

The Involvement of Men in Family Planning An Application of Transtheoretical Model in Wolaita Soddo Town South Ethiopia

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Abstract: The objective of this study was to assess the involvement of men in fertility preference and contraceptive use by using of Tran theoretical model of behaviour change. Community based cross-sectional survey was done in Wolaita zone, Soddo town Southern Ethiopia. Pre-tested, structured questionnaires were used for data collection. Using SPSS version 15 soft ware package did data entry and analysis. About 96% of the respondents were familiar with at least one family planning method, 65.5% of married men currently practice family planning method 77.5% were approved use of contraception and about 60% of study participant discussed the issue of family planning. Behavioural stage of men in family planning method use of men 26.7% were in the pre-contemplation stage, 7.8% contemplation, 4.5% preparation, 16.1% in the action stage 49.4% in maintenance stage. The study found high prevalence of knowledge of contraceptive methods among married men, low utilization of male methods of family planning. Discussion between spouses and their joint decision-making on contraceptive use was also found to be high. Most of men behavioural stage of was in maintenance/action stage. Targeted Stage based IEC intervention were recommended.

Key words: Male involvement, trans theoretical model, targeted IEC Intervention

INTRODUCTION

Reproductive health in its broader sense should be a concern for all not for just that of women and reproductive health matters needs the attention of entire family and the society at large (Berhane, 2006). 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 behavior (RHM, 2009). Family planning goals could be served by changes in patriarchal 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 (Hainzer, 1996).

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 (Levy, 2008).

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 behaviour 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 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 has the objective of increasing the acceptability and prevalence of family-planning practice of either sex (Green and Chens, 2003).

In patriarchal 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 (Medicam, 2004).

Studies from several nations has shown that reproductive health program are likely to be more effective for women when men are actively involved this is evidence that a husband disapproval leads to reduction in contraceptive use.

Man studies have also suggested that family planning program in many African societies have been unsuccessful, since they failed to take into account power

relations between couples and patriarchal nature of societies African men are not only head of the house hold but also are overall responsible for families also men have more influence on reproductive decision since they typically control the family asset. Not surprisingly African men generally desire longer families than do their wives as Cald-Well and Cald-Well (1990) observed African men want to have more children they gain socially economically from having a large number of children. Men are proud of the number their children particularly sons because of the present and future benefit derived from them in the absence of social security program children constitute important source of old age support for their partners (Berhane *et al.*, 1999)

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 (Akrinnola and Susheela, 1998).

In the study conducted in the northern Gondor on the men knowledge attitude and practice of family planning methods out of the Sixty one percent of men knew at least one method of Family Planning (FP) and 64.3% of them approved the use of FP. 7.7% proposed that only men should use contraception 41.7% said only women should use them 32.3% said both should use them of all interviewed men (Ismail, 1998). Similarly a study done by Terefe and Larson (1993) reported where couples receiving husband-wife counselling showed an increase in contraceptive use after one year compared to women who were counselled alone.

Ethiopia is one of the countries with an estimated population of 77.2 million, the second most populous country next to Nigeria in the continent (PRB, 2005). Ethiopians national health policy gives a high priority to the democratization and decentralization of the health service systems and emphasizes family planning services for optimal health of the mother; child and family. The population policy also emphasizes the expansion of family planning through clinical and community-based services. It sets objectives to reduce TFR from 7.7 to 4.0 and increase CPR from 4% to 44% by the year 2015 (National Population Policy, 1993). In Ethiopia family planning was initiated four decades ago. However even after such a long period of time family planning amongst the lowest in Africa CPR 15% and unmet need for family planning is very high 36% (CSA, 2005). Several factors had been incriminated for the low coverage of family planning services. The reasons include desire to have more children, lack of knowledge about contraceptive use and where to find contraceptives, health concerns, religious prohibition, husband opposition and low involvement of men (Tularo *et al.*, 2006).

Health behaviours models: Theoretical models fundamentally guide our Current and future understanding of health behaviour, as well as providing direction for our research and Intervention development (Colleen *et al.*, 2003).

The common health behaviour models are:

- Health Belief Model
- Theory of Reasoned action
- Theory of planned Behaviour
- Social Cognitive Theory
- Health Promotion Planning Matrix - PRECEDE-PROCEED MODEL
- Trans Theoretical Model (TTM)

Trans Theoretical Model (TTM): Trans Theoretical Model (TTM) is a model of intentional behaviour change that has produced a large volume of research and service across a wide range of problem behaviours and populations. The TTM is a model of intentional change that focuses on the decision-making abilities of the individual rather than the social and biological influences on behaviour as other approaches tried. This model describes the relationships among: stages of change; processes of change; decisional balance, or the pros and cons of change; situational confidence, or self-efficacy in the behaviour change; and situational temptations to relapse (Glanz *et al.*, 2002). This model has several advantages over other Models. First, it describes behaviour change as a process, as opposed to an event. Then, by breaking the change process down into stages and studying which variables are most strongly associated with progress through the stages, this model provides important tools for both research and intervention development individualized, stage-matched, expert system interventions that target those variables most predictive of progress for individuals at each stage of change (Schuz *et al.*, 2009).

Stages of change: Individuals do not change their behaviour all at once they change it incrementally or stepwise in stages of Change. The stages most commonly used across research areas include: Precontemplation, Contemplation, Preparation, Action, and Maintenance (Schuz *et al.*, 2009).

Processes of change: The processes of change describe the cognitive, emotional, behavioural, and Interpersonal strategies and techniques that individuals and/or change agents (therapists, counsellors) use to change problem behaviours.

Decisional balance: Decisional Balance, or the pros and cons of behaviour change, describes the importance or weight of an individual's reasons for changing or not changing.

Situational confidence and temptations: Situational temptation to engage in the unhealthy behaviour often viewed as an equally important companion construct to the more commonly used situational confidence measures.

Self-efficacy: Self-efficacy refers to the confidence an individual has in his or her own ability to successfully carry out behaviour (Bekele and McCabe, 2002).

Factors affecting involvement of male in family planning: Several factors may influence the attitude of men towards the use of contraceptive methods. There was strong association between literacy level and attitude of men towards contraceptive use (Tularo *et al.*, 2006). Other factors that affect involvement of men in family planning are religion, tradition, cultural value, access to media income and types of occupation (Daka, 1986). Therefore the objective of this study explored the involvement of men in family planning by employing one of the health behavior models Trans Theoretical Model (TTM) in Wolaita Soddo town.

MATERIALS AND METHODS

A community based cross-sectional study was conducted in Soddo town, of Wolaita zone from September 2008 up to April 2009, on 423 households. This is one of the 13 zones in Southern Ethiopia. Based on the 1994 National census the projected population of the zone in 2008/2009 had 1,820 281. Out of which 95% of the population residing in rural areas and the rest were live in the town (Bureau of Finance and Economic Development SNNPR, 2008/2009).

By the year 2008/2009, there was one government hospital; one non-government hospital and one private hospital, 14 health centers and 178 health posts are providing services for the community. Malaria, Tuberculosis, malnutrition and HIV/AIDS complicated by over crowding are the main health problems of the zone (Wolaita Zone Health Department, 2008 /2009).

The total population of the town was 73,253 from which 37,986 are males 35,268 were females. The total number of household was 14,309. In Wolaita Soddo town there were one government hospital and one NGO hospital one government health center, two higher clinics eight small clinics two pharmacies one drug distribution stores three drug stores eight drug vendors.

The quantitative data was analyzed using SPSS Version 15 and Ms-Excel soft ware package.

Ethical considerations: Ethical clearance obtained from the respective school of public health, and AAU Faculty of medicine ethical committees. A formal letter submitted to all the concerned bodies to obtain their co-operation. All participants' right to self-determination and autonomy was respected.

Table 1: Reproductive health characteristics of the study participants, in Wolaita Soddo Town, April 2009

Respondent variable	Frequency (N = 423)	%
Age at first marriage		
15-19	50	11.8
20-24	157	37.1
25-29	118	27.78
>30	98	23.16
Current living children		
None	7	1.7
1-2	143	33.8
3-4	137	32.4
≥5	136	32.1
Desired number of children		
1-2	129	30.4
3-4	177	41.8
≥5	117	27.8
Birth spacing		
<2year	12	2.8
2-3 year	142	33.6
3-4 year	98	23.2
>4year	124	29.3
Do not want to wait	12	2.8
Do not know	35	8.2

RESULTS

A total of 423 houses hold the mean age of the respondent was 38.47 years. More than 63% of the respondents were Wolaita by the ethnicity followed by Gammo 23.2%, Amhara 6.1%, Gurage 2.8%, Siltie 2.6%, Oromo 1.2% and others 0.7%

About (49.4%) of the respondents were Protestants, followed by Orthodox (40.4 %), the rest constituting 10.2%. Educational status of respondent 14.9% were illiterate, 2.8% were able to read and write, 25.3 % had primary education 25.3% were educated to the level of junior high school, 5.7% had preparatory schooling and 24.6% had higher education. About 1.9% of the study participants were unemployed, 3.3% were farmer, 24.1% were government employee, and 70.6% were private employees. Ninety seven point six percent (97.6%) was monogamous, while only 2.4% were polygamous. The mean age of study participant at first marriage was 25.2 year with a standard deviation 5.594 years. About 2/3 of study participant married at the age range of 20-29 but 11.8% of the study participant were in the age range between 15-19 years, and the rest 23.16% of the participant age 30 year and above (Table 2). The average number of living children per man was 3.68 and the average desired number of children was 3.82. Only 2.8% of the participant wished to have a child less than 2 year, 33.6% wished to have a child between 2-3 year, 23.2 % with in 3-4 year, and 29.3% wishes to have >4 year Table 1.

Men knowledge of contraceptive use: About 96% of the respondents heard about family planning and familiar for at least one method. The most commonly reported family planning methods are pills (96%), injectables (Depo

Table 2: Knowledge of study participant about modern contraceptive method Wolaita Soddo Town 2009

Variable	Frequency (N = 423)	%
Ever heard about modern contraceptive		
Yes	405	95.7
No	18	4.3
Knowledge of each method (N=405)		
Pills	389	96.0
Injectables	383	94.5
Condom	359	88.6
Norplant	143	35.3
IUD	91	22.5
Male sterilization	134	33.1
Female sterilization	134	33.1
Rhythm method	84	20.7
Spermicidal	11	2.71
Other	1	24
Source of information (N=405)		
Radio	340	83.9
Health worker	248	61.2
Poster	49	12.1
News paper	82	20.24
Parents	10	2.46
Others	49	12.1
Knowledge of sterilization (N=423)		
Yes	134	33.1
No	271	66.91
No response	18	4.44

Table 3: Approval and spousal communication among currently married men in Wolaita Soddo town 2009

Variable	Frequency	%
Desire to know more about family planning method (N = 423)		
Yes	387	91.5
No	25	5.9
No response	11	2.6
Approved use of contraceptive (N=423)		
Yes	328	77.5
No	80	18.9
I don't know	3	0.7
No response	12	2.8
Reason for disapproval (N = 80)		
Desire to have more child	23	28.8
Respondent refusal	21	26.3
Wife or partner refusal	3	11.3
Fear of side effect	7	8.8
Religious prohibition	11	13.5
Other		
Discussion of family planning (N=423)		
Yes	253	59.8
No	154	36.2
No Response	16	3.8
Frequency of discussion (N = 253)		
Once	17	6.7
Twice	49	19.4
Many times	187	73.9

Provera) 94.5%, condom 88.6%, Norplant 35.3%, intrauterine device 22.5%, Vasectomy 33.1%, Tubal ligation 33.1%, rhythm method 20.7%, Spermicidal 2.71% and other includes withdrawal method (Table 2).

Attitudes of men towards modern contraceptive:

Married men were asked whether they have desire to know more about family planning method 387(91.5%) of the respondent had desire to know more about family planning method 25(5.9%) of the respondent had no desire to know family planning method the rest 11 (2.9%) gave no response for this question. Married men were asked whether they approve or disapprove (both the male and female method) the use of family planning method about 328 (77.5%) of the married men approve the use of family planning at the time of the interview, while 80 (18.9%) disapprove the rest 3.5% gave no response for this question. The reason mentioned for disapproval 23(28.8%) were desire to have more children, 21(26.3%) respondent refusal, 9(11.3%) wife or partner refusal, 9(11.3) fear of side effect, 7(8.8%) religious prohibition, 11(13.5%) were others about 59.5% of married men discussed family planning in the last 1 year of those who discussed family planning 187 (73.9%) had frequent discussion while 17(6.7%) and 49 (19.4%) had discussed the issue of family planning once and twice respectively (Table 3).

Men use of family planning with their partner:

Overall 277(65.5%) of Couples (married men and their wives) currently used family planning method and less than 5% of the respondent used male method (vasectomy and condom), about 36(8.5%) reported have used family planning at some time but not currently using it and about 107(25.3%) reported never having used any family planning method. The main reason reported for current use of family planning method is child spacing 207(74.72%) and limiting the number of children 70(25.27%). About 158(71.4%) reported that joint spousal decision making on issue related to contraceptive use. however 57(20.5) decide contraceptive use alone and the decision made wife alone 21(7.58%). The rate of non-use of family planning method among the study participant was 107(25.3%). Many reason were reported among non user desire to have more child 31(28.9%) husband opposed 15(14.01%), source of contraceptive not known 11(10.28%) wife opposed 10(9.34%) fear of side effect 9(8.41%) health concern 9(8.41%) religious prohibition 6(5.6%) no response 8(7.47%) others 8(7.47%).

Behavioural stage of men in contraceptive use:

From the study participants 113 (26.7%) had no intention to take family planning method in the future (precontemplation stage), 33(7.8%) intend to take family planning methods within the next 6 months (contemplation stage), 19(4.5%) intend to take family planning method with in the next 30 days, 68 (16.1%) starts to practice family planning method with in the past six months (action stage). The rest 209 (49.4%) of the participants used family planning method in the past and plan to practice in the future (Fig. 1).

Table 4: Result of multivariate analysis current use of family planning with selected explanatory variable

Variable	Current use of family planning		Crude OR	95% CI	Adjusted OR	95% CI
	Yes	No				
Education						
Educated	242	100	3.630	(2.16-6.09)*	1.352	(0.648-2.823)
Uneducated	30	45	1		1	
Occupation						
Employed	265	130	3.567	(1.46- 8.72)*	0.988	(0.28-3.44)
Unemployed	8	14	1			
Do you have TV/Radio						
Radio only	121	56	2.701	(1.573 -4.638)*	2.167	(1.065-4.410)**
TV only	9	6	1.875	(0.610-5.759) *	2.25	(0.479-10.569)
Both TV and radio	111	39	3.558	(2.011- 6.292)*	2.855	(1.299-6.273)**
None						
Approval of family						
Planning	266	62	32.762	(16.49-65.09)*	16.587	(7.69-35.77)**
Approved	8	75	1		1	
Not approved						
Discussion on the issue of family planning						
Yes	217	36	10.549	(6.52- 17.08)*	4.091	(2.273-7.364)**
No	56	98	1		1	

*: Significance (OR) odds ratio unadjusted, p<0.05

**: Significance odds ratio adjusted, p<0.05

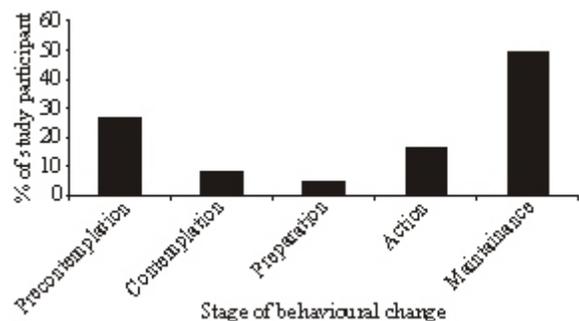


Fig. 1: Stage of behavioural change of men in family planning method use

Determinant of family planning use by the study participant: Analysis of the independent variables in relation to current use of family planning method showed that exposure to media; approval and discussion about family planning issue among spouses were found to have significant impact on contraceptive use (Table 4). Odds ratio (OR) with their corresponding 95% confidence interval (CI) were adjusted for educational status, occupation, having radio/Television, discussion about family planning with wife and approval/disapproval of contraceptive use.

DISCUSSION

The study assesses the involvement of men in family planning method utilization in Wolaita Soddo town.

Involving men and obtaining their support and commitment to family planning is of crucial for family planning service utilization. This paper focuses the importance of involving men in influencing the utilization of family planning method and highlighted the potential insights into men's behaviour where family planning interventions could be made. There are variations in the types of family planning method that was practiced in the study area. Male method such as vasectomy and condom were utilized poorly, which is consistent with study done in Hosanna and Gondor (Ismail, 1998; Tularo *et al.*, 2006). Desire to have another child, the participant opposition; respondent and their wife perception, source of contraceptive not known fear of side effects, health concern and religious prohibition were among the reasons reported for low utilization of family planning. Men knowledge on family planning is very high compare to previous study. In this study 96% of married men know at least one method of family planning this might be the result of intervention by the health sector and increase exposure to media.

The average living children per men was 3.68 and the desired number of children was 3.82, which are lower than a study done in Hosanna by Tularo *et al.* (2006). This can be explained by high knowledge of family planning by the study participants and improvement in practice of family planning method.

Only 2.8% of the participant's wishes to have a child with 2 year, 33.6% wish to have a child between 2-3 years, 23.2 % wishes 3-4 years, and 29.3% wishes to have

after four year. This indicates high number of participants were practiced family planning method for birth spacing than limiting by agreement as a study done in Ethiopia and other developing countries

In this study 26.7% of the study participant no intention to practice family planning method in the future (Precontemplation stage), which is comparable to Vietnam study, 25.8% of the men were in the precontemplation stage. Similar to Vietnam study only 7.8% of the study participant had intention to practice family planning method in the next six months (contemplation stage) which includes those that was prepared to practice family planning method (Ha *et al.*, 2003) and 4.5% of men were preparing themselves to practice family planning method with in the next 30 days, which is higher than Vietnam study. This might be a study done in Vietnam was rural this study was urban and the Vietnam study was only for IUD but this study was for all methods of family planning .The rest 65.5% of the study participant were in action/maintenance stage which is comparable with Vietnam study (Ha *et al.*, 2003).

From this study we can classify study participants those in the behavioural stage in precontemplation, contemplation and preparation stage currently not practiced family planning method. But those in action and maintenance stage currently practiced family planning method.

A study revealed that educated men more likely to practice family planning method than uneducated once adjusted odds ratio 1.352 CI (0.648-2.823) but not stastically significant p-value > 0.05. A study conducted in northern Ethiopia showed that men have greater desire for more children than women. A desire for more children decreases as the level of education increases. Education forebear's modern ideas of small family size as it means better standard of living. It also ensures greater knowledge about various methods and their effectiveness.

In this study, we found that there is no stastical association between family planning practice and religion. The impact of religion on contraceptive use of now diminished. Family planning methods were practiced in both Muslim and Christian Society. The qualitative finding also supports this idea.

In this study Approval of family planning method use by the study participant was 77.5% lower than a study done in Hosanna Ethiopia and Bangladesh and Kenya. But higher in a study done in Gondor this might be a difference in sociocultural norms such as male/Husband dominance and opposition to the use of contraceptive of study participant. Approval of men in contraceptive use was highly associated with current use of contraceptive use adjusted odds ratio 16.5 CI (7.69-35.77) p<0.001.

Husband-wife communication, as measured in particular by each spouse's attitude toward family planning, the wife's perception of her husband's approval

of family planning, interspousal power, gender role in the sphere of marital life. Spousal discussion about matters related to reproduction and family planning is viewed as being successful to the extent that it directly increases the use of contraception and favourable attitudes towards contraception among couples. Through discussion a couple can come to a mutual decision on whether or not to use contraception to plan when to have children and how many to have (Bekele and McCabe, 2002). In this study we found 59.8% married men discuss the issue of family planning with spouses. A study done in Hosanna town 66% of married men discussed the issue of family planning the difference between two studies explained by cultural difference between two communities but a study done in Gondor 14 year back by Ismail (1998). Only 23.9% of married men have discussed family planning with their wives, which is lower than this finding. In this study men who had discussions with their wives about family planning matters 4.09 times to practice family planning method than men who had no discussion (OR 4,091 95% CI 2.273-7.364,) in agreement with a study done in Hosanna (15) The qualitative finding also supports this finding participants said there is improvement in discussion between husband and wife in the issue of family planning.

Husbands who had radio, television, and both have more likely to practice family planning than those they do not have because media influences the knowledge and attitude of the study participant.

In this study, the CPR was found to be 65.5% is higher than other urban centre in the country. This might be due to an increased awareness and knowledge of the community about contraception, increased access to family planning services, or increased involvement of NGOs, private and religious organizations in the advocacy and provision of family planning service Male method of contraception such as vasectomy and condom poorly practiced by the study participant. There in no men in the study participant that undergone Vasectomy and only 6 (2.16%) of study participant practiced condom and 0.36% withdrawal method. These results are in agreement with DHS Ethiopia and other developing countries studies (Moldova, 2006).

CONCLUSION

The study found high prevalence of knowledge of contraceptive methods among married men, low utilization of male methods of family planning. Discussion between spouses and their joint decision-making on contraceptive use was also found to be high. Most of behavioural stage of men was in maintenance/action stage. Various factor affect the involvement of man in modern contraceptive use the impact of religion on family planning method use was

reduce but education, exposure to media, spousal Communication has significant effect on family planning method use.

RECOMMENDATION

- Family planning methods use among married men is very low (e.g., condom 2.16%). For this purpose, governments, nongovernmental organizations (NGOs), donors' agencies and relevant stakeholders should ensure availability, accessibility and sustained advocacy for use of condom for protection against unwanted pregnancy.
- Health institution should improve the availability of men family planning method through resource mobilization from partners (NGOs) and different actors.
- Targeted, stage based IEC intervention should be implemented to change the knowledge and attitude of married men in family planning method.

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