

# Measuring Fertility Intention, Family Planning Utilization and Associated Factors among Married Couples in Mekelle City, Tigray, Ethiopia, Crosssectional Study

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## Abstract

**Background:** Traditionally, women have been the main respondents for most of surveys related to family planning, contraceptive prevalence and demographic health issues. However different literature shows that there is low utilization of contraception, poor communication and agreement on family matters between the couples and less involvement of males in family planning utilization; hence this study tried to measure factors that affect the agreement of couples on fertility intention and family planning utilization.

**Objective:** This study focused to measure family planning utilization, fertility intention and associated factors from the context of married couples in Mekelle city, Tigray Ethiopia.

**Methods:** A community based cross sectional survey was conducted on 422 married couples, which were selected by using proximity sampling method. Data pertaining to fertility intentions, contraception and associated factors was collected and the level of agreement (kappa statistics) between husbands and wives was computed. Finally, possible confounders were controlled and predictor variables for family planning utilization and fertility desire were identified by multivariate analysis. Ethical clearance was obtained from the respective department of Nursing, and Mekelle University, College of Health Sciences ethical committees.

**Result:** The observed concordance was 71.6% for ideal family size, 94.9% for contraceptive attitude, 95.9% for fertility desire, and 99.7% for report of number of currently living children. Couples who had child were 8.7 times more likely to practice family planning method than

those couples with no child (OR=8.7 CI (3.6-20.7)). Couples who approved the use of family planning method were 5.3 times more likely to practice family planning method use than couples did not approve (OR=5.3 CI (1.5-19)). In addition couples who had discussion on family planning matters were 4.8 times more likely to practice family planning method than couples who had no discussion (OR=4.8 CI: (2.7-8.5)). Couples with the age 16-24 were 7.4 times more likely to have more child than those whose age was more than 35 (OR=7.4 CI: 3.1-17.3).

**Conclusion:** Overall, a greater degree of agreement was observed for reproductive health events as compared to family planning attitudes and intentions. Socio cultural context in which the couples found, their reproductive history and the availability of the services are factors that affect the agreement of couples. In addition age of the couples and approval of contraceptive use found to be significant factor for couples to use contraceptives. More attention is needed be given to the quality and consistent family planning service and effectiveness of the service in the area.

**Keywords:** *Fertility Intention, Family Planning Utilization, Married Couples.*

## Introduction

**Background:** Traditionally, women have been respondent for the most of knowledge, attitude and practice survey related to family planning, contraceptive prevalence, demographic and health surveys and the like. The role of men has been

limited especially in Africa where men are the primary decision-makers of most reproductive issues including family planning. Demographers said that contraceptive developers focus on women, so that fertility rates and measures of contraceptive prevalence, unwanted fertility, and unmet demand for contraception were all based on women reports.<sup>1</sup> However, it has been now realized that programs that exclusively focus on either men or women may fail because most sexual, family planning, and child bearing decision are made or may potentially be able to be made by both partners together.<sup>1,2</sup>

The International Conference on Population and Development recognized the couple as a unit by referring frequently to couples and individuals and further states that the aim of family planning programmers must be to enable couples and individuals to decide freely and responsibly on the number and spacing of their children. Available studies show that in many developing countries male often dominates when any important decision are taken in the family, such as reproduction, family size, and contraceptive use.<sup>3</sup>

Despite the numerous reproductive health programs on contraceptive use and the benefits of low fertility, many African countries still record low contraceptive prevalence and high levels of fertility. Several studies have shown mismatch in fertility intention and subsequent reproductive behavior of women. A possible explanation for the mismatch is the influence of male partners on female contraceptive behavior since males exerts great influence on contraceptive use and fertility outcomes in households.<sup>5</sup>

**Statement of the problem:** The level of spousal agreement regarding fertility and family planning remains an important area for utilization of reproductive services. Although high concurrence would be expected because of daily partner contact and common living conditions, cross national studies of couple concurrence on contraceptive methods use show frequent discrepancies between husbands and wives reports.<sup>4</sup>

Family planning services are primarily limited to maternal and child health centers, where only women are invited for the service in developing countries. In addition most research on fertility and family planning issues in developing countries involved only women. The roles of the male in making family life decisions including the reproductive health life of his wife are not given due emphasis.<sup>5,6</sup>

In contrast to this, available studies show that in many developing countries, males often dominate in decision making in the family, including in issues related to reproduction, family size and contraceptive use. The study done in Kenya suggests that contraception is 2-3 times more likely to be used when husbands, rather than wives, want to cease childbearing.<sup>5</sup>

Until recently, fertility and family planning research in developing countries, as well as policy and program formulations, has generally relied on data collected from women. Increasingly, however, attention is being paid to including men.<sup>7</sup> However information that has become available from surveys conducted over the past decade suggest that men and women do not necessarily have similar fertility attitudes and goals. In addition the scope of fertility and family planning research has expanded to include such broader reproductive health issues as sexually transmitted diseases, on which data from both men and women are needed.

Although women bear children and most modern contraceptives are female methods, child bearing has an impact on men too. This impact may be felt financially, if men accept the responsibility of supporting their children, and in a range of other ways, including through the health and wellbeing of their wives and children.<sup>8</sup> Therefore, communication and agreement of couples that influence the utilization of family planning and reproduction need to be thoroughly studied in different socio cultural contexts in order to develop appropriate interventions to achieve the desired outcome of family planning program.

**Significance of the study:** It is well recognized that one of the potential problems, in the effort towards development in Ethiopia, is the high growth rate of the population. The country has a population policy aiming at balancing the pace of growth rate of population with the corresponding socioeconomic development. Increasing contraceptive prevalence for fertility regulation is one of the most important strategies to meet the objectives in the policy. However different literature shows that there is low utilization of contraception, poor communication and agreement on family matters between the couples and less involvement of males in family planning utilization hence this study try to measure factors that affect the agreement of couples on fertility intention and family planning utilization and propose possible recommendation to improve agreement and utilization of services. The results of this study

would be a great value to the health bureau personnel, couples, health personnel and future researches.

## Methodology

The study was conducted in Mekelle city; Tigray region using community based cross-sectional design. According to the city administration, the city is divided in to seven Woreda. The city's total population is 289,756. Among these, 51.7% are males and 49.3% are females and 65,853 households reside in the city. The study was conducted from January 1/2013 to June 25/2013.

The source population was currently married couples residing in Mekelle city, and the study population comprises of those currently married couples residing in Mekelle city where the age of women is 15-49 years old that are selected from source population. Study subjects included were currently married couples who lived in the study area more than six months, where the age of the wives was 15-49 years old.

The sample size was determined using the single population proportion formula, with desired sample size of 422 married couples. The sample was distributed proportional to the size of the total household population of each Woreda. The first household interviewed was determined randomly. When we found more than one eligible respondent in the selected household, only one respondent was chosen by lottery method. In cases where no eligible is identified in the selected household, the interviewer moved to the next household.

The interview was taken place on selected household by interviewing the couples separately to avoid an influence on each other and there were supervision of data collectors by supervisors and the principal investigator. To ensure the internal validity of the study, maximum effort was taken to minimize bias and errors using the following strategies: Training of data collectors and supervisors, Continuous and strict supervision and spot checking, Pre testing of questioners was conducted from 21 respondents prior to data collection process, and questionnaires was prepared in English and translated in to Tigrigna which is the language of interviewee and translated again back to English to keep the consistency.

The data was entered and analyzed using SPSS 20 software package. Frequencies to see the overall

distribution of the study subject with the variable under study was done. The cross tabulation for kappa statistics was done to see the level of agreement of couples on family planning utilization and fertility desire. Finally, possible confounders were controlled and predictor variables for family planning utilization and fertility desire were identified by multivariate analysis. The dependent variables were family planning utilization and fertility intention of couples and the independent variables were socio demographic characteristics, reproductive history, individual and institutional factors.

Ethical clearance was obtained from the respective Department of Nursing, and Mekelle University, College of Health Sciences ethical committee. The right, autonomy and beneficence of all participants were respected. The participation was voluntary based and they were told to withdraw from the study at any time without loss of benefit. Confidentiality was assured by no personal details were recorded or produced on any documentation related to the study.

## Result

**Socio demographic characteristics:** A total of 409 couples were included in the study which makes the response rate 96.9% and the non-response rate 3.08% (13 respondents). Information gathered from all was included in the analysis.

Religious distributions were similar for both spouses, 373(91.2%) were orthodox, 31(7.6%) were Muslims and 5(1.2%) were protestant.

382(93.4%) of the study population among wives and 364(89%) among husbands were Tigre, 21(5.1%) among wives and 41(10%) among husbands were Amhara, and the rest constituted by Afar and Oromo.

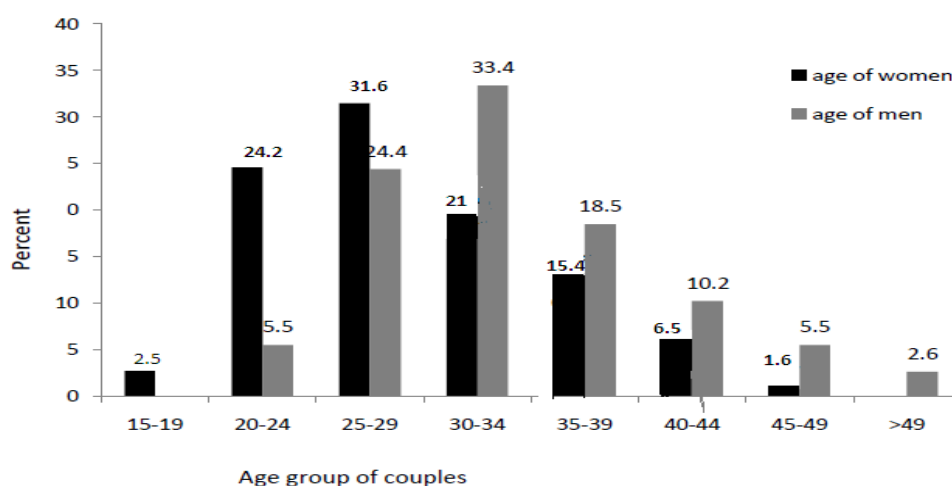
Majority of men 381(93.1%) and most of the women 368(90%) reported attending formal education. Most of those who reported attending formal education, 321(76.1%) of men and 297(70.3%) of women attended elementary and high school [grade 10 and below]. In contrast to this, 20.6% of women and 8.5% of men respectively are illiterate.

Among the respondents more than half 219(53.54%) of woman have an income less than 500 birr. 76(18.58%) of them get between 500 and 100 birr per month. Only 114(27.87) of the respondents have monthly income of more than 1000 birr (Table 1).

**Table 1: Socio Demographic Characteristics of Married Couples in Mekelle City, 2013 (n=409)**

Variables	Wife		Husband		
	NO	%	NO	%	
<b>Religion</b>	Orthodox	373	91.2	373	<b>91.2</b>
	Muslim	31	7.6	31	7.6
	Protestant	5	1.2	5	1.2
<b>Ethnicity</b>	Tigray	382	<b>93.4</b>	364	<b>89</b>
	Amhara	21	5.1	41	10
	Afar	2	0.5	0	0
	Other	4	1	4	1
<b>Education</b>	Unable to read and write	<b>31</b>	7.6	<b>6</b>	1.5
	Read and write	10	2.4	22	5.4
	Elementary	28	6.8	15	3.7
	Junior	103	2.2	57	13.9
	High school	98	24	70	17.1
	Preparatory	50	12.2	63	15.4
	Higher education	<b>89</b>	21.8	<b>176</b>	43
	<b>Income/month</b>	<500 birr	<b>219</b>	53.54	<b>6</b>
500-1000birr	76	18.58	84	20.53	
>1000birr	<b>114</b>	27.87	<b>319</b>	77.9	

The age range for wives was from 18 to 49 years with mean age of 28.75 and for husband was from 22 to 65 years with mean of 35.23years. Majority of the wives age range were, 25-29 (31.6%), while that of husbands were 30-34(33.4%) (Figure3).



**Figure 3: Age of married couples in Mekelle city, 2013 (n=409)**

Almost half of women, 168(41.1%) are house wife, 10(2.4%) day laborers and 48(11.7%) respectively were self-employee. while 30(7.4%) of men were day laborers, 56(13.7%) were self-employee, 74(18.1%) were merchants and 18 (4.4%) were farmers (Figure 4).

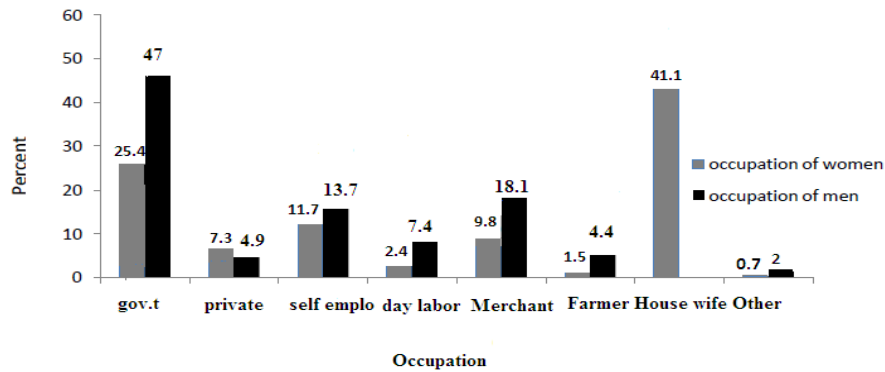


Figure 4: Occupational status of married couples in Mekelle city, 2013 (n=409)

### Reproductive History

Majority of women (69%) were married at ages less than 20 years, while only 6.8% men did so. The minimum age at marriage reported for women was 12 years & for men 17 years. The mean age at marriage was 20.15 & 27 with standard deviation 3.7 & 4.3, median 20 & 27 for women & men respectively (Figure 5).

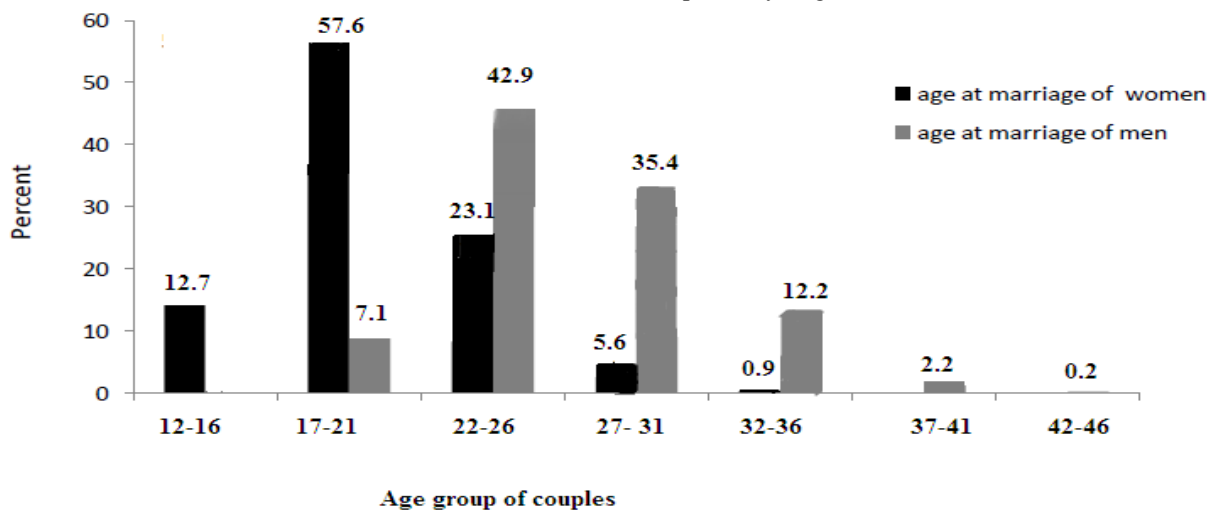
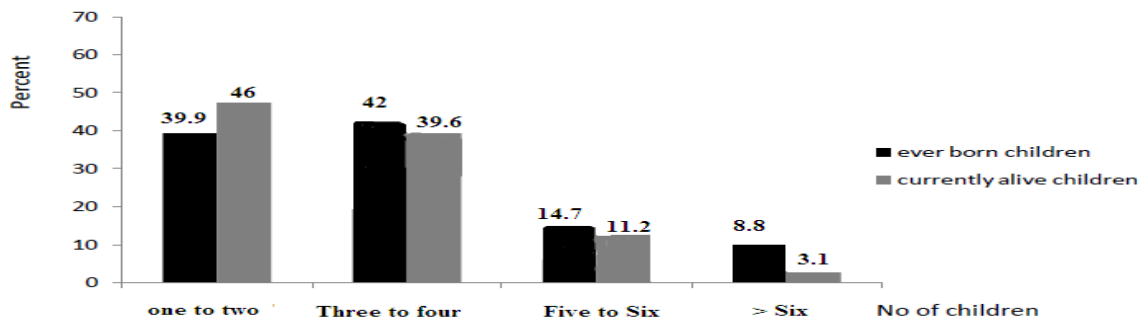


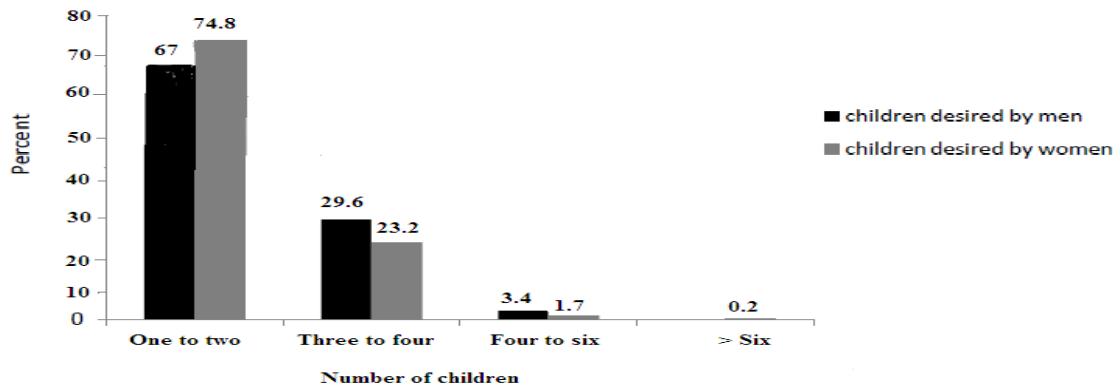
Figure 5: Age at marriage of married couples in Mekelle city, 2013 (n=409)

Among the respondents, about 99.7% have children ever born and the rest do not have. Out of this, about 39.9% have one to two children, 42% have three to four children, 14.7% of them have five to six children, and the rest (8.8%) have more than six children and the mean number of ever born children for spouse is 3.27. (Figure 6)  
 Among these ever born children majority of them (46%) are one to two children per a family, about 39.6% are three-four children, 11.2% are five to six children, and 3.1% are more than six children are alive children .The mean number of alive children is 2.97.(Figure 6)



**Figure 6 Number of ever born and alive children for married couples in Mekelle city, 2013 (n=409)**

About 57.9% of the respondents want to have additional children and the rest do not. More than half (67%) of the couple want to have one to two children, while about one third of couples(29.6%) want to have three to four children. The mean of ideal child desire is 4.5 children, where 2.4 is for male child and 2.1 is for female child. And the minimum is 1 child and the maximum is 12 children. (Figure 7)



**Figure 7: Number of children desired by married couples in Mekelle city, 2013 (n=409)**

Among wives included in the study, 74(18.1%) of them were pregnant and 64(86.48%) of pregnant women have gone for antenatal care visit respectively; out of this about 2% was unwanted pregnancy. Only 20% (82) wives & 15.4% (63) of their husbands reported history of abortion & its frequency was, once by 49 (77.8%) of wives; twice by 10 (15.9%) of wives & more than 2 by 4(9%) of wives.

### Knowledge and Attitude about Family Planning

Most of the study couples 398(97.3%) of wives & 392 (95.84%) of husband have heard about family planning. Among this 205(48.6%) said limiting, 167(39.6%) said birth planning, 135(32%) said avoiding pregnancy, and 280(66.4%) said birth spacing respectively. Most of couples 397(97.06%) of wives and 393(96.08%) of husbands knows some kind of contraceptives methods. The two most known methods by both spouses were injections & pills 92.2% and 87.9% respectively (Figure 8).

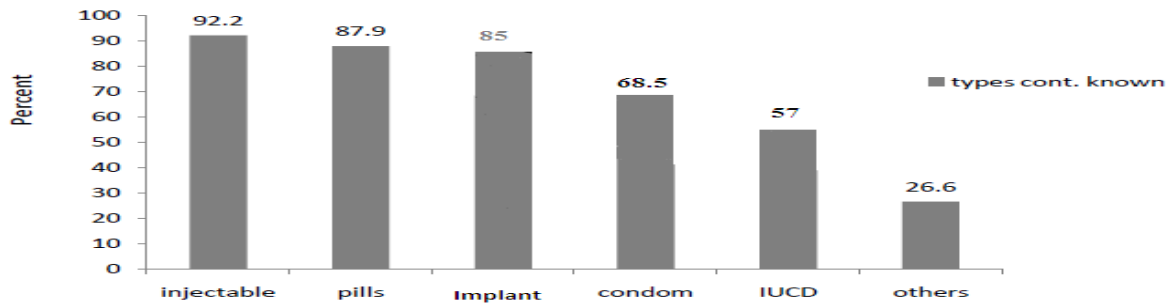


Figure 8: Types of contraceptives known by married couples in Mekelle city, 2013 (n=409)

The main reason given by those disapproving contraceptive use were; religious factor (71%), fear of side effect of contraceptives (23.6%) & to have more child (11%). 80% of all wives & 80.8% of all husbands reported discussion about contraceptives within the last twelve months and about 87.7% of spouses decided on contraceptive use after discussion. Sources of information about contraceptives were media (by 50% of wives & 50.2 of husbands), health professionals (by 32.5% of wives & 32.9% of husbands) and peers (by 9.5% of wives & 9.7% of husbands).

### Practice of Modern Contraceptives

Prevalence of Contraceptive use was reported 267 (66%) for wives & 127 (31%) for husbands. Most favored contraceptive methods by both spouses were injection, Implants and pills which are 303(74.3%) 54.3(13.3%) and 38(9.2%) respectively (Figure 9)

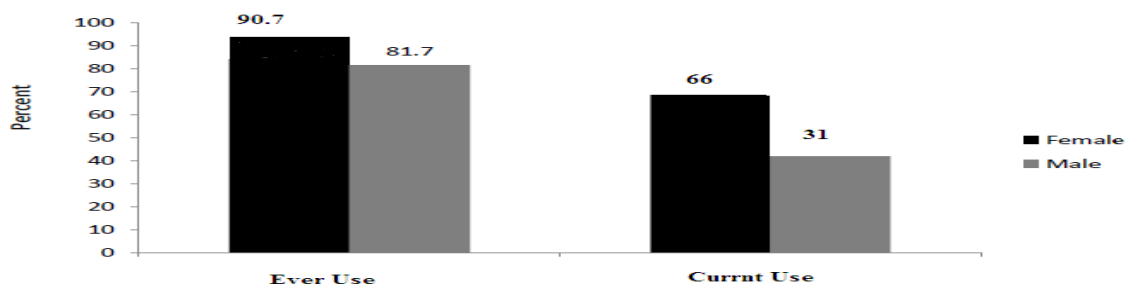
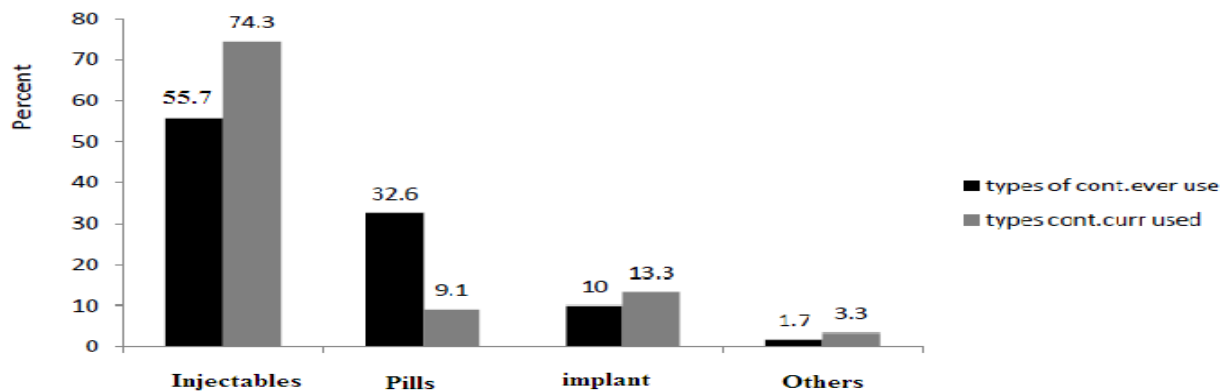


Figure 9: Ever use and current use of contraceptives by married couples in Mekelle city, 2013 (n=409)

About 371 (90.7%) of wives & 334 (81.7%) of husbands had reported ever use of contraceptives. The type of methods used most were injection and pills. At the moment the study was conducted, 227(55.7%) of couples were using injections & 133(32.6%) of couples were using pills. (Figure 10)



**Figure 10: Types of contraceptives ever used and currently used by married couples in Mekelle city, 2013 (n=409)**

The reason given (52 wives & 52 husbands), for the discontinuation of contraceptive were, 23(44.2%) of wives & 22 (42.3%) of husbands to have more child, 7(13.5%) of wives & 7(13.5%) of husbands due to side effects of contraceptives. Of all couples participated in the study, 372 (88.2%) of wives & 368(87.2%) of husbands reported the decision regarding 'contraceptive use to be the matter of both spouses.

### **Agreement Level B/N Husband and Wife Regarding Contraceptive Practice, Attitude and Fertility**

Table 2 shows proportional agreement of the number of living children as reported by husbands and wives. Overall in 99.7 % ( 95%CI: 99.2 to 100.2%) of cases, both partners reported the same number of living children and the kappa statistic was 0.99(p<0.001), which corresponds to excellent agreement. In one case where there was a difference in reported number of children, it was husband who reported more number of children. Proportional agreement for ever use of contraception (irrespective of the method) showed 95.5 % (95%CI: 94.5% to 96.5%) overall agreement between husbands and wives. The kappa statistic was 0.84(P<0.001), which corresponds to excellent agreement. Current use of contraception as reported by husbands and wives showed 95.7 % ( 95%CI 94.7 to 96.7%) over all agreement. The kappa statistic was 0.87(P<0.001), which corresponds to excellent agreement. Proportional agreement for fertility desire showed agreement between husband and wives in 95.9 % ( 95%CI: 94.01 to 97.8%) of cases, 31% of couples wanting no more children and 64.9% wanting more children. The kappa statistic was 0.91(P<0.001). Proportional agreement of ideal family size showed that in 71.6 % ( 95%CI: 67 to 76 %) of cases there was a substantial agreement between husband and wife. The kappa statistics was 0.63(P-value<0.001). In 14.5% of cases, the husband wanted more children than the wife did, while in 13.9% of cases the wife wanted more children than the husband did. Again the table shows that there is 94.8 % ( 95%CI: 92.8 to 97%) overall agreement between husbands and wives in attitude toward contraception; both partners approved of contraception in 90.3% cases. The unadjusted kappa statistic was 0.81(P<0.001) which corresponds to excellent agreement (Table 2).



**Table 2: Agreement level between husband and wife regarding contraceptive practice, attitude and fertility desire in Mekelle city, 2013 (n=409)**

Wife	Husband		Total	Proportion Agreement	Kappa
	Disapprove (No)	Approve (Yes)			
<b>Contraceptive Attitude</b>					
Disapprove	18(4.5)	6(1.4)	25(5.9)	<b>94.8</b>	<b>0.81</b>
Approve	15(3.8)	369(90.3)	384(94.1)		
Total	34(8.3)	375(91.7)	409(100)		
<b>Ideal family size</b>	-	-	-	<b>71.6</b>	<b>0.63</b>
<b>Ever use of FP</b>					
No	59(14.5)	3(0.7)	62(15.2)	<b>95.5</b>	<b>0.84</b>
Yes	15(3.8)	331(81)	347(84.8)		
Total	74(18.3)	335(81.7)	409(100)		
<b>Current Use of FP</b>					
No	74(18.2)	6(1.4)	80(19.7)	<b>95.7</b>	<b>0.87</b>
Yes	12(2.8)	317(77.5)	329(80.3)		
Total	86(21)	323(78.9)	409(100)		
<b>Fertility desire</b>					
Want no more	126(31)	13(3.1)	139(34.1)	<b>95.9</b>	<b>0.91</b>
Want more	4(0.9)	266(64.9)	270(65.8)		
Total	130(31.9)	279(68)	409(100)		
<b>Alive children</b>				<b>99.7</b>	<b>0.99</b>

### Factors of Contraceptive Use of Couples in Mekelle City

Analysis of the independent variables in relation to current use of family planning method showed that having a child, approval and discussion about family planning issue among spouses were found to have significant impact on contraceptive use (Table 3). Odds ratio (OR) with their corresponding 95% confidence interval (CI) were adjusted for age of the couples, having child, discussion about family planning with wife and approval/disapproval of contraceptive use.

Couples who had child were 8.7 times more likely to practice family planning method than those couples with no child (OR=8.7 CI (3.6-20.7)). couples who approved the use family planning method were 5.3 times more likely to practice family planning method use than couples did not approve (OR=5.3 CI (1.5-19)). In addition couples who had discussion on family planning matters were 4.8 times more likely to practice family planning method than couples who had no discussion (OR=4.8 CI: (2.7-8.5)). (Table 3)

**Table 3: Determinants of contraceptive use for married couples in Mekelle city, 2013; (n=409)**

Variables	Contraception		Total	COR (CI 95%)	AOR(CI 95%)
	Yes	No			
<b>Age</b>					
15-24	103	23	126	1.83(0.9-3.6)	2.7(1.2-6.12)
24-34	173	36	209	2.02(1.2-3.7)	1.6(0.8-3.2)
≥35	51	21	74	1	1
<b>Educational level</b>					
Illiterate	71	21	92	1	1
Literate	257	60	317	1.338	1.1(0.6-2.01)
<b>Occupation</b>					
Employed	21	8	28	1	1
Unemployed	307	74	381	1.62(0.7-3.8)	1.8(0.7-4.3)
<b>FP approve</b>					
Not Approve	5	7	12	1	1
Approve	326	71	397	8.12(2.6-24.9)	<b>5.3(1.5-19)*</b>
<b>Discussion on FP</b>					
Yes	293	44	337	5.4(3.2-9.2)	<b>4.8(2.7-8.5)*</b>
No	42	30	72	1	1
<b>Duration of marriage</b>					
≤10 years	254	55	308	1.6(0.96-2.8)	1.7(0.9-2.9)
>10 years	76	25	101	1	1
<b>Do you have child</b>					
Yes	314	61	375	5.6(2.8-11.4)	<b>8.7(3.6-20.7)*</b>
No	16	18	34		
<b>No of live children</b>					
1-2	195	31	226	4.2(1.4-12.6)	1.4(0.34-5.7)
3-4	98	22	120	2.97(0.96-9.2)	1.13(0.3-4.4)
5-6	20	5	25	2.7(0.6-11.08)	2.1(0.4-10.2)
>6	9	6	15	1	1

\*P<0.05 \*\* P<0.01 COR= Crude Odd Ratio AOR= Adjusted Odd Ratio CI=Confidence Interval

### Factors of Fertility Desire of Couples in Mekelle City

Analysis of the independent variables in relation to fertility desire showed that age of the couples and duration of the marriage were found to have significant impact on fertility desire. Couples with the age 16-24 were 7.4 times more likely to have more child than those whose age was more than 35(OR=7.4 CI: 3.1-17.3). More over couples who stay less than ten years in the marriage were 1.96 times more likely to want more child than those couples who stay more than ten years in the marriage(OR=1.96 CI:1.1-3.5 ) (Table 4).

**Table 4: Bivariate and multivariate analysis of determinants of fertility desire for married couples in Mekelle city, 2013 (n=409)**

Variables	Fertility desire		Total	COR(CI95%)	AOR(CI95%)
	Yes	No			
<b>Age</b>					
15-24	112	14	126	12.4(6-25.6)	<b>7.4(3.1-17.3)**</b>
24-34	127	82	209	2.33(1.4-3.98)	1.6(0.8-2.9)
≥35	29	45	74	1	1
<b>Educational level</b>					
Illiterate	55	39	94	1	
Literate	214	101	315	1.53(0.96-2.4)	1.14(0.6-2.1)
<b>Occupation</b>					
Employed	21	10	31	1.2(0.5-2.6)	2.3(0.9-5.7)
Unemployed	248	130	378	1	1
<b>FP approve</b>					
Not Approve	13	11	24	1	1
Approve	255	128	385	1.98(0.7-5.8)	2.2(0.9-5.4)
<b>Discussion on FP</b>					
Yes	197	100	297	1.1(0.7-1.7)	3.1(1.8-5.2)
No	73	39	112	1	1
<b>Duration of marriage</b>					
≤10 years	228	82	310	4.01(2.5-6.42)	<b>1.96(1.1-3.5)*</b>
>10 years	40	59	99	1	1

\*P<0.05 \*\* P<0.01 COR= Crude Odd Ratio AOR= Adjusted Odd Ratio CI=Confidence Interval

## Discussion

This community based study used information from both husband and wife to measure the agreement between married couples regarding family planning utilization, fertility desire and associated factors in Mekelle city. Majority of women (69%) were married at ages less than 20 years, while only 6.8% men did so. According to EDHS 2011, women's ideal family size is 4.3 children<sup>12</sup>. The ideal number of children in this study was also high (average of 4.5) although this figure is below the national TFR of the country (4.8). Not having knowledge on complications of frequent pregnancies, lack of awareness on Contraceptives, cultural and religious influences, unmet need family planning services are may be the reason for this high ideal family size.

The same to the study done in Tigray, our study showed that men have greater desire for more children than women<sup>29</sup>. The reasons for this are may be men may not know complications of pregnancy, men dominance in every decision. It underlines the importance of influencing the attitudes of men towards family size and use of contraceptive methods.

In this study, most of the study couples 398(97.3%) of wives & 392 (95.84%) of husband have heard about family planning. Contraceptive knowledge was high among husbands and wives in the 18 sub Saharan countries and only small differences are observed between the reporting of marital partners<sup>26</sup>. This indicates that Mass media, health professionals and other responsible bodies were working on informing the community about contraceptive methods

The same to study done in Kenya, majority of couples, 402 (98.3%) of all wives & 403 (98.6%) of all husbands wants to know more about contraceptives; about 90% of couples approve contraceptive use in their family by other couples<sup>32</sup>. 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 services, the influence of economic status. Different reasons were expected for disapproving contraceptive use like religious factors, fear of side effects, need of more children.

In this study, the CPR which was 66% found to be higher than other urban center in the country (EDHS 2011)<sup>12</sup>. This might be due to an increased awareness and knowledge of the community about

contraception, Women education, increased access to family planning services, involvement of NGOs, private organizations in the advocacy provision of family planning services.

The study done in India shows that there was agreement between husbands and wives in attitude toward contraception.<sup>38</sup> In our study also, there was excellent agreement between couples in contraceptive attitude. This may be due to practicing discussion between couples on contraceptives, having information about the importance of contraceptives, higher education, good economic status. Discriminating men in the study is may be the reason for the difference.

Analysis of the independent variables in relation to current use of family planning method showed that having a child, approval and discussion about family planning issue among spouses were found to have significant impact on contraceptive use.

This study had similarity with DHS done in Burundi, Ghana, Kenya and Mali. All these surveys indicated importance to reproductive health programs that work to improve communication between spouses about family planning.<sup>26</sup>

Odds ratio (OR) with their corresponding 95% confidence interval (CI) were adjusted for age of the couples, having child, discussion about family planning with wife and approval/disapproval of contraceptive use. Couples who had child were 8.7 times more likely to practice family planning method than those couples with no child(OR=8.7CI (3.6-20.7). couples who approved the use family planning method were 5.3 times more likely to practice family planning method use than couples did not approve(OR=5.3 CI (1.5-19). In addition couples who had discussion on family planning matters were 4.8 times more likely to practice family planning method than couples who had no discussion(OR=4.8 CI: (2.7-8.5).

In Gondar, couples who had child were 4.5 times more likely to practice family planning method than those couples with no child. Couples who approved the use family planning method were 3.8 times more likely to practice family planning method use than couples did not approve. In addition couples who had discussion on family planning matters were 2.9 times more likely to practice family planning method than couples who had no discussion<sup>36</sup>.

This difference may occur due to an increased awareness and knowledge of the community about contraception, Women education, access to family planning services, involvement of NGOs, private

organizations in the advocacy provision of family planning service.

Discussion between couples on fertility issues is strongly associated with the use of contraceptives, indicating the importance of frequent discussions.

A similar association was observed in a study carried out in Ghana, where greater approval and more frequent discussion among couples enhanced contraceptive use by women<sup>33</sup>.

Especially, the educational status of couples is very important to facilitate discussions on fertility related issues. Mass media and other sources of information, well educated women may not be easily influenced by the decision of the husband.

Analysis of the independent variables in relation to fertility desire showed that age of the couples and duration of the marriage were found to have significant impact on fertility desire.

Couples whose the women age 15-24 were 7.4 times more likely to want more child than those with the age were more than 35(OR=7.4 CI: 3.1-17.3). More over couples who stay less than ten years in the marriage were 1.96 times more likely to want more child than those couples who stay more than ten years in the marriage(OR=1.96 CI:1.1-3.5 ).Age of the couples and duration of the marriage were found to have significant impact on fertility desire.

In line with this, a study done in Gondar also demonstrated that fertility intentions of women varied with the age of women, number of living children, place of residence, education and exposure to media<sup>26</sup>.This is may be due to fear of reproductive complications, their ambition to have a child when they were in premarital period, strengthen love between married couple's physical, mental and psychological and economical maturity<sup>36</sup>.

According to the study done in India, Cross-tabulation for ever use of contraception (irrespective of the method) showed excellent agreement according to Fleiss' classification<sup>38</sup>. In our study also, Proportional agreement for ever use of contraception showed excellent agreement. There were differences in 18 couples. This difference may be attributable to differences in perception between spouses regarding traditional methods indicative of existence of multiple sexual partners (condom use)

In India, Current use of contraception as reported by husbands and wives showed 97% (95% CI: 93.5 to 98.8%) overall agreement. The kappa statistic was 0.93 (P < 0.001), which corresponds to excellent agreement<sup>38</sup>. In our study also, Current use of contraception as reported by husbands and wives showed excellent agreement. For occurrence of

disagreement in some cases, it may be inferred that the disagreement could be due to differences in perception regarding traditional methods amongst spouses as well as hesitation on the part of females to report use of traditional methods like withdrawal.

## Conclusion

- Overall, a greater degree of agreement was observed for reproductive health events as compared to family planning intentions.
- For family planning intentions, there was a need to collect information both from husbands and wives Socio cultural context in which the couples found.
- Their reproductive history and the availability of the services were factors that affect the agreement of couples.
- Husband-wife communication on family planning matters had a significant effect on couples' use of contraceptives.
- In addition, age of the couples and approval of contraceptive use found to be significant factor for couples to use contraceptives.

## Recommendation

- FP program, which is aimed at changing husband's attitude and increasing their active involvement in the use of contraception, needs to be designed
- We recommend the policy makers to take into account the context of both to target their reproductive events and family planning issues.
- We recommend the government and NGO to advocate communication between spouses and men contraceptive use.
- The service providers could make the family planning service available and accessible with more types of contraceptives
- Information, education and communication programs for promoting family planning methods would be strengthened in local media
- There is need for further study on the extent to which spouses influence each other's contraceptive attitudes in order to derive a precise measure of the power relationship between spouses with respect to reproductive behavior.

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