

JIMMA UNIVERSITY  
COLLEGE OF SOCIAL SCIENCES AND HUMANITIES  
DEPARTMENT OF SOCIOLOGY AND SOCIAL WORK

ASSESSMENT OF THE ROLE OF MEN IN FAMILY  
PLANNING; THE CASE OF SETO-SEMERO KEBELE OF  
JIMMA TOWN

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1. Introduction

## 1.1 Background of the study

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 world wide context, and will double itself in some 21 years.

If the rate were reduced to 2% it would take some 35 years and 1% around 70 years (population report, USA 2007 in family planning).

In sub-Saharan African ancestral custom given men right over women's procreative power. In such situation we would expect that the husband's approval might often be a precondition for a woman to use family planning methods.

Studies in different regions show that in one region women given for non-use in husband disapproved.

Rapid population growth is a critical issue in most developing countries including Ethiopia family planning methods save women's lives by preventing unintended pregnancy. Slower population growth conserve resources (improves the health and living standard).

Historically, in African traditional method with drawl (coitus interruptus). Has been used as a contraceptive method and use of condom data back to 400 years. Despite the pioneering role played by use of old male method (traditional and modern) the total contraceptive prevalence rate is strikingly low.

Until recently, family planning programs have merely focused on women's 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 a large and rapidly growing population ranking the third most popular sub-Saharan African family guidance association of Ethiopian nitrated family planning 1966, however, after four decades total fertility is still high (5-9 women). Contraceptive use is less than 10%, lowest in sub-Saharan Africa and unmet need for family planning (is as

high 45%. Ethiopia has estimated population of approximately 82.2 million at the end of 2005; 85% live in rural area and all have of the population has access for health care service immunization and antenatal care coverage area low 22% and 29% respectively. The country has high total fertility rate 5-9 children per-women and high maternal and infant mortality rate (500 per 100,000 live birth and 97%, 10.00 live birth respectively).

Studies in different regions have shown that once reason women give for non-use in husband disapproval even developed society studies have shown. Important effect of husband, desire on couple fatality.

## 1.2 Statement of the Problem

It is evident that the wide spread adoption as family planning represent one of the most dramatic, change in family planning 20<sup>th</sup> century.

In the past family planning program have toward attention primarily on women because of the need to free women from excessive child bearing and the assumption, that women are the one who bear child.

This focus on women has reinforced the belief that family planning is largely a women's business with the man playing a very peripheral role (John C 1990) the many men's in sub-Saharan African countries play an influential role in most household decision making.

The social structure in most of those countries is patriarchal (D. Odo F. Amo N 1998 Aisogo 1997) women also recognize the important role their husband play in making various households decision making including reproduce (Jourc L 1996). Makechuwa (2012) studies on family planning in developing countries have long focused on women as subject of interest very less work in this area has focused on men it is now increasingly recognized that the action required to achieving improvement in reproductive health outcomes in generation and maternal health in particular should also encourage men's active participation (Arwen Bunce 2007) male involvement in family planning means more than increasing the number of men using condom and having vasectomies it also

include the number of men who encourage and support their partner and their peers (Joure L 1996) the past two decades witness an accelerated effort among researchers especially in developing countries to focus on couple or a means of understanding aspect of fertility such as family planning behavior globally. So there exist research in Ethiopia Bahirdar city, in current status of male involvement in family planning (yeshare of walle and talalem alawrem 2013). So as stated above I will to fill the gaps that exist between the previous paper that focus specifically factor that contributed to male involvement in family planning and the role of economic sufficiency in family planning. So I am going to conduct will focus on the role of men in family planning. Specifically I will use the knowledge of men in family planning and the use role of setto semero kebele. Finally in order to shape or guide my studies mention, my research question.

1. How can determine attitude of husband in using of family planning?
2. What the role of knowledge of men in family planning among married couples.

### 1.3 Objective of the study

This research will have a both general and specific objectives.

#### 1.3.1 General Objectives

To access the role of men on family planning.

#### 1.3.2 Specific Objective

- To access the role of rate of family planning among married couples
- To determine the attitude of husband in using family planning
- To identify the knowledge of men in family planning.

### 1.4 Scope of the study

This research study will be geographical to Jimma zone particular the case of setto semero kebele community. Jimma town in case of kebele. Because of the factor that the role of men is in family planning.

### 1.5 Significant of the study

- It provides information about role of married men toward FPM in seto-semero kebele, jimma town.
- The finding of the study uses as base line data for further investigation similar at local level.
- It also helps covered authorities for planning purpose on FP service delivery to the community.
- It increase communities awareness about FPM

## CHAPTER THREE

### 3. Research Methods

#### 3.1 Research Design

Community based cross sectional study design was employed

#### 3.2 Sample size and Sample Technique

the following formula will be used to determine sample size.

$$N = \frac{(Z_{\alpha/2})^2 P(1-p)}{d^2} = \frac{2(a/2)^2 p.q}{d^2}$$

ni = initial sample size

Z<sub>α/2</sub> = confidence interval (standard normal distribution value of 95% = 1.96

P = proportion of population which is 0.5 = (5%)

D = marginal error = 0.09 (9%)

The sample size will be calculated by the above formula using 0.5% (0.5) or population proportion of FP or Oromia region

$$N_i = \frac{(1.96/2)^2 (0.5) - (0.5)}{(0.09)^2} = 60$$

Since  $N < 100000$ , we need to use correction formula as follows

$N_f = \frac{n_i}{1 + \frac{n_i}{N}}$  where ni-initial sample size

$N_f = \frac{60}{1 + \frac{60}{650}}$  nf= final sample size

N = 650 N- estimated source of population which of value 650

Married men with their wives between 15-49 years

$$N_f = \frac{60}{1 + \frac{60}{650}} = 55$$

$$1 + \frac{60}{650}$$

$N_f = 50$

## Sampling Techniques

From total of married man in my study population, those men who have wives above 49 years, wives of below 15 year, old, widowed (died) and those who had married <z years was excluded. There fore 650 married men will be taken as estimated soruce of population, whom their wives are in reproductive 15-49 years. From those 55 married man was selected by systematic random sampling method and the was done by calculating sampling fraction (k) using  $K=n/N$  formula.

Where K= sample froing

n= sample population

N= source population

$$K=n/N = 55/650 = 1/12$$

In the condition which the excluded men by the exclusion criteria will be excluded, the next room was selected.

### 3.3 Source of Data

#### 3.3.1 Source of data

Married men is setto semero keble, jimma town.

#### 3.3.2 Study population

Sample of married men is seto semero kebele, jimma town.

#### 4.3.3 Inclusion

Married men with wife of age 15-49

#### 4.4.4 Exclusion

Married men with wife of age less than 15 years married men with wife of age greater than 49 years; divorced, widowed, new married men of less than 2 years (because they take about FP after having 1 or 2 children) and result of pre test value (2% of the study population).

### 3.4 method of Data Collection

data for this study was collected using standard questionnaire which was set in English language by principle investigator. A brief clarification was given conserving technique of interview. During and after data collection principle investigator checked consistency and completeness of data.

### 3.5 method of Data Analysis

the collected data was checked for completeness of information and consistency.

The data was compiled, analyzed and presented using tables and percentage. A scientific calculator was used for mathematical operation of numerical variables.

### 3.6 Ethical consideration

- Interview, obtain informed consent prior to the interview.
- The study protocol was submitted and revised by the adviser from department of sociology
- Written cooperation letter was submitted to all considered bodies in the study area.
- Interviews educated on family planning whenever there is a person with all information.



## CHAPTER FOUR

### 4. Data Analysis and Interpretation

Regarding socio demographic characteristics from the total of 55 study population, majority were found in the age of 20-24 which 19(35%) followed by 25-29 age group which is 13 (24%) and few of them were found in the age group of 45-49 which account is 1 (2%) regarding religion the most dominant religion is Muslim which account 30 (54%) followed by Orthodox which account 16 (29%).

Few of them were protestant and catholic others which amount 6 (11%), 2 (4%) and 1 (2%) respectively regarding Ethnicity from total majority of them were Oromo ethnicity which are 25(45%) followed by Amhara which account 12(22%) followed by Others which account 11 (20%) followed by Tigre which account 4 (8%) and followed by Keffa which is account 3 (5%) respectively.

Regarding occupational status, from the total majority of them were former which are 25(45%) followed by merchant which is 13 (24%) few of them were other which account 5 (9%), concerning educational statuses from the total of the study population majority of them literate grade 8 it 29 (53%) followed by literate which account 13 (24%) few of them were 9-12 and above grade 12 which account 10 (18%) and 3 (5%) respectively.

Socio demographic characteristics		Numbers	Percent %
Age	15-19	7	12
	20-24	19	35
	25-29	13	24
	30-34	8	15
	35-39	4	7
	40-45	3	2
	45-49	1	
Total		55	100%
Religion	Muslim	30	54
	Orthodox	16	29
	Protestant	6	11
	Catholic	2	2
	Others	1	2
Total		55	100%
Ethnicity	Oromo	25	45
	Amhara	12	22
	Tigre	4	8
	Kefa	3	5
	Others	11	20
Total		55	100%
Educational status	Illiterate	13	24
	literate (>grade 8	29	53
	grade 9-12 (>12)	10	18
	>12	3	5

	Total	55	100%
Occupational status	Government employed	6	9
	Farmer	25	45
	Merchant	13	29
	Daily labor	7	13
	Others	5	9
Total		55	100%
Family sit	1-2	20	36
	3-4	24	44
	5-6	7	13
	7+	4	7
	Total	55	100%

Concerning family site majority study population want to have greater than thra children which account 34(62%) followed by to have 3 children which account 11(20%) from the total of 55 study population few of them have 1-2 children which account 27 (49%) followed by to have 3 children which are 7 (13%) followed by to have 2 which is account 15(27%) followed by to have 1 which is account 6 (11%) respectively concerning family planning use majority of the study population does not.

Regarding do discuss about family planning with your husband majority study of population does not discuss with husband which account 38 (69%) followed by few of them were discuss with husband which is 17 (31%) respectively. Concerning about ever used family planning male the total of 55 study the

majority of population does not use FP which account 45 (82%) followed by few of them year which account 10 (18%)

Table 2 family size of women in setto semero kebele, jimma town in 2016

s.no	Number of family site		Number	
1	Number of children you want to have	1	3	5
		2	7	13
		3	11	20
		>3	34	62
		Total	55	100%
2	Number of children alive	1	6	11
		2	15	27
		3	7	13
		>3	27	49
		Total	55	100%
3	Do you discuss about family planning with you husband	Yes	17	31
		No	38	62
		Total	55	100%
4	Did you ever used family	Yes	10	18
		No	45	82
		Total	55	100%
5	Do your husband use FP (wife)	Yes	11	20
		No	45	80
		Total	55	100%

Regarding family use majority of the study population does not use FP which account 43 (73%) and few often were use family planning which is 15 (27%) concerning family planning provision and use family planning in the future majority of the study population do not get famiy planning conselping and provision friendly and majority often were planned to use family planning in

future which 43 (78%) and 52 (95%) respectively in addition to this from the total of 55 majority of the husband do not support their wife while the use family planning which account 42 (76%) and only 13 (24%) of husband were support there wife while the used family planning.

Regarding discussion about family planning from the total of study population 39 (71%) was not discussed about family planning wife their partner but few of often were discussed with their partner about family planning use which account 16(29%) see

table 3 below.

s.no	Practice on FP	Feed back	Number	%
1	Use of FP for ever	Yes	11	20
		No	44	80
	Total		55	100%
2	Use of FP currently	Yes	15	27
		No	43	73
	Total		55	100%
3	FP counseling provision in given frequency	Yes	12	22
		No	43	78
	Total		55	100%
4	Use of FP in future for those who never used contraceptive method	Yes	3	5
		No	52	95
	Total		55	100%
5	Support husband during wife use of FP	Yes	13	24
		No	42	76
	Total		55	100%
6	Discus about family with partners	Yes	16	29

		No	39	71
	Total		55	100%

Regarding attitude toward FP from the total of 55 study population majority of them were not known about importance of FP and few of them know about importance of FP which account 34 (62%) and 21 (38%) respectively (table 4).

From the total of 55 study population majority of the study population have said that (respond them) a study religion do not support or oppose the FP and few have said the religion do not against FP which account 35 (64) and 20 (36) respectively

(table 4).

s.no	Attitude of women FP	Feed-back	Number	%
1	Important of FP	Yes	21	38
		No	34	62
2	Encountered oppose from husband for use FP	Yes	17	31
		No	38	69
	Total		55	100%
3	Religion against use of FP	Yes	35	64
		No	20	36
	Total		55	100%

Regarding husbands feeling toward FP use from the total of study population majority of them were oppose FP uses which all out 25 (45%) and followed by neutral (those never oppose not support) which account 17(31%) few of them do not know about FP which account 5(9%) respectively

(table 5).

s.no	Husband role	No	%
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1	Support FP	8	15
2	Oppose FP	25	45
3	Neutral	17	30
4	Don't know	5	9
5	Total	55	100%

Table 6; Distribute of person who decide the number children couple to have setto semero kebele, in jimma town in 2016

s.no	Partner who decide number of children to have	Number	%
1	Husband	33	60
2	Wife	5	9
3	Both	17	31
	Total	55	100%

Regarding partner who decide a number of children to have from the total population majority of them were husband which account 33 (60%) followed by both which account 17 (31%) and few of them were wife which account 5 (9%) respectively.

## 5. Discussion

This study revealed from the total population majority of them want to have greater than three (>3) children which account 44% followed by to have two children which is 20%.

Another study which were conducted in Gonder showed the 832 men over half study subject that was 53% believed that FP method should be used other having the 6 child and 14% said after having 4<sup>th</sup> child in family planning.

Regarding FP use majority of the respondent 52 (95%) were not use family planning, while only 5% were using.

Having children was an essential issue for the married people that we interviewed, and one of the most important reasons was the perceived value of children to the family and community. From an economic perspective, which is commonly used in demographic studies, reproducing is considered a result of calculating economic costs and benefits and high fertility rates are the result of perceiving labor, and old age security benefits, which outweigh the costs (Eteh, and Emainal 2009).

This study shows that another factor that affects reproductive behavior is religion. The participants in the study were either Muslim and Ethiopian Orthodox and in general they saw children as gifts from God and many claimed that people must receive all that God gives them.

As in Ethiopia found that couples in which the husband participated in discussion during home visits, were more likely to initiate and maintain contraceptive method use (Terefe and Larson 1995).



The Ethiopia Demographic and health survey (DHS) and others there are numerous couples discussion on material related to family planning for example 67% of women who know at least one method of contraception had not discussed issue of family planning with their husband in the 5 years prior to the DHS, and one third of women reported that they didn't know about their husband attitude toward family planning (central status of authority 2002).

Study in Tigray region revealed that frequency of discussion between partners and contraceptive use by the couples are positively associated.

By the same study, more than half of the couples had not discussion on these issues (Gebre kida, 2002) regarding role of husband in family planning use from the total population majority of husband were opposing FP user which were 54% followed by neutral (those neither oppose nor support) which is account 31%).

## 6. Conclusion and recommendation

### 5.1 Conclusion

Based on the study finding and objective of the study the following conclusion were drawing.

This study show that majority of the respondent funts to have greater than (3) that children and decided by for husband the main problem identifies were focus of family planning unsupporting of husband in using family planning, lack of wife discuss with their partner opposition from husband to use family planning and religion against use of family planning.

### 5.2 Recommendation

Based on the study result the following recommendation given to the concerned body.

The ministry of health should facilitate the establishment of FP which inistate the men participation.

Based on the fidings of the study the following recommedaiton are made.

Since all respondent, in the study were female it would be insight ful for future studies to capture male opinions in order to establish the extent of support and usage of contraceptive among that population also, it would be in sight full for future studies to impless rate the level of trust in family planning prcuedre from both the prespective of the service provides and extended families of urers.

In addition, the service providers should embark on a sensitization program to educate people on side effects of these contraceptive and how the side effects can be handled to prevent and damage to the patient.

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