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Results: Only 105(16.6%) of participants reported current use of male contraceptive methods and of those reported current use, 50(7.9%) used condom, 28(4.4%) periodic abstinence, 25(3.9%) withdrawal and 2(0.3%) used vasectomy/male sterilization. Four hundred fifty five (71.8%) of their wives were using contraceptive methods during the study period. Half, 323(50.9%) of their wives were using injectable, 83(13.1%) were using implants and, 35(5.5%) of them were using oral contraceptive pills.

Our study showed that those married men and their partners with whom they had discussion about family planning methods were 2.04 and 3.6 times more likely to use contraceptive methods compared to their counterpart. It was found that those partners who had no children and those had 1-2 children were 75% and 59% were less likely to use contraceptive methods by their wives when compared with those had more than five children but no significant association found in male methods.

Conclusion: The study has shown that total number of children mainly to their wives method use, spousal communication to both model and method approval by husband to their partner are important predictive variables for the use of contraception.

Keywords: male involvement, method approval, spousal communication, contraceptive use.

I. Background

High population growth prevents the long-term socio-economic development needed to alleviate poverty and to meet the immediate basic needs of the burgeoning population (8). One of the most serious problems developing countries still have to solve is their rapid and uncontrolled increase in population (9). Sub-Saharan Africa has an average TFR of 5.1, the highest average in the world; which is twice that of South Asia (2.8) (11). The average CPR of 22% is half of South Asia (53%) due to low acceptance and high cultural resistance to FP. Consequently, the maternal mortality ratio of 500/100,000 live births is high and most SSA countries are not on track to achieve MDG5 (10). According to mini Ethiopian DHS 2014 report, the current population size reach as high as 94 million by 4.2 and 42% fertility and contraceptive prevalence rate respectively, and these resulted over all high MMR 420 /100,000 live births (2).

Family planning services have become the interventions of choice to slow population growth. It is believed that child spacing or the timing of every birth can improve survival of the child and can maintain good physical and emotional health for the whole family. Fertility and family planning researches and programs have ignored men's roles in the past, focusing on women (3), despite recent studies have showed that men want to know more about reproductive health and want to support their partner more actively (4). An important step in improving women's reproductive health is the involvement of men (5). Worldwide, none of "male methods (condom or Vasectomy)" accounts for more than 7% of contraceptive use, although uptake varies considerably between countries (6).

Male involvement in family planning means more than increasing the number of men using condoms and having vasectomies; it 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 (6, 17).

Methods that require male involvement such as condoms, periodic abstinence, withdrawal and vasectomy are used less often (7).

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

Accordingly, the purpose of the current study is to assess the status of male involvement in family planning use in Loka Abaya district, Southern Ethipia.

II. Methods

a) Study setting

The study was carried out in Loka Abaya, one of the districts of Sidama zone, southern of Ethiopia. According to the 2014 woreda health office estimation the district has the population of 124711(20). The livelihood of the population is reliant on subsistent mixed farming. Major crops grown in the district are maize, teff and enset. Administratively, Loka Abaya is organized in 26 kebeles. A kebele is the smallest administrative unit in Ethiopia with an approximate 1,000 households.

b) Study design

A community based cross-sectional study design employing quantitative methods was used.

c) Sample Size

The study was designed to include 634 participants. The sample size was estimated using single and double population proportion formula with the following specification: 95% confidence level (z $\alpha/2 = 1.96$), power of test 80%, proportion of 60.3% (15) and 51% (16) spousal communication and any contraceptive method use by respondents wives respectively, 5% margin of error (d), design effect of 1.5 and 10% contingency to account for possible non-response.

d) Sampling procedure

Loka Abaya woreda was selected purposefully to assess the status of male involvement in family planning in the woreda. Multistage sampling was used. After free listing, papers bearing the names of the kebeles were put in a basket and by simple random sampling without replacement; ten kebeles were selected by the principal investigator. Household family folder was used as sampling frame for the selection of the study unit. The number of study unit would allocate for each selected kebele by a probability proportional to size allocation. Then to obtain 634 study subjects systematic sampling techniques was used until the required sample sizes achieved.

The sampling interval was calculated by dividing the total number of households in each kebeles to sample size required in each kebeles. The direction where the pencil pointed and every selected household were included in the study.

e) Data collection

To interview married men in the community, semi-structured questioners developed in local language were used. The 5% questionnaires were pre-tested in out of the study site. After pre-test, modification was made for unclear and difficult question based on standard tools adapted from different literatures. During data collection the data was checked for completeness and consistency of information by the principal investigator.

f) Data analysis

Each completed questionnaire was assigned a unique code. The data entry was made by using Epi-info 7 software and data were analyzed using Statistical Package for Social Science (SPSS) for windows (version 20). Statistical significance was considered at $P<0.05$. Possible confounders were controlled by multivariate analysis using logistic regression model. Variables with $P<0.25$ on bivariate analysis were selected as candidates for multivariate analysis and Hosmer and Lemeshow test was used to assess model fitness. To show the strength of association OR with 95% CI was reported.

g) Ethical consideration

Ethical clearance was obtained from Hawassa University College of Medicine and Health Sciences Institutional Review Board. Data were collected after taking informed consent from the study subjects. The participant's privacy, confidentiality and cultural norms were respected properly.

III. Result

a) Socio-demographic characteristics

All 634 married men invited for participation in this study have participated. Its response rate is 100%. The age range for the respondents was from 19 years to 58 years and the mean age of respondents was 33.76 +/- 8.4. Protestant (589, 92.3%) were the major religious group in study area. Two hundred eighty (44.2%) of the study population was unable to read and write. Only one hundred thirteen (17.8%) were educated to the level of high school or above. Farmers comprised the majority (521, 82.2%), followed by merchants (75, 11.8%). A few (12, 1.9%) of the respondents earned less than 1200 birr per annum. Three hundred thirty three, 52.5% were married at ages less than 20 years. The mean age at marriage was 21.21 years. The mean and standard deviation of children ever born was 3.35 and 2.18 respectively. The average family size reported was 6.5(range: 2-11). Nearly 368(58%) reported family size of less than or equal to five (See table 1).

b) Male involvement in family planning method use

One hundred forty, 22.08% of study participants reported ever use of male methods. Of those reported ever use, 70(11.04%) used condom, 32(5.04%) used

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periodic abstinence and 38(6.0%) used withdrawal. Only 105(16.6%) of participants reported current use of contraceptive methods and of those reported current use, 50(7.9) used Condom, 28(4.4%) periodic abstinence, 25(3.9%) withdrawal and 2(0.3%) used vasectomy/male sterilization.

The reason for discontinuation of contraceptive use by 58(9.1%) of men was partners opposition, 22(3.5%) desire more children, 7(1.1%) perceived fear of side effects and others discontinued because of different personal reasons.

Men were asked about current contraceptive use by their wives. Four hundred fifty five (71.8%) of their partner were using contraceptive methods during the study period. More than half, 323(50.9%) of respondents wives were using injectable, 83(13.1%) were using implants, 35(5.5%) of them were using oral contraceptive pills, 6(1.0%) IUCD, 3(0.5%) tubal ligation/female sterilization and the rest use other non-modern methods. The most important reason for using contraceptive methods for 62.6% of the respondents was the need of spacing (See Table 2).

c) *Factors affecting family planning method use by married men and their partner*

The analysis of variables that logically could affect male methods use such as; age of respondents, educational status, annual income, family size, respondents belief about male involvement on family planning importance, respondents religious status about family planning methods, the support of their society about family planning use, type of methods they use were showed significant association with $P<0.05$ during bivariate analysis and selected for multivariate analysis to control confounders. Similarly, variables with $P<0.25$ like; highest grade completed, source of information, and do you think that family planning is important were selected for multivariate analysis. Variables such as Religious status, occupation and age at first marriage were not selected for multivariate analysis because significance test showed $P>0.25$.

Age of respondents from 15-24 and 25-34 showed significant association with (COR= 3.64, 95% CI = 1.41- 9.42) and (COR = 3.02, 95%CI = 1.33- 6.87) respectively but did not showed significant association by multivariate analysis with (AOR = 0.88, 95% CI=0.24-3.22) and (AOR = 0.86, 95% CI = 0.29-2.54) respectively. The analysis of the education of married men showed that those who had no education were 5% less likely (AOR =0.95, 95% CI =0.14-0.99) used contraceptive methods than those had learnt above twelve. Before controlling for possible confounder's the total number of living children was showed significant association by bivariate analysis. Those respondents had no children, those who had 1-2 children and 3-4 were 6.1, 3.4 and 2.25 more likely to have used contraceptive methods when compared to those had more than five children ((COR = 6.1, 95% CI = 2.28-16.18), (COR = 3.4, 95% CI = 1.81-6.56) &(COR = 2.25, 95% CI = 1.14-4.44)) respectively but not by multivariate analysis.

Family size showed significant association in both by bivariate (COR = 2.68, 95%CI = 1.65-4.33) and multivariate analysis (AOR = 0.53, 95% CI = 0.24-0.97) with those family size less than five were 47% less likely used male contraceptive methods than those family size more than five. Regarding annual income of the family, those who had 1200-3600 were more likely used contraceptive methods by bivariate analysis (COR =0.47, 95% CI = (0.24-0.91) but was not found significant association by multivariate analysis (AOR= 0.57, 95% CI = 0.28-1.17) (See table 3a).

Here also variables which logically could affect contraceptive current use by their partner were analyzed by logistic regression and those variables showed significant association in bivariate analysis with $P<0.05$ were carried out to multivariate analysis. Similarly variables with $P<0.25$ were selected as candidate for multivariate analysis and finally variables with $P<0.05$ by multivariate analysis were reported.

Those wives whose husbands are within age group from 15-24 years were 2.4 times more likely used contraceptive methods than age group >44 years (AOR=2.4, 95% CI = 0.69- 8.45) but the association found is not significant. Similarly, the analysis of education of husband toward contraceptive methods use by their wives in both bivariate analysis (COR = 1.41, 95% CI = 0.99-1.99) and multivariate analysis (AOR=0.99, 95% CI = 0.57-1.72) were not showed significant association.

The total number of living children affected contraceptive current use by their wives. Those couples who had no children and who had 1-2 children were 75% and 59% less likely uses contraceptive methods when compared with those had more than five children (AOR = .25, 95% CI = 0.09-0.77) and (AOR = 0.41, 95% CI = 0.06-0.88) respectively. Also, the analysis of annual income showed significant association when adjusted for different variables. Those family who had <1200 were 77% less likely to use contraceptive methods than who had above 7200 Birr ((AOR = 0.23, 95% CI = 0.06-0.90).

Those wives who had discussion with husband about family planning methods were 3.6 times more likely used contraceptive methods compared to their counterpart. It was found to be a predictor of higher contraceptive use with a multivariate analysis incorporating variables like husband support about family planning and husbands perceived approval of contraceptive methods (AOR=3.6, 95 % CI = 1.81-7.18) and wives with those husbands who reported approval of contraceptive use were more user of contraceptive than wives with those husbands who reported non approval (AOR = 13.7, 95% CI = 2.19-86.41). Those

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heard from multiple source had 1.8 times (AOR = 1.8, 95% CI =1.09-3.08) used contraceptive methods than those heard from one source. And also, those wives with husband who believe male involvement is important in family planning use were 5.1 more likely used contraceptive methods than their counterparts (AOR = 5.1, 95% CI = 1.22—8.69). Spousal communication was found as significant predictor of contraceptive current use by married men. Both bivariate and multivariate analysis showed significant association. Those husband who discuss about family planning methods were 2.04 times more likely (AOR =2.04, 95% CI = 1.22 -3.43) use family planning methods than counterpart. Similarly, those husband who believe male involvement on family planning is important were 2.8 times more likely (AOR = 2.8, 95% CI = 1.89-6.90) used family planning methods than their counterparts. On the other hand though the respondents belief about the importance of family planning method use and their societies support status about contraceptive method use showed significant association by bivariate analysis (COR= 5.1, 95% = 1.57-16.52) & (COR = 2.09, 95% CI =1.32-3.32) the multivariate analysis was not showed significant association with (AOR = 1.04, 95% CI =0.66-1.65) & (AOR =1.29, 95% CI =0.58-2.86) respectively(See table 3b).

IV. Discussion

Involving men and obtaining their support and commitment to family planning is of crucial for family planning service utilization. The objective of the study presented in this paper was to assess the involvement of men in family planning method utilization in Loka Abaya woreda. Only 16.5% of married men were currently used male contraceptive methods. It shows male methods were practiced poorly in study area. Spousal communication and method approval were found an important predictor of contraceptive current use and we have illustrated the importance of male involvement in utilization of contraceptive methods in general.

A study conducted in wolaita sodo town also showed that less than 5% of males had used male methods (14). Similarly, about 10% of Kenyan married couples are using a method that requires male participation, such as condom, vasectomy (17). Our study showed that 16.5% of respondents reported male contraceptive current use which is higher than findings observed above. This little higher proportion could be due to time variation and increased male involvement in methods utilization. There are variations in the type of contraceptive methods that are practiced in the study area. Male methods such as vasectomy, condom, periodic abstinence and withdrawal were utilized poorly, accounting for 2(0.3%), 50(7.9%), 28(4.4%) and 25 (3.9%) respectively. These results are higher than EDHS 2011 result which was 0.2% and 0.3% used condom and withdrawal respectively but in line with the studies conducted in Hossaina town, which was 7% used condom respectively (1, 12). Nevertheless there is progress in male involvement on family planning method utilization; the study demonstrated lower practice on contraceptive methods that could be used by men. This underlines the need to increase male involvement on various male contraceptive methods so that they could practice more. Desire to have another child, their wife opposition, the participant perception, fear of side effects, and religious prohibition were among the reasons reported for low utilization of male contraceptive methods.

Male involvement is not limited to the use of family planning methods by itself. It refers rather to the supportive attitude that males have towards their wives in using family planning and motivation in sharing responsibility in reproductive health matters (16).

The findings of this study showed that 455(71.8%) of respondents partner were using contraceptive methods currently. This is higher than the studies conducted in Hossaina town (12), Wolaita sodo town (14), and south eastern Tigray (16). This might be due to an increased awareness and knowledge of the community about contraception, increased access to family planning services through fully functioning health extension program, and/ or increased involvement of NGOs in the advocacy and provision of family planning service in the district.

Regarding the factors affecting male involvement on family planning use the results of this analysis demonstrate that annual income, total number of alive children, source of information, husband's belief about male involvement importance on FP methods use, method approval by husband and spousal communication are significantly associated with current use mainly to their wives contraceptive use.

The analysis of the education of married men showed that those who had no education were 5% less likely (AOR =0.95, 95% CI =0.14-0.99) used male contraceptive methods than those had learnt above twelve. But, the analysis of education to their wives method use was not showed significant association. This could be attributed to the difference in focus given mainly to female methods than male methods by concerned body.

The study conducted in Hossana town also showed men with 3 or fever living children were less likely to practice family planning methods than those with 4 or more children (OR = 0.6, 95% CI 0.5-0.9) (12). Another study in western Ethiopia revealed that family size of five and above and at least three live children are positively associated with current contraceptive use by women ((OR=1.8, 95% CI = 1.03- 3.14) and OR= 2.8, 95% CI = 1.47- 4.15) respectively (13). In consistent with this, our study also showed that those married men with

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family size less than five were 47% (AOR = 0.53, 95% CI = 0.24-0.97) less likely used male contraceptive methods than those family size more than five and those partners who had no children and 1-2 were 75% and 59% less likely used contraceptive methods by their wives when compared with those had more than five children (AOR = .25, 95% CI = 0.09-0.77) and (AOR = 0.41, 95% CI = 0.06-0.88) respectively. Possible explanations for this could be that those with larger families could have achieved the number of children they wanted to have, which implies that they use methods to limit further child birth.

Individuals who have adequate information about the available methods of contraception are better able to make choices about planning their families (1). In a study carried out in Angolela tera district, about 77.4% of the study participants reported that they had heard of family planning methods (15). Most of the respondents 95.1% in our study had information about family planning which is higher than above finding but lower than in EDHS 2011(1). About 49.8% of the respondents heard from more than one sources. Our study also showed that those heard from multiple source were 1.8 times (AOR = 1.8, 95% CI =1.09-3.08) used contraceptive methods than those heard from one source.

Spousal communication helps couples to be aware of each other's perspective about family size and composition so that consensus can take place about contraceptive use. Findings in a rural community of western Ethiopia (13), Angolela Tera District (15), and south eastern zone of Tigray and in North Gondar have showed that (18) those who communicate with their wives were more predisposed towards use of contraception.

A study done in Hossaina town showed that men who had discussions with their wives about family planning matters (AOR = 17.3, 95% CI, 11-27) and who approved of the use of contraceptives (AOR = 14, 95% CI, 6-33) were more likely to practice family planning methods (12).

Another study done in Wolaita Sodo town also showed that 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 ((AOR 4.091 95% CI 2.273-7.364) $P<0.05$). Also, 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) $p<0.001$ (14). Another study conducted in Jimma about influence of women's autonomy on couples contraception use indicated that couples who openly discuss about family planning is higher in use of contraception than in those who didn't communicate. Similarly couples current contraception use was higher when the husband approves the family planning than in cases when doesn't approve (19). In agreement with the above findings our also showed that those married men and their partner who had discussion with about family planning methods were 2.04 and 3.6 times more likely used contraceptive methods compared to their counterpart with ((AOR = 2.04, 95% CI = 1.22 -3.43) and (AOR = 3.6(1.81-7.18)) respectively. Husbands perceived approval of contraceptive methods also found important predictor of higher contraceptive use (AOR = 13.7, 95% CI = 2.19-86.41) but, in contrary to the study in rural western Ethiopia that women with those husbands who reported approval of contraceptive use were less user of contraceptive than women with those husband who reported not approval (13).

V. Conclusion

The analysis of this study provided information on male involvement status in family planning method use in Loka Abaya woreda. Only105 (16.6%) of participants, reported current use of contraceptive methods. Our results demonstrated that family sizes, husband's belief about male involvement importance on family planning, spousal communication are important predictive variables for the use of male contraceptive methods.

Four hundred fifty five (71.8%) of their partner were using contraceptive methods during the study period. Injection (50.9%) and Implants (13.1%) are mainly used methods followed by pills (5.5%). A family size and total number of children they have also matters method utilization. It was found that those married men with family size less than five were 47% less likely used male contraceptive methods than those family size more than five and those partners who had no children and 1-2 were 75% and 59% less likely used contraceptive ($P<0.05$) methods by their wives when compared with those had more than five children respectively.

Regarding Spousal communication, 392 (61.8%) of the respondents reported that they had ever discussed family planning with their wives. It was found to be a predictor of higher contraceptive use with 3.6 times more likely used contraceptive methods compared to their counterpart. Also, husbands perceived approval found an important predictor of higher contraceptive use. Our results demonstrated that family size, total living children, source of information, husband's belief about male involvement importance on family planning, spousal communication and method approval by husband are important predictive variables for the use of their wives contraceptive methods.

Competing interests

The authors declare that they have no conflict of interest.

VI. Acknowledgements

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Tables and Figures

Table 1: Socio-demographic characteristics of married men in Loka Abaya woreda, Sidama zone-SNNPRS 2014/15

Variable(n=634)		Frequency (%)
Age	15-24	70 (11.0%)
	25-34	289 (45.6%)
	35-44	182 (28.7%)
	>44	93 (14.7%)
Religion	Protestant	589 (92.9%)
	Orthodox	0 (0%)
	Muslim	10 (1.6%)
	Other	35 (5.5%)
Educational status	No formal education	280 (44.2%)
	1-4	31 (4.9%)
	5-8	210 (33.1%)
	9-12	88 (13.9%)
	>12	25 (3.9%)
Occupation	Farmer	521(82.2%)
	Merchant	75 (11.8%)
	Government employ	29 (4.6%)
	Other	9 (1.4%)
Family size	<=5	368 (58%)
	>5	266 (42%)
Annual income of the family	<1200	12(1.9%)
	1200-3600	118(18.6%)
	3600-7200	243(38.3%)
	>7200	261(41.2%)

Table 2: Practices of contraceptive methods by married men and their partner in Loka Abaya woreda, Sidama zone-SNNPRS 2014/15

Variables(n=634)		By married men		By his partner	
		Frequency	%	Frequency	%
Ever use of CM	Yes	140	22.08		
	No	494	77.92	NA	
Current use of CM	Yes	105	16.6	455	71.8
	No	529	83.4	147	23.2
	Don't know			21	3.3
	Not sure	NA		11	1.7
Mainly used CM	Male condom	50	7.9		
	Periodic abstinence	28	4.4		
	Vasectomy	2	0.3	NA	
	Withdrawal	25	3.9		
	Injection			323	50.9
	Implants(Implanon and other)			83	13.1
	Pills	NA		35	5.5
	IUCD			6	1.0
	Tubal ligation/Female sterilization			3	0.5
	Prolonged breast feeding			5	0.8

- NA- Not Available

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Table 3a: Independent predictors of male involvement on family planning method use versus contraceptive current use by married men in Loka Abaya woreda, Ethiopia-2014/15

Variables(n=634)	Current use of contraceptive methods by men		COR(95%CI)	AOR(95%CI)
	Yes (%)	No (%)		
Age of respondents				
15-24	16(22.9%)	54(77.1%)	3.64(1.41-9.42)*	0.88(0.24-3.22)
25-34	57(19.7%)	232(80.3%)	3.02(1.33-6.87)*	0.86(0.29-2.54)
35-44	25(13.7%)	157(86.3%)	1.96(0.81-4.71)	1.07(0.41-2.78)
>44	7(7.5%)	86(92.5%)	1	1
Educational status				
No formal education	35(12.5%)	245(87.5%)	0.3(0.12-0.76)	0.95(0.14-0.99)*
1-4	5(16.5%)	26(83.5%)	0.41(0.11-1.46)	1.48(0.56-3.97)
5-8	13(17.6%)	173(82.4%)	0.45(0.18-1.13)	1.31(0.47-3.67)
9-12	20(22.7%)	68(77.3%)	0.63(0.24-1.66)	1.89(0.86-4.19)
>12	8(32.0%)	17(68.0%)	1	1
Total living children				
No children	9(33.3%)	18(66.7%)	6.1(2.28-16.18)*	3.15(0.76-13.01)
1-2	51(22.1%)	180(77.9%)	3.4 (1.81-6.56)*	1.81(0.61-5.42)
3-4	32(15.6%)	173(84.4%)	2.25(1.14-4.44)*	1.6(0.67-3.76)
>=5	13(7.6%)	158(92.4%)	1	1
Family size				
<=5	80(21.7%)	288(78.3%)	2.68(1.65-4.33)	0.53(0.24-0.97)*
>5	25(9.4%)	241(90.6%)	1	1
Annual income				
<1200	1(8.3%)	11(91.7%)	0.37(0.05-2.97)	0.29(0.04-2.42)
1200-3600	12(10.2%)	106(89.8%)	0.47(0.24-0.91)	0.57(0.28-1.17)
3600-7200	41(16.9%)	202(83.1%)	0.84(0.53-1.32)	0.94(0.57-1.54)
>7200	51(19.5%)	210(80.5%)	1	1

➢ = p<0.05

Table 3b: Independent predictors of male involvement on family planning method use versus contraceptive current use by married men in Loka Abaya woreda, Ethiopia-2014/15

Variables(n=634)	Current use of CM by married men		COR(95% CI)	AOR(95%CI)
	Yes	No		
Have you ever heard about FP method use				
Yes	104(17.2%)	499(82.8%)	6.25(0.84-46.36)	2.25(0.25-19.89)
No	1(3.2%)	30(96.8%)	1	1
Heard from				
Multiple source	46(14.5%)	272(85.5%)	0.74(0.48-1.12)	1.89(0.86-4.19)
One source	59(18.7%)	257(81.3%)	1	1
Do you think that FP is important				
Yes	102(18.1%)	460(81.8%)	5.1(1.57-16.52)**	1.04(0.66-1.65)
No	3(4.2%)	69(85.8%)	1	1
Do you belief male involvement on FP is important				
Yes	99(18.6%)	434(81.4%)	3.6(1.54-8.47)**	2.8(1.89-6.90)*
No	6(5.9%)	95(94.1%)	1	1
Do you think your religion is against the use of FP methods				
Yes	1(7.7%)	12(92.3%)	1.97(0.98-3.98)	0.77(0.18-3.33)
No	104(16.7%)	517(83.3%)	1	1

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Does the society you live support the use of FP				
Yes	100(18.7%)	434(81.3%)	4.4(1.74-11.04)*	1.29(0.58-2.86)
Not sure	5(5.0%)	95(95.0%)	1	1
Had discussion about family planning methods				
Yes	82(20.9%)	310(79.1%)	2.52(1.54-4.13)*	2.04(1.22 -3.43)**
No	23(9.5%)	219(90.5%)	1	1

➢ *P<0.05, **P<0.001

Table 4: Independent predictors of male involvement on family planning method use versus contraceptive current use by his partner in Loka Abaya woreda, Ethiopia-2014/15

Variables (n = 634)	Current use of CM by their partner Yes (%)	No (%)	COR(95%CI)	AOR(95%CI)
Age of respondents				
15-24	35(50.0%)	35(50.0%)	0.69(0.37-1.29)	2.4(0.69—8.45)
25-34	218(75.4%)	71(24.6%)	2.12(1.29-3.47)	0.83(0.30-2.28)
35-44	147(80.8%)	35(19.2%)	2.90(1.67-5.05)	0.71(0.30-1.66)
>44	55(59.1%)	38(40.9%)	1	1
Educational status				
Educated	265(74.9%)	89(25.1%)	1.41(0.99-1.99)	0.99(0.57-1.72)
Not educated	190(67.9%)	90(32.1%)	1	1
Total living children				
Have no children	11(40.7%)	16(59.3%)	0.32(0.14-0.75)	0.25(0.09-0.77)*
1-2	168(72.7%)	63(27.3%)	1.26(0.82-1.95)	0.41(0.06-0.88)*
3-4	160(78.0%)	45(22.0%)	1.69(1.06-2.67)	1.05(0.45-2.47)
>=5	116(68.8%)	55(32.2%)	1	1
Annual income				
<1200	8(66.7%)	4(33.3%)	0.59(0.17-2.05)	0.23(0.06-0.90)*
1200-3600	79(66.9%)	39(33.1%)	0.61(0.37-0.98)	1.27(0.63-2.57)
3600-7200	167(68.7%)	76(31.3%)	0.66(0.44-0.97)	0.87(0.51-1.49)
>7200	201(77.0%)	60(23.0%)	1	1
Source of information				
From multiple source	224(70.4%)	94(29.6%)	0.87(0.81-1.61)	1.8(1.09-3.08)*
From one source	231(73.1%)	85(26.9%)	1	1
Believe male involvement on FP is important				
Yes	431(80.9%)	102(19.1%)	13.56(8.17-22.49)	5.1(1.22—8.69)*
No	24(23.8%)	77(76.2%)	1	1
Approve his partner use FP methods				
Yes	441(83.8%)	85(16.2%)	34.83(18.97-93.9)	13.7(2.19-86.41)**
No	14(13.0%)	94(87.0%)	1	1
Had discussion with his partner				
Discuss	348(88.8%)	44(11.2%)	9.9(6.67-14.94)	3.6(1.81-7.18)***
Not discuss	107(44.2%)	135(55.8%)	1	1

➢ = p<0.05, ** = p<0.01, *** = p<0.001

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