# Husband-Wife Communication About Family Planning
## In Assosa Town (Ethiopia)

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# Abstract

A cross sectional study using both quantitative and qualitative approaches was carried out in Assosa Town, Ethiopia (2001-2002) to investigate what proportion of couples were discussing about family planning, if there was any association between husband wife communication and contraception, and couple' s opinion about the subject.

Among the 264 couples interviewed 10% had never heard about family planning. Among those who had heard about family planning in 98% of couples both wife and husband knew at least one modern method of contraception and approved of family planning. In 82% of couples one or both partners reported having discussed family planning with their partner in the past year. 67% of couples were using contraception at the time of interview. Multiple logistic regression showed that wife's perception of her husband's approval of family planning and discussion about family planning were significantly associated with contraceptive use.

Men and women tended to realize the economic disadvantage of having many children. Women believed that husband has a dominant role in the family and makes decisions regarding most family matters including family planning. However, they thought that husbands are being changed in relation to fertility issues which they equated with the economic pressure. The implications of the study results are discussed.

This Study, which was on Husband-Wife Communication about Family Planning, was financed by NORAD and NIHA. The researcher was the master student, Tessema K. Zewditu. The main supervisor was Johanne Sundby while Joar Svanemyr and Odd O. Aalen were co-supervisors.

# 1. Introduction

## 1.1 Background

The term *family planning*, here, is used to mean both birth spacing and limiting number of births by the use of contraceptive methods.

There are different methods of family planning, which can be classified in the following different ways.

i. Modern/traditional methods
ii. Female/male methods
iii. Short term/long term/permanent methods

Family planning plays important public health roles in regulating fertility (population growth) and reducing mortality, especially maternal mortality. In developing countries, as compared to developed ones, there is still rapid population growth and high mortality rates. In these same countries, contraceptive use is still very low.

Traditionally, family planning research and programs have focused predominantly on women and so the male population has at the large part been neglected in this regard. This neglect has been ascribed to the prevailing low prevalence of contraceptive use, since in most developing countries, particularly in Africa, men play dominant roles in most family matters including family planning (1-3).

However, following the 1994 International Conference on Population and Development in Cairo, family planning was expanded to include reproductive health. And with this expansion the sexually active couples appeared to be the most appropriate focus for most reproductive health components including family planning (4). Since then involving men in family planning research and programs is receiving a due attention worldwide.

Male involvement in family planning means 1/ their awareness of and support/encouragement for the family planning choice and use of their partners, and 2/ their use of male contraceptive methods.

It has been well documented that in the face of high knowledge and approval of family planning there exists low use of contraception in developing countries. Lack of husband wife communication about family planning, rather than male opposition, has been reported to be one of the factors explaining such a KAP gap. Where there is communication, the wife gets opportunity to know her husband's attitude towards family planning and fertility desires. This knowledge is believed to influence the couple's decision surrounding initiation of contraception.

Ethiopia, one of the most populous African countries, has a high fertility rate while the prevalence of contraceptive use is very low. Many studies on issues related to family planning have been done in the country. These studies have shown that a number of factors contributing to the prevailing low level of contraceptive use. However, studies on husband wife communication about family planning are lacking.

Due to cultural traditions open discussion on matters pertaining to sexuality and contraception as well isn't common in Ethiopia. And such a topic is felt as one that shouldn't be discussed with others – a cultural taboo. Like in other African countries, in Ethiopia husbands play dominant roles in most family matters and as breadwinners, they are the ones who have a major say in the family. In this cultural context, it is unlikely that women bring sexual and family planning issues to the surface and initiate discussion with their husbands. And hence, the hypothesis is that the level of husband-wife communication is low.

Therefore, it is of paramount importance, in a country like Ethiopia, to investigate the level of husband-wife communication about family planning and its impact on contraceptive use - which is the objective of this study.

If future actions are to be taken to increase the prevalence of contraceptive use and its subsequent benefits in Ethiopia, we need to consider also the area of husband-wife communication regarding family planning. So the result of this study is believed to have policy implications.

**1. 2 Study Area**

Assosa is the capital of Benishangul Gumuz National Regional State. The region is one of the most underdeveloped regions in Ethiopia. It is located in the north west of the country and has surface area of 80, 000 sq. kms, encompassing about 8% of the Ethiopian Territory. The region shares common boundaries with Oromia State in the east, Amhara State in the north, Gambella State in the south and republic of Sudan in the west. As per the population projection made by the Central Statistical Authority, the Region's population in 1999 is estimated to be 531,157, out of which 92 % are rural residents. Women of childbearing age make up 24% of the total population. The male to female ratio is nearly one.

The Region is divided in to three administrative zones namely Assosa, Kamashi, & Metekel. There are a total of 20 subdivisions (weredas) under them.

The distribution of the Region's population by religion is Muslim 44%, Orthodox 35%, Protestant 6%, Catholic 0.6%, Traditional 13% and the rest 1.4%.
According to the 1994 population and housing census report, the major economic activities of the Region are traditional farming, small-scale mining and trade.

As far as education is concerned literacy rate is about 52% and the majority of the rural population is illiterate.

About 98% of the Region is lowland (kolla) climate and the attitude ranges from 500 to 2900 meters above sea level. The annual temperature ranges from 20-35˚c.

And rainy season extends from May to October. Annual rainfall ranges from 700 to 1000 mm (43-44).

There is a low level of health status with high prevalence of communicable diseases. In the region there are two hospitals, four health centers and 74 health stations. Health facility population ratio is 1:6237 while physician & nurse population ratio is 1:20,207 & 1:2245 respectively.

The study was conducted in the town of Assosa, which has four subdivisions (kebeles – the smallest administrative unit). It is located 673 kms away from Addis Ababa, the capital city of Ethiopia. In the town there is one hospital and a health center where family planning services are provided under the MCH clinics.

## 2. Literature Review

Current knowledge shows that there is high knowledge and approval of family planning among both males and females in developing countries. However, there still exists a gap between these and practice of family planning – KAP gap. Many studies have been done in this area. For example, in a study that included 18 developing countries, it was shown that knowledge of modern methods of family planning is generally high among both husbands and wives. The proportion of husbands who know at least one modern method ranges from 57% in Burkina Faso to 100% in Brazil. For wives the range is 57% in Cameroon to 100% in Bangladesh, Brazil and Egypt (5). Many other studies, including male - based studies show high knowledge of family planning and modern methods (2,6-10).
But in some countries only small proportions of those who know of family planning and modern methods do practice contraception.

Though approval of family planning varies from country to country, both females and males generally favor family planning (6-9,11-12). And studies show that previous negative attitudes even among men are changing.

Some studies have shown that husband's approval and also fertility preferences play great roles on the couples' reproductive behavior. In Ghana it was shown that wives' contraceptive attitude is related to their husbands' fertility preference but the wives' preference doesn't affect the husbands' attitude towards family planning (13-14). In a study conducted in Indonesia it was stated that husband's approval was the most important determinant of contraceptive use (15). But this was not the actual approval of the husband – it was just the perceived approval by the wife and proxy answers concerning attitudes may not reflect the reality.

Studies have shown that involving men in family planning strongly influences contraceptive use and its continuation (16-18). Owing to their elevated position starting from the family to the national level, men's support or opposition of family planning strongly affects contraceptive use. As low male involvement, lack of communication between spouses regarding family planning has also been suggested to be an important factor in the low levels of contraceptive use.

*Communication* has been given different definitions in different fields and it doesn't have any established single definition. From his examination of numerous definitions of communication, Frank Dance produced fifteen main conceptual components. Out of these he found three points of "critical conceptual differentiation", one being intentionality. Miller's definition of communication is one example that includes intention. A source transmits a message to a receiver(s) with conscious intent to affect the latter's behaviors (19-20).

Similar definitions were also given by other authors. To cite a few, a sharing of elements of behavior or mode of life; a process which increases communality, or

what is shared between participants; a process by which one person affects the behavior or state of mind of another (21-23).

Communication is accompanied by a change. Denis stated: 'whenever there is communication there is a change of state – something happens in the course of communication which alters the situation in relation to each other, or to the external environment' (22). Emphasizing the change that can result from communication, other authors put it this way: 'we can't help but change others and be changed by others when we communicate' (24). Tubbs & Moss also mentioned that attitude influence is one of the major out comes of communication (25).

In light of these definitions of communication, husband-wife communication is instrumental in bringing about a change in their attitude towards family planning, which subsequently has impact on contraceptive use. The few studies available on husband-wife communication support this idea. It has been shown that inter spousal communication is positively associated with attitude and practice to contraceptive use. In India it was reported that husband wife communication on family planning, though less frequent, was significantly related to favorable attitudes to family planning. There was also a similar report from previous study in the same country. Naushin Mahmood and Karin Ringheim reported also the same result from a study in Pakistan (12, 26-27).

Communication between spouses on family planning is also associated with contraceptive use. Couples who talk about family planning are more likely to use contraception and achieve their family planning goals than those who don't. In a study conducted in Nigeria, it was shown that couples who discussed about family planning were three times more likely than those who didn't to be using a contraceptive. Sarah in Ghana and Lasee & Becker in Kenya also reported that husband-wife communication was significantly associated with current use of contraception (7,11,28). Nashid Kamal concluded that frequency of inter spousal

communication about family planning was the strongest determinant of modern contraceptive use in Bangladesh (29).

DHS data from seven African countries show that the percentage of women using modern contraceptives is consistently higher in the group that had discussed family planning with their husbands in the year before the interview than in the group that hadn't (1).

But in most developing countries husband-wife communication is low. In DHS (1992-96) report levels of inter spousal communication were:

| | |
|---|---|
| Nigeria | 19% |
| Senegal | 22% |
| Burkina Faso | 25% |
| Cameroon | 30% |
| Tanzania | 44% |
| Kenya | 66% |

And lack of husband-wife communication about family planning has been suggested to be an important factor in the low prevalence of contraceptive use and it is reported to be a greater obstacle to family planning than male opposition (30). Because of lack of communication many women don't know what their husbands think about family planning. They assume that their husbands disapprove of family planning, when actually the husband approves or is indifferent. In 1993 DHS 45% of married women in Tanzania either didn't know what their husbands thought about family planning or thought that their husbands disapprove of family planning, when in fact many of the husbands approved (1). Discussion of family planning influences the wife's perception of her husband's attitude, which in turn has impact on contraceptive use. Wives who perceive that their husbands approve of family planning are more likely to use contraception than those who don't (28).

Most DHS data reported only the frequency of husband wife communication, and the few studies available on husband-wife communication are mostly based on these DHS data. They neither looked in to the contents nor the results of the discussion. And most of them included only general discussion, not looking in to different dimensions of inter spousal communication. Besides discussion about family planning, Lasee and Becker (28) mentioned two other dimensions of communication that are useful to understand effective communication in a union. These are agreement between partners regarding family planning and fertility preferences; and each spouse's perceptions of the attitude of his or her partner.

Ethiopia ranks as the third most populous country in Africa after Nigeria and Egypt. And it is one of the largest countries in the world experiencing a very rapid population growth. The current population of Ethiopia is estimated to be over 62 million with annual growth rate of around 3% (31). The high level of fertility is a key factor playing a major role in this rapid increment of population. The total fertility rate (TFR) is approximately 7 (i.e. a woman experiences on average seven births throughout her lifetime) (32).

High fertility has a negative impact on the health status of mothers, infants and children. The health problems of this segment of the population contribute significantly to the high morbidity and mortality situation in the country. The maternal mortality rate is about 700 out of 100 000 live births and the infant mortality rate 128 out of 1000 live births (33). Where there is high fertility, the maternal, infant and child mortalities are high and the situation makes a vicious cycle.

The rapid population growth isn't in parallel with the development of the country's resources and the burden of the socioeconomic problems resulting from the high fertility will continue to challenge the country.

Emphasis on reducing maternal, infant and child morbidity and intensifying family planning for the optimal health of the mother, child and family is a well placed national health policy plan (33). Also realizing the problems resulting from the high fertility and rapid population growth, the government has formulated a national population policy. Based on this policy the target is to raise the prevalence of contraceptive use from 4% to 44% and reduce the TFR of 7.7 to 4 by the year 2015 (34).

Though family planning services in Ethiopia began in 1966 with the establishment of the Family Guidance Association of Ethiopia, the prevalence for contraceptive use still remained very low. The current prevalence for modern contraceptive use is 6%, which is very low as compared to other African countries like Zimbabwe where the prevalence is about 50% (35). So far many studies have been done on issues related to family planning in the country. And these studies have shown that a number of factors contribute to the prevailing low level of contraceptive use in the country.

In one study it was shown that socio-demographic factors like education, occupation, income etc were significantly associated with contraceptive use (36). In other similar studies, similar factors were also reported as determinants of contraceptive use (37-38). An other study indicated that some socio-psychological factors like knowledge of varieties of modern contraceptives, perceived consequences of contraception were highly associated with contraceptive attitudes of married women (39). In a national assessment of reproductive health needs, it was reported that even among women with a fairly broad knowledge of family planning methods, many gave ‘fear of spousal disapproval’ as reason for their non-use (40). Though a few studies touched some aspects of husband wife communication about family planning, much is still lacking in this area. And as to the researcher’s knowledge so far there is no similar study, especially in the current study area.

In preliminary report of the first ever done Demographic and Health Survey (2000) of Ethiopia, it was reported that Ethiopian men and women have high knowledge of family planning, but in this report there was no mention of husband-wife discussion about family planning (41). It seems that this area hasn't been given a due attention.

A male-based KAP study on family planning in the northern part of the country in 1995 reported that only about 24% of husbands had discussed about family planning with their wives. This was just general discussion and lacks detail on communication (42). In light of the literature it is useful that studies on husband-wife communication about family planning carried out. Lessens from these studies should be transferred into workable policies and strategies. Accordingly, necessary measures should be taken to increase contraceptive use in the country.

## 3. Research Question

1. What is the level of husband-wife communication about family planning in Assosa town?
2. Is husband-wife communication about family planning associated with contraceptive use in couples in Assosa town?

## 4. Objectives

### 4.1 Main Objectives

- To estimate the level of husband-wife communication about family planning in couples residing in Assosa town
- To examine how level of husband-wife communication about family planning is associated with current contraceptive use.

## 4.2 Specific Objectives

1. To estimate the proportion of couples who discuss about family planning in Assosa town.
2. To identify the frequency of discussion and issues discussed among those who discuss about family planning.
3. To document association of husband-wife communication about family planning with current contraceptive use.
4. To estimate the proportion of spouses who approve of family planning.
5. To estimate the proportions of wives and husbands who correctly perceive their partners' approval of family planning and fertility preferences.
6. To investigate opinions of wives and husbands on husband-wife communication about family planning in Assosa Town

## 5. Hypothesis

The level of husband-wife communication about family planning in Assosa town is low; and when there is communication, the contraceptive use is higher than that in non-communicative couples.

## 6. Methodology

### 6.1 Study Design

A cross sectional study design was used for this project. Since a cross sectional study is done at a specific point in time, given the limited time & budget, it is appropriate for this project.

## 6.2 Validity & Reliability

The following strategies were used to eliminate the threats to validity and reliability.

- Proper randomization of the study population was employed.
- After translation in to the local language the data collection instrument (questionnaire) was pre tested.
- After adequate training, the data collectors were used for the pilot study.
- Following the pilot study the questionnaire was revised and necessary corrections were made.
- Culturally sound and fully structured interview was used.
- The purpose of the study was clearly explained to the respondents and they were assured of its confidentiality.
- Much effort was used to get their cooperation and their genuine responses.
- To counter-check whether the interviewers were collecting real information, a supervisor other than the principal investigator was assigned. He selected some of the already filled questionnaires randomly and re-contacted the respondents making sure that the data collectors were really doing what they are supposed to do. This strategy was used since some interviewers might attempt to get the job done too easily by just filling the questionnaires on their own without interviewing.

## 6.3 Data Collection Techniques

Method Triangulation was applied in this project. Two ways of data collection, a quantitative (survey) and a qualitative (focus group) approach were used.

**Questionnaire Administration**

A Structured questionnaire that was administered via an interview was used. Self-administration couldn't be used in this project since some of the respondents might not be able to read and write. So to avoid bias which can arise from using two different ways of administering, a uniform method (administering on interview) that can serve both the educated and the illiterate respondents was used.

The questionnaire had two parts. The first part covered socioeconomic and demographic information of the respondents. The second part contained information on family planning covering major parts of the research objectives. Most of the questions were pre coded. This simplified data entry in to the computer for analysis. The questionnaire for husbands was similar with that for the wives but a bit modified.

It was translated in the local language by experienced translators. It was back translated once again by different persons. The translation was evaluated to see if the translated items were fully equivalent to the originals. After translation it was pre tested. The pilot study was conducted over twelve individuals (six couples) in the study area. After piloting necessary corrections were made and the questionnaire was finalized. The final version is attached here in this paper.

Interviewers were chosen among people who had completed $12^{th}$ grade and were residents of the study area. Those who had previous experience in interviewing techniques were selected. Three female interviewers were used to interview wives and three males for husbands. The training of enumerators and the pre testing were done within a week. The interviewers were sent two by two (female & male). The interview was conducted at the respondents' home. Both husband and wife were interviewed simultaneously, but in

separate locations, privately. Since most of the husbands were at work during working hours the interviewing was done mostly after working hours. Arrangements (appointment) were made beforehand to meet a couple for the actual interview.

## 6.4 Study Population

The reference population was couples residing in Assosa town. The study unit was one couple – analysis was done on couple variables. The study population included wives aged 15-44 years and their husbands. The wives were used as the entry point.

**Exclusion criteria**

Couples who have no child
Pregnant wives
Wives who are mothers of infants less than two months old
Wives who are more than 44 years of age
Those who haven't lived together at least once last year

**Inclusion criteria**

Wives aged 15-44 years and their husbands
Couples with one child or more
Couples who lived together at least once last year

## 6. 5 Sampling

**Simple Random Sampling**

The study area, Assosa town, has four subdivisions - locally called kebele (the smallest administrative unit). All the four kebeles were included in this study. Population file from each kebele was used to list out the total number of couples in each kebele. This list was used as a sampling frame and the required sample was randomly selected – using lottery method. The file provided us with the names of the couples and their house number. With this and zonal representatives as guides, the interviewers marked the selected houses.

**Sample Size**

The following formula was used to calculate the sample size.

$$\mathbf{N = 4^{*}\ P\ (1 - P) / a^{2}} \quad (45)$$

N = sample size
P = maximum expected proportion of couples with discussion (24%)
a = margin of sampling error tolerated (5%)

$N = (4^{*}\ 0.24\ ^{*}0.76) / (0.05)^{2} = 292 \approx 300$
I.e. 300 couples (600 persons)
NB. The value of P (24%) is an estimate from previous study in the northern part of the country.

Three hundred and ten couples were included in the study. Forty-six couples were excluded from the study based on the exclusion criteria (17= have no child, 17 = pregnant, 5 = breast-feeding <2months, 6 = wife >44 years of age, 1= both wife and husband non-respondent).

Twenty-two wives and nine husbands had never heard of family planning (twenty-six couples were excluded), therefore, the final analysis to see the relation of husband-wife communication with contraceptive use was done on 238 couples.

## 6.5 Study Variables

**Background Variables**

- Couple's age
- Couple's religion
- Couple's education
- Couple's occupation
- Couple's income
- Duration of current union
- Order of marital union
- Type of marital union
- Time since last birth
- Number of currently living children

**Independent variables**

- Knowledge of family planning
- Attitude towards family planning
- Fertility preference- ideal family size and desire fore more children
- Discussion about family planning
- Frequency of discussion in the previous year
- Issues (items) discussed
- Result of discussion
- Spousal perception of the other partner's attitude towards family planning and fertility preference
- Initiator of discussion about family planning
- Decision maker to use or not to use contraception

**Dependent (out come) variable**

Current contraceptive use (both modern and traditional, either female or male method)

**Description of the Variables**

Wife's and husband's responses were grouped to make most of the couple variables. **Couple's age** had six groups: both wife & husband below age 30; wife below 30/husband 30-39; wife below 30/husband 40 and above; wife 30-39/husband below 40; wife 30-39/husband 40 and above; wife above /husband 30 and above.

Wife's response about religion was taken as **couple's religion**; three Protestant wives had Orthodox husbands, all others gave concordant answers. Couple's religion had three categories: Orthodox, Protestant, and Muslim.

**Couple's education** was grouped into 4: wife uneducated and husband uneducated or primary; wife primary/husband uneducated; wife primary/husband above primary & wife above primary/husband primary; both wife and husband above primary.
**Couple's occupation** had four categories: wife has no paid job/husband government employee; wife has no paid job/husband engaged in other job (farmer, small scale merchant, laborer); wife has job (either government work or small scale merchant)/husband government employee; wife has job/husband engaged in other job.

**Couple's income** had two variables. 1. A dichotomous variable: both wife and husband have income; only husband has income. 2. Amount of couple's income in Ethiopian Birr which had five categories: below 250; 250-500; 501-700; 751-1 000; above 1 000. One USD is equivalent to 8.5 Eth. Birr.

**Couple's order of union** had four groups: both wife and husband in their first order; only wife in her first order; only husband in his first order; both wife and husband in higher order (current marriage is not their first marriage). **Type of union** was a dichotomous variable with monogamous and polygamous. Wife's response regarding number of children from both previous and current marriage and husband's response on number of children from previous marriage were used to make **couple's number of living children**. For **time since last birth** wife's response was taken as the couple's variable.

**Couple's fertility preference** had two variables: ideal family size and desire for more children. Ideal family size = number of children a wife or a husband would choose to have for her/his entire life. **Couple's ideal family size** had four categories: both wife and husband have ideal family size of four or fewer children; only wife has such ideal; only husband has such ideal; both wife and husband have ideal size of above four. **Couple's desire for more children** was grouped in to five categories: both wife and husband want more children; only

wife desires to have any more children; only husband wants to have more; one or both partners are undecided; both wife and husband want no more children.

**Spousal perception about the other partner's attitude and desire for more children** had a total of four variables and two categories for each variable. **wife's perception about her husband's attitude** was a dichotomous variable with wife correctly predicting her husband's approval of family planning and incorrect perception. **Wife's perception about her husband's desire for more children** had also two categories: wife assumes husband wants more and she assumes he doesn't want more. The same grouping was done to make the husband's perception variables.

**Family planning discussion between partners** was a dichotomous variable with both wife & husband reporting no discussion and one or both partners reporting discussion. The outcome variable was **current contraceptive use** and it was a dichotomous variable with one or both partners reporting use and both partners reporting non-use. Wife's and husband's response about current contraceptive use was taken as the couple's variable. Husbands were also interviewed about current contraceptive use, for we wanted to know also the prevalence of use of male methods among the study population. Women tend to underreport male methods. Only 9% of the couples were in polygamous relation. As both partners were interviewed simultaneously, the husband was requested to relate all the questions referring to his wife with the wife being interviewed.

**Focus Group Discussion**

A qualitative method (focus group discussion) was also used to investigate opinions on husband wife communication regarding family planning among men and women. This is chosen over individual interview to get more information over a shorter period of time.

The focus group discussion (FGD) was conducted as an extension of the survey. One reason why most investigators who conduct survey and FGD prefer to do the FGD prior to the survey is to get ideas on how to develop the questionnaire for the survey. In this regard the pilot study was equivalent to the FGD in obtaining relevant information for the questionnaire development.

Our reason for doing the FGD as an extension of the survey was the simplicity to get participants for the FGD. The aim of the FGD was to investigate points that the survey couldn't address and to get more in depth knowledge on some issues. During the survey some of the respondents were asked if they were willing to participate in the FGD. Around 40 individuals were willing to come but only few appeared at the appointed time. So other strategy was used to get informants. Through the Assosa Zone Health Department phone calls were made to officials of some Government Offices requesting them to send married men and women to the FGD sessions. We got seven men and eight women. To get housewives and the other men's group we went to the community and talked to a lady through whom we got ten women. The session was held in the house of a volunteer. The same procedure was used to get a group of twelve men who were farmers, laborers and small-scale merchants. Four sessions, two for wives and two for husbands were held separately. A total of thirty-seven participants were involved. The purpose of the FGD was clearly explained to them. They were requested their willingness to allow us use recorder. Taping was of great help for it could be replayed and missed information could be recovered and also to quote phrases of the participants. Since people fear to express their views freely when they know that they are being taped, they were told clearly why we wanted to use it. Discussion guides were used and the participants were encouraged to discuss freely and spontaneously. To help them express their ideas freely, the groups were made of participants with similar characteristics. Wives and husbands, government employees and housewives had separate sessions. An assistant was used in each session to take notes while the group discussed. A female facilitator

(the researcher) and a female assistant conducted the women's session while male facilitator and assistant were used to conduct the men's session. The male facilitator was one who has experience in conducting such interviews. One session lasted a maximum of one hour. At the end of each session, the notes taken were revised and put in to a summary text.

## 6.6 Data Handling

At the end of each data collection day, the questionnaire was gathered and information collected was checked for completeness and internal consistency. We had codes and addresses of each respondent corresponding to the questionnaire number, though writing their names on the questionnaire paper wasn't practiced for ethical reasons. This helped us to return to the respondents for clarification when during the data collection items were missed. And the answers of the respondents were worked on as preparation for data entry.

## 6.7 Ethical Clearance and Research Permission

The project proposal, after approval by the Department Of International Health, University of Oslo, was sent to the Ethical Clearance Committee in Norway and got approved. Permission was sought for from the Regional Health Research and Application Council (BGNRS, Ethiopia). An official letter from this Council was written to the Council of the town, which in tern wrote a letter to the four kebeles. Before the interview went on the respondents were requested for their consent to participate in the study. The purpose of the study was explained to them and they were assured of its confidentiality.

## 6.8 Method of Data Analysis

SPSS computer program version 10 was used for data analysis.

Assessment of association between contraceptive use (the outcome variable) and the relevant explanatory variables was done by using both bivariate and multivariate analytic methods.

In the bivariate analysis contingency tables were used: -

1. To identify the patterns among the study variables
2. To select candidate variables for inclusion in the multivariate analysis

Those variables with significance level <0.25 were included in the multivariate analysis. Then multiple logistic regression models were built and analysis was performed using these variables. The importance of each variable in the model was verified by using the wald Statistics and comparing the regression coefficients of each variable with that from the bivariate logistic regression analysis (46).

The initial logistic regression model included ten variables; couple's age, education, religion, couple's income, order of union, time since last birth, number of living children, ideal family size, wife's perception about her husband's attitude towards family planning and discussion between partners about family planning. The second model contained seven variables shown in Table 6.

**Table 1: Background characteristics of couples in Assosa Town, 2001**

| Characteristic | Frequency (%) N = 264 |
|---|---|
| **Religion** | |
| Orthodox | 134 (51) |
| Protestant | 73 (28) |
| Muslim | 57 (22) |
| **Monthly Income** | |
| Both have income | 73 (28) |
| Only husband | 191 (72) |
| **Family Income** (Eth Birr) IUSD = 8.5 Birr | |
| < 250 | 130 (49) |
| 251-500 | 52 (20) |
| 501-750 | 39 (15) |
| 751-1000 | 25 (10) |
| > 1000 | 18 (7) |
| **Occupation** | |
| Housewife \ husband government employee | 74 (28) |
| Wife has job \ husband government employee | 54 (21) |
| Housewife \ husband has non-government job | 117 (44) |
| Wife has job \ husband has non-government job | 19 (7) |
| **Type of union** | |
| Monogamous | 241 (91) |
| Polygamous | 23 (9) |
| **Order of union** | |
| Both in first order | 185 (70) |
| Only wife in first order | 19 (7) |
| Only husband in first order | 35 (13) |
| Both in higher order | 25 (10) |
| **Duration of current union** (in years) | |
| 1-5 | 62 (24) |
| 6-10 | 78 (30) |
| 11-15 | 62 (24) |
| >15 | 62 (24) |
| **Number of children** (the 75$^{th}$ percentile = 4) | |
| 1-2 | 109 (41) |
| 3-4 | 98 (37) |
| >4 | 57 (22) |
| ***Time since last birth** (in months) | |
| <12 | 59 (23) |
| 13-24 | 41 (16) |
| 25-48 | 79 (30) |
| 49-72 | 45 (17) |
| >72 | |

* Wife's response was taken as the couple's variable, N = 262, two wives didn't give birth but have children from their husband's previous marriage

# 7. Result

**Sample Characteristics**

Table 1 shows frequency distribution of couples by some selected background characteristics. Table2 and Table3 show percentage distribution of couples by age and education respectively.

Among 41% of couples (Table2), both husband and wife were in the same age group: 18% below 30, 17% aged 30-39 and 6% aged 40-49. The mean age for wives was 29.7 (5.97) while it was 36.7 (8.50) for husbands. The mean age at 1st marriage and delivery for wives was 17.34 (3.42) and 19.10 (3.20) while it was 24.13 (5.17) and 25.89 (5.02) for husbands (not shown).

**Table 2. Percentage Distribution of Couples by age, Assosa Town, 2001**

| Age of Wife | Age of Husband | | | | |
|---|---|---|---|---|---|
| | <30 | 30 – 39 | 40 – 49 | ≥ 50 | Total |
| <30 | **18** | 24 | 7 | 2 | 51 |
| 30 – 39 | 2 | **17** | 19 | 2 | 40 |
| 40 – 49 | 0 | 1 | **6** | 2 | 9 |
| Total | 20 | 42 | 32 | 6 | 100 |

*[Mean age of Wife =29.7 (5.97) of Husband =36.7 (8.50)]

**Table 3. Percentage Distribution of Couples, by education, Assosa Town, 2001**

| Education of Wife | Education of Husband | | | |
|---|---|---|---|---|
| | None | Primary | Secondary | Total |
| None | 7 | 16 | 2 | 25 |
| Primary | 4 | 30 | 17 | 51 |
| Secondary | 0 | 6 | 20 | 26 |
| Total | 11 | 52 | 39 | 100 |

*Percentage may not add to 100 due to rounding.

According to table three, 57% of couples had the same level of education: 7% none, 30% primary and 20% above primary (secondary or higher education). About 76% of wives and 89 % of husbands have some education. Among the educated ones 34% of wives and 43% of husbands have secondary or higher education.

**Family planning information**

Among the 264 couples interviewed in about 10% of them, one partner or both had never heard of about family planning. In 2% of couples, neither husband nor wife had heard about family planning. Among those who had heard about family planning, health institution was reported by most of the wives (90%) as source of family planning information, but media was reported only by 23% of wives. The figure for husbands was 71% and 68% respectively. Health institution was the most useful source of family planning information for 90% of wives while media was so for only 3% of wives.

Spouse was most useful source of family planning information for only 1% of wives. For about half of the husbands (49%) media was the most important family planning information followed by health institutions (44%).

**Table 4. Percentage distribution of wives and husbands, by methods of family planning known, Assosa Town, 2001**

| Respondent | family planning method known | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | OC | injectable | implant | IUCD | Jelly | condom | FS | MS | PA | WD |
| Wife(N=241) | 96 | 91 | 1 | 5 | 0 | 2 | 4 | 0 | 6 | 1 |
| Husband(N=252) | 94 | 95 | 4 | 2 | 2 | 53 | 2 | 3 | 21 | 4 |

OC: oral contraceptive, FS: female sterilization, MS: male sterilization, PA: periodic abstinence, WD: withdrawal.

**Knowledge on Family Planning**

Among those who had heard about family planning only three husbands and one wife (not the wife of any of the three) did not know any method of family planning. Among 98% of couples both partners know at least one modern method of family planning. 87% of the wives and 90% of the husbands knew two or more modern methods. OC was the most known method by the wives (96%) followed by injectables (91%) (Table 4). The two most known methods by husbands were injectable (95%) and OC (94%). Male sterilization and jelly, foam, diaphragm were the least known methods by wives. Female sterilization, IUCD (Intra Uterine Contractive Device) and jelly, foam, diaphragm were the least known methods by husbands. Only 2% of wives mentioned that they knew condom while over half of husbands (52%) mentioned condom as a family planning method.

**Attitude towards Family Planning**

This was measured as the general approval of family planning. In 98% of couples both partners approved of family planning. Among those who approved of family planning about half of the wives (49%) approved of family planning for birth spacing. And only 37% said that they approved of family planning for both birth spacing and birth limiting. This was 79 % for husbands. Among 49% of couples, both partners reported same responses – 2% approved only of birth limiting, 7% approved only for birth spacing, and 40% approved for both birth spacing and birth limiting; the others gave discordant answers.

**Spousal Perception about the other Partner's attitude towards Family Planning and Fertility Preferences**

Among those who had heard about family planning, 99% of husbands approved of family planning and 91% of wives correctly perceived their husband's approval of family planning. Ninety nine percent of the wives approved of family planning and

97% of husbands correctly perceived their wife's approval of family planning. 67% of husbands said that they wanted another child, and 52% of the wives reported that they assumed their husband wanted more children. This figure was almost the same for husbands. Sixty-six percent of wives reported they wanted another child and 53% of the husbands said that they thought their wife wanted more children. Thirty-three percent of husbands were undecided or did not want more children but only 13% of the wives said that their husband didn't want any more children. 84% of the wives who correctly predicted their husband's attitude reported discussion about family planning while only 57% of those who incorrectly predicted their partner's attitude did so. This figure for the husbands was 82% and 40% respectively.
In bivariate logistic regression analysis significant association was found between spousal perception of the other partner's attitude and discussion between partners about family planning.

**Fertility Preferences**

**Ideal family size**

In 42% of couples both partners have ideal family size of four or fewer. In 20% of couples only the wife had such ideal size. In 24% both reported ideal family size of more than four children. The 75$^{th}$ percentile of wives' ideal family size was 5 while it was 6 for husbands.

**Desire for more children**

About half of the couples (49%) reported that they wanted an other child. Only 14% said that they wanted no more and 10% were undecided. In 11% of the couples only the wife reported that she had desire for more children.

**Discussion on General Family Matter**

In 82% of couples both husband and wife reported having discussed about general family matters either occasionally or frequently. In only 3% of couples both partners reported that they had never discussed about general family matters. The reported discussion items were financial matters, caring for children, children's schooling, division of labor, health issues, and future plans. Financial matters was the most discussed item by couples (83%) followed by children's schooling (68%). Both wife and husband reported having discussed these items.

**Family Planning Discussion**

Among 82% of couples, one partner or both reported discussion about family planning with their partner in the previous year. 69% of husbands and 66% of wives said that they had discussed family planning with their partner in the previous year. Table 5 shows percentage distribution of wives and husbands by various issues of family planning discussion.

**Table 5. Percentage Distribution of Wives and Husbands by Various Issues of Family Planning Discussion, Assosa Town, 2001**

| | Wife (N=160) | Husband (N=177) |
|---|---|---|
| **Frequency of discussion** | | |
| (With in the previous year) | | |
| 1 | 2 | 2 |
| 2 | 4 | 2 |
| 3 | 10 | 6 |
| >=4 | 84 | 89 |
| **Items of discussion** | | |
| Number Of Children | 50 | 53 |
| Birth Spacing | 61 | 67 |
| Family Planning Methods | 18 | 29 |
| **Number of items discussed** | | |
| 1 | 79 | 64 |
| 2 | 13 | 24 |
| 3 | 8 | 12 |
| **Initiator of discussion** | | |
| self | 53 | 81 |
| partner | 46 | 18 |
| didn't answer | 1 | 1 |
| **Ended up discussion** | | |
| with agreement | 99 | 99 |
| disagreement | 1 | 1 |
| **Made decision** | | |
| Self | 5 | 15 |
| Partner | 3 | 7 |
| Both Jointly | 88 | 76 |
| Didn't Answer | 4 | 2 |

According to table 5, family planning method is the least discussed item by couples and only a few couples reported having covered all the three items in their family planning discussion. In 15% of couples either or both partners reported having discussed three items (not shown). 81% of husbands reported that it was the husband who usually initiated discussion while only 46% of the wives said so. In 70% of couples, both husband and wife said that they made decisions together to use contraceptives (not shown).

**Contraceptive Use**

67% of couples were using contraception at the time of interview. 65% of wives and 11% of husbands interviewed reported use of contraceptive. Among the male users, condom use rate was next to periodic abstinence, 37% & 56% respectively.

The most used contraceptive method was injectable (67%) followed by pills (28%). In 6% of the users, condom was reported to be the method used. Among the users, in 15% of couples both wife and husband reported contraceptive use (using double protection = both female and male methods). In only 1% of couples the husband reported use of contraceptive while the wife reported non-use.

**Multivariate Analysis**

In the initial model ten variables were included. Based on the Wald statistics, three variables which didn't contribute much to the model were eliminated and so the final model contained only seven variables. This is shown in table 6.

Some background variables (couple's age, education, religion, time since last birth) were found to be statistically significant in the bivariate analysis. However, when they were analyzed in conjunction with other variables in the multiple logistic regression they ceased to be statistically significant. Figures 1 and 2 show the pattern of religion and couple's education in relation to current contraceptive use.

Wife's perception of her husband's attitude and discussion between partners about family planning remained significant even when the effects of the other variables was taken in to account.

The odds of contraceptive use was three and half times as high when the wife assumed that her husband approved of family planning as when she didn't and three times higher when couples discussed about family planning than when they didn't.

**Table 6. P Values, Odds Ratio (95% Confidence Interval) from Final Logistic Regression Model of Contraceptive Use, by Some Selected Explanatory Variables.**

| Variables | P Value | Odds Ratio |
|---|---|---|
| Couple's age | 0.126 | |
| W&H<30 (ref.) | | 1.00 |
| W<30/H 30-39 | 0.024 | 0.29 (0.10 – 0.85) |
| W<30/H>40 | 0.221 | 0.39 (0.09 – 1.76) |
| W30-39/H<40 | 0.014 | 0.21 (0.06 – 0.73) |
| W30-39/H>=40 | 0.023 | 0.18 (0.04 – 0.80) |
| W>=40/H>=30 | 0.012 | 0.10 (0.02 – 0.61) |
| Religion | 0.093 | |
| Orthodox (ref.) | | 1.00 |
| Protestant | 0.427 | 1.36 (0.64 – 2.89) |
| Muslim | 0.088 | 0.50 (0.23 – 1.11) |
| Couple's education | 0.160 | |
| Wnone/Hnone or p (ref.) | | 1.00 |
| Wp /H none | 0.030 | 2.54 (1.09 – 5.89) |
| Wp/H>p & W>p/Hp | 0.086 | 2.23 (0.89 – 5.57) |
| W&H >p | 0.249 | 1.76 (0.67 – 4.63) |
| Time since last birth | 0.354 | 1.13 (0.87 – 1.47) |
| Number of couple's living children | 0.115 | 1.59 (0.89 –2.85) |
| Wife's perception of her husband's attitude | 0.020 | 3.49 (1.22 – 10.02) |
| Discussion between partners about family planning | 0.003 | 3.24 (1.49 – 7.04) |

**Fig.1. Contraceptive Use by Couple's Religion**

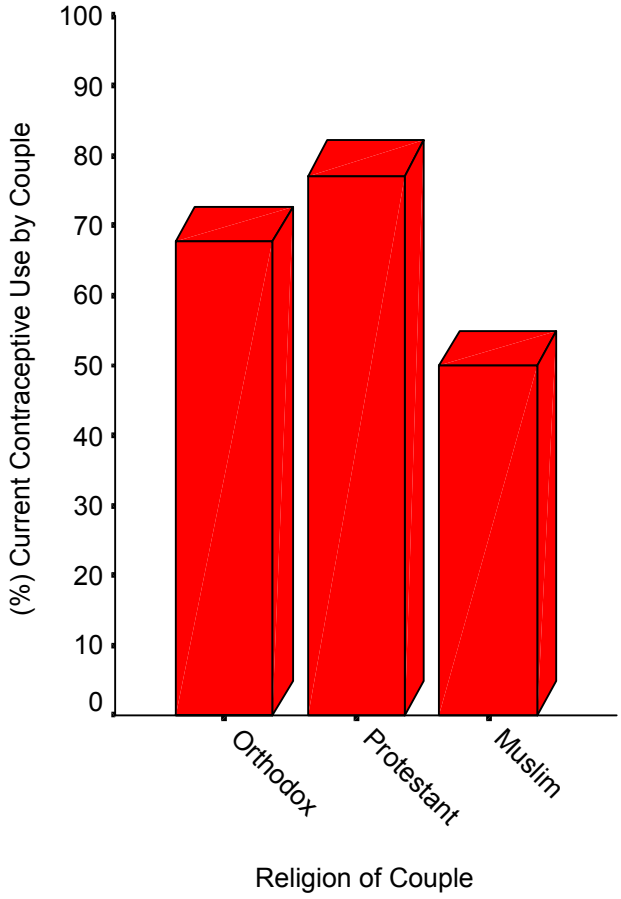
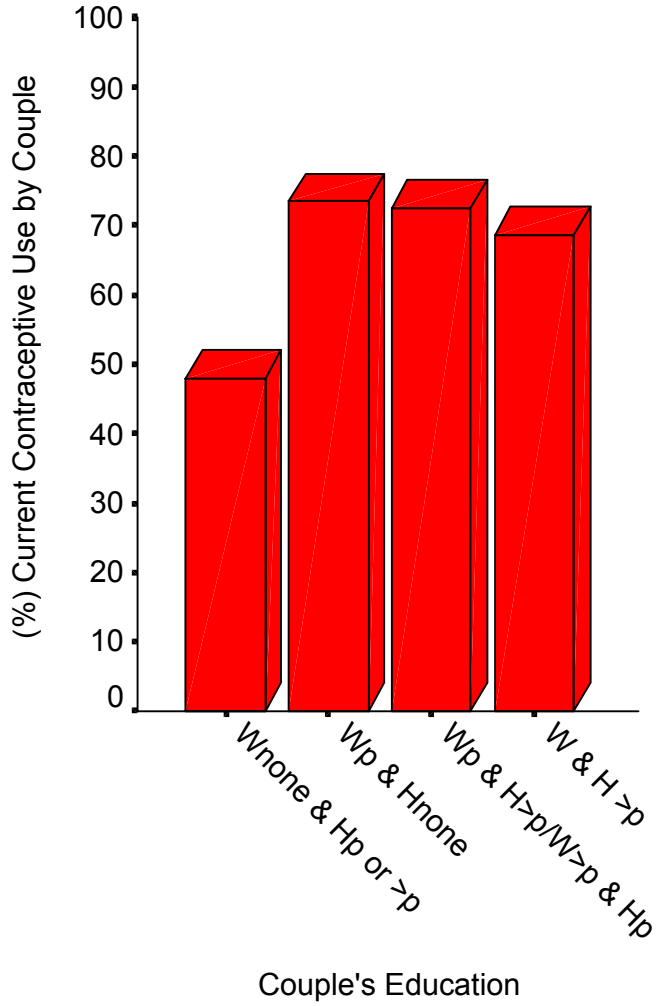


**Fig.2. Contraceptive Use by Couple's Education**



## 8. Focus Group Discussion

**Table 7. Responses of Focus Group Discussion Informants on Family planning Definition, Methods Known, and Discussion between Partners**

| | Type Of Focus Group | | | |
|---|---|---|---|---|
| | Married women House wives N = 10 | Married women Government employee N = 8 | Married men Farmers, laborers N = 12 | Married men Government employee N = 7 |
| Definition of family planning | Avoiding frequent births and limiting births according to one's income. | According to one's living standard limiting the number of children, and for the mother's & child's health spacing between pregnancies. | Avoid frequent births, and limit family size according to one's living standard. | According to one's living standard limiting number of children and spacing between births. |
| Methods of family planning known | OC, injectables, Condom, breast feeding, periodic abstinence | OC, injectables, loop, implant, condom, female sterilization, breast feeding, periodic abstinence | OC, injectables, Condom, periodic abstinence | OC, injectables, condom, periodic abstinence |
| Discussion between partners about family planning | Most said yes | Most said yes | Most said yes | yes |
| Initiator of discussion | Mostly wife | Mostly wife | Mostly husband | Mostly wife; two said mostly husband |

**Knowledge and Approval**

As shown in table 7, the participants tended to define family planning correctly. Knowledge questions, like what does family planning mean to you? Could you mention the methods you know? were used as a starter for the group discussion, which mainly focussed on husband-wife discussion. As such, it is not possible to identify whether they have deeper knowledge of the different methods of contraception from this material. As in the quantitative data, the groups were able to cite the methods they know; the government employee women tended to mention a wider variety of methods. It can be said that there still exists misconception regarding the modern methods.

A muslim man: *Currently I have only one child. Since there is a rumor about the medicine (modern female method) - it makes the wife infertile- it is me who takes the contraceptive (male method). Because, if 'Alah' (God) takes the child (if the child dies) I am going to be childless.*

As was found in the quantitative data, knowledge of family planning (method) measured just on their mentioning of the methods they know, wasn't a good indicator of current contraceptive use. Ultimately, couples can have information about family planning, but what motivates them to practice contraception is not mere knowledge, or just general approval, as was seen in both the focus group discussion and the quantitative data.

There seemed to be positive attitude towards family planning among the groups. They tended to approve family planning for its economic and health benefits- for both birth spacing and limiting. Ninety eight percent of couples had a general approval of family planning and only 40% of them approved for both birth spacing and limiting.

In the housewives group only one lady differed in her belief on modern contraception.
*I never use modern contraception. I usually breast feed. Currently I have a child who is being breast-fed. For me it has proved to be effective even for more than two years. I don't see the need to take modern method.*
However, the others contradicted this by saying that it isn't a reliable method and can't work for others for that long.

**Husband-Wife Discussion**

Most of the participants in all the four groups reported that they discussed family planning with their partner. But there were also a few (about four) who didn't want to respond to that question.

**Initiator of discussion**

As to who initiated discussion there was disagreement. In the women group there was a general consensus that it is the wife who mostly initiates discussion. They believed that she feels responsible and the concern for her and her child's health urges her to raise the issue. Occasionally, they mentioned, husbands (especially educated ones) raise the issue.

Some of the men (five) from the government employee group supported the women's belief. They believed that the burden of day to day child care, taking them to the clinic, even the increasing living cost affect the mother urging her to raise the issue. Naturally, they added, men's sexual urge is stronger and they are quicker to have sex than the women. And so it is the wife who at this time states her fear of too frequent pregnancies and raises the issue of family planning.
A respondent from this group: *'My wife doesn't want to have many children and be worn out, she brings the issue of family planning to my attention'*.

Two participants from this group and the other men group, however, felt that it is the husband who mostly initiates discussion. They believed that the husband has much more responsibilities (than the wife) as the head of the family, including economic provisions. And as such, they felt, the husband initiates discussion about family planning with his wife.

**Decision Making**

Women and one of the men groups agreed in their report regarding the dominant role of the husband in the family. The women felt that the husband, being the dominant person in the family, has the major say and the wife has to comply with what he likes even if she isn't happy with his idea. They deemed that decisions on family matters including family planning are largely made by the head of the family - the husband. They felt that this is their culture. The worker women mentioned that whether the wife has occupation or not, doesn't make any difference- the final say is up to the husband.
On the question who decides whether to use or not to use contraception a lady in this group put her answer like this:
*you can't influence much to get him accept what you like. You have to comply with what he wants. Even if you have occupation, you are a wife. You don't have power like him in the family.*

A lady in the housewives group mentioned secret use of contraception as one means to exercise what the wife believes is good. But the others contradicted this idea. Although, they explained, this may help to space between births, it could lead to conflict and worse things when he becomes aware of it. Instead, they believed, open discussion and joint decision should be the ideal.

The men in the non-government worker group believed that in their culture the husband is the head of the family. And being the head, they felt, whatever family issues the husband raises the wife has to accept. Yet they mentioned that they

made decisions together with their partner. The following answers were recorded from this group.

Respondent A: *I didn't come across frequent births. Until we improve ourselves my wife and I discussed and decided not to give birth.*

Respondent B: *Every benefit that may result from contraception is for both of us. We share our opinion and decide together.*

Respondent C: *Whether to use or not to use we decide together but which method to use the wife chooses the method that suits her.*

However, the government worker men seemed to have made joint decisions. In fact they equated family planning with the health of the mother & children, and with the family's benefit as a whole. As such, they believed that both husband and wife should have good understanding regarding family planning and ideally make decisions together.

The focus group discussion was conducted as an extension of the quantitative data; thus it was possible to get some insight in to what couples meant by joint decisions. It was learnt from the women's group that for some of them, joint decision, meant also to comply with the husband's decision. This shows the importance of a qualitative approach to such an issue. However, it is still difficult to conclude that the husband only makes decisions as the decision making process is complex and it is difficult to find out what really happened when the couple reached at the decision point while discussing (did they ended up with out deciding? did the husband made open decision? or was it left to him implicitly?).

Though wives and some men agreed that the husband has a dominant role, all the groups tended to realize the high cost of child rearing. They emphasized the increasing living cost to be the driving factor to urge them seek means to limit their fertility. In all the four groups there was a general consensus regarding the economic disadvantage of having many children.

In the housewives group the following answers were recorded:

Woman A: *Yes, the husband is the head of the family. But now life is getting more and more expensive. Child rearing is becoming very demanding. It is difficult to have to have many children like before. Our husbands have also realized this.*

Woman B: *Nowadays both men and women are changing. The wife has learnt the benefits of having a small family size. Those who have a s few children improve themselves. They don't spend all their time caring for children. They can have time to go to school. If you are educated you can have job and improve your status like others.*

Women C: *Contraception is also good for the mother and children's health. Too frequent pregnancies affect her health. The children can't grow well. When they are sick, they have to be taken to the clinic. These days the cost of health care for the children is becoming a burden for us. This compels both wife and husband to discuss family planning and practice contraception.*

The following answers were recorded in the men group.

Mr. A: *It is the living condition that limited me. Until we improve ourselves we have decided not to have any more children.*

Mr. B: *Living wage is rising- children's clothing, schooling, and health care. As their age increases, their need also increases. We may fail to fulfill their need. We, therefore, discuss how we can limit our family size according to our living standard.*

Mr. C: *This is our life- taking the children repeatedly to the clinics, much expense for health care.*

The economic concern was also observed in the quantitative material. Financial matters was the most discussed item among general family matters (83%). The women seemed to equate the changes they observed in their husbands to the economic pressure. This is in consistent with what was reported in a review of studies in developing countries – rather than deep transformation of their beliefs and values, observed changes in men are related to the social and economic pressure they are under. The result of a study in Ethiopia also supports this finding – scarcity of resource urging the respondents to want a fewer family size (66-67).
As table 7 shows in all the groups living standard was linked to the definition of family planning. Their linking of living standard to family planning could be understood that they were reflecting the progressively increasing cost of child rearing.

In Africa including Ethiopia spousal disagreement, fear of adverse effects, rumors of religious doctrines were reported to be reasons for non-use of contraceptives (68-69). Though this study mainly focused on issues of family planning discussion, it was learnt that even when there are some barriers, the high cost of child rearing seemed to urge couples to find alternative ways.
The economic pressure could be a very important entry point to promote family planning among men.

Fear of conflict and divorce, religious doctrine were mentioned as barriers to husband wife discussion. But the men felt that fear of divorce to be a more traditional thinking. Both men and women believed that couples education could affect their behavior. This is in agreement with the finding in the quantitative data.

Women felt that men are more exposed to media and get better information. They mentioned business with house activity to be barrier to their exposure to media

like the radio. They felt the family planning information given at the clinic could be missed by those who don't go there.

In addition to the economic pressure, they believed, family planning education could also change the husbands.

The study result has shed some light on husband – wife communication which was reported to be rare in previous studies in other parts of the country (70).

## 8. Discussion

In this study it was shown that most couples knew at least one modern method of contraception and approved of family planning. Discussion and spousal perception of the other partner's attitude towards family planning were found to be significantly associated with contraceptive use. However, there still exists KAP (Knowledge, Attitude, and Practice) gap.

**Family Planning Knowledge & Approval**

The result showed most of the couples (90%) have heard about family planning. Previous study in other parts of the country reported a lower figure (47). A possible explanation for this change could be the effect of advocacy programs that have been undertaken in the country. Health institution was the major source of family planning information for wives (90%). It has been well documented that health workers were the major source of family planning information for women in Ethiopia and elsewhere (47-48).

It was interesting to note that both health institutions and media were almost equally identified by husbands as source of family planning information (68% and 71% respectively). It is unlikely that they have got this from male clinics, as such are non existent in the study area (37). Did the husbands visit the family planning clinics, which routinely serve women, with their wife and had the chance to hear about family planning there? Did they hear about it when they visited the health

institutions for something else? Or were they simply reporting those occasions whereby they were informed about by health workers outside the institutions? Or were they simply reporting the indirect information they might have received from their wife who had relatively a higher chance to visit and hear about from the institutions? It is possible that when interviewed during the survey, they responded as if they report on their wife as source of information – the study result revealed that only few husbands reported their wife to be a source of information. In this study it was not attempted to investigate how the husbands got the information from the health institutions. Otherwise if it was true that they directly got the information from the institutions, then they could be an important potential vehicle to reach men.

Knowledge of family planning was universal among both wives and husbands. 100% of wives and 99% of husbands knew at least one modern method of contraception. A similar result was reported in Addis Ababa, Ethiopia and also in Zimbabwe (1,39). This was slightly higher than the figure reported in a previous study in the same town (92%) and the national figure 90% (41,48), lower figures have also been reported in the country (42, 47, 49-51).

Consistent with other studies, in this study Oral Contraceptive (OC) was found to be the most known method by wives (37, 39, 41, 47-49) followed by injectables. Unlike some studies both in Ethiopia and other countries where the order of most known method by men was reported to be OC – condom – injectable, in this study it was shown that OC and injectables were almost equally most known method followed by condom while it was OC – injectables – condom in the National DHS (8-9, 41-42). One reason to the higher figure for injectables among men in this study could be that their wives have started to use it (preferred it to OC for its simplicity) thereby, increasing the husband's opportunity of knowing it.

Knowledge of condom as a contraceptive method was very low (2%) among wives. Even among husbands it was not high. Only 52% knew it as a contraceptive

method. Similar figure was reported in Gondar, Ethiopia. The national figure was slightly higher. In other African countries (e.g. Sudan, Zimbabwe) much higher figures were reported, 78% and 91% respectively (8-9, 41-42). This maybe due to the advocacy efforts of intervention programs directed towards prevention of STD\HIV which only targeted high risk groups, thereby leading both men and women associate condom with STD\HIV protection only. As institutions are major sources of family planning information especially for women, the wives might not have been informed about condom as a male and alternative method of contraception.

Among both wives and husbands long-term methods, as well as permanent methods were not widely known methods. Less than 6% of wives and husbands knew about these methods. This may be due to either the media not including these methods in the information disseminated or the institutions in the town lacking the long term methods and so not giving information about these methods to the community, and then women may not get acquainted by the methods through peer experience.

It was well documented in previous studies, both in Ethiopia and other countries that there was a gap between knowledge of family planning and contraceptive use. In this study the same was true, though, the gap was relatively narrower (5, 42, 47, 49, 52).

Regardless of their background characteristics all couples in this study had a general approval of family planning. In previous studies attitude towards family planning was reported to be significant indicator (predictor) of contraceptive use. In this study, however, it was not found to be so (7,11, 15, 28).

The traditionally used theoretical framework linking knowledge and attitude to practice could not explain the finding in this study. And so it was not possible to investigate the relation attitude might have with contraceptive use as was studied in other areas (7,11, 15, 28,53). A broader definition of attitude towards family planning - general approval of family planning - was used in this study. Respondents were not asked about approval of their use or their partner’s use.

Attitude was not measured using different attitudinal variables. A very large sample size might be needed to get a sufficient number of couples who generally disapprove of family planning. Even though, a more general definition of knowledge and attitude towards family planning was used in this study, the finding could suggest that mere knowledge and general approval are not the key factors in predicting practice of contraception. However, it may indicate that both men and women are interested in family planning.

**Fertility Preference**

In 42% of couples both husband and wife said that they wanted fewer than five children. A woman-based study in Addis Ababa reported that 40 % of married women had the same ideal family size as is in this study (59). This study showed no significant difference between wives' and husbands' preferred sex. Both wives and husbands were found to have same desired number of sons and daughters, the 75$^{th}$ percentile being 3. A review of hypotheses and evidence concerning differences between women's and men's fertility goals in developing countries concluded that women's and men's fertility goals are very similar and gender differences in fertility goals tend to be small. And men's tendency to strongly prefer sons might weakly explain their tendency to desire additional children more than women do (61).

A study in Nepal using a series of questions (multiple response) to investigate how far men and women would go to achieve their preferred number of sons (or daughters) at the cost of having an increasingly large family size reported significance difference that was obscured by the simple single response method (60). In this study the single response method- ideal family size and ideal family number for sons and daughters- was used.

67% of couples who lacked male child said that they want additional child while 73% of those who lacked female child said that they want additional child.

Sex composition of couples living children was not found to be significantly associated with contraceptive use. There was no difference between couples who lack son (daughter) and those who have children of both sexes in relation to current contraceptive use. But this observation needs to be supported by a qualitative approach which could give a better insight in to couple's opinion about this issue (sex preference) as the current focus group discussion mainly focused on issues related to husband - wife discussion about family planning.

Muslim husbands had a higher ideal family size than their wives and also orthodox and protestant husbands (the 75$^{th}$ percentile being 10, 6.5, 6 respectively.) The figure for orthodox and protestant wives was 5. Religion was found to be significantly associated with current contraceptive use in the bivariate analysis. The odds of use in Orthodox and Protestant was two times higher than that in Muslims. One reason to this could be that polygamy is common in the religion where Muslim husbands are allowed to have more than wife. And so they can have many children from the different wives they would have.

Unlike the result in other studies, in this study there was no significant association between contraceptive use and ideal family size, number of living children and desire for more children. No significant difference was observed between those whose ideal family size was fewer than five and those with above five; those who desire no more children and those who want to have more in relation to contraceptive use. One reason to this observation could be that in each category of these variables the users may have different reasons for practicing contraception. Those who have ideal family size of four or fewer, if already have achieved their desired size, and couples who want no more children could be using contraception mostly for the purpose of limiting births. Where as their counter parts may be practicing for its spacing purpose.

**Spousal Perception**

Research on spousal perception of the other partner's attitude is lacking in Ethiopia and on discussion about family planning is very limited. Very few studies in Ethiopia have addressed the issue of discussion (38, 42, 58, 63) and none of these studies was couple based. Wife's perception of her husband's attitude was found to be influenced significantly by discussion between partners about family planning in this study. The odds of correctly predicting her husbands attitude was found to be four times higher when the couple discussed family planning than when they didn't. The results of similar studies in other countries support this finding.

**Husband-Wife Discussion**

At aggregate level (wives and husbands taken separately) there was no much difference, but there was disagreement with in the couple. For example the percentage of husbands who reported having discussed family planning with their partner in the past year was 69 while it was 66 for wives. But the percentage for the couple variable was 82% - indicating disagreement with in the couple it self. Some inconsistencies were also observed between husband and wife responses on other variables. What ever might be the reasons for this disagreement, the result could show the importance of including both wife and husband in family planning researches.

Most of the couples (both wives and husbands) said that they ended up their discussion about family planning with agreement. But they disagreed in their report of as to who initiated discussion. Husbands were found more likely to say that they had initiated the discussion where as wives reported themselves as the initiators. This was also reflected in the focus group discussion. The following answers were recorded from the women and men group respectively.

- In terms of her and her child's health it is the wife who feels responsible and hence takes the initiative to discuss about family planning with her partner.

- Since the husband feels responsible for the family's economic provision he initiates discussion.

But some of the men from the government employee group supported the women's report by saying that it is mostly the wife who initiates discussion. They explained, because, day to day care of children, taking them to the clinic, even the increasing living expense (cost) largely affects the mother. So this urges her to express her thought. And, they added, men's feeling is prompt (stronger sexual urge) and quick to have sex than the wife. It is the wife who at this time states her fear of too frequent pregnancies and raises the issue of family planning. In the focus group discussion, from the participants point of view, it was learnt that the initiator of discussion is the one who mostly feels responsible, whatever might be the reason that makes them feel responsible. It could be economic concern or a health concern.

Regarding decisions on whether to use or not to use contraception most couples reported that they made decisions jointly with the partner. But it is difficult to identify whether the couples were really making joint decisions in an atmosphere of mutual understanding of each other, for some of the women focus group discussion participants joint decision meant the wife complying to the husband's thought. Even though it was the husband who had the final say and the wife had to accept what he thought, they consider it as a joint decision. Decision making is a complex process and for better understanding of the contraceptive decision making process understanding of power relations with in a couple is important (54). And a more qualitative, in depth interview, approach could give a better insight into the situation.

The study showed that method of contraceptive was the least item discussed. One reason to this could be that the couples didn't have good knowledge of the different

methods, their advantages and disadvantages. The focus group discussion result also supports this. Mr.A: *The wife chooses the method that suits her with the help of the service provider's counseling.* To be sure, even the wives showed great interest to know more about the different contraceptive methods by requesting the focus group discussion facilitator to teach them after the end of the discussion. This may indicate that even after jointly deciding to use contraception a few couples do make joint decisions regarding which method of contraception to use. It is the belief of the researchers that good knowledge of the different methods of contraception could facilitate discussion between partners and hence help couples in their decision making. This finding has an important implication to family planning program in the town.

When the effects of the different relevant variables on husband- wife discussion about family planning was investigated, couple's education remained to be the most powerful predictor of discussion (not shown). Couples in which the wife was uneducated were less likely than those with educated wife to report discussion. Religion had also the same effect on discussion when taken separately. But its effect diminished and ceased to be statistically significant when the effect of other variables was taken in to account. The odds of discussion in Protestant and Orthodox couples was respectively 3.5 and 2.5 times higher than that in Muslim couples.

In a women based study in the southern region of Ethiopia, it was reported that literate women were more likely than were illiterate women to discuss family planning with their husband (31). In the same study Muslims were found to report high discussion but low contraceptive use, contrary to the finding in our study. In this study both discussion about family planning and contraceptive use were lower in Muslims as compared to protestant and orthodox couples. As hypothesized, this finding suggests that discussion about family planning predicts contraceptive use. To confirm this, in couples with uneducated wife both discussion about family planning contraceptive use were found to be lower than that in couples with

educated wife. Consistent with this finding, the effect of religion and education on family planning discussion and contraceptive use was documented in previous studies in Sri Lanka and New Delhi (27, 64).

The fact that these background variables had effect on both family planning discussion and contraceptive use when taken separately, but didn't continue to be significant explanatory factors of current contraceptive use when the other variables were controlled, could indicate that their impact was indirect - through affecting discussion between partners about family planning. The focus group discussion result supports this suggestion. In the government employee women group there was a general consensus that discussion about family planning between partners is rare in uneducated couples and in those couples living in rural areas. And in all the four groups participants mentioned that education could influence both men's and women's thought, understanding, life style, their interaction with their partner and hence contraceptive use. As has been well documented in previous studies in Ethiopia and other developing countries, education was found to influence contraceptive use (62).

As to religion, only one Muslim participant from each group but one said that they discussed family planning with their partner. The other Muslim participants didn't want to respond to the question: do you discuss family planning with your partner.
A Muslim woman: we who live in the urban area do discuss family planning with our partner and use contraception but this is non existent in the rural area. Though the rural area wasn't included in this study, the finding from the focus group discussion could have an important implication. It may suggest that religious doctrine in the urban setting could be handled flexibly in relation to family planning.

The study showed that more than 50% of the couples were using contraception at the time of interview. And most of the users reported use of injectables. Contrary to this study, previous studies in Ethiopia reported lower figure for use and high use of

OC among the users (41-42, 47, 55-57). Being couple based, and due to the exclusion criteria it had this study is different in its sample characteristics from those studies

In the multivariate analysis husband-wife discussion was the most powerful explanatory factor of current contraceptive use even when the other variables were controlled. This finding indicates that both wife and husband have important roles in contraceptive adoption. Though couple based studies on husband-wife discussion about family planning are very limited, the few studies available are in consistent with the finding of this study (7, 11,28-29, 65). Being a cross sectional study, this study has the limitation that causal relation can't be inferred clearly. For instance discussion could occur either before or after adoption of contraception.

## 9. Conclusions

Most couples know at least one modern contraceptive method and have general approval of family planning. Couples want to know more about family planning (methods). This could suggest that men and women are interested in family planning. Husband- wife discussion about family planning and wife's perception of her husband's attitude towards family planning were the most powerful predictors of current contraceptive use. This indicates that both wife and husband play important roles in accepting and adopting contraceptive use.

Wife's education has a positive effect on both family planning discussion between partners and contraceptive use. Men and women tended to realize the economic disadvantage of having many children, and it tended to be the main reason why men raise the issue of family planning and discuss with their partner. Women believed that husband has a dominant role in the family and makes decisions regarding most family matters including family planning. However, they thought that husbands are being changed in relation to fertility issues which they equated with the economic pressure. This has important implication to family planning program as it could be used as an entry point to promote family planning among men.

## 10. Recommendation

Men should be involved in family planning advocacy programs. Programs should not only focus women, men should also be the focus of the programs. Possibly male directed programs could be useful. Varies strategies should be used to reach men. Strategies for promoting husband wife communication should be considered in order to increase family planning adoption.

Family planning education should be encouraged through effective IEC programs to reach those who have never heard about family planning, to enable couples know more about family planning.

Girls education should be encouraged as it plays important roles with regard to family planning adoption.

The existing family planning services should be investigated and the quality, accordingly, should be improved as quality of care could affect family planning adoption. A range of methods should be made available to serve the choice of couples.

As this study included only the town, investigation, in future research, should be extended to the rural parts.

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**Questionnaire for Wives**

I. Socioeconomic and Demographic Information

Questionnaire No. ----------

1. Address: kebele [ ] house number [ ]

2. Age [ ] 3. Religion: Orthodox ---------- 1
Catholic----------2
Protestant ---------- 3
Muslim ---------- -------- 4
Traditional ---------- 5
Others (specify) ----------

4. Educational status: No education ---------- 1
Primary ---------- 2
Junior secondary---------- 3
Secondary ---------- 4
12+ ---------- 5

5. Occupation: government employee ---------- 1
sales person ---------- 2
skilled worker ---------- 3
student ---------- 4
house wife ---------- 5
others (specify)----------

6. Monthly income (in Birr) yours---------- [ ]

7. Is this your first marriage? Yes ---------- 1

No ---------- 2 → 8

8. Do you have any living children from your previous marriage? Yes ---- 1→ 9

No ----- 2

9. Number of children from your previous marriage: female---------- [ ]

male ---------- [ ]

10. Number of living children from current marriage: female ---------- [ ]

male---------- [ ]

11. Duration of current marriage (in years) ---------- [ ]

12. Time since last birth (in months) ----------[ ]

13. How old were you at your first marriage? ---------- [ ]

14. How old were you when you gave birth to your first child? ------- [ ]

15. Does your husband have any wife (wives) other than you?

Yes ---------- 1

No ---------- 2

Don't know------- 3

II. Information on family planning

1. There are different ways/methods by which pregnancy can be delayed or avoided. Can you list the methods you know? (✔)

Pills ☐ condom ☐

injectable ☐ periodic abstinence ☐

implant ☐ withdrawal ☐

IUCD ☐ male sterilization ☐

foam, diaphragm, jelly ☐ others (specify) ----------

female sterilization ☐

2. From where did you get information about family planning?

   Friends ---------- 1

   Spouse ---------- 2

   Relatives---------- 3

   Media ----------4

   Health Institution --------- 5

   Others (specify) ----------

3. Among the above sources of information about family planning which was most useful for you?

   Friends ---------- 1

   Spouse ---------- 2

   Relatives---------- 3

   Media ----------4

   Health Institution --------- 5

   Others (specify) ----------

4. Do you approve of family planning? Yes ---------- 1→ 5

   No ---------- 2

5. You approve of family planning for: Birth Limiting ---------- 1

   Birth Spacing ---------- 2

   Both ---------- 3

   Others (specify) ----------

6. If you could choose the number of children in your whole life, what number of children do you like to have? Sons ----------[ ]

Daughters ------[ ]

7. Do you want to have any more children?

With in 2 Years ---------- 1

After 2 Years ---------- 2

Want more but undecided about the time ---------- 3

Don't want more ---------- 4

Undecided ---------- ---------- 5

8. Do you think your husband approves of family planning?

Yes (he approves)---------- 1

No (he doesn't approve) ---------- 2

Don't Know ---------- 3

9. Do you think your husband wants to have any more children?

Yes ---------- 1

No ---------- 2

Don't Know ---------- 3

10. Do you discuss with your husband on general family matters?

Often ---------- 1→ 11

Some times ---------- 2→ 11

Never ---------- 3

11. What issues do you discuss about? Financial ---------- 1

Children's schooling---- 2

Division of labor -------- 3

Others (specify)----------

12. Did you ever discuss about family planning with your husband in the previous year?

Yes---------- 1→ 13

No ---------- 2

13. i. How often (with in last year)? Once ---------- 1

Twice ---------- 2

Trice ---------- 3

More than Trice ---------- 4

ii. What were the items discussed?

Number Of Children ---------- 1

Spacing Of Children ---------- 2

Family Planning Methods -------- 3

Others (Specify) ---------- 4

iii. Who usually initiates discussion about family planning?

You ---------- 1

Your husband ---------- 2

Not applicable ---------- 3

iv. How did you end up the discussion? Specify----------

14. Who decides for using or not using contraception?

You ---------- 1

Your husband ---------- 2

Both of you---------- 3

Not applicable ---------- 4

15. Are you currently using any contraceptive method?

Yes ---------- 1→ 16

No ---------- 2

16. Which method are you using?

Pills ---------- 1

Injectable ---------- 2

Implant ---------- 3 → 18

IUCD ---------- 4 → 18

Foam, diaphragm, jelly -------- 5

Female sterilization ---------- 6 →17

Periodic abstinence ---------- 7

Withdrawal---------- 8

Others (specify)----------

17. When was the implant implanted/the IUCD inserted/the operation done? ---
---

Date of interview----------

Name of interviewer----------

Signature of interviewer----------

Questionnaire for Husbands

Questionnaire No. ----------

I. Socioeconomic and Demographic Information

1. Address: kebele [ ] house number [ ]

2. Age [ ] 3. Religion: Orthodox ---------- 1
Catholic---------- 2
Protestant ---------- 3
Islam ---------- ---------- 4
Traditional ---------- 5
Others (specify) ----------

4. Educational status: No education ---------- 1
Primary ---------- 2
Junior secondary---------- 3
Secondary ---------- 4
12+ ---------- 5

5. Occupation: government employee ---------- 1
sales person ---------- 2
skilled worker ---------- 3
student ---------- 4
farmer ---------- 5
others (specify)----------

6. Monthly income (in Birr) yours---------- [ ]

7. Is this your first marriage? Yes ---------- 1

No ---------- 2 → 8

8. Do you have any living children from your previous marriage? Yes ---- 1→ 9

No ----- 2

9. Number of children from your previous marriage: female ---------- [ ]

male ---------- [ ]

10. Number of living children from current marriage: female---------- [ ]

male---------- [ ]

11. Duration of current marriage (in years) ---------- [ ]

12. Time since last birth (in months) ----------[ ]

13. How old were you at your first marriage? ---------- [ ]

14. How old were you when you gave birth to your first child? ------- [ ]

15. Do you have more than one wife?

Yes ---------- 1

No ---------- 2

Not applicable ---------- 3

II. Information on family planning

1. There are different ways/methods by which pregnancy can be delayed or avoided. Can you list the methods you know? (✔)

Pills ☐ condom ☐

| | | | |
|---|---|---|---|
| injectable | ☐ | periodic abstinence | ☐ |
| implant | ☐ | withdrawal | ☐ |
| IUCD | ☐ | male sterilization | ☐ |
| foam, diaphragm, jelly | ☐ | others (specify) ---------- | |
| female sterilization | ☐ | | |

2. From where did you get information about family planning?
   Friends ---------- 1
   wife ---------- 2
   Relatives---------- 3
   Media ----------4
   Health Institution --------- 5
   Others (specify) ----------

3. Among the above sources of information about family planning which was most useful for you?
   Friends ---------- 1
   wife ---------- 2
   Relatives---------- 3
   Media ----------4
   Health Institution --------- 5
   Others (specify) ----------

4. Do you approve of family planning? Yes ---------- 1→ 5
   No ---------- 2
5. You approve of family planning for: Birth Limiting ---------- 1
   Birth Spacing ---------- 2
   Both ---------- 3
   Others (specify) ----------

6. If you could choose the number of children in your whole life, what number of children do you like to have? Sons ----------[ ]

Daughters ------[ ]

7. Do you want to have any more children?

With in 2 Years ---------- 1

After 2 Years ---------- 2

Want more but undecided about the time ---------- 3

Don't want more ---------- 4

Undecided ---------- ---------- 5

8. Do you think your wife approves of family planning?

Yes (she approves)---------- 1

No (she doesn't approve) ---------- 2

Don't Know ---------- 3

9. Do you think your wife wants to have any more children?

Yes ---------- 1

No ---------- 2

Don't Know ---------- 3

10. Do you discuss with your wife on general family matters?

Often ---------- 1→ 11

Some times ---------- 2→ 11

Never ---------- 3

11. What issues do you discuss about? Financial ---------- 1

Children's schooling---- 2

Division of labor -------- 3

Others (specify)----------

12. Did you ever discuss about family planning with your wife in the previous year?

Yes---------- 1→ 13

No ---------- 2

13. i. How often (with in last year)? Once ---------- 1

Twice ---------- 2

Trice ---------- 3

More than Trice ---------- 4

ii. What were the items discussed?

Number Of Children ---------- 1

Spacing Of Children ---------- 2

Family Planning Methods -------- 3

Others (Specify) ---------- 4

iii. Who usually initiates discussion about family planning?

You ---------- 1

Your wife ---------- 2

Not applicable ---------- 3

iv. How did you end up the discussion? Specify----------

14. Who decides for using or not using family planning methods?

You ---------- 1

Your wife ---------- 2

Both of you---------- 3

Not applicable ---------- 4

15. Are you currently using any contraceptive method?

Yes ---------- 1→ 16

No ---------- 2

16. Which method are you using?

Condom ---------- 1

Periodic abstinence ---------- 2

Withdrawal----------3

Others (specify)----------

Date of interview----------

Name of interviewer----------

Signature of interviewer----------