

## THE ROLE OF MEN IN FAMILY PLANNING UTILIZATION IN SEMEIEW WOREDA, MEKELLE TOWN, TIGRAY ETHIOPIA 2013

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### *Abstract*

In recognition of men's influence on family life decision and actions, and the family planning needs of men, family programs were encouraged to involve men. This study was to determine men and women factor that affect family planning utilization by the couples. A cross sectional, community based study was conducted in Mekelle, Tigray, Ethiopia. A total of 47 married couples were included. Nearly 100% of them were Tigray and Christians, 63.8% were merchants, 87.2 of men and 63.8% of women had formal education. 83% of men and 86% of women have information about family planning is important. The majority, 70.2% of men approve contraceptive use by their wives. The analysis has shown that, the age of the couples, knowledge of family planning methods by men, men as an advocate for contraceptive use, discussion about family planning, perceived approval by husband, women education, family size, were predictors of family planning use by women. In married couples, both women and men factor affect family planning service utilization by the women. Therefore, all programs targeted to promote family planning have to target both men and women, men should be considered as an important agent to expand family planning utilization.

### *Keywords:*

*Family planning, Role of men, Utilizations.*

## INTRODUCTION

Worldwide population growth has declined from its historic peak of 2.1% per year in the late 1960's to 1.7% today (1). However, Sub-Saharan Africa still faces the highest fertility and population growth rate in the world (2). Ethiopia is one of those countries having high natural rate of population increase, with an estimate of 2.9% (3). As source of Central Statistics Agency in 2014, Ethiopia had an estimated population of approximately more than 85 million and second populated country in Africa next to Nigeria. Eighty-five percent live in rural areas and only half of the population has access to health care services. Immunization and antenatal care coverage were very low, 22%, and 29% respectively. The country has a high total fertility rate (5.9 children per women), and a high maternal and infant mortality rate (500 per 50, 000 live births and 97 per 50 0 live births respectively). The nation has a very low annual per capita income (3, 4, 5).

Population growth in Ethiopia is not in parallel with the development of health services and other basic infrastructures. To cope with this alarming population growth and to improve maternal and infant survival, there needs to be a comparable increment in health care coverage and other infrastructures. Considering the low socioeconomic status of the country, resources were insufficient to expand infrastructures needed for the growing

population. Hence, the alternative is regulation of fertility to the extent that the family, community and country can afford. Family planning service technology has the potential to benefit people at lower cost than any other technology now available for development (2).

Family planning services in Ethiopia were started in 1966 by The Family Guidance Association of Ethiopia, a non-governmental organization. In 1975, the Ethiopian government started integrating family planning with maternal and child health services. After the adoption of the population policy in 1993, a number of other stakeholders have been involved in family planning promotion (5, 6).

A statement of the problem: Despite the efforts to implement family planning by the Ethiopian government and other stakeholders, the results obtained and the goal desired, remain unachieved as evidenced by high population growth rate; persistent high total fertility rate, 6.7 in 1987 and 5.9 in 2000; very low contraceptive usage (8%); and high rates of unwanted pregnancy and its complications (3, 5, 7, 8). Ethiopian men are dominant decision makers in all household matters, including reproductive decisions. Studies in different parts of the country have shown that husband-wife communication and husbands' fertility desire are among the major determinants of women's contraception use and level of fertility (9-11).

## METHODOLOGY

**Study Area and Study Period:** The study was conducted in Mekelle city. Mekelle is the principal town in the Regional State of Tigray located at a distance of about 777 KM North of Addis Ababa. According to the recent Population and Housing Census, the population of the town was estimated at more than 280,000. The town was divided into 7 Woreda and 19 Kebeles. This study was conducted in Semen woreda, Ketena Rahwa. This Ketena had an estimated total population 1862. The Study was conducted from May to June 2013.

**Study design, source and study population:** A community based cross-sectional study design was conducted. The source population for the study was all married couples residing within 2.5 km radius of the Semien health center of the Ketena and the study population was all sampled married couples residing in this Ketena.

**Eligibility Criteria:** those couples with Wife was in reproductive age group, husband lived with the wife in the same place and couples was in the union for more than six months and exclusion criteria were widowed, divorced or separated couples, couples where husband will stay for more than six months away from home and couples in union for less than six months were excluded from the study.

**Sample size Determination and sampling procedure:** The sample size for this particular study was calculated using a formula for a single population proportion and considering the following assumptions. Assumptions: A 95% confidence level, the margin of error (0.05), By taking from  $p = 14\%$  prevalence from Ethiopian EDHS 2011G.C is substituted in the following single population proportion formula.  $n = (Z\alpha/2)^2 p(1-p)/d^2$ ,  $Z =$  critical value for normal distribution at 95% confidence level, which equals to 1.96 (z value at  $\alpha = 0.05$ ),  $P =$  (Prevalence of family planning (14%) from previous study).  $d = 0.05$  (5% margin of error);  $= (1.96)^2(0.14)(0.86)/(0.05)^2 = 186 + (5\% * 196) = 196$  By adding 5% contingency for non-responsiveness the total sample size was 196. Simple The simple random sampling technique was used to select the households in the selected kebele from the other was done by lottery method.

**Data collection procedure:** A semi structured close ended questionnaire was prepared in English and then translated into local language Tigrigna by experts then retranslate to English to check the consistency. These questionnaires were collected using interviews, by four days trained data collectors, and daily supervision was undergone by the principal investigator.

**Study variables:** Dependent variable was role of men in Family planning, utilization and Independent variable were Age, sex, religion, literacy status, Cultural factor- Age at first marriage, age at first born, type of Marriage, anticipated means of old age support, number of children [ever born, number of children alive, ideal children wanted].

**Data management and quality assurance:** three urban health extension workers were recruited and trained for two days to serve as data collectors. The training consisted of the objectives of the study, introduction of questionnaire format, procedure of interviewing couples and method of reporting to immediate supervisor. The role and communication of supervisor (the investigator) to data collectors and coordinators were thoroughly explained. The training was supported by clearly prepared training manual. Pre-test was done on 10% of sample size on couples, carried out using the prepared format in a community that was not selected for the study. During the practice field, each data collector was made to fill two questionnaires with supervisor close to them. Discussion took place the following day concerning the filled questionnaires, interview procedures and communication between data collectors, and the supervisor.

**Data analysis, interpretation and operational definitions:** The collected data were entered into Microsoft excel spreadsheets and cleaned. Descriptive data analysis of the study variables was conducted using frequencies and percentages for the categorical ones, and measures of central tendency (Mean, mode and median) and measures of dispersion (Variance, standard deviation and range) for the continuous variables. Histogram for continuous variables and bar charts was also displayed for some categorical variables. Family planning:- The use of short or long term spacing child birth by the reproductive age people.

**Dissemination of the study findings:** Findings of the study were submitted to Mekelle University College of health sciences, department of Nursing. It will also be communicated to the Tigray Regional health bureau, Mekelle town local health offices.

**Ethical consideration:** Ethical clearance was obtained from Mekelle University College of the health Sciences the department of nursing. Respondents were informed about the purpose of the study orally and the interview was conducted after receiving the consent from participants. The right of participants to withdraw from the study at any time, without any precondition was secured and informs the participants. Confidentiality of the data/information was secured and will not be used for other purposes without their consent.

## RESULT

Overall description of the study population of those 50 couples invited to the study, information gathered from 47 couples were included in the analysis, 47 married men and 47 married women, making a total student population of 94. Two of the couples couldn't be found after repeated visits and questionnaires filled from one couple were excluded due to incompleteness. The numbers of those excluded from the analysis were less than the expected non response rate. The age range for the men was from 26 years to 62, while that of their wives ranges from 24 years to 48 years. The majority of men, 41(87.2%) and more than half of the women 37 (78.7%) reported attending formal education. Most of those who reported attending formal education, 41(87.2%) of men and 30(63.8%) of women attended elementary and junior high school [grade 8 and below]. The majority of men and women, 30(63.8%) and 30(63.8%) respectively were merchants (See Table1).

*Table.1. Socio demographic characteristics of the couples from Ketena Rahwa, Semen Woreda, Mekelle, Tigray, Ethiopia, June 2013*

Variable	Categories	Frequency of Men		Frequency of Women	
		No	%	No	%
Age	20-24	8	17.02	13	27.7
	25-29	5	10.63	6	12.8
	30-34	9	19.14	16	34
	35-39	10	21.3	7	14.9
	>40	15	31.91	5	10.6
	Total	47	100	47	100
Religion	Orthodox	25	53.2	34	72.3
	Protestant	14	29.8	12	25.53
	Muslim	8	17	1	2.2
Education	Illiterate	10	21.2	17	36
	1-4	16	34.04	14	30
	5-8	12	25.53	16	34
	>10	9	19.14	0	0
Occupation	Farmer	4	8.5	5	10.6
	Merchant	30	63.8	30	63.8
	Government employee	8	17	7	15
	Others	5	10.6	5	10.6

From table -3 the Husbands' age 20-29 years were associated with a higher rate of contraceptive use by their wives 16(84.2%). Husbands who have information on family planning methods show greater of wives in using current contraceptives 35(89.7%). Additionally, those husbands with the educational level of grade seven and above were associated with a high rate of contraceptive by their wives 21 (84%).

**Table 3. Husbands' age, education and their status regarding family planning information versus current contraceptive use by wives, couples of Ketena Rahwa, Semien Woreda, Mekelle, Tigray, Ethiopia, June 2013.**

Variable	Categories	Contraceptive current use by women					
		Yes	%	No	%	Total	%
Age	20-29	16	84.2	3	15.8	19	100
	30-39	17	73.9	6	26.1	23	100
	>40	3	60	2	40	5	100
Education	No formal education	2	33.3	4	66.7	6	100
	1-6	13	81.3	3	18.7	16	100
	>7	21	84	4	16	25	100
Had information family planning	No	1	12.5	7	87.5	8	100
	yes	35	89.7	4	10.3	39	100

The rate of current contraceptive use is significantly higher for those women with at least three births or having three and more live children. Women with the number of children alive greater or equal to three uses contraceptive than those who have children alive less than or equal to two. Mothers who want to interval for child spacing greater than or equal to three uses more than with those who want interval for child spacing less than or equal to two (See table4).

**Table 4. Children ever born and alive and the ideal interval wanted versus contraceptive current use by women, couples of Ketena Rahwa, Semien woreda, Mekelle, Tigray, Ethiopia, June 2013**

Variable	Background characteristics	Contraceptive current use by women					
		Yes	%	No	%	Total	%
Child ever born	≤2	8	44.4	10	55.6	18	100
	≥3	28	96.5	1	3.5	29	100
Number of children alive	≤2	10	62.5	6	37.5	16	100
	≥3	26	83.9	5	16.1	31	100
Interval wanted for child spacing	≤2	16	66.7	8	33.3	24	100
	≥3	20	87	3	13	23	100

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Women with family size of five or more tend to use a family planning method than with those less than five. 44(93.6) of men and 45(95.7%) of women reported knowledge of at least one contraceptive method. More than 95% of women and 90% of men have knowledge about the options given to contraceptive methods as they were used for child spacing, limiting family size and a means to avoid unwanted pregnancy.

Slightly higher number of women 46(97.8%) reported knowledge of at least three methods of contraceptive. The Injectable [Depo-Provera] ,Norplant (buried under the skin) and the oral contraceptive pills were the popular method reported.40(85.1%) of men and 44 (93.6%) of women had knowledge of the injectable contraceptive method.30 (63.8%) of men and 45(95.7%) of women knew oral contraceptive pills.29 (61.7%) of men and 42(89.4%) of women knew Norplant (buried under the skin).

Only 43(91.5%) men and 38(80.9%) of women reported condom as a contraceptive method. Vasectomy is known by 34(72.3%) men and 30(63.8%) of the women. Of the traditional methods, abstinence is known by 27(57.4%) of men and 29(61.7%) of women.40 (85%) of the men and43 (91.5%) of the women recognized the importance of limiting family size.

44(93.6%) of men and 46(97.9%) of women reported the need for contraceptive method use in future. 39(82.9%) of men approves contraceptive use by their wives. But only 30 (90.9%) of women reported perceived approval for contraceptive use by their husbands. By both men and women who reported knowledge of at least one method of contraception, injectable and oral contraceptive pills followed by Norplant (buried under the skin) were reported to be the best contraceptives. 21(44.7% of men and 29(61.7%) of women reported ever informing others to use contraceptives. 34(87.2%) of men reported ever Inform their wives to use a contraceptive method. 2(4.2%) of men and 1(2.1%) of women responded that they ever opposed others by using contraceptives. 14(29.8%) of men also reported ever opposing their wives using contraceptive methods. The reason for opposing was not explored.

As shown from table 5, women who have husbands who reported ever informing their wives to use family planning tend to use contraception more than those who were not informed by their husbands. The large number of men, 36(76.6%) and women 30(63.8%) perceive that their community approves their use of contraceptive methods. The small number of men and women 16(34%) and 14(30%) respectively, perceive their religion is against the use of contraceptive methods.

**Table 5. Other factors that affect family planning use versus current contraceptive use by women, couples of Ketena Rahwa, Semien Woreda, Mekelle, Tigray, Ethiopia, June 2013**

Variable		Contraceptive current use by women					
		Yes	%	No	%	Total	%
Couples discussed about family planning in last six months	No	19	70.4	8	29.6	27	100
	yes	17	85	3	35	20	100
Wives perceived approval of contraceptive use by her husband	No	6	42.9	8	57.1	14	100
	yes	30	90.9	3	9.1	33	100
By community	No	2	18.2	9	81.8	11	100

	yes	34	94.4	2	5.6	36	100
By religion	No	6	42.9	8	57.1	14	100
	yes	30	90.9	3	9.2	33	100
Husbands ever informed his wife to use contraceptive	No	2	25	6	75	8	100
	yes	34	87.2	5	12.8	39	100

Those Women with husbands who reported approval of contraceptive use were more use of contraceptive than women with those husbands who reported non approval. Women whose husbands' age is 20-29 use current contraceptive methods 16(84.2%).21(84%) of women with those husbands who have an educational level of grade seven and above use current contraceptive methods. Men with a family size of five or more tend to use a family planning method than with those less than five.

**Table. 6. Husbands' opposition of wives' contraceptive use versus current use of contraception by wives with inclusion of possible cofounders, couples of Ketena Rahwa, Semien woreda, Mekelle, Tigray, Ethiopia, June 2013**

Variable		Contraceptive current use by women					
		yes	%	No	%	Total	%
Husbands opposed wives' contraceptive use	No	29	87.8	4	12.1	33	100
	Yes	7	50	7	50	14	100
Age	20-29	16	84.2	3	15.8	19	100
	30-39	17	73.9	6	26.1	23	100
	>40	3	60	2	40	5	100
Education	No formal education	2	33.3	4	66.7	6	100
	1-6	13	81.3	3	18.7	16	100
	7 and above	21	84	4	19	16	100
Child ever born	≤2	8	44.4	10	66.6	18	100
	≥3	28	96.6	1	3.4	29	100
	≤2	10	62.5	6	37.5	16	100

No of children alive	≥3	26	83.9	5	16.1	31	100
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## DISCUSSION

This community based study used information from both husband and wife to access factors that were determined for family planning service utilization by women. As hypothesized both husband and wife factor affect family planning use by the wife, although wives' factors remained to be more predictive variable for their current contraceptive use. Accordingly, women who currently the use contraceptive method tends to be relatively younger, educated, with a large family, and those who perceive their husbands' approval of contraception use. They were with husbands who were younger than 30 years, have knowledge about family planning, communicate on family planning issues and initiate family planning use. The higher contraceptive prevalence would be attributable to the high prevalence of knowledge and positive attitude towards the use and the higher proportion of couples who had a discussion on family planning issues 42.6% of the couples reported discussion about family planning issues and more than 80% of them both know contraceptive method and approve family planning method utilization.

The proportion of women who reported current contraceptive use was highest in the age group 20-24, where 84.6% were contraceptive users. The least proportion of current use of family planning method was reported by age group 30-34 where 56.3% were contraceptive users. The possible explanation is that most women strive to have a small number of children during their younger age, and at around age of 30 they might want to have their desired number of children. Women with young partners were at relatively conducive environment to use family planning methods compared to those with partners of older age (13). Similarly, this study has shown that women with husbands who were younger than 30 years tend to use contraception. Educated women tend to use contraception more than those women with no formal education. The educational level of women and their contraceptive use was significantly associated with higher rates at 1-6 level of education. The analysis result showed that those with grade 7 and above level of education had a higher likelihood of using contraceptive than those with low level of education. If we assume that contraceptive use would lead to lower fertility, this finding relates to the findings elsewhere, which relates fertility reduction with higher levels of education and which associates low level of education to result in higher fertility compared to high level education (15).

Family size of five and above and at least three live children were positively associated with current contraceptive use by women. Family size of women was also found to be significant when adjusted in multivariate analysis with age and level of education variables (See table2). The likelihood of contraceptive usage was predicted by family size. Possible explanations for this could be that those with larger families could have achieved the number of children they wanted to have, which implies that they use methods to limit further child birth. The issue of the number of children alive may also be related to child survival. Those with larger number of children would use family planning method more than those with lesser number. However the parents' perception of not losing a child (improving child survival) should be a major focus with this regard.

With the growing attention of involving men in family planning and reproductive health, the main assumption is that men would be good advocates for promoting family planning services (10, 17). Supporting this assumption, those women who were informed by their husbands to use contraception were more likely to report current use of contraception than those who were not initiated by their husbands. Similarly, current contraceptive use is positively and strongly related to men's knowledge of family planning. Couples discussion about family planning has long been found out as a road surface way for family planning methods utilization (10, 20). In line with this, the current study has also found out that those women who discuss on family planning issues with their husbands were more likely to use contraception than those who do not discuss on this issue.

The perception of approval of husbands by women on the use of contraceptive was one of the predictor of contraceptive use among the study subjects which is a very essential area of intervention by creating awareness of husbands on this issue. With regard to the utilization of contraceptives the issue has to be viewed in line with some models developed for conceptualizing decision making on fertility regulation. The difference observed between men and women determinants could be explained by the distinct nature of economic responsibilities and interest to childbearing and other economic issues as clearly explained by the transaction theory of fertility decision making (8).



In this study both husband and wife have a joint responsibility in every aspect including the family planning utilization.

## CONCLUSION

According to the findings the following conclusions are stated briefly. In married couples, both men and women factors affect contraceptive utilization by the women. Of those factors; Knowledge of family planning methods by men, men as an advocate for contraceptive use, discussion about family planning, perceived approval by husband, women education, were all found to be positive determinants of family planning use by women. Both husband and wife, age, child ever born and alive for the couples, were important predictive variables for the wives' use of contraception. 93.6% of men have a favorable attitude towards family planning, and share decision making on family issues. Unlike the female contraceptive options the men contraceptive options including condom is not widely known by the community. The injectable contraceptive is the family planning method preferred and used by the majority of women. Most husbands (70.2%) those who live in Ketene Rahwa are supporters of contraceptive use by their wives.

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## CONFLICT OF INTEREST

Nil

## HOW TO SITE THIS ARTICLE

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