2.7%). More than 75% of the participants had received formal education, while the rest had no formal schooling. Only 46 (6%) participants were unable to read and write, while 16.6% could read and write (but did not have a formal education), 18.4% had attended elementary school, 26.3% junior high school, 25.7% secondary education and 7.1% higher education. Forty one percent of the study participants were employed in government and non-government organizations, 35.7% were self-employed, 13.2% unemployed, and 9.8% were farmers.

Over 98% (n=760) were involved in monogamous marriage, and only 13 (1.6%) reported being involved in polygamy. More than half (57.2%) reported having a radio, 18.1% reported having both radio and television and 24.7% reported owning none of them. Three hundred ninety eight (51.5%) of the interviewees said that the man (husband) has the greatest influence in family decision-making, 367 (47.5%) said both husband and wife had equal influence and only eight said women alone could make a decision.

Men’s reproductive characteristics: Table 1 summarizes participants’ reproductive characteristics. The median age at marriage was 25.9 years. Among the study population, 47.2% were to live together with their wives one to ten years, 29.4% reported 11 to 20 years, 16.4% from 21 to 30 years and 7% reported 31 years and above. The average number of living children per man was 3.8. The average desired number of children was 5.2 per man. Seventeen percent of the respondents wished to have the next child within 2 years, 22.6% between 2 and 3 years, 10.9% within the next 3 to 4 years, and 12.3% wished to have the next child after 4 years.

Table 1: Reproductive characteristics of the study participants, Hossana Town, 2004.

Variable (n=773)	Frequency	Percent
Age at first marriage		
15-19	47	6.1
20-24	268	34.7
25-29	300	38.8
≥ 30	112	14.5
Current living children		
None	24	3.1
1-2	251	32.5
3-4	239	30.9
≥ 5	259	33.5
Desired number of children		
1-2	61	7.9
3-4	310	40.1
≥ 5	402	52.0
Desire to have more children		
Yes	476	60.3
No	291	39.7

Men’s knowledge of contraceptive methods: About 93% (n=707) of the study participants reported that they had
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heard of family planning methods, and 644 (91.2%) reported that they were familiar with at least one of the contraceptive methods (Table 2). The most commonly reported methods of family planning included the pill (79.4%), injection (78.5%), male condom (65.6%), Norplant (42%), and IUD (30.5%). The rhythm method (28.3%), female sterilization (25.6%), withdrawal (17.1%), male sterilization (15.8%), and spermicidal (9.4%) were also mentioned.

Table 2: **Knowledge of the study participants about modern contraceptive methods, Hossana Town, 2004**

Variable	Frequency	Percent
Ever heard about contraception (n=773)		
Yes	707	93.4
No	66	6.6
Knew at least one method (n=706)		
Yes	644	91.2
No	62	8.8
Specific methods mentioned (n=773)		
Pill	614	79.4
Injection	605	78.5
Condom	507	65.6
Norplant	325	42.0
IUD	236	30.5
Female sterilization	198	25.6
Male sterilization	122	15.8
Spermicidal	73	9.4

The most commonly cited source of family planning messages were health workers at health facilities (56.7%), radio (49.4%) and television (34.2%). Nearly one-third (28.7%) of the participants had read about family planning in a newspaper. In addition, other sources of information and communication about family planning were shared through friends (9.3%), community health agents (3.8%), traditional birth attendants (0.5%) and neighbors (1.6%).

Men's use of contraceptive methods with their partners:

Overall, 368 (47.6%) of the married men currently used any family planning method with their wives or partners. About 15% (n=113) of them reported having used a family planning method at some time, but not currently using one, while 292 (37.8%) reported never having used contraceptives (Table 3). Injection (Depo-Provera) was the most commonly used family planning method (58%), followed by the pill or oral contraceptive (27.5%), Norplant/IUD (7.5%) and condom (7%). About 81% of contraceptive users reported joint spousal decision-making (by both husband and wife) on issues related to contraceptive use; however, 14.4% of the married men respondents reported that they alone usually made decisions, and that the decisions were made by the wife alone, by 2.4% respondents. The main reasons reported for the current use of contraceptive methods included

child spacing (64%) and limiting the number of children (36%).

Table 3: **Practice of contraceptive use among married men with their partners, Hossana town 2004.**

Variable	Frequency	Percent
Previous user (n=773)		
Yes	113	14.6
No	660	85.4
Current user (n=773)		
Yes	358	47.6
No	408	52.4
Main reasons for current use (n=368)		
Child spacing	235	64.0
Child limiting	133	36.0
Mainly used contraceptives (n=402)		
Injection	233	58.0
Pill	111	27.5
Norplant/IUD	30	7.5
Condom	28	7.0

The rate of non-use for family planning methods among respondents was 37.8%. Many reasons were reported for not using contraceptives. Of the non-users, about 32% reported the desire to have more children, 23.2% opposition (from the husband), 15% fear of side effects, 12.5% religious prohibition, and 7.5% lack of awareness (Table 4). Among those who had previously used family planning methods, 64 (57%) reported the desire to have more children, 25 (22%) mentioned fear of side effects and 14 (12.5%) health problems, as reasons for discontinuation.

Men's attitudes towards contraceptive use: Married men were asked if they 'approved' or 'disapproved' of the use of family planning methods. About 90% of them approved of family planning at the time of interview (Table 5), and more than half (62.0%) believed that their wives would approve the use of contraceptives too. Only 3.4% reported that their wives would disapprove the use of family planning methods, while 34.7% reported that they did not know about the attitude of their wives towards contraceptive use. About 66% of the respondents reported that they had discussed family planning matters with their wives during the last year (Table 5). Of those who had discussed family planning, about 51% reported that they had frequent discussions with their wives, while 6.1% and 9.2% had discussed the issue with their wives on one or two occasions, respectively. Four hundred fifty-nine (62.1%) respondents intended to use contraceptives in the future, and 280 (37.9%) did not, while 652 (84.3%) respondents desired to know more about contraception methods. Contraceptive methods which intended for future use included injection (40%), oral contraceptive (12.2%), Norplant (6.7%), male condom (5.2%), rhythm method (4.8%), IUD (0.5%), female sterilization (0.4%) and spermicidal creams (0.4%).

Table 4: Reasons for not using and discontinuation of contraceptive methods among married men, Hossana Town, 2004.

Variable	Frequency	Percent
Reasons for not using contraceptive among never users (n=280)		
Desire to have more children	90	32.0
Husband opposition	65	23.2
Fear of side effect	42	15.0
Religious prohibition	35	12.5
Lack of awareness	21	7.5
Wife opposition	6	2.2
Health concern	17	6.0
Other	4	1.5
Reasons for discontinuation among previous users (n=113)		
Desire to have more children	64	57.0
Fear of side effect	25	22.0
Health problem	14	12.5
Low risk of pregnancy	10	8.5

Table 5: Attitudes towards contraceptive use among married men, Hossana Town, 2004.

Variable	Frequency	Percent
Approved use of contraceptives (n=766)		
Yes	687	89.7
No	79	10.3
Discussed contraceptives with wife in the last year (n=773)		
Yes	511	66.1
No	238	30.8
No opinion	24	3.1
Desired to know more about contraceptives (n=773)		
Yes	652	84.3
No	121	15.7
Intention to use contraception (n=739)		
Yes	459	61.1
No	280	37.9

A total of 652 (84.3%) participants admitted that they were in need of information on family planning. More than half (54%) of respondents reported joint decision-making on 'when to have another child', and 63.4% reported the agreement between spouses on a decision

'when to stop child-bearing' (Table 6). Men-only decisions were made relatively infrequently: on when to have another child by 24%, on whether to stop child bearing by 20.6%, and what type of contraceptive methods to be used by their wives by 14.4%.

Table 6: Men's decision-making in fertility preferences and contraceptive use among their partners, Hossana Town, 2004.

Variable (n=773)	Frequency	Percent
Decision when to have another child		
Husband	183	24.0
Wife	16	2.1
Both husband and wife	414	54.0
God decides	144	18.6
No opinion	16	2.1
Decision to stop childbearing		
Husband	159	20.6
Wife	17	2.2
Both husband and wife	490	63.4
God decides	107	13.8
Decision on the method of contraceptives to be used		
Husband	111	14.4
Wife	20	2.6
Both husband and wife	625	80.9
No opinion	17	2.2

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Determinants of contraceptive use by study participants:

Analysis of the independent variables in relation to the current practice of family planning methods showed that education, occupation, number of living children, approval and discussion about family planning issues among the spouses were found to have significant impact on contraceptive use (Table 7). Odds ratios (OR) with their corresponding 95% confidence intervals (CI) were adjusted for educational status, religion, occupation, current number of living children, a desire to have more children, discussion about family planning with wife, and approval or disapproval of contraceptive use.

Contraceptive use increased with education. Literate men were 3.7 times more likely to practice modern contraceptives than illiterate men (OR= 3.7, 95% CI 1.5-9). Men with 3 or fewer living children were less likely to practice family planning methods than those with 4 or more children (OR=0.6, 95% CI 0.5-0.9). The practice of family planning methods was more common among employed study participants, compared to farmers or self-employed men. Men who had discussions with their wives about family planning matters (OR=17.3, 95% CI, 11-27) and who approved of the use of contraceptives (OR= 14, 95% CI, 6-33) were more likely to practice family planning methods.

Table 7: Factors affecting contraceptive use among married men and their partners, Hossana Town, 2004.

Variable	Current users (n)		Adjusted OR (95% CI)
	Yes	No	
Education			
Illiterate	7	37	1
Literate	361	255	3.7 (1.5-9)
Religion			
Protestant	220	117	2.5 (1.4-5)
Orthodox	113	133	1.5 (0.8-3)
Catholic	12	5	5.3 (1.5-8)
Muslim	23	38	1
Occupation			
Unemployed	49	43	1.2 (0.7-2)
Disapproved	14	62	0.3 (0.2-0.6)
Farmer	187	73	2.0 (1.3-3.3)
Government employee	118	114	1
Private employee			
Current living children			
≤ 3	93	36	1 0.6 (0.5-0.9)
> 3	285	256	1
Desired more children			
Yes	223	187	0.5 (0.3-0.8)
No	145	105	1
Discussed about family planning with wife			
Yes	329	96	17.3 (11-27)
No	29	183	1
Contraceptive use			
Approved	362	213	14 (6-33)
Disapproved	3	22	1

Discussion

This study attempted to assess the role of married men in the utilization of family planning methods and fertility preferences in Hossana town, southern Ethiopia. In this paper, we have illustrated the importance of men in influencing the utilization of contraceptive methods and highlighted the potential insights into men's behavior where family planning interventions could be made. Men also play a considerable role in the decision-making process, which is good evidence for involving them in family planning activities.

There are variations in the types of contraceptive methods that are practiced in the study area. Male modern contraceptive methods such as vasectomy were poorly utilized. A desire to have more children, fear of side effects among contraceptive users and religious

prohibitions were some of the reasons reported for the low utilization of family planning methods. More couples used contraceptive methods for birth spacing than for stopping childbearing and the family planning decision-making role was mostly influenced by both couples, where the role of men could be very high. Men's desire for more children was high in all age groups. However, the desire was more apparent among those above the age of 34 years and those who already had 4-6 or more children. These results are in line with other studies conducted in Ethiopia and other developing countries (12, 21, 22). The desire for more children among men, particularly in rural areas, is explained by the fact that men culturally consider children as an asset and think that they socially and economically gain from having a large number of children (4). The ideal number of children in this study group was also high (average of

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5.2). Although this figure is below the national TFR of 5.9 (6), it underlines the importance of influencing the attitudes of men towards family size and use of contraceptive methods. However, it is a little higher than findings observed elsewhere (6).

A study conducted in northern Ethiopia showed that men have greater desire for more children than women (12). A desire for more children decreases as the level of education increases, suggesting the association of higher education with reduced number of children (23, 24). In general, men in the study area were dominant in any type of decision making, which is characterized by a strong patriarchal tradition. This, is in fact, true for the majority of Ethiopian families. This study demonstrated the influence of men's attitude and discussion with their partners on fertility issues through joint decision-making. A husband's approval of the use of family planning methods promotes contraceptive use. Of interest is the rate (88.9%) of positive attitude among men towards family planning methods. In this study, the CPR was found to be 47.6%, which is higher than other urban centers in the country (25, 26, 27). This might be due to an increased awareness and knowledge of the community about contraception, increased access to family planning services, or increased involvement of NGOs, private and religious organizations in the advocacy and provision of family planning services.

Several factors may influence the attitude of men towards the use of contraceptive methods. There was strong association between literacy level and attitude of men towards contraceptive use. In addition, one of the major factors influencing contraceptive use is the importance given to religion (6). In our case, nevertheless, only 4.5% of the non-users expressed religious prohibition. The majority of married men in our study had a supportive attitude towards contraceptive use, but utilization was still low. This result highlights the need to convert men's positive attitude into positive behaviors through intensive reproductive health education. In addition, improvement will be achieved by involving both men and women in family planning programs. Discussion between couples on fertility issues is also strongly associated with the use of contraceptives, indicating the importance of frequent discussions. A similar association was observed in a study carried out in Ghana, where greater approval and more frequent discussion among couples enhanced contraceptive use by women (5).

In conclusion, this study demonstrated high knowledge about contraceptive methods among married men, but low utilization rates in the study area. In addition, contraceptive methods were mainly used for child spacing rather than stopping or limiting childbearing. Levels of discussion between spouses on family planning matters and their joint decision-making on contraceptive

use were found to be high. The desire to have more children, fear of side effects and religious prohibition were some of the main factors incriminated for not using family planning methods widely.

However, the interpretation of the current findings should be executed cautiously. Although an effort was made to ensure representativeness of eligible men in the town, no attempt was made to include people from the rural areas. Moreover, the roles and opinions of unmarried men in relation to family planning were not studied. As with all cross-sectional surveys, this study is not free from response and recall biases. Perceived desirability of responses rather than actual knowledge or practices could as well introduce response biases. Responses to questions related to practices in the past (such as ever use of contraceptive method or responses by men about the contraceptive practice of their wives) were subject to recall bias.

With the above limitations, however, the study findings bear some policy implications for the future design and implementation of family planning strategies. Family planning programs should not focus only on women, but also address men as principal stakeholders. Men should be encouraged to apply their decision-making power to influence their wives in the use of family planning methods. This will ultimately empower them to make the right decision for the better health of their family. Moreover, involving men along with women in promoting family planning communication and information dissemination could have an impact in fertility regulation. This can enhance their shared decision-making on issues like family size and reproduction. Quality family planning services should be made available to the community through public, and private organizations and NGOs'. Moreover, information, education and communication for promoting family planning methods should be strengthened.

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