HAWASSA UNIVERSITY

COLLEGE OF MEDICINE AND HEALTH SCIENCE

DEPARTMENT OF MIDWIFERY

MALE INVOLVEMENT IN POSTPARTUM LONG-ACTING REVERSIBLE CONTRACEPTIVE USE AND ASSOCIATED FACTORS AMONG MARRIED MEN IN SHEBEDINO WOREDA, SIDAMA REGION, SOUTHERN ETHIOPIA, 2023

MSc THESIS

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NOVEMBER,2023

HAWASSA, ETHIOPIA

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RESEARCH THESIS SUBMITTED TO HAWASSA UNIVERSITY, COLLEGE OF MEDICINE AND HEALTH SCIENCE, DEPARTMENT OF MIDWIFERY FOR PARTIAL FULFILLMENT OF THE REQUIREMENT OF A MASTER'S DEGREE IN CLINICAL MIDWIFERY

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HAWASSA, ETHIOPIA

DECLARATION

I hereby affirm that the MSc in Clinical Midwifery thesis titled "**Male Involvement in Postpartum Long-acting Reversible Contraceptive and Association Factors among Married Men in Shebedino Woreda, Sidama Region, Southern Ethiopia 2023**" is an authentic piece of research conducted by me. This thesis has not been submitted to obtain a degree from any other academic institution. Furthermore, I have duly acknowledged all sources of information and materials utilized in the completion of this thesis.

Name: _____

Signature: _____

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ADVISORS' APPROVAL SHEET

This is to certify that the thesis entitled **Male Involvement in Postpartum Long-Acting and Reversible Contraceptive Use and Association Factors among Married Men in Shebedino Woreda, Sidama Region, Southern Ethiopia, 2023,** submitted in partial fulfillment of the requirements for the degree of Master's with specialization in Clinical Midwifery, has been carried out by Abdullah Wassu, ID. No. GPCMR 0001/2014, under our supervision. Therefore, we recommend that the student has fulfilled the requirements and hence hereby can submit the thesis to the department.

Submitted by

_____ _____ _____

Name of student Signature Date

Approved by:

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Co-Advisor name Signature Date

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We, the undersigned, members of the Board of Examiners of the final open defense by **Abdulah Wassu**, have read and evaluated his thesis entitled "**Male Involvement in Postpartum Long-Acting and Reversible Contraceptive Use and Association Factors among Married Men in Shebedino Woreda, Sidama Region, Southern Ethiopia, 2023**" and examined the candidate. This is, therefore, to certify that the thesis has been accepted in partial fulfillment of the requirements for the degree of Master of Science in Clinical Midwifery.

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Final approval and acceptance of the thesis is contingent upon the submission of the final copy of the thesis to the School of Graduate Studies (SGS) through the Department/School Graduate Committee (DGC/SGC) of the candidate's department.

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LIST OF ACRONYMS AND ABBREVIATIONS

CI	Confidence Interval
EDHS	Ethiopian Demographic and Health Survey
FMoH	Federal Ministry of Health
IRB	Institutional Review Board
LARC	Long Acting Reversible Contraceptive
LMIC	Lower- and Middle-Income Country
MDG	Millennium Development Goal
MNCH	Maternal Newborn Child Health
SDG	Sustainable Development Goal
SPSS	Statistical Package for Social Science
SSA	Sub-Saharan Africa
WHO	World Health Organization

ABSTRACT

Background: Males' participation in long-acting reversible contraceptives during the postpartum period is determinantal to reproductive health outcomes and for achieving national and sustainable development goals. Most research findings on male participation in family planning are concerned with short-acting family planning in Africa, including Ethiopia. Despite this, little is known about male involvement in postpartum long-acting reversible contraceptive use of their wife in Africa, particularly in Ethiopia.

Objective: To assess the magnitude of male involvement in postpartum long-acting reversible contraceptive use and association factors among married males in Shebedinno woreda, Sidama regional state, Southern Ethiopia, 2023.

Methods: A community-based cross-sectional study was conducted among 633 randomly selected married males from July 30 to August 30, 2023. Data were collected using pretested, questionnaires. Bivariable and multivariable logistic regression analyses were conducted. Multicollinearity and model fitness were examined. The crude and adjusted odds ratios, together with their corresponding 95% confidence intervals, were computed; a P value < 0.05 was considered a level of statistical significance.

Result: A total sample size of 623 married men responded to the questionnaires, yielding a response rate of 98.4%. Out of the 623 male participants, 197 (31.6%, 95% CI: 28.6, 36.0) were involved in postpartum long-acting reversible contraceptive usage by their spouses. Men with a secondary school education (AOR = 2.35, 95% CI: 1.12, 4.93) and those with a diploma or higher (AOR = 4.42, 95% CI: 1.80, 10.83), heard information about long-acting reversible contraceptives (AOR = 2.77, 95% CI: 1.07, 7.16), having good knowledge (AOR = 1.84, 95% CI: 1.24, 2.74) and a positive attitude towards the use of long-acting reversible contraceptives postpartum (AOR = 2.18, 95% CI: 1.47, 3.24) all proved to be positively significant factors.

Conclusion and recommendations: Overall, male participation in postpartum long-acting reversible contraceptive use of their spouse was relatively low. Therefore promoting male participation in postpartum long-acting reversible contraceptives requires effective community awareness, dissemination of information, education, and communication, and fostering a positive attitude towards these contraceptives.

Keywords: male involvement, postpartum, long-acting reversible contraceptive, Shebedino

1. INTRODUCTION

1.1. Background

Postpartum family planning (PPFP) is a method used to prevent unintended pregnancies within the first 12 months after childbirth(WHO, 2013) The World Health Organization (WHO) recommends a 24-month waiting period for ideal pregnancies, and postpartum family planning integrates with Maternal, Newborn, and Child Health (MNCH) services to improve accessibility**.** (Moyer et al., 2023)

The utilization of Long-Acting Reversible Contraceptives (LARC) during an extended postpartum period refers to the initiation of Intra-Uterine Contraceptive Devices (IUCD) or implants within the initial 12 months following childbirth. (Mesfin and Wallelign, 2021) Long-acting reversible contraceptives are more effective, save costs, and enable women to control their reproductive lives better. Long-acting reversible Contraceptives (LARC) use during the postpartum period can avoid early unplanned pregnancies better than any other contraception(short-acting reversible contraceptive) (Bahamondes et al., 2020)

However, the adoption of postpartum family planning(PPFP) in sub-Saharan Africa is inadequate, particularly in East Africa, where the utilization rate ranges from 10.3% in Ethiopia to 73.7% in Uganda. (Dev et al., 2019) The Ethiopian Health Sector Development Program (HSDP) IV aims to enhance maternal health and expand family planning services. However, there is a lack of emphasis on contraceptive utilization during the first year after childbirth. In Ethiopia, the likelihood of pregnancy among mothers who engage in sexual activity during the 12-23 months following childbirth is 72%. However, this probability decreases to 64% and 37% for mothers in the 6-11 month and first 6 month postnatal periods, respectively. (WHO, 2013) Therefore, to reduce short birth intervals and increase the adoption of Long-Acting Reversible Contraceptive (LARC) methods in the postpartum period, the involvement of males plays a crucial role, particularly in Sub-Saharan African countries like Ethiopia.

Male engagement in family planning refers to the involvement of men across life stages as clients and users, supportive partners, and agents of change in ways that intentionally challenge unequal gender and power dynamics (Hook and Hardee, 2021). Men's involvement in family planning enhances communication and promotes acceptance among partners, addressing unmet needs caused by the opposition of men (Mulatu et al., 2022). When men accept, discuss, and support their partner's desires and decisions about family planning, it is claimed that they are actively participating in the process. It is essential for the success of family planning programs, women's empowerment, and reproductive health outcomes.(Wondim et al., 2020) Male participation in family planning, particularly the use of long-acting contraceptives, is an important technique to lower fertility and promote mother and child health. (Abose et al., 2021)

Traditionally, the emphasis on reproductive health has predominantly focused on females. However, since the International Conference on Population and Development (ICPD) initiated a paradigm shift, men have begun to assume shared responsibility and actively participate in accountable parenthood, as well as in matters of sexual and reproductive behavior, including family planning. (Girard, 2014) Nevertheless, the majority of African countries have not placed sufficient emphasis on these programs. (Wondim et al., 2020)

Involving men in FP is one of the crucial public policy interventions to achieve national and Sustainable Development Goals (SDGs). (Mulatu et al., 2022) Among the 17 Sustainable Development Goals (SDG), the direct health-related targets come under SDG 3: Ensure healthy lives and promote well-being for all at all ages. (Moyer et al., 2023) The Sustainable Development Goal (SDG) contains reproductive, maternal, and child health as a priority agenda, which will not be attained without FP. To enhance the acceptance and uptake of FP among both sexes, male participation is important. (Mulatu et al., 2022) Therefore, achieving national and SDGs involving men in family planning especially in postpartum long-acting reversible contraceptives (LARC) is very crucial.

1.2. Statement of the problem

Maternal health is a global concern, with over a quarter of million women dying in pregnancy and childbirth in 2020, with 95% of preventable deaths in low-middle income countries. (WHO et al., 2023) One of the factors contributing to the high maternal illness and mortality rates is the low level of male involvement in reproductive health including family planning (FP), especially in postpartum LARC (Kibonire and Mphuthi, 2023). This has reduced the effective use of family planning (FP) efforts, leading to unintended pregnancies and the risk of illness, death, and infirmity (Yemane et al., 2021). As such men play a vital role in making decisions that are crucial for the welfare of maternal, newborn, and child health. (Harrington et al., 2019)

In developing countries, the men are decision-makers including fertility, and mainly belong to the husband (Ngwakwa, 2015, Shisoka and Litali, 2015). On the other hand, even if the wife wants to use family planning (FP), she may not be able to use it or may be forced to discontinue the method without the involvement of men (Assefa et al., 2021). This indicates that the utilization of contraceptives among women in the postpartum period, including long-acting reversible contraceptives (LARC), is significantly hindered by husband opposition. Consequently, this leads to a diminished uptake of contraceptives among women in the postpartum period (Kibonire and Mphuthi, 2023). For instance, according to (EMDHS, 2019) LARC accounts for only 11%, of which, 2% IUCD and 9% implants are the lowest compared worldwide. This leads to uncontrolled fertility, unintended pregnancy, and short birth intervals. Despite the evidence indicating that close birth intervals are linked to unfavorable pregnancy outcomes, a significant number of women are not utilizing family planning in postpartum. This is due to the limited involvement of men in postpartum family planning. (Khowaja et al., 2019) Men's health status and behavior affect women's reproductive health. The involvement of men in postpartum family planning is crucial for the acceptance(uptake) and continuation of contraceptives by women.(Wondim et al., 2020)

The Recognition of the benefits of men's involvement in family planning (FP) services in Ethiopia is growing. Nevertheless, the overall rate of male participation in family planning in Ethiopia has been significantly low. Research in Ethiopia indicates that the extent of male engagement in family planning varies considerably throughout the regions, ranging from 8.4% (Kassa et al., 2014) to 70%. (Alemu et al., 2023)

According to a systematic analysis conducted in Ethiopia, the pooled prevalence of male engagement in family planning was 39.66%. Knowledge, approval of the use of contraceptives, discussion of family planning with the wife, education level, and positive attitude were found to be significant determinants of male involvement in family planning, (Kassa et al., 2022)

The National Population Policy of Ethiopia aims to balance population growth with economic development, focusing on family planning, reducing fertility rates, and increasing contraceptive use. The Ethiopian Federal Minister of Health has implemented various strategies to improve the contraceptive rate, one of which is male involvement in FP. And also the National Reproductive Health Strategy has been developed to minimize unintended pregnancies. One of the strategies is to involve men in decision-making and to provide postpartum family planning, particularly long-acting reversible contraceptives (LARCs). This indicates that male involvement and LARCs by level IV HEWs are targeted interventions and major concerns by the Ethiopian National Reproductive Health Strategy. (FDREMOH, 2016, FMOH, 2020)

Male involvement in family planning during the postpartum period is crucial in developing countries like Ethiopia. However, current postpartum family planning policies in Ethiopia primarily target women, disregarding the significant role of men in this process. Research on male involvement in family planning in Ethiopia has mainly been conducted in urban communities, with limited knowledge of rural communities. For instance, Debre Tabor (Demissie et al., 2021) Gonder (Alemu et al., 2023), Durame town (Ermias et al., 2022).

Additionally, studies in Ethiopia have focused on male involvement in family planning in general rather than specifically examining their involvement in postpartum long-acting reversible contraception (LARC). However, there is limited knowledge regarding the extent to which men support their wives in utilizing LARCM, particularly in the context of postpartum family planning in Africa, including Ethiopia. Therefore, this study aimed to fill this gap in research by assessing the magnitude of male involvement in postpartum LARC use and identifying factors that influence male involvement in the Shebedino Woreda Sidama region state of southern Ethiopia.

1.3. Significance of the study

Male involvement in postpartum LARC is crucial for the effectiveness of family planning initiatives, the empowerment of women, and the improvement of reproductive health outcomes for both individuals and society as a whole. Despite this, little is known about male involvement in postpartum LARC use and association factors among married males.

Thus, the current findings will offer valuable insights to enhance the involvement of males in LARC during the postpartum period for males. The study aims to empirically distinguish the factors influencing male participation in postpartum LARC and offer potential solutions to address this issue. Consequently, the outcomes of this study will hold great significance for policymakers and planners, government bodies, non-governmental organizations, as well as the woreda health office and health professionals working towards improving male engagement in postpartum LARC.

This study finding will also provide important information for future researchers who are interested in this specific area. Additionally, the study will be an important addition to the existing literature in the identification of factors associated with male participation in postpartum LARC.

2. LITERATURE REVIEW

2.1. Introduction

Male participation in family planning requires more than just encouraging more men to use contraceptives; it also involves supporting family planning, encouraging it, and influencing the policy environment to be more supportive. (Anbesu et al., 2022)

In some regions, the achieved impact of family planning in postpartum is attributed to both men and women factors. Men's support or opposition to their partners' practice of family planning has a strong impression on contraceptive use in many parts of the world, including Ethiopia**.** **(**Mesfin and Wallelign, 2021).

In 1994 International Conference on Population and Development (ICPD) declared, Men's involvement in reproductive health. Evidence suggests that increased spousal interaction can lead to contraceptive uptake when men are involved. (Demissie,et al. 2021). Male participation in FP has become a big topic among RH program designers, policymakers, and population researchers recently**.** (Kassa et al., 2022)

Male involvement in family planning particularly in long-acting and reversible contraceptive methods used in the postpartum period plays a significant role. LARCs are more effective, save costs, and enable women to increase their reproductive lives healthier. The involvement of men in the postpartum period is critical for addressing high unmet needs in family planning, and reducing the risk of closely spaced pregnancies. In addition to this increase uptake and continuation use of LARC. (Appiah et al., 2019)

2.2. Magnitude of male involvement in family planning

The magnitude of male participation in family planning differs from country to country. For example, the prevalence of male involvement in family planning is Ghana at 38.9%(Appiah et al., 2019)**,** Nigeria at 55.1% (Amuzie et al., 2022), and Malawi at 53.0% and Tanzania at 26.6% (Osuafor et al., 2023)

A cross-sectional study conducted in rural India found that 10.9% of men were well engaged in family planning and 13.1% of participants were using condoms or male sterilization as a contraceptive method at the time of the study (Parija et al., 2022)

A cross-sectional study conducted in Cameron found that more than half (57.2%) of married men in this study were involved in choosing FP methods. Factors that influenced the choice of FP methods were the man's age, his knowledge level, his education level, the partner's education level, and the birth interval between the partner's last two deliveries. The identified barriers to male participation were financial constraints (lack of money), difficulty conceiving, inadequate information about FP methods, tradition, unskilled healthcare providers, partner weight gain, and desire for a large family (Egbe et al., 2016).

A community-based cross-sectional study was conducted in Durame Town, Southern Ethiopia, with 382 participants. The study found that the prevalence of male involvement in modern contraceptive use among married men was 69.7% (Ermias et al., 2022). Similarly, another community-based cross-sectional study was conducted in the Loka Abaya district, with 634 participants, revealing a prevalence of male involvement in family planning of 16.6%. (Bifato, 2016) Additionally, in Bahdar, 25.5% of male factory workers were found to be involved in family planning.(Walle and Alamrew, 2014)

A community-based cross-sectional study was conducted among 564 participants in West Badewacho prevalence of male involvement in LAPCM was 19.9. (Abose et al., 2021) Similarly, A community-based cross-sectional study design was carried out on 620 currently married men only 12.5% of males were directly involved in the use of family planning using a male contraceptive method, and about 60.0% of males were involved in family planning through spousal communication and approval (Wondim et al., 2020).

Another study conducted in Afar Four hundred eighteen married women were included in the study, and the magnitude of husbands' involvement in family planning was found to be 42.2%.(Chekole et al., 2019). In similar studies done by (Demissie et al., 2021) the percentage of men involved in family planning was 68.1%. Men's involvement was found to be correlated with their educational status, source of information, approval, and use of contraceptives in the past.

A community-based comparative cross-sectional study showed that 55.6% of urban and 48.8% of rural men were involved in using FP services. Respondents who currently had four or more children in both urban and rural areas were positively associated with men's involvement in receiving FP services. In urban settings, government employees desiring fewer than two children and better attitudes toward FP practices were positively associated with FP service utilization (Assefa et al., 2021).

A systematic review and meta-analysis conducted in Ethiopia included a total of 17 studies to determine the pooled prevalence of male involvement in family planning in Ethiopia which was 39.66% (95% CI= 29.86, 49.45). Education stats, Discussion of family planning with wife's knowledge, positive attitude toward family planning, and approval of contraceptive use were found to be significantly related to men's involvement in family planning services (Kassa et al., 2022).

2.3. Factors Associated with Male involvement in postpartum LARC

The cause of low participation of males in family planning is believed to be a result of several factors. These factors include socioeconomic and demographic profiles, reproductive-related characteristics, contraceptive-related factors, knowledge, and attitude (Wondim et al., 2020; Abose et al., 2021).

2.3.1. Socio-demographic Factors

The involvement of males in family planning is influenced by socio-demographic characteristics such as age, place of residence, occupation, and educational status. Research suggests that age can have a conflicting impact on family planning practices. Younger men, who may be further from their reproductive goals, tend to be less traditional and more open to contraceptive technology. In comparison, males between the ages of 19 and 32 are more likely to participate in family planning compared to those between the ages of 33 and 45(Manortey and Missah, 2020) Similarly, a study conducted in the South West Region of Cameroon found that over two-thirds (66.7%) of men aged 35 years or younger were actively involved in the decision-making process regarding the choice of family planning methods. This indicates that younger men are more inclined to participate in family planning. (Egbe et al., 2016)

The participants' place of residence emerged as a noteworthy determinant of male engagement in family planning among African men, specifically in Ethiopia. Urban dwellers were found to be 3.13 times more inclined to utilize LAPCM compared to their rural counterparts. Notably, residing in urban areas, engaging in discussions with wives regarding LAPCM, possessing extensive knowledge, and exhibiting a positive attitude towards LAPCM usage were all significantly associated factors. Consequently, husbands residing in urban areas displayed a higher likelihood of engaging in LAPCM utilization compared to those residing in rural areas (Amuzie et al., 2022; Abose et al., 2021)

Educational status of men According to a study conducted in Bahir Dar City, it was found that the educational status of respondents significantly predicted male involvement in family planning. As the educational status of respondents increased, there was evidence of increased male involvement in family planning (AOR=1.53, 95% CI: 1.08-11.14, 1.8= 95% CI: 1.319.220, and 2.01= 95% CI: 1.51-7.76))(Walle and Alamrew, 2014) Similarly, a study conducted in Womberma District, Northern Ethiopia revealed that a man's level of education was a significant positive predictor of male involvement in family planning. The active participation of men in family planning improves as their educational level rises. This is because men's educational level positively influences a couple's reproductive health choices and fertility preferences. It is crucial to provide at least primary education as an intervention to increase male involvement, as uneducated men often have misconceptions about family planning techniques.(Wondim et al., 2020) This is supported by another study conducted in the South West Region of Cameroon (Egbe et al., 2016), in Arba Minch Town (Kejela, 2017)

The level of education among women is a significant factor in the involvement of their husbands or partners in family planning (FP). A study conducted in the South West Region of Cameroon suggests that educated women play a role in encouraging their partners to participate in matters concerning their health and the health of their children (Egbe et al., 2016) Similarly, other studies conducted in a peri-urban region of Myanmar have shown a correlation between women's educational level and male involvement in FP and related issues, such as the wives' level of education (AOR = 3.4; 95% CI: 1.9-6.2; $p < 0.001$) (Ampt et al., 2015)

The occupational status of women is a significant factor in determining the level of involvement their husbands or partners have in family planning. A study conducted in Abia State, Southeast Nigeria found that the employment status of the spouse was a strong predictor of their partner's engagement in family planning.AOR= 2.0295% CI= (1.33,3.06)(Amuzie et al., 2022)

The occupational status of men is a crucial factor in their involvement in family planning. A study conducted in the Kondala district of western Ethiopia has revealed that men's occupational status, specifically being a husband, plays a significant role in their formal participation in family planning services. The study has found that government employees are almost three times more likely to utilize these services compared to individuals with other occupational statuses. This finding is consistent with previous research conducted in Ethiopia. (Assefa, 2021)

2.3.2. Reproductive Related Factors

In a general sense, it appears that men who have a higher number of surviving children are more receptive to the concept of family planning, as compared to those who have fewer or no children. A comparable pattern is observed among women. Significantly, the most important rise in the adoption of family planning methods has been observed among families with up to three children. However, it is plausible to establish a correlation between the utilization of family planning and the prevailing size of the family, with some exceptions. (Berhanu, 2016)

According to studies conducted in West Badawochu, the desire to have more children, ignorance, poor husband education, a negative impression of family planning use, sex preference, religious prohibition, and a lack of male involvement are all factors that lead to low family planning coverage. (Abose et al., 2021) Women's willingness to use family planning was positively connected with the total number of live births. Depending on the present family size, the sex composition of the live children affects attitudes and behaviors connected to family planning. (Mulatu et al., 2022)

The ideal family size serves as a reliable indicator of the attitudes of men and women towards parenthood, despite the possibility of a disparity between their reported intentions and actual reproductive behavior. In nations where the ideal family size is notably high, such as Ethiopia, the discrepancy between the responses of husbands and wives is particularly pronounced. On average, men express a desire to have at least three additional children. The number of offspring that a man or woman bears continues to be a significant determinant of the actual size of a family. Total fertility, which refers to the mean number of children that a woman gives birth to during her reproductive years, is a commonly employed metric for describing family size.(Berhanu, 2016, Abose et al., 2021)

The preference of sex for a specific sex of a child within a family is seen as an obstacle to male participation in family planning and the use of contraceptives. Many men view male offspring as a divine inheritance and the foundation of their family's legacy. Consequently, they prioritize having male children over female children. This preference creates a barrier as these men may desire to have numerous children until their partner produces the desired number of male children, (Tamiso, et al 2016)

Birth space is one obstacle for male involvement study done in South West Region, Cameron revealed a relationship between birth spacing and male engagement in family planning. Men whose partners had an interval of 13 months or more between their last two deliveries exhibited increased levels of involvement in family planning, with an adjusted odds ratio of 3.141 and a confidence interval of 0.48 to 6.68**.** (Amuzie et al., 2022)

2.3.3. Contraceptive related factor

A community-based cross-sectional study conducted in rural Eastern Ethiopia revealed that men whose spouses had ever used family planning methods were 2.37 times more likely to be involved in family planning use than those whose spouses had never used such methods.(Mulatu et al., 2022) Similarly, a study conducted in a far region showed that the odds of husband involvement in family planning were eight times higher among women who had ever used family planning compared to those who had not.(Chekole et al., 2019) This was supported by Debremarkos town in Northwest Ethiopia. (Kassa et al., 2014)

Accompanying one's spouse to the family planning (FP) clinic is highly likely to have an impact on the level of involvement in FP services. This is primarily because such an action is a result of effective spousal communication and joint decision-making, both of which play a crucial role in addressing reproductive health matters. (Amuzie et al., 2022) Research has shown that men who accompany their wives to the FP clinic are more inclined to utilize family planning services. Furthermore, increased social support and shared responsibility for FP and contraceptive use (FP/C) have been found to have a positive influence on male participation in these services.(Amuzie et al., 2022)Kriel et al.,2019)

The source of information of a man who has adequate information about the available methods of contraception is better able to make choices about planning their family.(Berhane et al., 2011) studies conducted in Nigeria Access to television was a determinant of active male involvement. Access to the media is probably going to help shift attitudes and behaviors, which will boost the involvement of men in FP. (Amuzie et al., 2022) These results have also been seen by some researchers in their various studies.(Demissie et al., 2021)(Ermias et al., 2022)

The majority of studies reveal that married men who have discussed family planning difficulties with their wives are more likely to engage in FP than their counterparts. For example study done in west Badawechu men who had discussed it with their wives about LAPCM use were 2.81 times more likely to be involved in LAPM use than those who did not discuss it. (Abose et al., 2021) Similarly, the majority of studies noted that discussing FP issues with their wives was an important factor for male engagement in FP service (Berhanu, 2016)**,** (Manortey and Missah, 2020)

A recent study has revealed that the probability of utilizing family planning (FP) services is significantly higher when the decision is made collectively by both the husband and wife. The findings indicate that individuals who engage in joint decision-making with their spouses or partners exhibit an increased likelihood of actively participating in family planning services.(Amuzie et al., 2022) Similarly, a case study conducted in Ghana demonstrated that couples who make joint decisions regarding family planning are more likely to engage in discussions about family planning with their wives or partners, resulting in higher utilization of family planning methods compared to those who do not involve their spouses in decision-making., (Abose et al., 2021).(Manortey and Missah, 2020)

Men's approval for FP is strongly linked to men's involvement in FP. Research has shown that the approval of husbands towards family planning services contributes to the advancement of women's contraceptive usage. When men approve of the utilization of FP methods and provide support, it enhances women's confidence in the decision-making process concerning various reproductive issues, including FP. It is noteworthy that many women may still require their husbands' approval to use family planning, and the intentions of husbands may have additional effects on couples' contraceptive practice and fertility. (Kassa, 2022) (Berhane et al., 2011) (Wondim et al., 2020)

2.3.4. Knowledge Related Factor

In family planning, adequacy of knowledge deserves special attention because poor and inadequate knowledge may hinder the practice. The sources of information are also important because they regulate, to some level, the number and characteristics of people reached, the quality and quantity of information diffused, and the effect which information receiver. (Abose et al., 2021),(Berhanu, 2016),(Chekole et al., 2019).,

The determinant of male involvement in family planning was found to be their level of knowledge about family planning (FP). A positive association was observed between good knowledge of family planning methods and male involvement in family planning. Men who possess knowledge about various family planning methods, especially male contraceptive options, are more likely to actively participate in family planning utilization. (Wondim et al., 2020)

The descriptive cross-sectional study conducted in Ghana revealed the knowledge level of the study participants regarding family planning. It was found that over fifty percent of the male participants possessed an adequate understanding of family planning. (Manortey and Missah, 2020)

Studies show men's involvement in FP is influenced by their level of knowledge about it. Men who had sound knowledge about contraceptives were nearly two times more likely to scale up their involvement in FP than their counterparts. This might be due to the willingness of Men who are informed about contraceptive options can choose an effective method with their partners, reducing maternal mortality. To increase men's understanding of FP, it is necessary to provide instruction and training. (Assefa, 2021)(Abose et al., 2021)

2.3.5. Attitude-Related Factor

Attitude toward family planning determines whether or not it is practiced. In developing countries, the husband's attitudes, preferences, intentions, and decisions are more important. Male engagement in FP services was having a favorable attitude toward the field of FP. (Manortey and Missah, 2020)

A study conducted by (Wondim et al., 2020)revealed that a majority of men exhibited a negative attitude toward family planning, and surprisingly, nearly a quarter of men concurred that males should not agree with the family planning process. This phenomenon could potentially be a contributing factor to the low prevalence of contraceptive usage within the rural community of Ethiopia. Notably, a substantial proportion of men in Africa have demonstrated resistance towards embracing the utilization of family planning methods, citing financial and religious justifications (Bayray 2012; Kassa et al. 2014**).**

In a community-based cross-sectional study conducted in Debre Tabor Town, 96% of them had a good attitude or positive support on contraceptive utilization for themselves and their partners**.(**Demissie et al., 2021) Similarly in a community-based cross-sectional study, done in Westbadawochu men with a positive attitude toward FP were 2.6 times more likely to be involved in the service than those who had a negative attitude toward FP service. (Abose et al., 2021)

Male partners who held negative attitudes towards family planning services were significantly less inclined to utilize long-acting and permanent contraceptive methods compared to their counterparts. This is due to the limited involvement of spouses of reproductive age in actively engaging with family planning services. (Tadesse et al., 2016)

2.5. Conceptual Framework

The concept is directly related to the key variable of male participation in postpartum LARC adapted from previous literature. this diagram shows the complex interrelation between independent and dependent variables. Additionally, other interrelations are possible in this model, including the ones shown by broken lines but will not be considered.

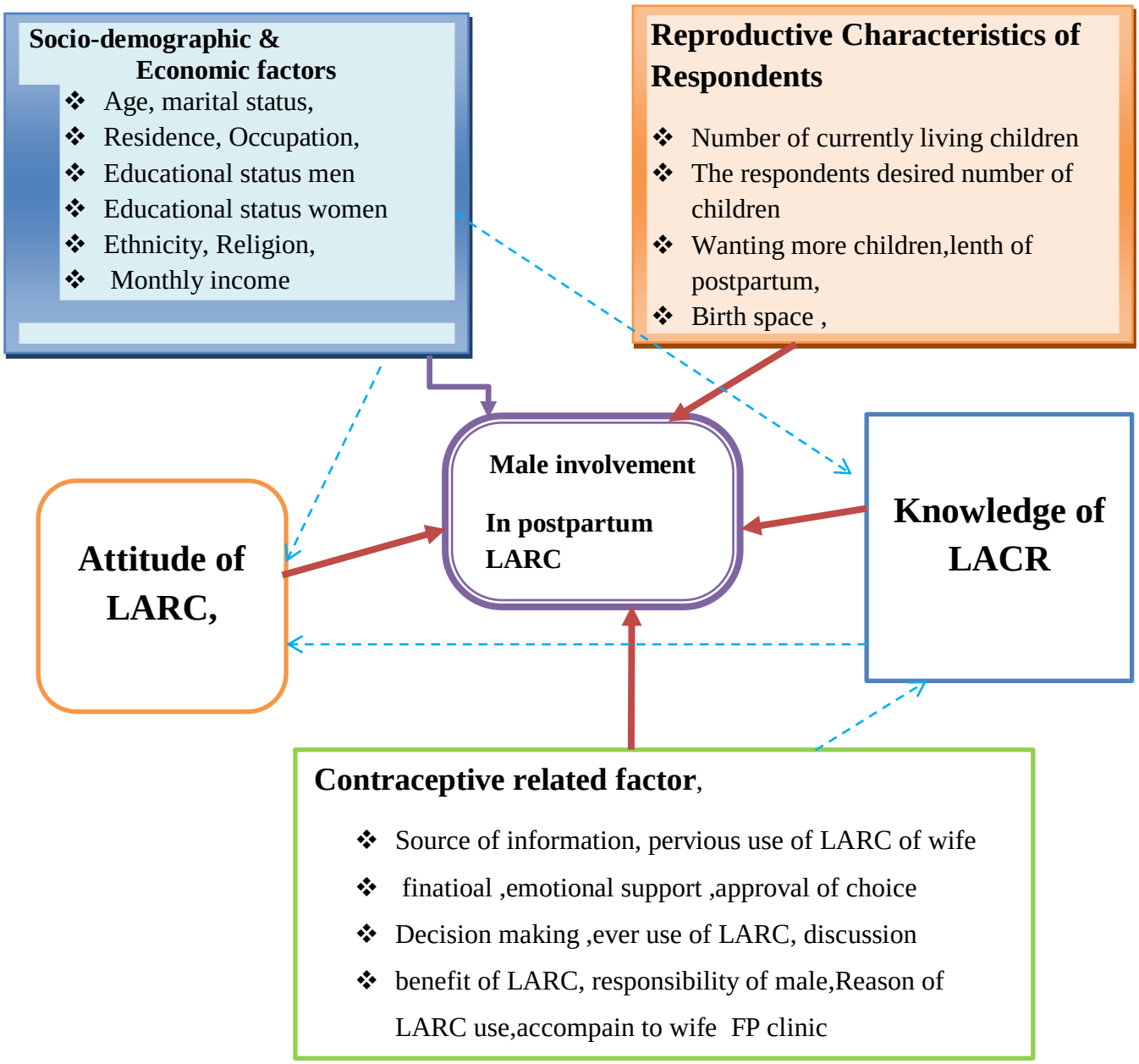

Figure 1: Conceptual framework adapted from previous research (Mulatu et al., 2022; Abose et al., 2021; Berhanu, 2016;), (Wondim et al., 2020) (Yimer et al., 2023)

3. OBJECTIVE

3.1 General objective

- To assess the magnitude of male involvement in postpartum long-acting reversible contraceptive use and association factors in Shebedino, Woreda, Sidama region, Southern Ethiopia 2023.

3.2 Specific objectives

- To determine the magnitude of male involvement in postpartum LARC use in Shebedino, Woreda, Sidama region, Southern Ethiopia 2023.
- To identify factors associated with male involvement in postpartum LARC use in Shebedino, Woreda, Sidama regional state Southern Ethiopia 2023.

4. METHODOLOGY

4.1. Study area

Shebedino Woreda is found 27km away from Hawassa, the capital city of Sidama Regional State, and 310 kilometers from Addis Ababa, the capital city of Ethiopia. Shebedino Woreda is located at an elevation of 1750-3000 meters above sea level. It has an average annual rainfall of 1200mm, a maximum of 1600mm, a minimum of 800mm, and an average annual temperature of 28.5^c with highs of 25c and lows of 16 c. It has 14% and 86% midland, no lowland climate zone.

According to 2015 data obtained from the woreda administration, Shebedino Woreda has 23 rural and 3 urban kebeles. The total population of Shebedino Woreda is 204618 and the sex ratio is 1:1. Among the total population 85% are living in rural areas. Total reproductive age groups are 56288. Almost all Shebedino Woreda residents are Sidama in Ethnic," Sidamu affoo" language speakers & other language speakers are present around Leku town, the capital city of Shebedino Woreda. The total households of in Shebedino Woreda is 41759.

The main source of economy in Shebedino Woreda depends on agriculture, nearly 100%. Its land density is 19350 hectares; 131 hectares are cultivated 17069 hectares on farming, and 1371.5 hectares on grazing. The main crops of Shebedino Woreda are coffee", Inset"(false banana), maize(corn), sweet potato different kinds of vegetables and fruits around in the Shebedino Woreda. The Woreda has one primary hospital, six health centers, and 23 health posts.

4.2. Study design and period

A community-based cross-sectional study was conducted from July 30 to August 30, 2023.

4.3. Source and Study population

4.3.1. Source of population

The source population of the study was all married males living in Shebedino woreda whose wives delivered in the past two years and using LARC.

4.3.2. Study population

All married men, whose wives were delivered in the past two years, and using LARC living in selected kebeles from July 30 to August 30, 2023.

4.3.3. Study unit

The study unit consisted of a married man, whose wife had been delivered in the past two years and used LARC.

4.4. Eligibility criteria

4.4.1. Inclusion criteria

- Men who were living together with their wives
- All men, whose wives delivered in the past two years and using LARC in Shebedino woreda.
- Men who lived with their wives for a minimum of six months at Shebedinno woreda

4.4.2. Exclusion criteria

- Men had mental, serious health problems, and were unable to talk or hear during the study period, and
- Men whose partners were beyond reproductive age, i.e. aged above 49 years were excluded from the study, and men who were not available at home during the data collection period after three visits were excluded.

4.5. Study Variables

4.5.1. Dependent variable:

- Male involvement in postpartum LARC use

4.5.2. Independent variables:

- **Socio-demographic and Socio-economic factors**:—Age of husband, age of wife, Ethnicity, Religion, husband's education, education of wife, Residence, husband's occupation, occupation of wife, monthly income
- **Reproductive factor**:—, Number of currently living children, Time to have the next baby, How many children you want in the future, length of Postpartum period, Wanting more children in the future
- **Knowledge of LARCM**
- **Attitude of LARCM**
- **Contraceptive related factors:--** Source of information, previous use of LARC by wife, emotional support, Discussion between partners, financial support, accompanied wife to family planning clinic, the benefit of using LARCM, type of LARCM known, Ever use LARCM, decision making to current used to, the reason for using LARCM from the current user.

4.6. Operational definitions

Accompanying their wife: This means that the man accompanied his spouse or partner to the healthcare facility (FP clinics) and ideally remained physically present in the room and the following conversation or discussion.

Emotional support: Refers to the providing of men at least two, active listening, complimenting her strength, buying a small gift, seeing the problem seriously, checking in later, offering reassurance, offering advice if she asks, respecting her feelings, saying I love her you, and taking one's spouse's hand**.**

Attitude refers to an overall reaction of approval or disapproval concerning the use of family planning to limit family size or prevent unwanted pregnancies. This is measured by 9 items. In the LARC attitude test, those who responded correctly above the mean value had a good attitude, and those whose scores were less than the mean value were categorized as having a negative attitude. (Bayray, 2012)

Knowledge: is measured by 12 knowledge items assessing questions on postpartum LARC who responded correctly above the mean value were knowledgeable or had good knowledge, While Poor knowledge: means that those who scored less than the mean value. (Mulatu et al., 2016).

Male involvement in postpartum LARC: refers to the participation of men in postnatal long-acting reversible contraceptive (LARC), encompassing activities such as discussion with their spouses, providing emotional support, and financial support, accompanying wives to the FP clinic, giving approval, engaging in decision-making at least greater than mean value.

Partner approval: if the male partners support/encourage their spouses to use the family planning method.

Married man: a man who legally lives with a woman and has a child within two years.

4.7. Sample size determination

To determine the sample size, we used the formula for single population proportion:

Where: n = sample size

Z = standard normal distribution corresponding to significance level at α = 0.05

p = proportion of male

involvement

d = margin of error 5%

"P", the proportion of the rate of male involvement LARCM 50% to have enough sample size

$$n = (Za/2)^2 \frac{p(1-p)}{d^2}$$

$$n = (1.96)^2 \frac{0.5(0.5)}{(0.05)^2} = \quad 384$$

By adding 10% of the non-response rate the final sample size was 384+10% of the calculated sample which was 384 +384x10/100 = 422

Considering the 1.5 design effect making sample size will be 633.

Sample size determination for specific objectives two

For factors, the sample size is calculated using Epi info version 7.2 STAC CALC for a cross-sectional study. Previous literature is referred to as the proportion of male involvement in family planning among non-exposed groups of reviewed factors taken. For each factor's power of 80%, the confidence level of 95% and 1:1 unexposed to exposed ratio are considered.

Table 1: Summary of sample size calculation for variables associated with male involvement in postpartum long-acting reversible contraceptives using variables from different literature.

Variable	Category	Prevalence	AOR	Ratio	Sample size	Reference
Residence	Urban Rural*	52.9 15.1	3.13	1:1	156	(Abose et al., 2021)
Discussion	No* Yes	11.4 32.4	2.81	1:1	234	
FP methods information	No* Yes	32.4 57.3	2.15	1:1	246	(Mulatu et al., 2022)
FP knowledge level	Good Poor*	72.1 42.2	1.92	1:1	324	(Wondim et al., 2020)

* unexposed

Of the factors the one which gives a larger sample size which is 324 taken. After taking into account the design effect of 1.5 and incorporating a 10% non-response rate, the initial sample size of 324 is adjusted to 535. Upon comparing this adjusted sample size with the sample size of 633 obtained from specific objective one, the larger sample size of 633 is chosen as the final sample size

4.8. Sampling techniques and procedure

Multistage sampling was employed in this study. A total of 26 kebeles were included, consisting of 3 urban and 23 rural areas. Through a lottery method, 10 kebeles(one urban and nine rural kebeles) were selected to represent the study sample. The initial step involved determining the number of women who had given birth within the past two years and their utilization of Long-Acting Reversible Contraceptives (LARC) in each kebele. This was accomplished by examining the registration books of the health office, kebeles, and health extension workers. Additionally, the process involved identifying and retrieving the husbands of these women from the member of the master of the family index and conducting home visits. The number of study units allocated to each selected kebele was determined using a probability proportional to size allocation. To achieve the required sample size of 633 study subjects, simple random sampling techniques were employed. In cases where eligible participants were not found in the household, up to three attempts were made to revisit and interview them to minimize the non-response rate.

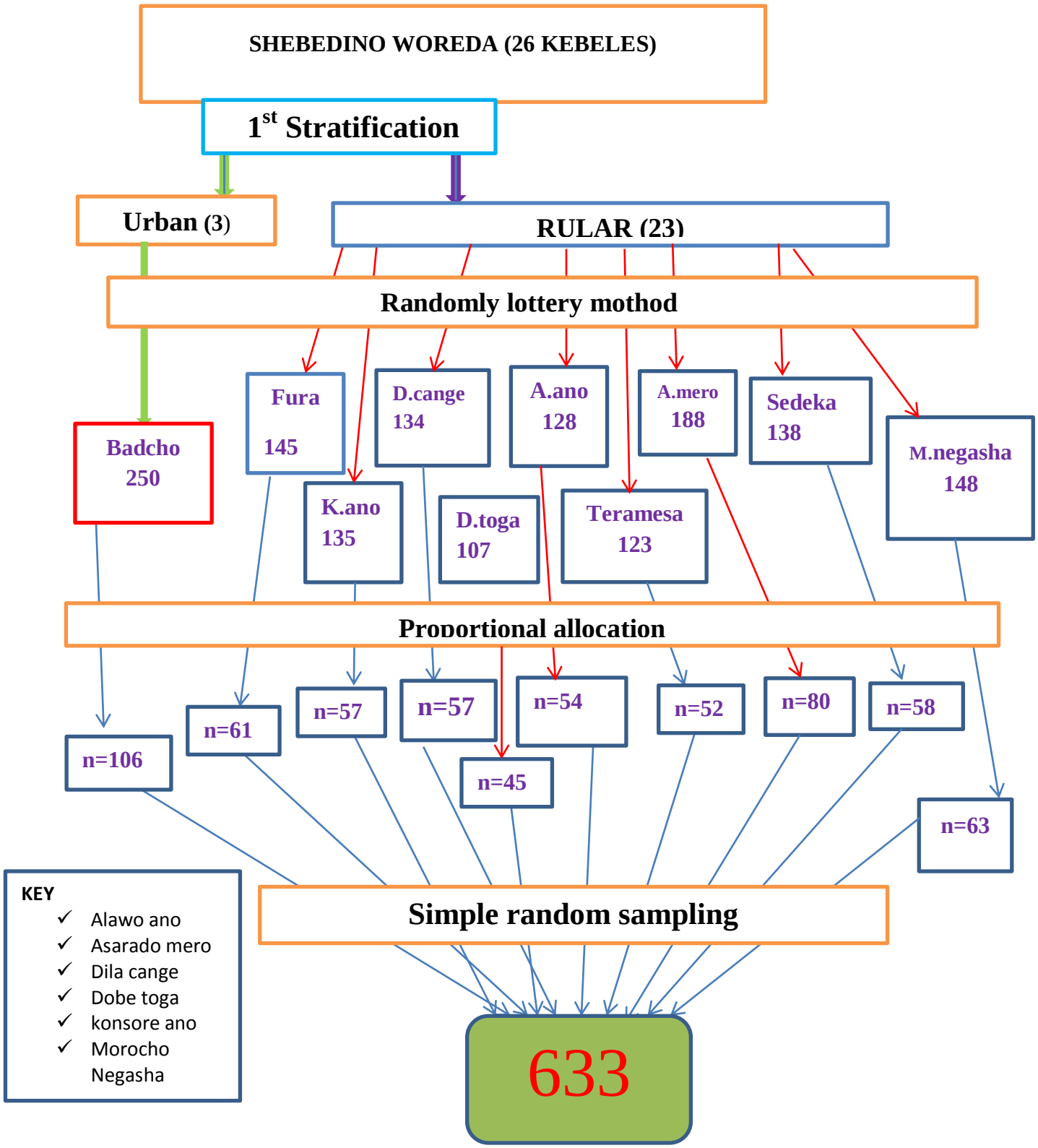

Figure 2: Schematic presentation of sampling procedure on married male involvement in postpartum LARC use and association factor in Shebedino woreda southern Ethiopia 2023.

4.9. Data collection instrument

The information includes five parts such as socio-demographic characteristics, reproductive characteristics, knowledge, attitude, and Contraceptive-related factors. questionnaires were adapted from different articles with some modifications from similar previous studies. (YimerID et al., 2023; Abose et al., 2021; Berhanu, 2016; Wondim et al., 2020)

Socio-demographic characteristics had 10 items, reproductive characteristics had 6 items knowledge 12 items, attitude 9 items, Contraceptive related factor 8 items, and Male partner involvement in Postpartum LARC use measured by 6 items.

The participant's knowledge level was evaluated using twelve simple questions, each asking a simple "yes" or "no" response. The results of this assessment were then tabulated in Table 4, with each "yes" response being awarded one point and each "no" response receiving zero points. It should be noted that certain questions, specifically numbers three, six, eight, and nine, were subject to reverse coding. The total score for each participant was then calculated by summing up their scores for each question, resulting in a possible range of scores from zero to twelve. Based on this total score, participants were classified into one of two categories: those with good knowledge(a score equal to or higher than the mean score) and those with poor knowledge(a score below the mean) (Mulatu et al., 2016)

A Likert scale format consisting of nine questions with three answer alternatives, namely agree, indifferent, and disagree, was utilized to measure the attitude. The reverse code was applied to questions number three and five. The overall score was calculated, and individuals who scored equal to or above the mean score were deemed to have a positive attitude towards postpartum LARC. Conversely, those who scored below the mean score were categorized as having a negative attitude (Bayray, 2012; Wondim et al., 2020).

The outcome variable (male involvement in LARC use) was measured using six questions coded as yes (2)/no (1) responses in Table 6. Each "No" response received one point, while each "Yes" response received two points. A total score was created and then divided into two categories to create a binary outcome variable. A score of 10 or higher indicated better involvement in family planning, while a score of 0-9 indicated low involvement or non-involvement.

4.10. Data Collection Procedure

Data were collected by the Kobo toolbox through an interview and a structured questionnaire. The questionnaire was first created in English and then translated into the local language (Sidamo) by a language expert(two people) to maintain its coherence. To check its consistency, the questionnaire was later translated back into English by another language expert. The questionnaires were pretested by 5% of the total sample size of 31 participants before the actual time of data collection. After conducting the pretest, the duration of time required was determined, and a modification of the skip pattern and unclear questions adapted from different literature. Furthermore, an additional questionnaire was developed for the partner (wife), encompassing factors such as the wife's age, length of the postpartum period, educational status, and current utilization of LARC methods.

Twelve data collectors (9 health extension workers and 3 supervisors) participated in the data collection. Data collectors were trained to be informed about how to approach the respondents, the objectives of the study and to keep the privacy of the respondents. During data collection, the supervisor checked the completeness of the questionnaire. Respondents were asked for written consent and interviewed. Furthermore, on data collection time, when the sampled men were not assessed for absence, up to three attempts were made to interview eligible study participants to decrease the non-response rate.

4.11. Data Quality Assurance

To ensure the quality of data to be gathered from the study subjects, a range of mechanisms was employed to address major areas of bias introduction during the data collection process. A two-day training was given for data collectors and supervisors on the objective and relevance of the study, how to gather the appropriate information, procedures of data collection techniques, and the whole contents of the questionnaire. The questionnaires were pretested, and all the collected data were cleaned and explored for outliers, missed values, and any inconsistencies by data collectors and supervisors every day as well as the principal investigator before data export to SPSS.

4.12. Data processing & analysis

After the completion of data collection, a detailed examination was conducted on each questionnaire to ensure its completeness, consistency, and clarity. Subsequently, the collected data was exported to SPSS version 25 for further analysis. Descriptive statistics was summarized in frequency, graphs, and percentages. Assumptions such as the Chi-square test were first checked. Binary logistic regression was conducted and crude odds ratio (COR), with a 95% Confidence Interval (CI) estimated to select the candidate variables for the final model. Then, a variable with a p-value of < 0.25 at binary logistic regression was taken into a multivariate logistic regression to control con-founding (multicollinearity was checked). Hosmer-Lemeshow goodness-of-fit with step-wise (enter method) logistic regression was used to test for model fitness. Adjusted odds ratio (AOR) with 95% CI was estimated to assess the presence of association at multivariate logistic regression. Lastly, variables with a p-value of < 0.05 will be considered statistically significant predictors of the outcome variable.

4.13. Ethical consideration

Ethical clearance was obtained from the Institutional Review Board (IRB) of Hawassa University, College of Medicine and Health Sciences((Reference number: HUCMH/IRB /351/15) on date of 29/06/2023. The official letter of support was provided by the Hawassa town health office to the Shebedino City health department, whereas the Shebedino City health department issued a supporting letter that was later handed over to the selected kebele. Before the commencement of the study, all participants were informed of its objectives, and verbal consent was obtained from both spouses(husband and wife). Confidentiality was ensured for the information by not recording the name of the respondent or other identifiers. Participant's privacy, confidentiality, and cultural norms were respected properly.

5. RESULT

5.1. Socio-demographic characteristics of the study participants

A total sample size of 623 married men responded to the questionnaires, yielding a response rate of 98.4%. Eight of the married men could not be found after three visits and two were turned away. The mean age of men respondents was 35 with a standard deviation of ±5.23 years and women's age was 26with±4.88 years. The men's age ranges from 25 years to 55 years, while women's age ranges from 18 years to 37 years. The majority of the study participants 408(65.5%) adhere to the Protestant faith, and 518(83.1%) reside in rural areas. Of the men respondents, nearly half 271 (43.5%) completed primary school education, and more than a third of the participants 226 (36.3) completed secondary school. Regarding the occupation of male, half 316(50.7%) was farmer, and more than a fourth was 170(27.3%)merchant (Table 1).

Table 1**:** Socio-demographic characteristics of the study participants in Shebedinno woreda, Sidama regional state, southern Ethiopia, 2023 (n= 623**).**

Variables	**Category**	**Frequency**	**Percentage**
Age of husband	20-30	173	27.8
	31-40	318	51.0
	>40	132	21.2
Age of wife	18-22	76	12.2
	23-27	159	25.5
	28-32	257	41.3
	33-37	131	21.0
Religion	Protestant	408	65.5
	Orthodox	116	18.6
	Muslim	94	15.1
	Catholic	5	0.8
Ethnicity	Sidama	524	84.1
	Amhara	45	7.2
	Wolaita	32	5.1
	Others*****	22	3.5
Residence	Rural	518	83.1
	Urban	105	16.9
Educational status of wife	Non-formal education	89	14.3
	Primary school	299	47.9
	Secondary school	201	32.3
	Diploma & above	34	5.5
Educational status of male	Non-formal education.	76	12.2
	Primary school	269	43.2
	Secondary school	227	36.4
	Diploma &above	51	8.2
Occupations status of wife	Farmer	330	52.9
	Housewife	135	21.7
	Merchant	96	15.4
	Daily laborer	41	6.6
	Employer	21	3.4
Occupation status of husband	Daily laborer	58	9.3
	Employer	79	12.7
	Merchant	170	27.3
	Farmer	316	50.7
Average monthly income	<1199	186	29.9
	1200-2499	199	31.9
	>2500	238	38.2

*Oromo, Silte, Gurage

5.2. Reproductive characteristics of the study participants

According to the study participants, the mean number of children currently residing with each male was 3.16. Of the participants, comprising 524 (84.1%) males, expressed their desire to have more children. Of this group, more than half of 303(57.8%) indicated a preference for having less than three children in the future. Regarding the sex of their future children, approximately 271(51.7%) of the study participants expressed a preference for a male child. More than half 300(57.3%) of participants, indicated a desire to have their next child within a two to three-year timeframe, while about 161 (30.7%) expressed a preference for a gap of over three years before having another child. (Table 2).

Table 2: Reproductive characteristics of the study participants in Shebedino Woreda, Sidama Region, Southern Ethiopia, 2023 (n= 623**)**

Variable	**Category**	**Frequency**	**Percent**
Number of currently living Children(N=623)	≤ 2	231	37.1
	2-3	287	46.1`
	>4	105	16.9
Wanting more children (N=623	No	99	15.9
	Yes	524	84.1
How many children do you want in the future (n=524)	≤ 2	303	57.8
	≥3	221	42.2
Sex of the future Desired child (n=524)	Both equal	111	21.2
	Female	66	12.5
	Male	271	51.7
	No preference	76	14.5
Gap between Birth in the year(birth space) (n=524)	<2 year	63	12.0
	2-3 year	300	57.3
	>3 year	161	30.7
The postpartum period in the month(n=623)	0-6	197	31.6
	7-12	305	49.0
	13-24	121	19.4

5.3. Contraceptive-related characteristics of the study participants

Out of the study participants, 558 (89.6%) heard about LARCMS. The majority of the study participants (86.0%) received information from healthcare institutions, while 68.1% obtained it from media sources. The most known LARCM was the implant, with 539 (96.6%) respondents being aware of it, while 447(80.1%) were familiar with IUCD. The participants were queried regarding the type of LARCM currently employed, with 588 (94.4%) indicating implant usage. Regarding the decision about the current use of LARCMs, 312 (50.1%) of the respondents made the decision together, while 159 (25.5%) of the study participants decided by their wives (Table 3)

Table 3: Contraceptive-related characteristics of the study participants in Shebedinno woreda, Sidama region, Southern Ethiopia, 2023 (n= 623**)**

Variable	Categories	Frequency	Percent
Information heard about LARCM (N=623)	No	65	10.4
	Yes	558	89.6
Type of LARCMs know (n=558)	Implant	539	96.6
	IUCD	447	80,1
Types of LARCM that are currently used	Implant	588	94.4
	IUCD	35	5.6
Reason for using LARCM from the current user	Birth limiting	99	15.9
	Birth spacing	524	84.1
Ever used LARCMs in the past	No	360	57.8
	Yes	263	42.2
Decision the current LARC use	Both of us	312	50.1
	Myself	67	10.8
	wife	159	25.5
	Health care providers	63	10.1
	Others*	22	3.5
Number of discussions with their partner about LARCM(n=340)	More than twice	93	27.4
	Twice	122	35.9
	Once	125	36.7
The benefit of using LARCMs (N=623)	Prevent unwanted pregnancy	438	70.3
	For spacing	440	70.6
	For limiting	386	61.9
	Reduce maternal and child death	221	35.5

Others:* relatives, friends,

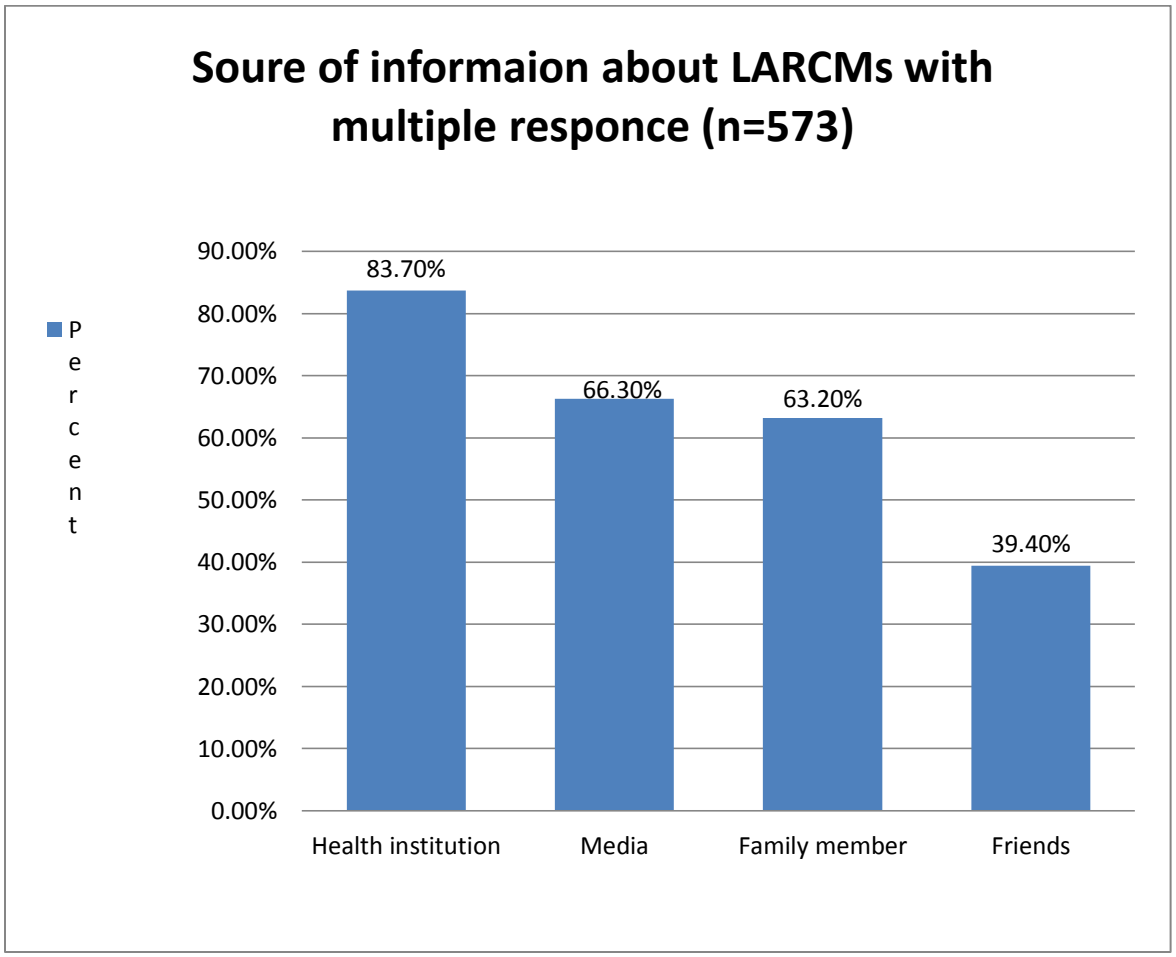

Figure 3: Source of information about long-acting reversible contraceptives of study participants Shebedino, Woreda, Sidama region, Southern Ethiopia 2023

5.4. Knowledge-related characteristics of study participants

The majority of respondents knew about the insertion of IUCD in the uterus (80.75%) and implant in the upper arm(89.1%) by a skilled healthcare provider. More than a third 422 (67.7%) of respondents were aware that IUCDs provide effective protection against unwanted pregnancy and used for over a decade. In general, more than half (53.1%) of respondents had poor knowledge about LARC.

Table 4: Knowledge-related characteristics of the study participants in Shebedinno woreda, Sidama regional state, south Ethiopia, 2023 (n= 623)

S.no	Knowledge of LARCM Items	Yes (%)	No (%)
1	IUCD is inserted into the uterus by a skilled healthcare provider.	503(80.75)	120 (19.3%)
2	implant inserted in the upper arm by the skilled healthcare provider.	555(89.1%)	68 (10.9%)
3	IUCD causes cancer	301(48.3%)	322(51.7%)
4	IUCDs are immediately reversible	462(74.2%)	161(25.8%)
5	Implants effectively protect from unwanted pregnancies for 3 - 5 years	560(89.9)	63(10.1%)
6	Implants prevent STI	213(34.2%)	410(65.8%)
7	IUCD prevents pregnancy for more than 10 years	422(67.7%)	201(32.3%)
8	IUCD is appropriate for STI high-risk women	252(40.4%)	371(59.6%)
9	IUCD interferes with sexual desire	268(43.0%)	355(57.0%)
10	IUCD effectively protects from unwanted pregnancy	358(57.5%)	265(42.5%)
11	the implant is immediately reversible	456(73.2%)	167(26.8%)
12	Implants require a minor surgical procedure	251(40.3%)	372(59.7%)

IUCD Intra-Uterine Contraceptive Devices

5.5. Attitude-related Characteristics of the study participants

This study assessed respondents' attitudes towards postpartum LARC. Overall, the positive attitude towards postpartum LARC was 55.5%. The majority of study participants 541 (86.8%) agreed that men should share responsibility for using LARC methods. More than half of the study participants 358 (57.5%) believed that the use of intrauterine contraceptives (IUCDs) does not interfere with routine activities. However, more than a quarter of participants (28.7%) believed that using IUCDs and implants in future pregnancies could lead to infertility(Table 5)

Table 5: Attitude-related Characteristics of the study participants in Shebedinno woreda, Sidama region, south Ethiopia, 2023 (n= 623)

S.NO	Attitude Items Towards LARCM	Agree (%)	Disagree (%)	Neutral (%)
1	LARC information service should be available to men	492(79.0%)	80(12.8%)	51(8.2%)
2	Using IUCD does not restrict routine activity	358(57.5%)	104(16.7%)	161(25.8%)
3	Insertion and removal of Implant is highly painful	209(33.5%)	338(54.3%)	76(12.2%)
4	Implants don’t move through the body after insertion	494(79.3%)	62(10.0%)	67(10.8%)
5	Using IUCD and implant cause infertility	179(28.7%)	373(59.9%)	71(11.4%)
6	Men should share the responsibility for using LARCM.	541(86.8%)	62(10.0%)	20(3.2%)
7	Long-acting contraceptives should not be used only by women who do not want more children.	348(55.9%)	261(41.9%)	14(2.2%)
8	Discussion about LARCM with the wife is necessary	497(79.8%)	80(12.8%)	51(8.2%)
9	IUCD doesn’t move through the body after insertion	340(54.6%)	111(17.8%)	172(27.6%)

5.6. Male involvement in Postpartum LARC use

Of the 623 male participants, 197 (31.6%, 95% CI: 28.6, 36.0) were involved in postpartum LARCM use by their spouse. More than half of the participants 340 (54.6%) reported having engaged in discussions with their wives. Nearly a quarter of 151 (24.2%) reported accompanying their wives to health facilities for family planning-related services(Table 6)

Table 6: Male involvement in Postpartum long-acting reversible contraceptive use in Shebedino, Sidama region, Southern Ethiopia 2023

Variable	Categories	Frequency	Percentage
Discusses family planning with their partner	No	283	45.4
	Yes	340	54.6
Provides financial support to the wife	No	192	30.8
	Yes	431	69.2
provide emotional support to the wife	No	244	39.2
	Yes	379	60.8
Accompany wife to the health facility for FP	No	484	57.8
	Yes	139	24.2
Decision on the current LARC use*	No	247	39.6
	Yes	376	60.4
Approve the choice of wife	No	129	22.0
	Yes	494	78.0

Note: *no =wife and other, Yes =myself and both

5.7. Factors associated with men's involvement in postpartum LARC

Bivariate analysis was used to examine the relationship between men's involvement in postpartum LARC and various determinant factors. These factors included age, residency, occupational status of married males, educational status of married men, number of currently living children, desire for more children, information heard about LARCs, knowledge status of married males, and attitude status of married males. Only those factors met the minimum criteria $p<0.25$. Factors that revealed bivariate associations at a p-value of less than 0.25 were entered into the multivariate logistic regression analysis. The variables that demonstrated significant association at their P-value $\leq$ 0.05 with men's involvement in postpartum LARC at the multivariate logistic regression were determined significant. These were the educational status, information heard about LARCs, knowledge of postpartum LARC, and attitude toward postpartum LARC(Table 7).

The logistic regression statistic indicates that the selection model was a suitable fit, as evidenced by the goodness of fit using the Hosmer & Limenshaw test. With a p-value of 0.221, greater than the significance level of 0.05, we fail to reject the null hypothesis, indicating that the logistic model is a good fit for the given dataset.

Table A

Hosmer and Lemeshow Test

Step	Chi-square	Df	Sig.
1	15.074	8	.221

Additionally, pseudo-R-square regression results show that the square of the correlation between its predictor value and the actual value of the outcome of this correlation was 33.8%. the model explains 40.8%(Negelkerke R square)of variance in the male partner involvement in postpartum LARC.

Table B

Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	563.349[a]	.291	.338

.

Table 7: Factors associated with men's involvement in postpartum LARC in Shebedinno Woreda, Sidama regional state, south Ethiopia, 2023 (n= 623).

Variable	Male Involvement in LARC		COR(95%CI)	AOR(95%CI)
	Involve	not involve		
Age of husbands				
20-30	71	102	2.98 (1.753,5.064)	1.30(0.657-2.59)
31-40	101	217	1.99 (1.214,3.269)[a]	1.12(0.608-2.08)
>40	25	107	1	1
Residence				
Rural	151	367	1	1
Urban	46	59	1.89(1.233, 2.912)[a]	1.39(0.86-2.25)
Occupation of husband				
Farmer	75	241	1	1
Daily labors	22	36	1.96(1.088-3.54)[a]	1.179(0.61-2.25)
Merchant	61	109	1.79(1.19-2.70)[a]	1.22 (0.77-1.91)
Employer	39	40	3.13(1.88-5.23)[a]	1.72(0.96-3.08)
Educational of husband				
No formal education	13	63	1	1
Primary school	65	204	1.54(0.8-2.99)	1.19 (0.57-2.50)
Secondary school	90	137	3.18(1.656-6.12)[a]	**2.35(1.12-4.93)***
Diploma and above	29	22	6.39(2.83-14.43)[a]	**4.42(1.803-10.83****
No currently living children				
≤2	99	132	1	1
3-4	77	210	0.49(0.338,0.707)[a]	0.64(0.39-1.01)
>4	21	84	0.33(0.193,0.575)[a]	0.69(0.32-1.46)
Information heard about LARC				
No	7	58	1	1
Yes	190	368	4.28(1.92-9.55)[a]	**2.77(1.07-7.16)***
Wanting more children				
No	17	82	1	1
Yes	180	344	2.53(1.452,4.386)[a]	0.97(0.44-2.14)
Knowledge of LARC				
Poor	71	260	1	1
Good	126	166	2.78(1.959-3.94)[a]	**1.84(1.24-2.74)****
Attitude of LARC				
Unfavorable attitude	59	218	1	1
Favorable attitude	138	208	2.45(1.855,3.798)[a]	**2.18(1.47-3.24)****

Notes: [a] p<0.25 for bivariate analysis ***** p<0.05, ****** p<0.01 for multivariate analysis

6. DISCUSSION

The purpose of this study was to investigate the extent to which males are involved in their wife's utilization of long-acting and reversible contraceptives during the postpartum period. Additionally, the study sought to identify key factors that have a significant impact on the level of male engagement in their wives' or female partners' utilization of these contraceptives after childbirth. The previous chapter provided a summary of the research findings, while this chapter intends to examine the main findings of this study, considering their congruity with existing evidence and global benchmarks within a broader framework.

In the present study out of the total of 623 male study participants 197 (31.6%, 95% CI: 28.6, 36.0) were observed engaging in their wife's or spouse's use of postpartum long-acting reversible contraception (LARC). This finding corresponds with previous investigations conducted in the Mizan-Aman district of Southwestern Ethiopia (32.8%) as reported by Mulatu and Mekonnen (2016), and the Malegedo town within the West Shoa zone (36.0%) according to (Mulatu et al. (2016). These findings suggest that this similarity in LARC involvement could potentially be attributed to comparable educational attainment levels among these populations.

However, the current study yielded a higher prevalence rate of male involvement among married males compared to previous studies conducted in various regions. For instance, the prevalence rate in the present study was higher than the rates reported in Bahir Dar town (25.5%) (Walle and Alamrew, 2014), Angolela Tera district in the Amhara region (26.7%) (Berhane et al., 2015), West Badewacho district (19.9%) (Abose et al., 2021), Loka Abaya district (16.6%) (Bifato, 2016), and Debre Markos town (8.4%) (Kassa et al., 2014). This discrepancy in findings may stem from temporal differences between data collection periods and sociocultural variations prevalent in the studied community. Additionally, it may be influenced by improvements in healthcare facilities, increased shared responsibility, higher educational attainment, and the community's attitude towards male involvement in family planning services.

Furthermore, the observed higher prevalence rate of male involvement in this study compared to the rates reported in Loka Abaya district (16.6%) (Bifato, 2016) and Debre Markos town (8.4%) (Kassa et al., 2014) could potentially be attributed to the limited sample size and sampling period, as well as sociocultural differences. Moreover, it is important to note that this study considered males as supportive partners, whereas other studies might have measured male involvement differently. The discrepancy in findings with the West Badewacho district (Abose et al., 2021) could be due to differences in data collection time, sample sizes, and the inclusion of men's participation in long-acting and permanent contraceptives. This study specifically focused on men's participation in long-acting reversible contraceptives (LARC), which may have contributed to the higher prevalence rate since LARC methods, such as implants, are more well-known (87%) compared to less known methods like laparoscopic permanent methods (13%) as reported in the Ethiopian Demographic and Health Survey (EMDHS, 2019).

In contrast to previous studies conducted in Nigeria (Amuzie et al., 2022), Durame town (Ermias et al., 2022), East Hararghe (Mulatu et al., 2022), and Debre Tabor town (Demissie et al., 2021), the prevalence of male involvement in the current study was found to be lower. The variations in prevalence rates between the current study and those conducted in Nigeria (55.1%) (Amuzie et al., 2022) and East Hararghe (59.3%) (Mulatu et al., 2022) may be attributed to demographic and socio-cultural differences among the study subjects, as well as differences in study settings and sample sizes. Furthermore, the measurement of male involvement in East Hararghe included decision-making and support, whereas the current study employed six components, contributing to the observed discrepancy in findings.

The prevalence rate of male involvement in the current study was also lower compared to the findings from Durame town (69.7%) (Ermias et al., 2022) and Debre Tabor town (68.1%) (Demissie et al., 2021). This difference may be attributed to variations in sample size and study setting, as both previous studies primarily focused on urban residents, whereas the current study included both rural and urban participants. It is possible that residing in urban areas, engaging in discussions with wives, possessing extensive knowledge, and exhibiting a positive attitude toward family planning usage influenced the prevalence of male involvement (Abose et al., 2021; Amuzie et al., 2022).

Additionally, the variation in the measurement of male involvement should be noted, as the previous studies employed two frameworks, namely user and supportive partner, while the current study solely focused on measuring the supportive partner's involvement. Moreover, it should be acknowledged that previous studies have examined male involvement in all family planning methods, whereas the current study specifically concentrated on postpartum long-acting reversible contraceptive methods. This narrower focus may potentially underestimate the true extent of male involvement in family planning.

This study elucidated that variables such as the possession of comprehensive knowledge concerning Long-Acting Reversible Contraceptives (LARCs), the educational attainment of the husband, previous exposure to information about LARCs, and harboring a favorable disposition towards the utilization of LARCs, played significant roles in influencing male involvement about their partner's adoption and employment of LARCs**.**

The present study's findings suggest an association between the educational attainment of men and their likelihood of engaging in postpartum long-acting reversible contraception (LARC) use. The results indicate that individuals who had completed secondary school or possessed a diploma were approximately twice and four times more likely to utilize postpartum LARC, respectively, compared to those with no formal education. Notably, these findings align with prior investigations conducted in Bahir Dar (Walle and Alamrew, 2014), the Womberma district in northern Ethiopia (Wondim et al., 2020), and Cameroon (Egbe et al., 2016). A plausible explanation for this trend could be that educated men possess a more comprehensive understanding of family planning (FP) and its significance, thereby motivating their active involvement in FP practices. Additionally, men's educational achievements exert a positive influence on reproductive health (RH) decision-making and fertility preferences within couples. (Kassa et al., 2022) Conversely, uneducated men often hold misconceptions regarding FP methods, particularly concerning adverse effects, resulting in limited male participation. Therefore, it underscores the vital role of acquiring at least primary education as an intervention to enhance male engagement in FP.

The present study identified that knowledge about long-acting reversible contraception (LARC) emerged as the second significant predictor of male engagement. It was observed that individuals possessing good knowledge of postpartum LARC were nearly twice as likely to engage in postpartum LARC utilization in comparison to those with poor knowledge. Such findings align with a previous investigation conducted in the Womberma district of northern Ethiopia (Wondim et al., 2020). Notably, the finding was higher than that reported in the Afar study, possibly due to sociocultural disparities and differing study settings. Conversely, the finding was lower than that observed in studies conducted in West Bedawacho (Abose et al., 2021), Debre Tabor town (Demissie et al., 2021), and Durame town (Ermias et al., 2022). This divergence may be attributed to socio-cultural and study setting variances. The discrepancy in levels of male involvement can be explained by the inclination of men with adequate knowledge of contraceptive methods to actively participate in selecting suitable methods for their partners. Moreover, well-informed men on postpartum family planning, particularly LARC options, may directly engage in decision-making processes surrounding family planning and encourage their partners to do the same (Abose et al., 2021).

Male exposure to information about the LARC method was found to be a predicting factor of their involvement in their spouse's postpartum LARC use. The findings reveal that men who had received information about the LARC method were nearly three times more likely to be involved in postpartum LARC compared to those who had not received such information. This result aligns with a previous study conducted in Malegedo Town, West Shoa Zone (Mulatu et al., 2016), although the finding is higher in comparison to a study conducted in Debre Tabor Town (Demissie et al., 2021). The disparity in findings could be attributed to differences in the sources of information utilized in the two studies. In the Debre Tabor Town study, parents and newspapers were identified as the primary sources of information, while in the present study, participants reported obtaining information from healthcare institutions. Consequently, information obtained from healthcare institutions tends to be more comprehensive, accurate, and trustworthy, thereby potentially enhancing attitudes, dispelling misconceptions, and promoting behavioral changes to facilitate male involvement (Amuzie et al., 2022).

Finally Having a positive attitude towards family planning (FP) was identified as a crucial determinant for male engagement in FP services. Men who showed a positive attitude towards postpartum LARC were found to be two times more likely to participate in such services, in comparison to those who held a negative attitude towards postpartum LARC. This finding aligns with research conducted in West Bedawacho (Abose et al., 2021) and Womberma District in Northern Ethiopia(Wondim et al., 2020). This finding is lower than the study conducted in Budity Town (Tadesse et al., 2016). The discrepancy might be due to the study setting, and sample sizes. This suggests that men's favorable attitude towards postpartum LARC endorses and encourages their wives to utilize them. Additionally, men who show a positive outlook towards postpartum LARC may exhibit interest in participating in their partners' family planning services. Conversely, those with a negative attitude may even prohibit and disrupt their partner's involvement and use of family planning methods. (Kassa et al., 2022)

Strength and limitations

Strength

The direct interviewing of men was the strength of this approach, as it provided them with enhanced opportunities to confidently express their opinions, ideas, and perspectives. Furthermore, to ensure a comprehensive understanding, women also asked some questions, which offered valuable insights for determining the correct response.

Limitations

The quantitative survey fails to address the underlying reasons for the lack of male involvement in postpartum LARC. Recall bias could be introduced when men describe events or conversations in the past. By maintaining a warm relationship, employing probing techniques, and building rapport, aimed to mitigate these biases.

8. CONCLUSION AND RECOMMENDATION

8.1. Conclusion

This research investigated the magnitude of male participation in postpartum LARC use and the associated factors in Shebedino Woreda, Sidamo Regional State, Southern Ethiopia. The study revealed that male involvement in their partners' LARC use was relatively low. The regression analysis indicated that male involvement was positively and significantly linked to higher education beyond the primary level, having good knowledge of LARC, information heard about LARC, and having a positive attitude towards LARC.

8.2. Recommendation

Based on the study results, we have forwarded the following recommendations:

- Policymakers and health planners develop initiatives and strategies aimed at enhancing the knowledge and attitude of postpartum LARC among married males.
- The regional educational bureau and stakeholders should promote male involvement in education to positively impact reproductive health decisions and fertility choices among couples.
- NGOs, City leaders, and social workers(key sectors) must work together to raise awareness, mobilize efforts, and create educational initiatives. They should also launch campaigns and programs on various platforms to promote men's role in family planning.
- The Shebedino Woreda Health Bureau should enhance efforts to raise awareness about postpartum LARC among married men through mass media, health education, and the distribution of various information, education, and communication (IEC) materials.
- Healthcare professionals should prioritize counseling male partners on their involvement in postpartum LARC to increase their knowledge while decreasing misconceptions.
- Future researchers can conduct large-scale quantitative and qualitative studies on a diverse study population that includes rural communities. These additional investigations will provide valuable insights and improve the overall understanding of the topic.

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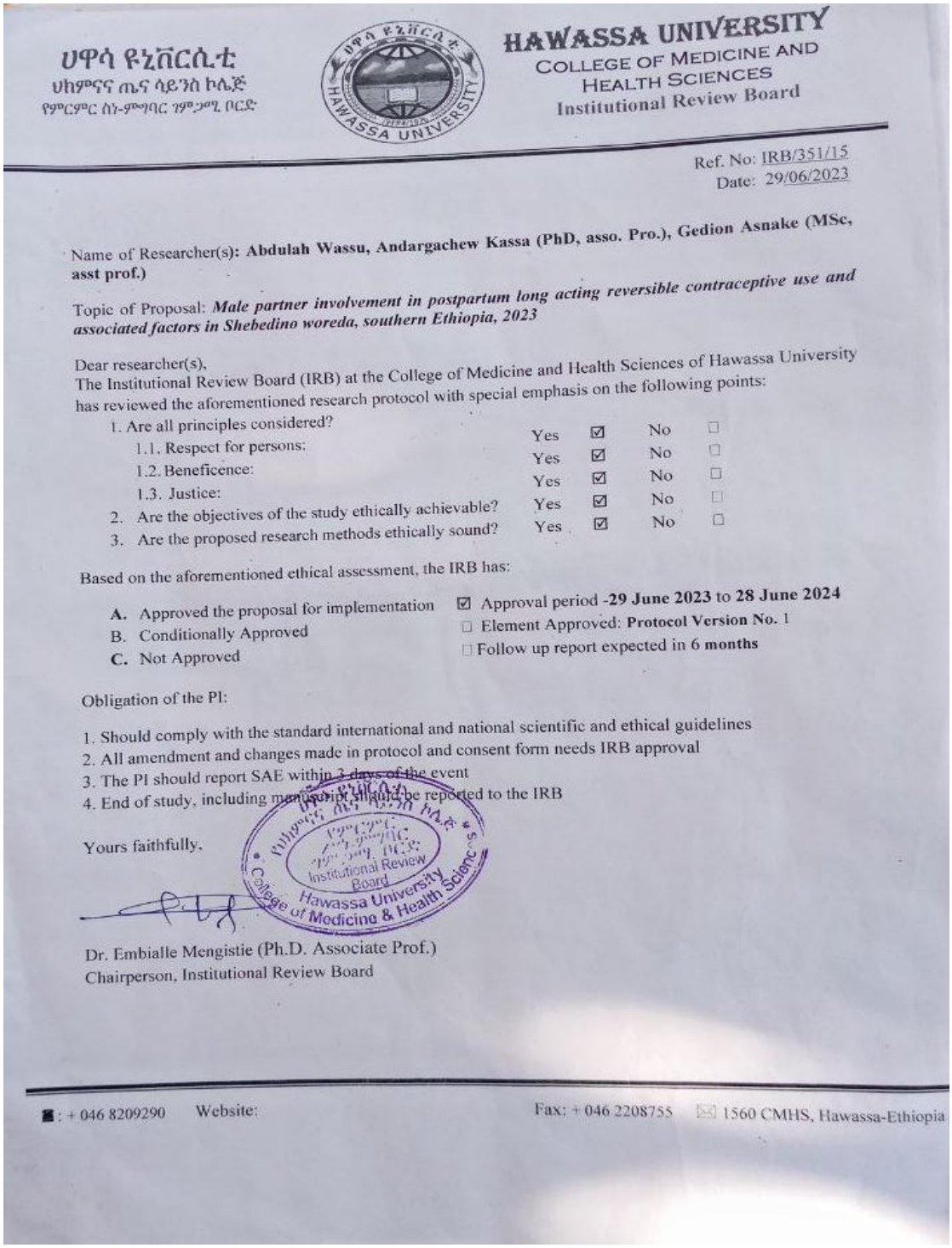
ANNEX

I. Ethical approval and the official permission letter



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HAWASSA UNIVERSITY
COLLEGE OF MEDICINE AND HEALTH SCIENCES
Institutional Review Board

Ref. No: IRB/351/15
Date: 29/06/2023

Name of Researcher(s): **Abdulah Wassu, Andargachew Kassa (PhD, asso. Pro.), Gedion Asnake (MSc, asst prof.)**

Topic of Proposal: ***Male partner involvement in postpartum long acting reversible contraceptive use and associated factors in Shebedino woreda, southern Ethiopia, 2023***

Dear researcher(s),
The Institutional Review Board (IRB) at the College of Medicine and Health Sciences of Hawassa University has reviewed the aforementioned research protocol with special emphasis on the following points:

1. Are all principles considered?
   - 1.1. Respect for persons: Yes ☑ No ☐
   - 1.2. Beneficence: Yes ☑ No ☐
   - 1.3. Justice: Yes ☑ No ☐
2. Are the objectives of the study ethically achievable? Yes ☑ No ☐
3. Are the proposed research methods ethically sound? Yes ☑ No ☐

Based on the aforementioned ethical assessment, the IRB has:

A. Approved the proposal for implementation ☑ Approval period -**29 June 2023** to **28 June 2024**
B. Conditionally Approved ☐ Element Approved: **Protocol Version No.** 1
C. Not Approved ☐ Follow up report expected in 6 **months**

Obligation of the PI:

1. Should comply with the standard international and national scientific and ethical guidelines
2. All amendment and changes made in protocol and consent form needs IRB approval
3. The PI should report SAE within 3 days of the event
4. End of study, including manuscript should be reported to the IRB

Yours faithfully,

Institutional Review Board
Hawassa University College of Medicine & Health Sciences

Dr. Embialle Mengistie (Ph.D. Associate Prof.)
Chairperson, Institutional Review Board

: + 046 8209290 Website: Fax: + 046 2208755 1560 CMHS, Hawassa-Ethiopia

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Barra-7/11/2015

23ka fayymmate keela

olliira

***Hajo*:-Irkote borro aa la'anno.**

*Aleeni eote aana kuilli hajo yaano fayyimmte keelini sid/da/qoq/mot/fa/instiyuute DFI/9707/1 barra 30/10/2015 m.d fayymmate keeli /Ollu/giddo rossu xinixalora /Reaserch/ assano rosanchira taje uyiinemose/si gede irkote taje borreesinooni borroni xa'mitinoke daafira ki'ne fa/xaawi giddo "**Male Partner Invlvment in post partum long acting revesible contraceptive use and associated factors in shebedino woreda ,sidama region,Ethiopia,2023**" yitano umini barra 10/11/2015 m.d hanafe 10/12/2015 m.d geesha hasidhano taje uyyiitianise gede tene irkote borro uyiinoomta eggeensiinseemo.*

Keeru ledo!

Figuadu Seenato Baada
Ma/Jk/Lo/Ha/Qineesanchcho

II: English Version Participant Information Sheet

My name is _____. I am working as a data collector for the study being conducted in this health facility by Mr. Abdullah Wassu who is an MSc student in Clinical midwifery at Hawassa University. I kindly request you to lend me your attention to explain to you about the study and your community being selected as the study setting.

The study title: Male Involvement in Postnatal Long-acting Reversible Contraceptive Utilization and Associated Factors among Married Males in Shebedino, Sidama region, Southern Ethiopia, 2023.

Purpose of study: The findings of this study can be important for assessing male partner involvement in LARC, and identifying the factors to scale up LARC utilization. It can also provide important information to policymakers, and program managers to address such issues in the future

Procedure and duration: Data will be collected from the married male. The interview will take about 20- 30 minutes, so I kindly request your permission to collect data pertinent to this study.

Confidentiality: The information that we will be provided will be kept confidential. There will be no information that will identify the participants in particular. The findings of the study will be general for the study community and will not reflect anything particular about individual persons. The questionnaire will be coded to exclude showing names. No reference will be made in oral or written reports that could link participants to the research.

Rights: Participation in this study is fully voluntary. The participants have the right to declare whether to participate or not in this study. If they decide to participate, they have the right to withdraw from the study at any time and this will not label them for any loss of benefits to which they otherwise are entitled.

Contact address: If you have any questions about the study, the procedure, or anything else related to the study, please contact me through the following address:

Telephone……+251923137007/+251976563637

III. Consent form

Good morning/afternoon. My name is_____and I am working_____

I am studying Male involvement in postpartum LARCM users and associated factors in Shebedino, woreda Sidama region, Southern Ethiopia, on behalf of brother Abdullah Wassu, who is a postgraduate student at Hawassa University, Institute of Health Science, and Department of Midwifery. I would like you to respond only if you wish to do so. I assure you that the information you provide will be kept confidential. Your name will not be written on the questionnaire to ensure your confidentiality. Make sure that, there should be no harm caused because you are involved in this study. You have complete discretion to decline the interview in part or whole. If you agree to participate in the interview, we need you to give us honest answers to the questions you want to answer, as this will allow us to come up with genuine conclusions and recommendations that could potentially be helpful. Ministry of Health ofEthiopia and health facilities improve these services

Consent

I have fully understood its contents, and I have agreed to participate in this research project.

Yes___No____

Thank you for giving us your consent

Name of the data collector ____ _____ Sign_____ Date____

IV. English version Questionnaire

Questionnaire identification

CODE _____ Region: _____Zone: _____

Kebele _____

checked by supervisor

Name_____ Signature _____ Date _____

Table 1: Socio-demographic characteristics of Respondents in Shebedino, Southern Ethiopia, 2023.

S-NO	Variable	Categories	Skip
101	Age of husband		
102	Age of wife		
103	Residence	1. Urban 2. Rural	
104	Ethnicity	1.Amhara 2.Sidamo 3.Wolaita 4.oromo Other	
105	Religion	1. Catholic 2. Orthodox 3. Muslim 4. Protestant	
106	Educational Status husband	1. No formal education 2. Primary school 3. Secondary school 4. Diploma and above	
107	Educational Status wife	1. No formal education 2. Primary school 3. Secondary school 4. Diploma and above	
108	Occupational Status of husband	1. Farmer 2. Merchant 3. Employer 4. Daily laborer	
109	Occupational Status of wife	1. Farmer 2. Merchant 3. Employer 4. Daily laborer 5. housewife	
110	Monthly income		

Table 2: Reproductive characteristics of respondents in Shebedino, Southern Ethiopia, 2023

S. NO-	Variable	Categories	Skip
201	Number of currently living children		
202	Length of postpartum period		
203	Wanting more children	1. Yes	If NO Skip Q204
		2.No	
204	How many children do you want in the future		
205	Sex of the future Desired child	1. Male	
		2. Female	
		3.No preference	
		4. Both equal	
206	Gab between Birth in the year	1.<2 year	
		2.2–3 year	
		3.>3 year	

Table 3: Contraceptive-related characteristics of respondents in Shebedino, Southern Ethiopia, 2023.

S.no	Variable	Categories and code	Skip
301	Ever heard about LARMs	1. Yes 2.No	If NO Skip Q302
302	Source of information about LARMs	1. Health institution 2. Family member 3. Friends 4. Media	
303	Type of LARCM know	1. Implant 2. IUCD	
304	Type of LARCM currently used	1. Implant 2. IUCD	
305	Reason for using LARCM from the current user	1. Birth spacing 2. Birth limiting.	
306	Ever used LARCM in the past	1. Yes 2. No.	
307	The benefit of using LARCM	1. Prevent unwanted pregnancy 2. Reduce maternal and child death. 3. For limiting 4. For spacing	
308	Number of discussions with their wives about LARCM	1. Once 2. Twice 3. More two	

Table: Knowledge-related characteristics of Respondents in Shebedino, Southern Ethiopia, 2023

S.no	**Knowledge of LARCM Items**	Yes (%)	No (%)
1	IUCD inserted into the uterus by a skilled health provider		
2	implant inserted in the upper arm by a skilled health provider		
3	IUCD causes cancer		
4	IUCDs are immediately reversible		
5	Implants can prevent unwanted pregnancies for 3 - 5 years		
6	Implants prevent STI		
7	IUCD prevents pregnancy for more than 10 years		
8	IUCD is appropriate for STI high-risk women		
9	IUCD interferes with sexual desire		
10	IUCD effectively protects from unwanted pregnancy		
11	the implant is immediately reversible		
12	Implants require a minor surgical procedure		

Table 4: Attitude-related Characteristics of Respondents in Shebedino, Southern Ethiopia, 2023.

	Attitude Items Towards LARCM	**Agree(%)**	**Disagree%**	Neutral (%
1	LARC information and service should be available to men			
2	Discussion about LARCM with the wife is necessary			
3	Using IUCD does not restrict routine activity			
4	Insertion and removal of Implant is highly painful			
5	Implants do not move through the body after insertion			
6	Using IUCD and implant cause infertility			
7	Men should share the responsibility for using LARCM			
8	Long-acting contraceptives should not be used only by women who do not want more children			
9	IUCD doesn't move through the body after insertion			

Table 8: Male Involvement in Postpartum LARC Use in Shebedino, Southern Ethiopia, 2023

S.no	Component	Categories	Skip
1	Do you discuss family planning with your partner?	1. Yes 2.No	
2	Do you Provide financial support to your wife?	1. Yes 2. No	
3	Do you provide emotional support to your wife?	1. Yes 2. No	
4	Do you Accompany to the health? facility for FP?	1. Yes 2. No	
5	Do you decide on the current LARC use	1. Yes 2. No	
6	Do you Approve the choice?	1. Yes 2. No	

ANNEX

II: Beeqaanchu taje Sidaamu afii qoola

Su’maya _____ yinanie. Kalaa Abdullah Wassu yinanni manchi loosanni no xinxallora taje gamba assay noommo. Isi tenne yannara Hawaasi Yuniversitera ilshiishshate rosi golinni layinki digiree rosaanchooti. Ati tenne xinxallora atenna dagakki laino taje aattora dorammootto daafira daafo hedokki anewa qolattora ayriynunni xa’merremmohe.

Xinxallo umo: Shabbadiini woradi giddo seeda yaannara keeshshitanno ila gargadhate horonsinanniri aanna gashshaanni beeqqo maa labbannorona tenne hedo ledo xaaddanno coybba bada, shabbadino, Wodiidi Itiophiya, 2023 yitanote.

Xinxallote horo: Tenne xiinxallo gumi seeda yaannara keeshshitanno ila gargadhate horonsinanniri aanna gashshaanni beeqqo maa labbannorona tenne hedo ledo xaaddanno coybba badate horo uytanno. Qoleno, polise qixxeessitanno bissaraanna albillitete tenne haja mara’annorira horo ikkitanno taje uytanno.

Lossannirenna keeshshittanno: Taje gamba assannannihu gashshanniwinniti. Qaalu xa’mo 30 diqiiqa adhittanno. Konni daafira fajjokki aattoera ayrriynunni xa’meemmohe.

Fojo amada lainnohunni: Atewinni gamba assinnanni taje fojote amandanni. Jeefoteno mituu manchi daafira calla bande shiqinshshanni taje dino. Tenne xinxallonni afinnanni gumi dagate daafira coyrate horonsinanni ikinina mitu manchi daafira calla bande coynanniri dino. Xa’mo woraqati anninni su’ma hoolle koode calla uynanni. Mito mancho calla la’anno taje borrotenni ikko qallunni dishiqinshshanni.

Qoosso: Tenne xinxallora beeqqate beeqaanchu umisi fajjoonniiti. Beeqanchoho tenne xinxallora beeqqate woy beeqqa hogate wo’ma qooso noosi. Hasiritto yannara agurte fula dandatto qoleno agurte fulakkino borreessine diamandanni ledoteno agurte fulootto daafo hoggatto horono dinohe.

Xaandanni doogo: Tenne xinxallo lainohenni aye xa’mo heedhuhero, eegatenna konni woroonni doogga horonsidhe xaada dandatto.

Bilbila……+251923137007/+251976563637

III.Faajjo aate woraqata

Keere galtinni/hosinni. Su'maya_____yinanie qoleno looseemmohu_____

Ani "seeda yaannara keeshshitanno ila gargadhate horonsinanniri aanna gashshaanni beeqqo maa labbannorona tenne hedo ledo xaaddanno coybba bada Shabadino, wodiidi Itiophiya" yitanote. Tenne xinxallo losaanni noohu Abdullah Wash yinnanniho, isi tenne yannara Hawaasi Yuniversitera fayyimate instutera ilshiishshate rosi kifilera laynkki digire rosaanchooti. Fajjokki ikkiro xa'memmohe xa'mo qolattoero ayriynunni xa'meemmohe. Aattoe mashshalaqe fojotenni amandanni. Xa'mote woraqati aana su'makki diborreessinanni. Tennexinallora beeqqoto daafira illittannohe gawajjo dino. Hasirritoro dawaro gumullittokkini agura dandatto. Tenne xinxallora beeqancho ikkate sumuu yiite mashshaqe uytokkero afineno taje gumulo aateenna Itiophiyu fayyimmate Ministre albillitete loosa hasiisssannorira doogo kulatena uyinanni owaante woyyessate kaallitaanno.

Faajjo aa

Xinxallote amado seekke buuxoommo, beeqqateno fajjoyya oommo.

Ee____Dee'ni_____

Fajjokki oottonke daafo galanteemmo

Taje gamba assannohu su'ma _____ Maalate____ Barra____

IV. Xa'mo

Xa'mote badooshshe

Kode _____ Qoqqowo _____Zoone: _____

Ollaa _____

Buuxinohu su'ma

Su'ma_____ Malate _____ Barra _____

Shae 5: Gafa mite: Dawaraanchu dagoomu, miinjunna mayimmate akata (gara) Shabbadhino, Wodiidi Itiophiya, 2023

T.kiiro	Xa'mo	Gaamo	Kubbi
101	Gashshanni diro		
102	Gashshama diro		
103	Heeranowa	1. Quchuma 2. Badiyyete	
104	Aydde	1.Amahara 2.Sidaama 3.Wolaita 4.oromo Wole	
105	Ammanokki gari maati?	1. Katolik 2. Orhodoksi 3. Islami 4. Wongelu ammanaancho	
106	Minu anni rosi deerri mageeshshiho?	1. Dirosoommo 2. Umi dirimi roso 3. Layinki dirimi roso 4. Dipolomana hakkuy ale	
107	Minu ama rosi deerri mageeshshiho?	1. Dirosoommo 2. Umi dirimi roso 3. Layinki dirimi roso 4. Dipolomana hakkuy ale	
108	Minu anni loosi maati	1. Baatto loosire galino 2. Dadallaanchoho 3. Mangistete looso loosanno 4. Barru looso	
109	Occupational Status of wife	1. Baatto loosidhe galino 2. Dadallaanchote 3. Mangistete looso loosanno 4. Barru looso 5. Mini ama	
110	Aganu eo		

Shae 6: Ila lainohunni, Shabadino, Wodiidi Itiophiya, 2023

T.kiiro	**Xa'mo**	**Gaamo**	**Kubbi**
201	Xaa noohe qaqquulli kiiro		
202	Ilate geedensanni no yanna seendille		
203	Qaqqule ledde ila hasiratto	1. Ee	Dee'ni yiiro Xa'mo 204 kubbi
		2.Dee'ni	
204	Albillite me'e qaqqule ledde ila hasiratto		
205	Albillite ila hasiratto qaaqqi koo/tee maa ikkahera hasiratto	1. Labbaha	
		2. Meyaatta	
		3.Roorseemohu dino	
		4. Lamenka taalo	
206	Ilate merero no yanna	1.<2 diro	
		2.2–3 diro	
		3.>3diro	

Shae 7: Ila gardhinanire lainohuni Shabbadino, Wodiidi Itophiya, 2023

T.kiiro	Xa'mo	Gaammona koode	Kubbi
301	Seeda yanna ila gargadhate horonsinanniricha daafira maccishshite egenootto	1. Ee 2.Dee'ni	Dee'ni yitanno dawaro ikkituro 302 kubbi
302	Seeda yanna ila gargadhate horonsinanniricha daafira mama maccishshittto	1. Fayyimmate owantewinni 2. Maateya millawinni 3. Jaalliyawinni 4. Medihunni	
303	Seeda yanna ila gargadhate horonsinanniricha giddo hikkonne afootto	1. Implant (dasaho worayha) 2. IUCD (Ottotete woryaha)	
304	Seeda yanna ila gargadhate horonsinannirichi xa hiikkone horonsidhayi nootto	1. Implant (dasaho worayha) 2. IUCD (Ottotete woryaha)	
305	Seeda yanna ila gargadhate horonsinanniricho horonsiratto korkaata	1. Fafise ilate 2. Ila ajishate	
306	Seeda yanna ila gargadhate horonsinanniricho alba horonsidhe egentinoonni	1. Ee 2. Dee'ni	
307	Seeda yanna ila gargadhate horonsinanniricho horonsiratenni afinanni horo	1. Hasinikkini gatanno godowa gargarate 2. Amatena daimu rewo gatisate 3. Ila ajishate 4. Fafinse ilate	
308	Seeda yanna ila gargadhate horonsinanniricha daafira galtekki me'e higge hasawatto	1. mite hige 2. Lame hige 3. Lamu aleenni	

Shae 4: Dawaraanchu egenno lainohunni Shabadino, Wodiidi Itiphiya, 2023

T.kiiro	Seeda yanna ila gargadhate horonsinannirichi daafira no egeno lainohunni	Ee(%)	Dee'ni (%)
1	Otote worannihu ogimma noosihunni fayyimmate ogeessinni eessinanni		
2	Dasaho worrannihu ogimma noosihunni fayyimmate ogeessinni woranni		
3	Otote worannihu kanserete korkata ikkanna		
4	Otote woranniha shotu garrinni hoollanni		
5	Dasaho worrannihu 3-5 diri geeshsha godowu gato gargaranno		
6	Dasaho worrannihu siimu xaadoshshinni sa'ano xibba gargarranno		
7	Otote worannihu godowu gato 10 diri ale gargaranno		
8	Otote worannihu siimu xaadoshshinni sa'anno xibbira reqeci yitino manchora injanoho		
9	Otote worannihu siimu xaadoshshi hasatto ledo xaadanno		
10	Otote worannihu hasinikkinni gatano godowa garunni gargarranno		
11	Dasaho worranniha shotu garrinni fushsha dandinanni		
12	Dasaho worannihu shota dara hasiranno		

Shae 5: Dawaraanchoho noosi laooshshe lainohunni Shabbadino, wodiidi Itophiya, 2023.

	Seeda yanna ila gargadhate horonsinannirichi laoshshe lainohunni	**Sumuu yeemmo(%)**	**Sumuu diyeemmo %**	Mereerima (%
1	Seeda yanna ila gargadhate horonsinannirichi dafira labbahura mashalaqena owaante iillishsha hasiissanno			
2	Seeda yanna ila gargadhate horonsinannirichi daafira galtete ledo hasawa hasiissanno			
3	Ototete worrannihu milimmo diholano			
4	Dasanniha eessanna fushsha lowo xisanno			
5	Dasanniha wodhinnihu gedensanni mannimma mili assinanita hollano			
6	Otote worrannihana dasanniha horonsira ila huntanno			
7	Ototinniha horonsirate daafira labbahuno umisi qeechcha fula noosi			
8	Seeda yanna ila gargadhate horonsinanniricho ooso ledde ila hasidganno mancho horonsira dinose			
9	Otote worrannihu wodhinnihu gedensanni manimma milli assinannita holanno			

Shae 6. Seeda yanna ila gargadhate horonsinannirichira labbahu beeqq0, Shabbadino, wodiidi Itophiya, 2023

T.kiiro	**Amado**	**Gaamo**	**Kubbi**
1	Galtekki ila gargdhate daafira hasawatto?	1. Ee 2. Dee’ni	
2	Galtekki woxe aatenni kallattose	1. Ee 2. Dee’ni	
3	Galtekki kaajjitanno gede irko assattose	1. Ee 2. Dee’ni	
4	Ila gargadhate daafira fayyimmate owaante afiratto?	1. Ee 2. Dee’ni	
5	Seeda yanna ila gargadhate horonsinannirichi horosirate mudhooto?	1. Ee 2. Dee’ni	
6	Dodhootota buxisiissatto?	1. Ee 2. Dee’ni	

አባሪ

I. የአማረኛ እትም የተሳታፊ መረጃ ሉህ

የኔ ስም _____. በሀዋሳ ዩኒቨርሲቲ ክሊኒካል ሚድዋይፈሪ የኤምኤስሲ ተማሪ በሆነው በዚህ ጤና ተቋም እየተካሄደ ላለው ጥናት መረጃ ሰብሳቢ ሆኜ እየሰራሁ ነው ። ስለ ጥናቱ እና ማህበረሰብዎ እንደ የጥናት መቼት መመረጡን ለእርስዎ ለማስረዳት ትኩረት እንዲሰጡኝ በአክብሮት እጠይቃለሁ።

የጥናት ርዕስ ፡ የወንድ አጋር በድህረ ወሊድ ረጅም ጊዜ የሚሰራ ሊቀለበስ የሚችል የእርግዝና መከላከያ አጠቃቀም እና ተያያዥ ሁኔታዎች በሸበዲኖ ፣ ደቡብ ኢትዮጵያ፣ 2023።

የጥናት ዓላማ ፡ የዚህ ጥናት ግኝቶች የወንድ አጋር ተሳትፎ ረጅም ጊዜ የሚሰራ ሊቀለበስ የሚችል የእርግዝና መከላከያን ለመገምገም ጠቃሚ ሊሆን ይችላል። የረጅም ጊዜ የሚሰራ ሊቀለበስ የሚችል የእርግዝና መከላከያ አጠቃቀምን ለመጨመር ምክንያቶችን መለየት። ለወደፊቱ እንደዚህ ያሉ ችግሮችን ለመፍታት ለፖሊሲ አውጪዎች እና ለፕሮግራም አስተዳዳሪዎች ጠቃሚ መረጃን መስጠት ይችላል።

የአሰራር ሂደቱ እና የቆይታ ጊዜ: መረጃ ከባል ይሰበሰባል. ቃለ-መጠይቁ 20-30 ደቂቃ ያህል ይወስዳል፣ስለዚህ ከዚህ ጥናት ጋር የተያያዙ መረጃዎችን ለመሰብሰብ ፍቃድዎን በአክብሮት እጠይቃለሁ።

ሚስጥራዊነት፡- የምንሰጠው መረጃ በሚስጥር ይጠበቃል። በተለይ ተሳታፊዎችን የሚለይ መረጃ አይኖርም. የጥናቱ ግኝቶች ለጥናት ማህበረሰብ አጠቃላይ ይሆናል እና ስለግለሰብ ምንም የተለየ ነገር አያንፀባርቅም። መጠየቂያው ስሞችን ከማሳየት እንዲገለሉ ኮድ ይደረጋል። ተሳታፊዎችን ከጥናቱ ጋር ሊያገናኙ የሚችሉ የቃል ወይም የጽሁፍ ዘገባዎች ማጣቀሻ አይደረግም።

መብቶች ፡ በዚህ ጥናት ውስጥ መሳተፍ ሙሉ በሙሉ በፈቃደኝነት ነው። ተሳታፊዎቹ በዚህ ጥናት ውስጥ መሳተፍ ወይም አለመሳተፍን የመግለፅ መብት አላቸው። ለመሳተፍ ከወሰኑ በማንኛውም ጊዜ ከጥናቱ የመውጣት መብት አላቸው እና ይህ በሌላ መንገድ ሊያገኙዋቸው የሚችሉትን ጥቅማጥቅሞች ማጣት አይገልጽም.

የአድራሻ አድራሻ፡- ስለ ጥናቱ፣ አሰራሩ ወይም ከጥናቱ ጋር የተያያዘ ማንኛውም አይነት ጥያቄ ካሎት በሚከተለው አድራሻ አግኙኝ።

ስልክ……+251923137007/+251976563637

II.ፍቃድ ቅጽ

እንደምን አደርክ / ዋል ክ የኔ ስም_____ነው እና እኔ የምሰራው _____.

አብዱላህ ዋሱ በሀዋሳ ዩኒቨርሲቲ እና የጤና ሳይንስ የድህረ ምረቃ ፣ እና የአዋላጅነት ትምህርት ክፍል ተማሪ ነው። ወንድም አብዱላህ ዋሱ ወክዬ በደቡብ ኢትዮጵያ በሸበዲኖ ፣የጤና ሳይንስ ኢንስቲትዩት እና ሚድዋይፈሪ ትምህርት ክፍል ውስጥ የወንድ አጋርን ተሳትፎ በድህረ ወሊድ አጠቃቀም እና ተያያዥ ጉዳዮች እያጠናሁ ነው።ከፈለጋችሁ ብቻ ምላሽ እንድትሰጡኝ እወዳለሁ። ያቀረቡት መረጃ በሚስጥር እንደሚጠበቅ አረጋግጣለሁ። ሚስጥራዊነትዎን ለማረጋገጥ ስምዎ በመጠይቁ ላይ አይጻፍም። እርስዎ በዚህ ጥናት ውስጥ ስለሚሳተፉ ምንም አይነት ጉዳት እንደሌለ ያረጋግጡ። ቃለ መጠይቁን በከፊልም ሆነ በሙሉ ላለመቀበል ሙሉ ውሳኔ አለህ። በቃለ መጠይቁ ላይ ለመሳተፍ ከተስማሙ፣ ሊመልሱልን ለሚፈልጓቸው ጥያቄዎች ትክክለኛ መልስ እንዲሰጡን እንፈልጋለን፣ ምክንያቱም ይህ ጠቃሚ ሊሆኑ የሚችሉ ትክክለኛ መደምደሚያዎችን እና ምክሮችን እንድናገኝ ያስችለናል። የኢትዮጵያ ጤና ጥበቃ ሚኒስቴር እና የጤና ተቋማት እነዚህን አገልግሎቶች ያሻሽላሉ።

ፍቃድ

የጥናቱን አላማ ሙሉ በሙሉ ተረድተዋል, እና በዚህ የምርምር ፕሮጀክት ውስጥ ለመሳተፍ ፍቃደኛ ነው አዎ ___አይደለም_____

ፈቃዳችሁን ስለሰጣችሁን እናመሰግናለን ፊርማ……. ቀን…….

III.ጠያቂ

የጥያቄ መግለጫ

ኮድ _____ ክልል፡ _____ ዞን፡ _____

ቀበሌ _____

በተቆጣጣሪ የተረጋገጠ

ስም _____ ፊርማ ___ _____ ቀን _____

ሠንጠረዥ 8፡ የመልስ ሰጪዎች ማህበረሰባዊ ስነ-ሕዝብ ባህሪያት ሸበዲኖ ደቡብ ኢትዮጵያ

ተ.ቁ	ተለዋዋጭ	ምድቦች	ዝለል
101	ዕድሜ (ዓመት)የባል		
102	ዕድሜ (ዓመት)		
103	መኖሪያ	1. የከተማ 2. ገጠር	
104	ብሄር	1.አማራ 2. እኛ ነን 3.ወላይታ 4.እንግሊዝኛ 5. ሌላ	
105	ሃይማኖት	1. ካቶሊክ 2.ኦርቶዶክስ 3.ሙስሊም 4.ፕሮቴስታንት	
106	የባል የትምህርት ሁኔታ	1. ምንም መደበኛ ትምህርት 2. የመጀመሪያ ደረጃ ትምህርት ቤት 3. ሁለተኛ ደረጃ ትምህርት ቤት 4.ዲፕሎማ እና ከዚያ በላይ	
107	የባል የሥራ ሁኔታ ምንድ ነው?	1.ገበሬ 2.ነጋዴ 3.ቀጣሪ 3. የቀን ሰራተኛ	
108	የሚስት የሥራ ሁኔታ ምንድ ነው?	1.ገበሬ 2.ነጋዴ 3.ቀጣሪ 3. የቀን ሰራተኛ 4. የቤት ሚስት	
109	የሚስት የትምህርት ሁኔታ	1. ምንም መደበኛ ትምህርት 2. የመጀመሪያ ደረጃ ትምህርት ቤት 3. ሁለተኛ ደረጃ ትምህርት ቤት 4.ዲፕሎማ እና ከዚያ በላይ	
110	አማካይ ወርሃዊ ገቢ ምን ያህል ነው።		

ሠንጠረዥ 9፡ ምላሽ ሰጪዎች የመራቢያ ባህሪያት በሸበዲኖ ፣ ደቡብ ኢትዮጵያ፣ 2023

ተ.ቁ	ተለዋዋጭ	ምድቦች	ዝለል
201	በአሁኑ ጊዜ በህይወት ያሉ ህፃናት ብዛት ምን ያህል ነው?		
202	ተጨማሪ ልጆችን ይፈልጋሉ	1. አዎ 2.አይ	ካልሆነ Q203&204 ዝለል
203	ስንት ልጆች ወደፊት ትፈልጋለህ		
205	የወደፊት ልጅ ጾታ ምንድን ነው	1. ወንድ 2. ሴት 3. ምንም ምርጫ የለም 4. ሁለቱም እኩል ናቸው	
206	በመወለድ መካከል ያለው ክፍተት		

ሠንጠረዥ 10፡ በሸበዲኖ ፣ ደቡብ ኢትዮጵያ፣ 2023 ውስጥ ያሉ ምላሽ ሰጪዎች የወሊድ መከላከያ ተያያዥ ባህሪያት ።

ተ.ቁ	ተለዋዋጭ	ምድቦች እና ኮድ	ዝለል
301	ስለ ለረጅም ጊዜ የሚወሰዱ የወሊድ መከላከያ ዘዴዎች ሰምተው ያውቃሉ	1. አዎ 2.አይ	ካልሆነ Q302 ዝለል
302	ስለ ለረጅም ጊዜ የሚወሰዱ የወሊድ መከላከያ ዘዴዎች የመረጃ ምንጮችምንድ ነው?	1.የጤና ተቋም 2. የቤተሰብ አባል 3.ጓደኞች 4.ሚዲያ	
303	ለረጅም ጊዜ የሚወሰዱ የወሊድ መከላከያ ዘዴዎች የመጠቀም ጥቅም ምንድ ነው?	1. ያልተፈለገ እርግዝናን መከላከል 2.የእናቶች እና የህፃናት ሞትን መቀነስ 3.ለመገደብ 4. ለ ክፍተት	
304	ለረጅም ጊዜ የሚወሰዱ የወሊድ መከላከያ ዘዴዎች አይነት ምንድን ናቸው	1.Implant 2.IUCD	
305	ለረጅም ጊዜ የሚወሠዱ የወሊድ መከላከያ ከዚህ በፊት ተጠቅማለች	1. አዎ 2.አይ.	
306	በአሁኑ ጊዜ ረጅም ጊዜ የሚወሰዲ የወሊድ መከላከያ ለመጠቀም ምክንያት ምንድ ነው?	1.የወሊድ ክፍተት 2. የወሊድ መገደብ.	
307	በአሁኑ ጊዜ ጥቅም ላይ የዋሉ ረጅም ጊዜ የሚወሰዲ የወሊድ መከላከያ ዓይነቶች	1.Implant 2.IUCD	
308	ስለቤተሰብ ምጣኔ ከባለቤታቸው ጋር ያደረጉት የውይይት ብዛት	1. አንድ ጊዜ 2. ሁለት ጊዜ 3. ብዙ ጊዜ	

ሠንጠረዥ 6: የተሳታፊዎች ከእውቀት ጋር የተያያዙ ባህሪያት፡ በሸበዲኖ ፣ ደቡብ ኢትዮጵያ፣ 2023

ተ.ቁ	የለረጅም ጊዜ የሚወሰዱ የወሊድ መከላከያ ዘዴዎች ከእውቀት ጋር የተያያዙ ባህሪያት	አዎ (%)	አይ (%)
1	IUCD በአዋላጅ ወይም ነርስ ወደ ማህፀን ውስጥ ገብቷል።		
2	Implant በ በላይኛው ክንድ ላይ የተተከለ ተከላ		
3	IUCD ካንሰርን ያስከትላል		
4	IUCD እና Implant ወዲያውኑ ይገለበጣሉ		
5	Implant ያልተፈለገ እርግዝናን ለ 3 - 5 ዓመታት ይከላከላል		
6	Implant የአባላዘር በሽታን ይከላከላል		
7	IUCD ከ 10 ዓመት በላይ እርግዝናን ይከላከላል		
8	IUCD ለ STI ከፍተኛ ተጋላጭነት ላላቸው ሴቶች ተስማሚ ነው።		
9	IUCD በጾታዊ ፍላጎት ላይ ያስተጓጉላል		
10	IUCD ካልተፈለገ እርግዝና ውጤታማ በሆነ መንገድ ይከላከላል		
11	Implant ወዲያውኑ ይገለበጣል		
12	Implants ትንሽ የቀዶ ጥገና ሂደት ያስፈልጋቸዋል		

ሠንጠረዥ 11፡ ከአመለካከት ጋር የተያያዙ የተጠሪዎች ባህሪያት በሸበዲኖ ፣ **ደቡብ** ኢትዮጵያ፣ 2023።

ተ.ቁ	ወደ LARCM ያሉ የአመለካከት እቃዎች	**አዎ (%)**	**አይ%**	እርግጠኛ ያልሆነ (%
1	የLARC መረጃ እና አገልግሎት ለወንዶች መገኘት አለበት።			
2	ከሚስት ጋር ስለ LARCM መወያየት አስፈላጊ ነው።			
3	የማህፀን ውስጥ የእርግዝና መከላከያን መጠቀም መደበኛ እንቅስቃሴን አይገድብም።			
4	Implant ማስገባት እና ማስወገድ በጣም ያማል			
5	Implant ከገቡ በኋላ በሰውነት ውስጥ አይንቀሳቀሱም			
6	የማህፀን ውስጥ የእርግዝና መከላከያን መጠቀም እና implano መሃንነት ያስከትላል			
7	ወንዶች LARCM የመጠቀም ሃላፊነትን መጋራት አለባቸው			

8	ለረጅም ጊዜ የሚወሰዱ የእርግዝና መከላከያ ዘዴዎች በሴቶች ብቻ ጥቅም ላይ መዋል የለባቸውም ተጨማሪ ልጆችን የማይፈልጉ			
9	የማህፀን ውስጥ የእርግዝና መከላከያ ከገባ በኋላ በሰውነት ውስጥ አይንቀሳቀስም።			

ሠንጠረዥ 8 ፡ ወንድ አጋር ተሳትፎ በድህረ ወሊድ LARC አጠቃቀም በሸቤዲኖ ፣ ደቡብ ኢትዮጵያ፣ 2023

ተ.ቁ	አካል	ምድቦች	ዝለል
1	ስለ ቤተሰብ ምጣኔ ከባልደረባቸው ጋር ይነጋገራሉ ?	1 .አዎ 2.አይ	
2	የገንዘብ ድጋፍ ታደርጋለህ ?	1 .አዎ 2.አይ	
3	ስሜታዊ ድጋፍ ታደርጋለህ?	1 .አዎ 2.አይ	
4	ከሚስት ጋር አብረውወደ ቤተሰብ እቅድ ክሊኒክ ትሄዳለህ?	1 .አዎ 2.አይ	
5	የአሁኑ የለረጅም ጊዜ የሚወሰዱ የወሊድ መከላከያ ዘዴዎች የተጠቀሙት የማን ምርጫ ነው።	1. ባለቤቴ 2. እራሴ 3 .ሁለታችንም።	
6	ምርጫውን አጽድቀዋል?	1 .አዎ 2.አይ	