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Male Involvement in Family Planning and Associated Factors among Marriedin Malegedo Town West Shoa Zone, Oromia, Ethiopia

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Abstract
Background:- Men are not only act as decision-makers for women and children's access to health services, but also through abuse or neglect, men's actions can have a direct bearing on the health of their female partners and children. Historically most reproductive health program focused on family planning and in turn, most family planning program offered their services exclusively to women but Influencing males' attitude is critical to increase contraceptive prevalence in the society. The aim of this study was to determine married male involvement in family planning in Gedo Town.
Results: - The complete response rate was 95%.Out of total respondents 94.9% were Oromo with the mean age of 40 years. From total study respondents about 54% respondents with 95%CI of (47.4 - 59.7%) had good knowledge. the prevalence of decision making power by both husband and wife together and current use of family planning with 95% CI were 40.8%(34.6-46) and 30.9%(24.9-36.4) respectively
The prevalence of male involvement on family planning was 36% with 95% CI of (30-41.2) with independent predictor of discussion with partner (AOR= 5.18,), current use of family planning (AOR=2.82), informing partner or other to use contraceptive (AOR=3.36) and had information the presence of contraceptive for male (AOR=2.57) respectively.
Methods:- A community based cross-sectional study design with quantitative data collection methods were employed from April 5 to April 15/2015. All households who were having married men in Gedo town were labelled and household number codes were given. The study participants were selected by using simple random sampling computer generated technique. Both bivariate and multivariate logistic regressions were used to identify associated factors. The results were presented by using tables, figures and narratives.
Conclusion:- This study revealed the married male's level of knowledge about modern family planning in Gedo town was very low; about half (46.0%) respondents have poor knowledge about modern family planning and more than have of the respondents which 70.1% of males hadn't ever used contraceptives and males involvement in family planning were very low with the independent predictors of attending health education, discussion with partner about family planning, educational level and *had information about male contraceptive respectively.* Therefore, these factors would be emphatically considered during development of male Family planning and family reproductive programs by policy makers and health planners.
Keywords: Male involvement, Family planning, Gedo, Ethiopia

Background

Male involvement in family planning (FP) means more than increasing the number of men using condoms and having vasectomies; involvement also includes the number of men who encourage and support their partner and their peers to use FP and who influence the policy environment to be more conducive to developing male-related programs. In this context "male involvement" should be understood in a much broader sense than male contraception, and should refer to all organizational activities aimed at men as a discrete group which have the objective of increasing the acceptability and prevalence of family-planning practice of' either sex.(1)

According to United Nations the involvement of the male is defined as the ways in which men relate to reproductive health, problem, reproductive rights and reproductive behaviour (2).

There are two aspects of involvement of the males in family planning, first is that the men accept and support their partner's need, choices and rights in fertility regulations, and second contraceptive use and sexual behaviour of the men. Globally husbands' active disapproval led women give up the use of contraceptives, and it becomes a valid reasoning in the context of an Islamic society, as husbands oppose the family planning methods. However, the husbands' reasons for opposing family planning vary by socioeconomic characteristics. Many studies in different formulations have been conducted globally to determine the men's role and participation in family planning (3).

Involving men has been a prominent part of the shift from family planning to the broader reproductive health agenda. Men obviously make up a significant new clientele for programs. They constitute an important asset in efforts to improve women's health. And efforts to involve them in ways that transform gender relations and promote gender equity contribute to a broader development and rights agenda. While international family

planning programs were essentially about women's health, reproductive health as it has now been formulated goes beyond health to broader development issues.(4). In the 1990s, many women's health programs began to acknowledge the fact that family planning must be viewed in the broader context of reproductive health. For instance the 1994 international conference on population and development in Cairo program of actions includes a statement on male responsibilities and participation (5)

The same message was reinforced at the 1995 world conference on women in Beijing "shared responsibility between men and women in matters related to reproductive and sexual behavior is essential to improving women health". Male involvement also includes the number of men who encourage and support their partner and their peers to use Family Planning and who influence the policy environment to be more conducive to developing male-related programs. In this context, "male involvement" should be understood in a much broader sense than male contraception, and should refer to all organizational activities aimed at men as discrete group, which has the objective of increasing the acceptability and prevalence of family-planning practice of either sex).(6)

Historically most reproductive health program focused on family planning and in turn, most family planning program offered their services exclusively to women. Most viewed women as the target group and paid little attention to the role that men might have with respect to women in reproductive health decision-making and behaviour.(7)

Family planning goals could be served by changes in patrichial male-female dynamics the social justice objectives of increasing equality the demographic objectives of lowering population growth rates and the public health goal of reducing disease especially sexually transmitted infection greater participation by men could thus contribute to the goal of reproductive health in variety ways (8)

Failure to involve men in family planning programs can have a serious implication even when women are educated and motivated to practice contraception they may not do so. Because of opposition from their husbands in light of these finding some researcher question the validity of the estimates of unmet need derived from information collected only from women) .(9)

In parochial society where men largely make household decisions, the need to include men in all matters that required joint spousal decision is critical in achieving key reproductive health goals. Despite this fact until recent year's men roles in couple's fertility decision making was ignored however since the past few years demographic studies examined the role of men in family planning and many of them showed the importance of involving husbands for couple's family planning adoption (10**).** Men are not only act as decision-makers for women and children's access to health services, but also through abuse or neglect, men's actions can have a direct bearing on the health of their female partners and children.

The extent of married male involvement in family planning in Ambo Town West Shoa Zone are not studied specifically and also may vary by individual, social and demographic characteristics are not well understood. Therefore conducting of this study on married male involvement in family planning and associated factors among married in male Gedo town west shoa zone, Oromia, Ethiopia was mandatory

Methods and Materials

Study setting: The study was conducted from April 5-15, 2015, in Gedo town. Gedo Town is one of the district towns in west shoa zone, Oromia regional state, Ethiopia and it found 176km south western of Addis Ababa and 64km from Ambo Town. The town has 2kebeles and 2475 household and with total population of 27,000 of which 14807 were women and 12193 were men. From the total population mentioned 11927 were women in reproductive age group 15-49 year. In the town there is one district hospital, One Health centre, one Maternal and child health (MCH) clinic, five private clinic and two health posts. The town is inhabited mostly by Oromo ethnic group, who speak Afan Oromo as their mother tongue.

Study design: A Community based cross sectional study design with quantitative data collection methods was employed. The study inclusion criteria were all married/co habiting male of household head and who lived in the study area for more than at least 6 months duration and willingness to consent for participation in the study.

Sampling procedure and sample size determination

The sample size was calculated using a single population proportion formula using a proportion of 77% which was obtained from Mekelle University ***(11)*** with a confidence level of 95% and marginal error of 5% and by using a single population proportion formula. By considering 10% non-response rate, the final sample size was 286.

Survey was done in Gedo town to identify the eligible married men and consequently household code number was given. A list of all married/co habiting male of household head who living in Gedo Town for at least 6 months prior to data collection were prepared and entered into computer SPSS window 16.0 version from surveyed data then, selected by simple random sampling computer generated household number and data collectors were cross-check household number with sampled household number during data collection period.

During the study period, 286 males were recruited into the study by randomly selection.

Data collection procedures

Data were collected by face to face interview by using structured, pre-tested Afan Oromo version questionnaire. The questionnaires were initially prepared in English and translated to Afan Oromo and back to English by language experts and researchers to keep the consistency of the questionnaires. Five BSC 4th years nursing student had collected the data and two BSC Nurse had supervised during data collection period. Data collectors had cross checked household numbers of all with sampled household numbers daily.

The filled questionnaires were checked for consistencies and completeness daily by supervisor and principal investigators on the spot. Pre-test of the questionnaire were done on5% of the sample in Guder town which is nearby to Gedo town, to identify any ambiguity, consistency and acceptability of questionnaire, and then necessary corrections were made before the actual data collection.

Data processing and analysis

After data collection, each questionnaire was checked for completeness and code was given before data entry. Data was entered, sorted, edited and cleaned for missed values. Data were analyzed by using SPSS version 16.0 statistical packages and presented by frequencies and percentages for categorical variables and means and standard deviations for numerical variables. Bivariate analysis was conducted primarily to check the variables which had an association with the dependent variable individually. Variables associated with the dependent variables at p-value <0.05 were then entered in to multiple logistic regression for controlling the possible effect of confounders and finally the variables which had significant association with male involvement in family planning were identified on the basis of adjusted odds ratios (AOR), with 95% CI and p-value (<0.05) to fit into the final regression model. The results were presented using tables, figures and narratives.

Operational definition

Male involvement: According to this study male involvement in family planning means that those participated by using family methods by themselves or encouraging their partners to use family planning.

Current use of contraception: those respondents who were using contraceptive during the period of data collection.

Knowledge: According to this study, study participants had good Knowledge: means that from knowledge assessing questions on modern family planning methods who respond correctly above the mean value were knowledgeable or had good knowledge, While Poor knowledge: means that those who were score less than the mean value.

Ethical consideration

Ethical clearance letter is initially obtained from Ambo University research Ethical Committee. Then written consent was secured from Woreda administrate office to got permission. Verbal informed consent for participation was obtained from each study participants and the collected data were stored in a file, without the name of study participant and password protection of soft data and use of key and lock for hard copy data was employed to guarantee confidentiality.

Results

Socio demographic characteristics married male involvement in family planning

The complete response rate was 95% (272/286). Out of total respondents about 259(94.9%) were Oromo, with mean age of 40 year which ranges from 21 to 80 years and the mean age of first marriage of the participants was 24.1. Concerning religion, majority of the respondents 156(57.4%) were protestant followed by orthodox which account, 103(37.9%).From the total study participants about 74(27.4%) were illiterate while 29(10.7%) had diploma and above. Concerning to their occupational status 95(34.9%) were privet workers with the average (mean) monthly incomes were 1605.33 Ethiopian birr which ranges from 250 to 5500 Ethio-birr (1$ = 20.54 birr)(See table 1).

Knowledge of married males towards family planning

Married males' level of knowledge towards modern family planning methods in Gedo town was assessed which was 147(54.0%) with 95%CI of (47.4% to 59.7%) were had good knowledge/knowledgeable towards modern family planning methods in the study area.

Out of total study participants about 243(89.3%) were ever heard about modern family planning of which the majority were heard about oral contraceptive methods. Out of the total respondents about 159(58.5%) had information about the presence of male contraceptives of which condom was the most commonly reported 67(25%) followed by 12(4.4%) spermicidal. On the other hand about 113(41.5%) study participants were had no

information about the presence of contraceptive methods for males. Among the study participants 83(30.5%) was selected Depo-Provera as safe method of family planning to use. see table 2

Married Males family planning utilization

From the total respondents 84 (30.6%) were ever used modern contraceptive method of which 72(69%) were using condom followed by 25(24%) abstinence. see figure 3

Married male's family planning utilization in Gedo town was determine which revealed that, from total respondents 51(18.9%) with 95%CI(13.9 to 24.4%) were current users of contraceptive methods, of which47(92%) were using condom followed by abstinence (5.8%).

From those who stopped current use of contraceptive the major reasons reported for discounted of contraceptive use 8(21.3%) were the fear of side effect, 49(18%) partner refusal, 24(8.8%) due to desire to have more children respectively. Out of total respondents about30(11%)of study participants were reporting that their partner is using contraceptive currently of which 10(3.7%) reported pills and 13(4.8%) depo- provera. 28(10.3%) respondents replied that they didn't know whether their partner is using contraceptive currently or not.

Involvement of male on family planning

Out of study participants 98(36%) was involved in modern family planning by using or by encouraging their wives. The main reason for not involving in family planning for 72(26.5%) respondents was community pressure followed by 64(23.5%) lack of awareness and 83(30.5%)of them were opposed from their friends not to used family planning.

Decision making power on family planning and sources of information about family planning

Males' family planning decision making power/approval for their partner's in Gedo town was determined which showed that out of the total study participants the majority 111(40.8%) decision on family planning was made by both husband and wives together followed by 86 (31%) decision on family planning were made by wives alone and the rest 75(27.6%)were made by husbands .From the total respondents about 152 (55.9%) hadn't ever discussed about family planning and reproductive issues with their partners.

The main reason which prohibits males from involving in family planning were lack of education of husband and wife for 71(26.1%) respondents and lack of health education attended at health facility for 128(47.1%)respondents.

Concerning to their primary sources of information on modern family planning mass media (TV, Radio, news papers…) was the primary source of information for 146(53.7%) respondents followed by health extension workers for 72(26.6%) respondents. Out of total study participants the majority were not attended in health education at health facility which accounts 170(62%) on the other hands about 196(72%) of the total respondents were not participated in any community mobilization health education on family planning.

Factors associated with involvement of marred male on family planning

Those current modern contraceptive users were 2.815 times (1.348-5.88) more likely to involved in family planning as compare to non user. Those who ever informed partner or other to use modern contraceptive method were 3.351 times (1.679-6.688) more likely to be involved in family planning methods as compared to had not informed about family planning. Male ever discussed about family planning with their partners were 5.183 times (2.516-10.679) more likely to be involved in modern family planning as compared to had not discussed.

Married Male who had information about male contraceptive methods were 2.571 times (1.136-5.816)more likely to be involved in family planning method as compared to those who had no information about modern contraceptive methods.

Discussion

According to study conducted in Bahir Dar among married male, 88.5% of the respondents had heard at least one method of Family Planning***(12),*** which is almost similar with the current study finding ,showed that 89.3% of study subjects were heard about family planning methods.

This study result identified that about modern family planning they heard ,the majority of the respondents knew pills(22.5%),injectables(19.4%) , Loop(5.9%) and condom(3.7%) this is significantly lower as compared with study done in Bahar Dar showed pills was the most reported method (91.5%), followed by condom(54.8%) and injectables (32.8%) (12). This may be due to socio demographic characteristics of participants.

According to a research conducted in Nigeria 99.8 % respondents were aware of the existence of modern contraceptives for male and most of them were aware of at least one modern method. Awareness of the condom was highest 98 %. Awareness of natural methods (withdrawal method, postpartum abstinence, and safe period) was also quite high (at 92.7%, 92%, and 89.4% , respectively*)(13).* whereas on this study showed that

58.5% of males aware of modern contraceptive method for male of which condom(24.6%),spermicidal(14%) and periodic abstinence(2.9%) this variation may come from socio demographical status of participants and Nigeria's government great effort to reduce high population fertility

According to the ever usage of family planning method; 30.6%% of the participants had ever used family planning in contrary to the study in Kenya on prevalence of contraceptive usage that showed 60% of participants had ever used modern contraceptive method*(14).* This significant variation may be due to socio demo graphic difference

In recent study 36% of male were involved in family planning while study conducted in Kenya showed that almost two times of current study (60%) males were involved in family planning (14).This difference may be due to the educational status difference of study participants.

In this study 26% of those who have ever informed partner or other to use contraceptive were involved in family planning where as those who didn't informed were only 9.9%. Likewise study done in western Ethiopia revealed that 29.6% of those who have ever informed partner to use contraceptive methods and 11.9% of those who didn't informed were current contraceptive users.(15)

According to recent study 27.9% of males who have ever discussed with partner about family planning and 8.1% of those who didn't discussed with partner were involved in family planning. It is comparable with study conducted in wolayta that shows 51% of study participant who have discussed about family planning and 13% of those who didn't discussed were used modern contraceptive *(16).* This is because of the educational level of the participant.

In recent study 31.2% of participants who know the presence of male contraceptive method and only11.5% of participants who didn't know were involved .whereas study done in Bahir Dar showed that58.4% who know the presence of male contraceptive method and 9.1% of those who didn't know were involved in modern contraceptive utilization *(12).* This is because knowledge is pre request for practice.

In this study 20.2% of males who attend health education at health facility and 15.8% of participants who didn't attend health education were participated in family planning. This variable was not significantly associated in another studies conducted previously.

In study conducted in wolayta sodo educational status of wife & husband is significantly associated with males contraceptive usage (57% of educated & 7%of uneducated participants were using contraceptive)(16). Whereas this variable is not significantly associated in recent study.

According to the result on decision making on FP usage around 40.8% decision was made jointly by husband and wife and the rest (27.6%) decision was made only by husband & 31% by wife alone. In comparison with study done in Bangladesh indicated that 35% decision made jointly by husband and wife and 17% decision made by husband alone) that is relatively lower than the result of this stud*(17).* This difference may be due to recent advancement of mass media.

On this research by considering the main strength of this research lies in its community-based study among married male, so that the results were generalizable to the general population of married male in the community and a set of reliability and validation rules were applied and all associated factors were taken after indication of significance in the Variable "goodness of fit" for the models. Even though this study also had a few limitations: This study was crossectional study design, so cause and effect relation was not assured because of cross-section study design.

Conclusions

This study revealed the married male's level of knowledge about modern family planning in Gedo town was very low; almost half (46.0%) respondents have poor knowledge about modern family planning& 64% of males didn't involve in family planning. only 70.1% of males hadn't used contraceptives and 59.2% of decisions on family planning were not done by husband and his wife together by discussion with the independent predictors of attending health education, discussion with partner about family planning, educational level and *had information about male contraceptive respectively.* Therefore, these factors would be emphatically considered during development of male Family planning and family reproductive program by policy makers and health planners.

Policy makers and health planers would be better to design programs and plans to increase the knowledge and practice of modern contraceptive among married male by incorporated IEC material which considering males on family planning..

Health profession working at MCNH in collaboration with Health extension workers, would be better give greater emphases to address family planning male involvement and utilization by using mass media , community mobilization and health education in more comprehensive manner to increase male partner family planning utilization.

Gedo woreda health bureau would be better to strengthen the works on creating the awareness towards modern contraceptive among married male by using mass media, health education and distributing different IEC

materials which involve male participation in Family planning.

Health professionals would be better to counsel male partner participation on practice of modern contraceptive methods and also increase their level of knowledge and to decrease misconception towards modern contraceptive methods.

Further prospective both quantitative and qualitative study methods on large scale of different study population by including rural communities are recommended for researchers

ABRIVATIONS

AIDS----------Acquired Immune Deficiency Syndrome
EDHS----------Ethiopian Demographic health Survey
IEC ----------Information education and communication
MNCH ----------Maternal, neonatal and child health
IUCD----------Intrauterine Contraceptive Device
STD----------Sexually Transmitted Diseases
STI---------- -----Sexually Transmitted Diseases
UNICEF----------United Nation Children's Fund
WHO ---------- World Health Organization

Competing interests

The author(s) declare that they have no competing interests.

Authors' contributions

Abainew T, Abdlfatah A, Abdo K, Abdurazak A, Kanenus O, conceptualized the study, designed the study instrument and conducted the data analysis and wrote the first draft and final draft of the manuscript

Dereje Bayissa: Approved the research proposal with some revisions, participated in data analysis, revised subsequent drafts of the paper and involve in critical review of the manuscript. All authors read and approved the final manuscript.

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List of Tables

Table 2: Socio demographic characteristics married male involvement in family planning in Gedo town Oromia Ethiopia 2015

s.n	variable		Frequency(N= 272)	Percentage (%)
1	Age	20-30	55	20.2%
		31-40	108	39.7%
		>=41	109	40.1%
2	First marriage age	<18	5	1.8%
		19-20	39	14.3%
		>21	228	83.8%
3	Ethnicity	Oromo	258	94.9%
		Amhara	11	4%
		Other	3	1.1%
4	Religion	Orthodox	103	37.9%
		Protestant	156	57.4%
		Muslim	13	4.8%
5	Duration with partner	0-5 year	78	28.7%
		>5year	194	71.3%
6	Educational level of husband	Illiterate	83	30.5%
		Read and write	67	24.6%
		1-10 grade	53	19.5%
		Diploma & above	69	25.4%
7	Occupational status of husband	G'ment employee	41	15.1%
		Merchant	52	19.1%
		Private work	95	34.9%
		Student	12	4.4%
		Farmer	72	26.5%
8	Monthly income	<1000	34	12.5%
		1001-2000	219	80.5%
		>=2001	19	70%
9	Living place of participant	Urban	272	100%

Table 2 shows health related variables for male involvement in family planning in Gedo town Oromia Ethiopia 2015

1	**Distribution of family planning ever heard**	**Frequency(N =272**	**Percentage**
	Pills	62	22.8%
	Condom	10	3.7%
	Loop	16	5.9%
	Calendar	14	5.1%
	Enjectable	53	19.5%
	Pills, condom	88	32.4%
2	**Types of male contraceptives the respondents know**	**Frequency**	**Percentage%**
	Condom	67	24.6%
	Spermicidal	12	4.4%
	Vasectomy	3	1.1%
	Periodic abstinence	8	2.9%
	Condom, periodic abstinence	69	25.4%
3	**Safe method of family planning**	**Frequency**	**Percentage**
	Pills	64	23.5%
	Prolonged breast feeding	6	2.2%
	Intrauterine device	41	15.1%
	Depoprovera	83	30.5%
	Norplant	35	12.5%
	Condom	30	11%
	Spermicidal	2	0.7%
	Tubal ligation	2	0.7%
	vasectomy	3	1.1%
	abstinence	6	2.2%

***Table 3*: Factors associated with married males' involvement in family planning at multiple logistic regression analyses in Gedo town Ethiopia 2015**

S.N	Variables		Male involvement		P.V	AOR	95%Ci	
			Yes	No			Lower	Upper
1	current using family planning	YES NO	53(19.5%) 45(16.5%)	31(11.4%) 143(52.6%)	0.006 1.00	2.815	1.348	5.877***
2	informed partner or others to use contraceptive	YES NO	71(26.1%) 27(9.9%)	40(14.7%) 134(49.3%)	0.001 1.00	3.351	1.679	6.688***
3	Discussion about family planning with partner	YES NO	76(27.9%) 22(8.1%)	44(16.3%) 130(47%)	0.00 1.00	5.183	2.516	10.679***
4	Had information male contraceptive	YES NO	85(31.2%) 13(11.5%)	74(27.2%) 100(36.8%)	0.023 1.00	2.571	1.136	5.816**
5	male participation in community mobilization on family planning	YES NO	45(16.5%) 53(19.5%)	31(11.4%) 143(52.6%)	0.099 1.00	1.979	0.879	4.456
6	attended health education at health facility about contraceptive utilization	YES NO	55(20.2%) 43(15.8%)	47(17.3%) 127(46.7%)	0.66 1.00	2.013	0.955	4.243