

# The Role of Currently Married Men in Family Planning and its Associated Factors in Agaro Town, South West Ethiopia

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## Abstract

**Introduction:** Involving men and obtaining their support and commitment to family planning is of crucial importance particularly in developing nations like Africa region, in which the role of male in decision making is high. There for this study aimed to assess the role of men in family planning and its associated factors in Agaro town, south west Ethiopia, which will be used as area of intervention in the health care. **Methods:** A community based quantitative cross-sectional study was conducted among 391 randomly selected married men. The data was collected by face-to-face interview using pre-tested structured questionnaire. Data was entered by EPI INFO and analyzed by SPSS version 20.0. Adjusted odds ratio and its confidence interval were used to signify association. **Results:** About 96% of the respondents heard about family planning, 291 (74.4%) of married men discussed and 303 (77.5%) of the married men approve the use of family planning with prevalence of 275 (70.3%) and less than 8% of the respondent used male method. Adjusting for other variables Literate men (AOR= 1.5, 95% CI=1.04-3.15), Men having 3 or more currently living children (AOR= 2.6, 95% CI=1.56-3.66), having discussion in last one year (AOR= 2.9, 95% CI=1.67-4.72), positive Attitude towards male contraceptive use (AOR= 1.8, 95% CI=1.2-3.2), Help and approval for Contraceptive use (AOR= 3.4, 95% CI=1.57-7.43) were significantly increased the use of family planning. On the other hand desired to have more children (AOR= .46, 95% CI=.28-.75) reduced the odds of current use. **Conclusion and recommendation:** The study found high prevalence of knowledge of family planning methods, improvement of men role, high family planning method utilization by married women and low utilization rate of male method. Advocacy programs need to be improved to participate male in family planning.

**Keywords:** Family planning service; Contraceptive; Men role

## Introduction

The concept of male involvement in family planning (FP) is broad in nature. Their role is beyond using condoms and having vasectomies; which also includes encouraging and supporting their partner and their peers to use FP and influencing the policy environment to be more conducive to developing male-related programs. This philosophy of reproductive health had appeared after the International Conference on Population and Development (ICPD) held in Cairo 1994 which notes special efforts should be made to emphasize men's shared responsibility and promote their active involvement in responsible parenthood. Until which male involvement is considered as component of family planning and their role is being encouraging.<sup>[1]</sup>

In the past, family-planning programs have focused attention primarily on women. Involving men and obtaining their support and commitment to family planning is of crucial importance particularly in developing nations like Africa region, in which the role of male in decision making, their influence and decision making from household level to national level is dominantly influenced by them.<sup>[2]</sup> The involvement of men in family

planning would therefore not only ease the responsibility borne by women in terms of decision-making for family-planning matters, but would also accelerate the understanding and practice of family planning in general.

Despite history witness pioneering role-played by the male methods in the evolution of family planning; which male have used the traditional withdrawal method since biblical time and use of condom dates back to 400 years, the present contribution of male methods to the total Contraceptive Prevalence Rate (CPR) is strikingly low. Most programmers ignored the role of males which could be due to modern contraceptives having focused mainly on women and efforts have been directed at improving the health of women and increasing survival rates for

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**How to Cite this Article:** Girum T, et al. The Role of Currently Married Men in Family Planning and its Associated Factors in Agaro Town, South West Ethiopia. *Ann Med Health Sci Res.* 2017; 7: 119- 124

men through integration of all maternal and child health (MCH) programs.<sup>[3,4]</sup>

Even though worldwide, one-third of the eligible couples using family planning rely on methods of vasectomy, condom, withdrawal and periodic abstinence which require full male co-operation. Although there has been overall increase in the level of contraceptive prevalence, low use of male methods is likely to remain static in most of the developing countries. Over the past decade the findings of the surveys suggest that men and women do not necessarily have similar fertility attitudes and goals.<sup>[4-6]</sup>

Despite the efforts to implement family planning by the Ethiopian government and other stake holders, the results obtained and the goal desired remain unachieved.<sup>[7]</sup> Ethiopia as one of the developing countries, the coverage of reproductive health in general and contraceptive prevalence in particular is very low. The role of men in the family planning program as noted from previous studies is very low. Since households in Ethiopia are men headed the role of men in family planning decision is exclusively dominated.

The concern of reproductive health and family planning program should be beyond the responsibility of women and it needs the attention of men, entire family and the society at large. Once again the patriarchal role of men in decision making should be shared and role of male should go beyond sole decision making to decision by discussion particularly for family planning programs.<sup>[3,4]</sup>

Recently most countries, including Ethiopia, are trying to adapt the new initiative of involving men in family planning programs.<sup>[8]</sup> Despite this initiative the fact on which men characteristics combined to women factors would be influential in modifying family planning use are not well known. The roles of males along with women factors that influence the utilization of family planning methods by couples need to be thoroughly studied in order to develop appropriate interventions to achieve the desired outcome of family planning program. Therefore, this study aimed to assess the role of men in family planning and identifies contributing factors in Agaro town, south west Ethiopia.

## Methods

### Study design and settings

This community based cross-sectional study was conducted from September 1-30/2015 in Agaro Town, southwest Ethiopia. It is located at 390 Km south of Addis Ababa. The town is organized by five kebeles having a total population of 45,000 of which 23,000 are males and the rest 22,000 are females. Registered total households in the town are 9,375.

### Study population and sampling technique

The source population of this study was all those currently married men aged 15-59 years and lived in the study area for at least six months prior to the study period. The sample size was calculated using single population proportion formula  $n = (Z \alpha/2)^2 P(1-P)/d^2$  based on the following assumptions: Proportion of currently married men who discussed about the issues of

family planning (63.5%),<sup>[8]</sup> Significant level at  $\alpha = 0.05$ , at 95% confidence interval, Margin of error is 5% and 10% nonresponse rate, the minimum sample size became 391 currently married men. The sample was allocated proportionally for the five kebeles and collected with a simple random sampling technique by using sampling frame from family folder/registry.

### Data collection procedure and data quality control

The data collection tool was first prepared in English after reviewing related literatures and then translated to Amharic language. Face to face Interview technique was used to collect data with structured and pretested questionnaire. Data was collected by four midwives after trained for a day and supervised by the principal investigator. At first step list of married men was obtained from each kebele, then the sample was allocated proportionally for each kebele. Using a computer generated random numbering study participants were selected and traced with the help of local guides. Lastly the selected individuals were interviewed by trained data collectors at their home.

### Data quality management

Validity was maintained by using standardized questionnaire that was properly developed from review of published articles, Proper training of the interviewers on data collection procedures, proper categorization and coding of the questionnaires and 10% of the completed questionnaire was reviewed and checked for completeness and relevance every day by principal investigator. Reliability of the questionnaire was checked by pretesting of the tool on 5% the study subjects.

### Study variables and data analysis

The Dependent variables is Status of men involvement in Family planning and the independent variables were Socio-demographic characteristics: Age, educational status, residence, occupation, religion, ethnicity, of the respondent and spouse, Reproductive health characteristics: age at first marriage, ever born children by sex, current living children by sex, desired number of children by sex of the respondent and Knowledge of modern FP methods, source of information, exposure to media.

After data collection, each questionnaire was checked for completeness and consistency. Data was cleaned, coded and entered into Epi-info version 7 and exported to SPSS version 20 for Windows, then Exploratory data analysis carried out to check the levels of missing values, presence of influential outliers, independence of errors, multi-collinearity and normality.

Binary and multiple logistic regressions were run to assess the association of various factors with the outcome variable. Variables significant at  $P < 0.25$  level in the bivariate analysis were included in the final Binary logistic regression analysis, to identify independent predictors. The forward stepwise regression method was applied to get a list of best predictors and any statistical test is considered significant at  $P$  level less than 0.05 in the final model. Finally the fitness of the model was checked by Hosmer and Lemeshow test. The strength of association of predictor variables were assessed using Adjusted odds ratio and significance of variables were reported by using 95% confidence interval and  $p$ -values  $< 0.05$ .

## Ethics approval and consent

Ethical clearance was obtained from institutional review Board of Arba Minch University. Permission to conduct the study also was obtained from town administration. Informed consent was obtained from each study participants. Each respondents were informed about the purpose of the study and also that all data obtained from them were kept confidential by using codes instead of any personal identifiers. The voluntary nature of the study was told to the study participants. Anyone not willing to take part in the study was given full right not to participate.

## Results and Discussion

### Socio-demographic characteristics

A total of 391 study participants (currently married men) were interviewed from five kebeles of Agaro town with a response rate 100%. The mean age of the respondent was 34.47 years. More than two third of the respondent were within the age range of 20-40 the rest constitute above age of 40. More than half 210 (53.7%) of the study participants were Oromo by ethnicity and About 183 (46.8%) of the respondents were Muslims; two third of the respondent had received formal education. Regarding their occupational status; half of the participants 205 (52.4%) were private workers, 115 (29.4%) were governmental employers and the marital relationship of all was monogamous [Table 1].

**Table 1: Socioeconomic and demographic characteristics of currently married men in Agaro town, 2015.**

Variables	Frequency	Percent (%)	
Ethnicity of the respondents	Oromo	210	53.7
	Amhara	54	13.8
	Gurage	71	18.2
	others	56	14.3
	orthodox	141	36.1
Religion	Muslim	183	46.8
	protestant	67	17.1
Age	20-30	103	26.4
	31-40	159	40.66
	41-50	84	21.5
	>51	45	11
	private	205	52.4
Occupation	governmental	115	29.4
	students	2	.5
	merchant	69	17.6
	can't read and write	46	11.8
	only read & write	98	25.1
Husband's and's Educational status	primary school	115	29.4
	secondary school & above	132	33.8
	urban	321	82.1
Residency	rural	70	17.9
	not read and write	110	28.2
Wife's Educational status	only read and write	145	37.2
	primary school	53	13.6
	secondary school & above	82	21.0

### Men reproductive health characteristics

The mean age of study participant at first marriage was 24.8 year with a standard deviation 5.2 years. About two third of study participants married at the age range of 20-29 and the

average number of living children per man was 3.62 and the average desired number of children was 3.82. Only 2.8% of the participant wished to have a child with in less than 2 year, 33.6% wished to have a child between 2 and 3 year [Table 2].

**Table 2: Reproductive health characteristics of the study participant, Agaro town, 2015.**

Variables	Frequency	Percent (%)
<b>Age at first marriage</b>		
15-19	46	11.8
20-24	145	37.1
25-29	109	27.78
>30	91	23.16
<b>Current living children</b>		
<b>None</b>		
1-2	7	1.7
3-4	132	33.8
≥5	127	32.4
≥5	126	32.1
<b>Desired number of children</b>		
1-2	119	30.4
3-4	163	41.8
≥5	109	27.8
<b>Birth Spacing</b>		
<2year	11	2.8
2-3 year	131	33.6
3-4 year	91	23.2
>4year	115	29.3
Do not want to wait	11	2.8
Do not know	32	8.2

### Men knowledge of contraceptive use

About 96% of the respondents heard about family planning and familiar for at least one method. The most commonly reported family planning methods are pills (95.6%), injectable (Depo Provera) 93.2%, condom 87.3%, Norplant 36.2%, intrauterine device 21.4% Vasectomy 30% Tubal ligation 30%, rhythm method 21.2%, Spermicidal 2.71% Other includes withdrawal method. Radio, Health worker, Poster, Newspaper, Parents and Others stated as source of information by 83.9%, 61.2%, 12.1%, 20.24%, 2.46% and 12.1% respectively

### Husband-wife communication and attitudes of men towards modern contraceptive

Three forth (74.4%) of married men discussed about family planning in the last 1 year of those who discussed family planning 215 (74%) had frequent discussion while 19 (6.6%) and 56 (19.4%) had discussed the issue of family planning once and twice respectively. Moreover 359 (91.8%) of the respondent had desire to know more about family planning method. About 303 (77.5%) of the married men approved the use of family planning (both the male and female method) at the time of the interview. The reason given for disapproval was desire to have more children 21 (28.8%), respondent refusal 19 (26.3%), wife or partner refusal 8 (11.3%), and others. From study participant 215 (55%) have positive attitude while 176 (45%) had negative attitude [Table 3].

### Men use of family planning with their partner

Overall 275 (70.3%) of Couples (married men and their wives ) currently used approved family planning method and less than 8% of the respondent used male method (Vasectomy and condom) , about 49 (12.5%) reported have used family planning at some time but not currently using it about 67 (17.2%) reported never having used any family planning method.

**Table 3: Approval and Spousal Communication among currently married men in Agaro town, 2015.**

Variables	Frequency	Percent (%)
<b>Desire to know more about FP (N=391)</b>		
Yes	359	91.8
No	32	8.2
<b>Approved use of contraceptive (N=391)</b>		
Yes	303	77.5
No	74	18.9
I don't know	14	2.6
<b>Reason for Disapproval (N=74)</b>		
Desire to have more child	21	28.8
Respondent refusal	19	26.3
Wife or partner refusal	8	11.3
Fear of side effect	8	11.3
Religious prohibition	7	8.9
Other	10	13.4
<b>Discussion of Family planning (N=391)</b>		
Yes	291	74.4
No	100	25.6
<b>Frequency of Discussion (N=291)</b>		
Once	19	6.6
Twice	57	19.4
Many Times	215	74
<b>Attitude towards male contraceptive</b>		
Positive	215	55
Negative	176	45

The main reason reported for current use of family planning method is Child spacing 205 (74.72%) and limiting the number of children 70 (25.27%). The reason of non-use of family planning method among the study participant was desire to have more child 19 (28.9%), respondent opposed 9 (14%), source of contraceptive not known 7 (10.28%) wife opposed 6 (9.34%) fear of side effect 6 (8.41%) health concern 6 (8.41%) religious prohibition 4 (5.6%) no response 5 (7.47%) others 5 (7.47%).

Injectable (Depo-Provera) was the commonly used family planning method 189 (68.6%), followed by Oral contraceptive pill 51 (18.63%), Norplant 10 (3.74%), Rhythm method 9 (3.61) Condom 6 (2.16%) others 5 (1.9) [Table 4].

**Table 4: Practice of family planning method and reason for not use married men and their partner Agaro town, 2015.**

Variables	Frequency	Percent
<b>Family planning method use (N=391)</b>		
Currently used	275	70.3
Ever used	49	12.5
Not used	67	17.2
<b>Reason for Current use (N=275)</b>		
Child spacing	205	74.73
Limiting the number of child	70	25.27
<b>Decision on family planning method use (275)</b>		
My self		
Both of us	275	100
My wife		
<b>Reason for not using family p (N=67)</b>		
Desire to have more child	19	28.9
Respondent opposed	9	14
Source of Contraceptive not known	7	10.28
Wife opposed	6	9.34
Fear of side effect	6	8.41
Health concern	6	8.41
Religious prohibition	4	5.6
No response	5	7.47
other	5	7.47

## Determinants of contraceptive use by study participants

In the bivariate logistic regression analysis, current contraceptive use by study participants was significantly associated with educational status, occupation, number of living children, desired more children, Attitude towards male contraceptive use, approval and discussion about family planning issues among the spouses. In the multivariate analysis, Educational status, number of Current living children, desired to have more children, Discussed about family planning with wife and help and Contraceptive use approval were significantly and independently associated with current contraceptive use by study participants. On the other hand Occupation was not associated with use of contraceptive.

Adjusting for other variables Literate men were 1.5 times more likely to practice modern contraceptives than illiterate men (AOR= 1.5, 95% CI=1.04-3.15). Men having 3 or more currently living children were 2.6 times more likely to practice family planning methods than those with having less than three children (AOR= 2.6, 95% CI=1.56-3.66). Those who desired to have more children were less likely to practice family planning methods than their counter parts, who didn't want any more children (AOR= .46, 95% CI=.28-.75). The practice of family planning methods was more common among couples who ever discussed about FP than those who don't have any discussion in last one year (AOR= 2.9, 95% CI=1.67-4.72). Similarly Men who have positive Attitude towards male contraceptive use (AOR= 1.8, 95% CI=1.2-3.2) and who Help and approval for Contraceptive use (AOR= 3.4, 95% CI=1.57-7.43) were more likely to practice family planning methods than their counter parts who have negative attitude and who don't approved [Table 5].

## Discussion

The study assessed the role of men in family planning in Agaro town. Their role is assessed in terms of having discussion with spouses, giving decision or approval to partner use and men practice to family planning services. In addition this study identified factors influencing males role in current practice of family planning in partners. Generally current use of family planning use among partners was 70.3% and male practice found to be less than 8%. Factors such as Educational status, number of Current living children, desired to have more children, Discussed about family planning with wife and help and Contraceptive use approval were significantly and independently associated with current contraceptive use by study participants.

According to this study about 96% of the respondents heard about family planning and familiar for at least one method; The most commonly reported family planning methods being pills (95.6%), injectables (Depo Provera) 93.2% and condom 87.3%. Which is very high compare to previous study; this might be the result of intervention by the health sector and increase exposure to media as well as due to study time variation in which knowledge about family planning method is approaching universal coverage.<sup>[9]</sup>

Husband-wife communication, as measured in particular by each spouse's attitude toward family planning, the wife's

**Table 5: Factors affecting contraceptive use among married men and their partners, Agaro town, 2015.**

Variables	Current users		COR (95% CI)	AOR (95% CI)	P-value
	Yes	No			
<b>Education</b>					
Illiterate	60	60	1	1	
Literate	215	76	1.88 (1.17-3.04)	1.5 (1.04-3.15)	<0.001*
<b>Occupation</b>					
Unemployed	55	42	1	1	
Employed	220	74	2.23 (1.4-3.67)	1.28 (.72-3.74)	0.07
<b>Number of Currently living children</b>					
Less than three	87	52	1	1	
Three or more	188	64	1.78 (1.12-2.74)	2.6 (1.56-3.66)	<0.001*
<b>Desired more children</b>					
Yes	156	79	0.61 (.38-.97)	.46 (.28-.75)	<0.001*
No	119	37	1	1	
<b>Discussed about FP</b>					
Yes	219	72	2.4 (1.48-3.84)	2.9 (1.67-4.72)	<0.001*
No	56	44	1	1	
<b>Help and approval for Contraceptive use</b>					
Yes	229	74	2.82 (1.72-4.63)	3.4 (1.57-7.43)	<0.001*
No	46	42	1	1	
<b>Attitude towards male contraceptive use</b>					
Positive	169	46	2.42 (1.55-3.78)	1.8 (1.2-3.2)	<0.001*
Negative	106	70	1	1	

perception of her husband's approval of family planning, interspousal power, gender role in the sphere of marital life. Spousal discussion about matters related to reproduction and family planning is viewed as being successful to the extent that it directly increases the use of contraception and favorable attitudes towards contraception among couples. Through discussion a couple can come to a mutual decision on whether or not to use contraception to plan when to have children and how many to have.<sup>[10]</sup>

In this study about 291 (74.4%) of married men discussed family planning in the last 1 year; which indicates involvement of men in family planning. It is higher than a study conducted in Hosanna town and Gondar; in which around 66% of married men discussed the issue of family planning in Hossana and Only 23.9% of married men have discussed family planning with their wives in Gondar. the difference between these studies can be explained by cultural difference between these communities and time of the study.<sup>[9,11]</sup>

In the study about 303 (77.5%) of the married men were approve the use of family planning at the time of the interview, while the rest disapproved. In this study Approval of family planning method use by the study participant lower than a study done in Hossana, Bangladesh and Kenya.<sup>[9,12,13]</sup> But higher than a study conducted in Gondar<sup>[11]</sup> this might be a difference in cultural norms Husband dominance. The reason for disapproval were desire to have more children, wife or partner refusal, fear of side effect, religious prohibition and others. This findings were also reported in many studies in which partners don't accept family planning methods when they desire to have children, fearing for children and particularly in rural settings religious prohibition was majorly associated with disapproval.<sup>[12-14]</sup>

Overall 275 (70.3%) of Couples (married men and their wives) currently used approved family planning method and less than

8% of the respondent used male method (condom). Child spacing 205 (74.72%) and limiting the number of children 70 (25.27%) being the main reason for current use of family planning method and Injectable (Depo-Provera) 189 (68.6%) and Oral contraceptive pill 51 (18.63%), were the main methods of contraceptives.

In this study, the involvement of men was found to be promising and is higher than other urban center in the country.<sup>[10,14-16]</sup> 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 service. But male method of contraception such as vasectomy and condom were poorly practiced by the study participant. There was no man in the study participant that undergone Vasectomy. This could be due to lack of professionals providing the service in the town.

Besides its varying level of power for decision making current use of family planning methods by partner was role influenced by different factors. The fact that in developing societies children are considered as asset and average demand of children is high those who have two or lower children were less likely used contraceptive methods. Similarly partners who want more children were less likely to have contraception methods. These findings were supported by other previous studies conducted in Gondar and Tigray of North Ethiopia.<sup>[11,17]</sup>

On the other hand those literates, who make discussion about family planning methods with spouse and helping their spouse to use family planning or approve to use family planning, were more likely to be used family planning methods. Couples discussion husband approval about family planning has long been found out as one way for family planning methods utilization promotion.<sup>[9,11,16]</sup> In line with this, the current study has also

found out that those women who discuss on family planning issues with their husbands are more likely to use contraception than those who do not discuss on this issues. This could guide an area of future implementation in health extension packages.

The findings of this study might suffer from the fact that it is based on men perceived role; their role may be inflated, some issues may be uncovered due to social desirability bias and women idea in terms of male role was not recorded which may affect its generalizability. With these limitations the research could be interpreted and used at local context and will serve as one component for planning a program.

## Conclusion and Recommendation

Awareness of family planning methods among men in this study was almost universal. However, this did not make them to take a great share in the practice of family planning methods. On the other hand male involvement in family planning decision making was very high, their decision may be to use or not to use family planning methods. Educational status, number of Current living children, desired to have more children, Discussed about family planning with wife and help and Contraceptive use approval were found to be major determinants of current use of family planning. Therefore, male involvement particularly for joint decision making and male method contraceptive method practice needs improvement. At the same side women empowerment is very important.

## Conflict of Interest

All authors disclose that there was no conflict of interest.

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