

# Couples' fertility intentions and contraceptive use in Ethiopia

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## Research Article

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# Abstract

## Background:

While fertility and family planning studies have primarily centred around women, the perspectives of men within couples remain insufficiently explored in sub-Saharan African countries, including Ethiopia. This study seeks to delve into fertility and family planning behaviours within couples in Ethiopia.

## Methods:

The analysis draws from data collected in 2005, 2011, and 2016 Ethiopia Demographic and Health Surveys (EDHS), encompassing 15,854 couples. Data analysis mostly based on simple descriptive analysis and trends. The relationship between couple's fertility intentions and contraceptive use was examined using multivariate regression models, adjusting for several covariates.

## Results:

At the couple level, a substantial proportion (37.4%) of husbands express a greater desire for children than their wives, with regional disparities observed. This preference discrepancy ranges from 27.4% in Tigray to 53.5% in Afar. Only 18% of Ethiopian couples share similar desired family sizes. Notably, the preference for larger families is prominent among married, rural, less educated, and higher parity men. Regarding fertility preferences, approximately 54% of Ethiopian couples agree on their future fertility plans, while 46% have discordant views. Analysis reveals that about one-fifth of couples aim to cease childbearing, with a similar proportion aiming to delay the next birth by two or more years. The findings affirm that couples in agreement about their fertility goals are significantly more likely to use contraceptives compared to those with discordant fertility preferences. Multivariate analysis, accounting for various factors, confirmed that couples with an aligned desire for fewer than four children were 49% more likely to use modern contraceptives than those where either spouse was undecided about family size.

## Conclusion:

The study underscores the vital role of men's fertility intentions and preferences within couples to fully grasp fertility and family planning in Ethiopia. Emphasizing men's involvement in shared decision-making about fertility and family planning within families is crucial. Encouraging open communication between spouses regarding family size can help bridge gaps in fertility goals.

## Background

Ethiopia is the second-most populous country in Sub-Saharan Africa with a population of over 120 million in 2022, and annual population growth rate of 2.6 per annum [1]. Ethiopia's population amounts to about one-tenth of the population of Sub-Saharan Africa, and over 2.8 million people are added to the population of Ethiopia every year and with this pace the country will double in about a

quarter of a century. In the past three decades Ethiopia has seen a major achievement in expanding access to and use of family planning services. The contraceptive prevalence rate (CPR) consistently increased from 4% in 1990 [2] to 40% in 2019 [3]. The unmet need for family planning declined from 35% in 2000 to 22% in 2016. Despite the successes, Ethiopia's family planning program is facing many challenges. To mention the few: varying levels and trends of CPR across regions and socio-cultural groups, poor contraceptive method mix that is skewed to few methods and challenges concerning contraceptive logistics and stock out of commodities [4].

Family planning is frequently perceived as a woman's concern in many parts of the world, and that family planning programs most often target women [5]. Studies have shown that reproductive health programs are likely to be more effective for women when men are involved in some way [6, 7]. Nevertheless, men's role in family planning and fertility have been largely overlooked by policy makers and family planning programmers. Population and family planning programs largely rely on findings of studies and surveys on women's fertility preferences, contraceptive behavior and unmet need for family planning. This is partly due to a general paucity of data on men's fertility and family planning behaviors within the context of couples. But more so because women's responses in surveys are often taken as proxy for the couple's responses, and this assumption may not necessarily reflect the actual fertility behavior of the husband or the couple as a unit.

Interest in men's involvement in reproductive health has been on the agenda since the 1994 International Conference on Population and Development (ICPD) [8]. There is also a general understanding among family planning programmers and policy makers on the need to broaden men's roles, partnership with their spouses and their active involvement in fertility, family planning and other reproductive health issues [9] although these important agenda have yet to be advanced to bring tangible changes. The literature exploring the reproductive and fertility behaviours of Ethiopia couples is limited in scope and geographic coverage. However, the few available studies are consistent about the need for involving men in family planning programs for increased and sustained use of contraception and better reproductive outcome [10,11].

Cognizant of national level information gap on couple's fertility and family planning in Ethiopia, this study explored the patterns and trends of fertility desires and preferences of couples using secondary analysis of Ethiopia Demographic and Health Surveys (EDHS) data. As well, the study also looked into the influences of couples' family size desires and their future fertility preferences on contraceptive behaviours.

## **Data and method**

We used pooled couples' data from the three rounds of the Ethiopia Demographic and Health Survey (EDHS): 2005, 2011, and 2016. Due to small sample size, we exclude from this analysis the men's data collected in the 2000 EDHS. The DHS is one of the largest programs producing nationally representative household surveys that provide data for a wide range of monitoring and impact evaluation indicators in

the areas of population, health, and nutrition throughout the developing world [12]. The EDHS data used for this study are openly available and can be downloaded at <http://www.measuredhs.com/data/available-datasets.cfm?inputSearch=ETHIOPIA>.

A couple consists of a man and a woman who are legally married or who are living together in a consensual union. It also includes the few samples of men who have more than one wife. To examine couples' desired family size (ideal number of children), fertility preferences (birth limiting or spacing), contraceptive knowledge and modern method use we combined husbands' and wives' responses. In so doing, we measure the level of concordances or discordances between spouses. A couple is defined as using a contraceptive method if the wife reports current use of any method. This analysis was based on 2,968, 6745 and 6141 couples that were interviewed in the 2005, 2011 and 2016 EDHS, respectively (Annex 1).

Data analysis mostly based on simple descriptive analysis and trends. The relationship between couple's fertility intentions and contraceptive use was examined using multivariate regression models, adjusting for several covariates. Stata version 17 (Stata Corporation, College Station, TX, USA) was used for data management and analyses. The Survey command in STATA was used to delineate the strata and primary sampling unit. All proportions, rates, and model parameters were weighted for the sampling probabilities.

## Results

### Couple's family size desires (ideal family size)

Figure 1 presents couple's family size desire, stratified into four categories: (1) both the husband and wife have the same number of desired family size (2) wife wanted more children (3) husband wanted more children and (4) either of the two undecided. In 2016, 18.1% of the couples had the same number of desired family size, and this has remained almost unchanged since 2005 (18.4%). Among all the couples, 37.4% of them had the husbands desired more children than the wives, while a relatively lower proportion of couples (25.7%) had the wives desired more children. No statistically significant temporal trend was noted during 2005 to 2016 in the proportion of couples with discordant desired family size. In all, discordant numbers of desired family size can be found in at least 63% of the couples and this has remained nearly the same since 2005 (61%). About 19% and 20% of the couples, respectively, in 2016 and 2005 had the husband or wife unable to decide on desired family size. In other words, either of the spouses was unable to give specific number for the question on desired family size, rather they provided responses such as "do not know" or "up to God".

Figure 2 presents distribution of couples according to their desire for larger family (i.e. 4 or more children) or smaller family (i.e. less than 4 children). The proportion of couples in which both spouses wanted to have fewer than 4 children was low at 6.2% in 2016, which remained almost the same at 5% in 2005. The proportion of couples who both the husband and wife agreed to have large family (4 or more children) was notably high at 49.5% in 2016 and this was 52.3% in 2005. There was no significant declining trend

in the desire for high fertility since 2005. In general, the data suggest that about half of the couples were in agreement for a large family, i.e. four or more children. The proportion of couples where husbands wanted to have 4 or more children while the wives fewer than 4 children was 18.8%. On the other hand, in 13.4% of the couples the wives reported a higher number of desired family size.

Couple's desired family size varied by region, urban-rural residence, couple's age and education differences, and the duration of marriage (Table 1). The proportion of couples who had the same numbers of desired family size ranged from a low of 6.8% in Ethiopia-Somali region to 23.8% in Addis Ababa. About a quarter of the couples in Amhara, Benishangul Gumuz, SNNP, Tigray, and Gambella had the same numbers of desire family size (23%-26.6%). Second to Ethiopia-Somali, the lowest concordance on this indicator was found in Harari and Afar region. The reporting of larger numbers of desired family size by the husbands than their wives appeared to be more common in Afar at 53.3% and Gambella at 43.1%. In the other regions, taken together, about a third of the husbands wanted larger family. The reporting of non-numeric responses for the question on the desired family size (undecided) was the highest in Ethiopia-Somali (47.6%), followed by 25.6% in Tigray and 22% in Afar, Harari and Dire Dawa. In only 8.2% of the couples in Addis Ababa either of the couples were undecided on the desired family size.

Table 1  
Desired family size by selected characterises, 2016, Ethiopia

<b>Desired family size</b>				
	Wife wanted more	Both wanted the same	Husband wanted more	Wife or husband undecided
<b>Region</b>				
Tigray	27.9	19.1	27.4	25.6
Afar	14.0	10.7	53.3	22.0
Amhara	27.2	20.5	34.9	17.5
Oromia	21.6	15.4	43.5	19.6
Ethiopia- Somali	21.6	6.8***	24.0	47.6
Benishangul Gumuz	22.6	18.9	36.2	22.4
SNNP	30.5	20.6	33.6	15.3
Gambella	24.4	21.6	43.1	11.0
Harari	31.4	9.4	36.9	22.3
Addis Ababa	35.8	23.8***	32.2	8.2
Dire Dawa	31.0	15.2	31.6	22.1
<b>Place of residence</b>				
Urban	30.7	24.8***	33.3	11.2
Rural	24.9	16.9	38.1	20.1
<b>Couple's age difference</b>				
Husband younger or 0–4 years older	28.2	20.2*	34.5	17.0
Husband 5–9 years older	25.0	17.7	37.6	19.8
Husband 10–14 years older	25.0	15.6	39.8	19.7
Husband 15 + years older	20.4	15.9	43.9	19.8
<b>Couple's education difference</b>				
Both have No education	23.3	12.8	40.3	23.7

	Desired family size			
Both: same education level	28.7	22.1	36.3	12.8
Wife more educated	23.9	23.2*	37.7	15.2
Husband more educated	27.3	20.1	34.9	17.7
Duration of marriage				
0–4 years	26.9	25.9**	35.8	11.4
5–9 years	28.3	22.8	35.2	13.7
10–14 years	25.1	16.6	39.5	18.8
15–19 years	23.0	15.5	41.7	19.8
20 + years	25.1	11.4	35.6	27.9

**\*p < 0.005, \*\*p < 0.01, \*\*\*p < 0.0001**

## Couple's fertility preferences (birth spacing or limiting)

Women and men were asked whether they wanted more children and, if so, how long they would prefer to wait before the next child. Those who wanted no more children are considered birth limiters while those who would like to postpone the next birth for two or more year are considered birth spacers. The remaining of the respondents are either those who wanted to have the next birth within two years (soon) or the undecideds. Figure 3 displays the possible combination of couple's responses in regards to their fertility preferences. In 2016, of all the couples, 21.6% of them had both the husband and wife wanted to space the next birth for two or more years, and 19.8% both wanted no more children. Whilst 12.7% of the couples had both spouses preferred to have the next birth within two years (soon). Taken together, 54.1% of the couples reported to have had concordance fertility preference while 46% did not agree whether to stop or have another child or on the timing of the next birth.

We looked at couple's fertility preferences by selected characteristics (Table 2). In this analysis we are interested to understand whether couples with certain characteristics are more likely than others to agree or disagree on their fertility preferences. In the whole, according to the 2016 EDHS data, 41% of Ethiopia couples appeared in agreement in their birth limit or space need, while 12.7% of them agreed to have the next child within less than two years (soon).

Husband-wife concordance on fertility preferences appeared to be the highest in Ethiopia-Somali region, followed by Addis Ababa, Dire Dawa, SNNP and Amhara regions. About two-third of the couples in Ethiopia-Somali region agreed on their fertility preference although the vast majority of them (59.5%) wanted to have the next birth soon. Less than 1% of the couples in Ethiopia-Somali region wanted to stop childbearing and 5.3% wanted to postpone the next birth for two or more years.

The proportion of couples that agreed on fertility preferences did not vary significantly by urban-rural residence (58.2 vs. 53.5%). However, having concordance birth limiting need was more prevalent among the rural couples than the urban (20.8% vs. 14.3%). There was no significant association between couple's age differences and their fertility preferences. But, the proportion of couples that both wanted to space birth was inversely related to the couple's age difference. In those couples where there was narrow age difference between the spouses, 23.7% of the couples have agreed on spacing of the next child for two or more years. This was low at 14.5% for those couples in which the husbands are older by a minimum of 15 years.

The duration of marriage and the number of living children a couples has appeared to determine the degree of concordance between spouses concerning their fertility preferences. The proportion of couples with both wanted to limit birth was related directly with duration of marriage. High concordance on birth limiting between spouses (46%) was found among those with a marriage duration of 20 years or longer. In contrast, low level of concordance for the same can be seen among couples with a duration of marriage of less than five years. The reverse holds for the need for birth spacing. Similarly, the proportion that both couples wanted to stop childbearing increased from a low of 1% among those with only one living child to 35.2% among those with four or more living children. On the other hand, couple's concordance on birth spacing need was related inversely with the number of living children.



Table 2  
Couple's fertility preferences according to selected characteristics, 2016, EDHS

<b>Couple's fertility preferences</b>					
	Both want to limit	Both want to space	Both want soon	Both have same fertility preferences	Discordant
Total	19.8	21.6	12.7	54.1	45.9
Region					
Tigray	16.2	30.4	11.7	58.3	41.7
Afar	1.7	14.6	29.5	45.8	54.2
Amhara	21.5	19.8	14.3	55.6	44.4
Oromia	20.0	20.0	10.9	50.9	49.1
Ethiopia- Somali	0.8	5.3	59.5	65.6**	34.4
Benishangul Gumuz	13.6	23.8	11.3	48.7	51.3
SNNP	22.4	26.4	7.0	55.8	44.2
Gambella	12.5	20.7	16.5	49.7	50.3
Harari	8.4	16.1	21.2	45.7	54.3
Addis Ababa	14.3	22.5	25.2	62.0	38.0
Dire Dawa	12.8	21.0	23.6	57.4	42.6
Place of residence					
Urban	14.3	20.8	23.1	58.2*	41.8
Rural	20.8	21.7	11.0	53.5	46.5
Couple's age difference					
Husband younger or 0–4 years older	16.5	23.7	12.5	52.7	47.3
Husband 5–9 years older	22.2	21.5	11.5	55.2	44.8
Husband 10–14 years older	20.5	21.1	15.1	56.7	43.3
Husband 15 + years older	21.2	14.5	14.3	50.0	50.0
Couple's education difference					

Couple's fertility preferences					
Both have No education	23.5	16.4	12.9	52.8	47.2
Both: same education level	12.6	30.0	14.2	56.8	43.2
Wife more educated	11.0	29.8	15.8	56.6	43.4
Husband more educated	22.0	20.8	10.9	53.7	46.3
Duration of marriage					
0–4 years	0.9	41.3	19.7	61.9*	38.1
5–9 years	6.5	35.8	9.8	52.1	47.9
10–14 years	16.1	21.4	12.4	49.9	50.1
15–19 years	22.6	11.1	12.4	46.1	53.9
20+ years	46.0	2.8.0	10.6	59.4	40.6
Living children					
0	0.5	24.1	41.7	66.3*	33.7
1	1.0	41.6**	14.3	56.9	43.1
2	7.7	32.5	10.9	51.1	48.9
3	15.1	23.6	10.3	49.0	51.0
4+	35.2***	10.2	8.3	53.7	46.3

**\*p < 0.05, \*\*p < 0.001, \*\*\*p < 0.0001**

## **Couple's desired family size and fertility preferences and Contraceptive Use**

Although it is expected that individuals who want to limit birth or those who want to postpone the next birth for two or more years are more likely to use family planning than those who want to have their next child soon, it is of interest to assess whether and to what extent contraceptives are used in situations where spouses agree or disagree about their family size desires and fertility preferences. More specifically, this analysis focuses on unravelling couples' extent of contraceptive uptake in situations where the fertility goals of the man and woman are the same or different. In general, the data presented in Figs. 14a-b and Table 9 largely confirm that couples who are in agreement in their fertility goals are significantly more likely to use contraceptive compared to those couples with discordant fertility desires/preferences. The prevalence of modern contraceptive use (mCPR) in 2016 was the highest at

44.3% among couples in whom both the man and woman wanted to have fewer than 4 children. This was followed by an mCPR value of 39.7% among those couples with the husbands wanted fewer children than the wives. On the other hand, CPR was much lower at 31.8% in couples where the husbands wanted to have four or more children, while the wives fewer than four children (Fig. 4a). Only 22% of those couples who did not decide on the number of desired family size reported to use contraceptive in 2016

Contraceptive prevalence rate was significantly higher when both the man and woman wanted to limit birth (42.7%) or when both wanted to space the next birth (42.6%), compared to a CPR of 37.4% when the man and woman had discordant fertility preferences (Fig. 4b). As expected, when both spouses wanted to have the next birth within two years (or soon) their contraceptive use decreased to 22.1%.

We did not find any significant association between contraceptive use and differences in couple's age (Fig. 4c). Couple's joint educational status was related to their contraceptive behaviour as shown in Fig. 4d. The highest CPR of 44.1% was associated with couples in which both the husband and wife have same level of education (both primary or both secondary or higher). Similarly, in a couple where the wife has higher education than the husband, CPR was notably high at 43.3%, while CPR was a little bit lower at 38.1% when the husband has more education. As expected, the lowest CPR of 32.6% was recorded among couples in which both spouses had no education.

Using binary Logistic Regression model, controlling for selected socio-demographic characteristics (Table 3), we examined the net effects of couples' fertility intentions on contraceptive use. After adjusting for region, place of residence, number of living children and duration of marriage and religion, couple's use of contraception was influenced significantly by their joint desired family size, their fertility preferences, and joint education status. The odds of using a modern contraceptive method was 49% higher (AOR = 1.39) among couples in whom both the man and woman wanted fewer than four children compared to couples either of the spouses couldn't decide on their desired family size. Couples in whom both the man and woman wanted to limit birth exhibited a 40% (AOR = 1.33) higher likelihood of using a contraceptive method as compared to couples in whom the spouses had discordant fertility preferences. There was increased likelihood of using contraception when both the husband and wife have same education level or when the wife had higher education, compared to those couples with both spouses did not have formal education. Other common covariates that have emerged as significant predictors of contraceptive use were region, religion, and the number of living children.

Table 3

Adjusted Odds Ratio (AOR) and 95% CI in the estimation of the likelihood of **using modern contraceptive method** (current use) according to couple's fertility behaviours and socio-demographic characteristics, 2016, EDHS

	AOR	p-value	95% CI	
			Lower	Upper
Couple's desired family size				
Wife or husband undecided (Ref)				
Both want < 4 children	1.49	0.047	1.00	2.20
Husband < 4 & Wife 4 + children	1.26	0.112	0.95	1.68
Husband 4+ & Wife < 4 children	1.23	0.238	0.87	1.72
Both want 4 + children	1.09	0.510	0.85	1.39
Couple's fertility preferences				
Discordant (ref)				
Both want to limit	1.40	0.009	1.09	1.80
Both want to space	1.08	0.471	0.87	1.35
Both want soon	0.47	0.000	0.34	0.63
Couple's age difference				
Husband younger or 0–4 years older (Ref)				
Husband 5–9 years older	0.85	0.091	0.71	1.03
Husband 10–14 years older	1.08	0.484	0.87	1.35
Husband 15 + years older	0.96	0.798	0.71	1.30
Couple's education difference				
Both have No education (Ref)				
Both: same education level	1.44	0.012	1.08	1.91
Wife more educated	1.44	0.038	1.02	2.04
Husband more educated	1.28	0.067	0.99	1.59

**Adjusted for region, place of residence, number of living children, religion and duration of marriage**

## Discussion

In this study we examined the levels, trends and differentials of individual men's and couple's desired family size. It is clear from this analysis that Ethiopia men tended to want a large family, as three-fourth of them wanted three or more children and 35% of them five or more children. We have found that both husbands and wives in general want a large family, but the husbands appeared more likely than their wives to want a larger family. At the couple level, 37.4% the husbands wanted more children than their wives, while in 25.7% of the couples the wives wanted more children. This finding is consistent with reports from other sub-Saharan Africa countries. A study in 18 countries found that in about two-thirds of couples, husbands and wives differ by one child or more in the family size they consider ideal. The proportion of couples in which the husband desires more children than his wife ranges from 25% in Rwanda to 64% in Guinea [13]. On the other hand, husband-wife agreement on desired family size can be considered low in Ethiopia with only 18% agreed on their desired family size. This is also consistent with findings from another sub-Saharan Africa, ranging from 15% in Chad to 37% in Madagascar [14]. Differences in desired family size between spouses across regions in Ethiopia follows the overall pattern in which husbands wanted more children than their wives, but the magnitude of the difference vary by region. Proportion of couples in which husbands wanted more children than the wives ranged from 27.4% in Tigray to 53.5% in Afar.

Important predictor of future fertility that was considered in this study is the measure of fertility preferences i.e. whether or not husbands and wives intend to have more children and, if so, the timing of the next birth. The literature suggests that both at the aggregate and individual (or couple) levels fertility preference has been found to be a robust predictor of subsequent contraceptive and fertility behavior [15]. Over half of the Ethiopia couples (54%) agree on their future fertility. However, in 46% of couples, spouses disagree; and that the level of disagreement is equally shared between husbands and wives. It is important to note that overall agreement on future fertility between spouses is less informative unless disaggregated by the type of future fertility preferences. Further disaggregation of the data suggests that in about one-fifth of the couples both the husband and wife wanted to stop childbearing and in almost similar proportion they wanted to postpone the next birth for two or more years. Traditionally, unmet need for family planning is estimated based on women's stated fertility preferences and their contraceptive behaviour without considering the fertility preferences of their husbands. We have shown large discrepancies between husbands' and wives' fertility preferences, which can be translated to differences in unmet need between men and women. Excluding men's perspective from the calculation of unmet need certainly makes it less accurate, and this may point to the need to revisit the way unmet need is estimated and interpreted.

We also examined whether there is any relationship between couple's contraceptive behaviour and husband-wife agreement/disagreement on the desired family size and the fertility preferences. The main focus here is to assess whether or not spouse's joint fertility desire and their future fertility preferences influence their contraceptive use. Unadjusted analysis revealed that use of contraceptive is the highest (44.3%) when both the husband and wife agreed to have smaller family size (less than 4 children). In contrast, when a husband wanted larger family size than his wife, contraceptive use rate lowered to 31.8%. This is further corroborated by a multivariate analysis that adjusted for several covariates. The

odds of using modern contraceptive method increased by 49% in those couples in whom both the husband and wife wanted fewer than four children compared to couples in which either of the spouses couldn't decide on their desired family size. In addition, when both the husband and wife agreed to stop childbearing, their likelihood of using contraceptive increased by 40% compared to those couples in which spouses disagreed on their future fertility preferences. Analysis of the relationship between couple's fertility intention and contraceptive use in West Africa revealed high contraceptive use in couples who agree on their future fertility preferences [13]. Taken together, these findings confirm the literature that suggests that because fertility and contraceptive outcomes for a couple requires the involvement of both partners, each spouse's attitudes and preferences as well as attitudinal agreements between the spouses are often viewed as vital in shaping actual behaviour [14].

## **Conclusion**

The findings of this study clearly underscore that incorporating men's fertility intentions and preferences, as individuals as well as within the context of couples, are of paramount importance to have a complete panorama of family planning and fertility situation in Ethiopia. To improve contraceptive uptake and warrant sustained use of contraception within couple, family planning program efforts should focus on strategies to increase men's awareness of the benefits of having fewer and spaced births. Ensuring men's role and involvement as primary partners in shared decision-making on fertility and family planning within the family should be emphasized. Fostering communication between spouses about the number of children and family planning can help to close the gap in fertility goal between spouses.

It is important to recognize the general lack of up to date and comprehensive data on men's reproductive behaviour in Ethiopia. The EDHS data we presented here is limited to few variables and suffers from relatively smaller sample size as compared to the women's survey. It is therefore imperative that more data and evidence are made available on men and couples so as to enhance our understanding of the role of men in reproductive health and their contribution to the shaping of the future course of fertility in the country.

## **Declarations**

### **Ethical approval and consent to participate**

Not applicable

### **Consent to publish**

Not applicable

### **Availability of data and materials**

The DHS data used for this study are openly available and can be downloaded from <http://www.measuredhs.com/data/available-datasets.cfm?inputSearch=ETHIOPIA>.

## Competing interests

The authors declare that they have no competing interests.

## Funding

Not applicable

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## Figures

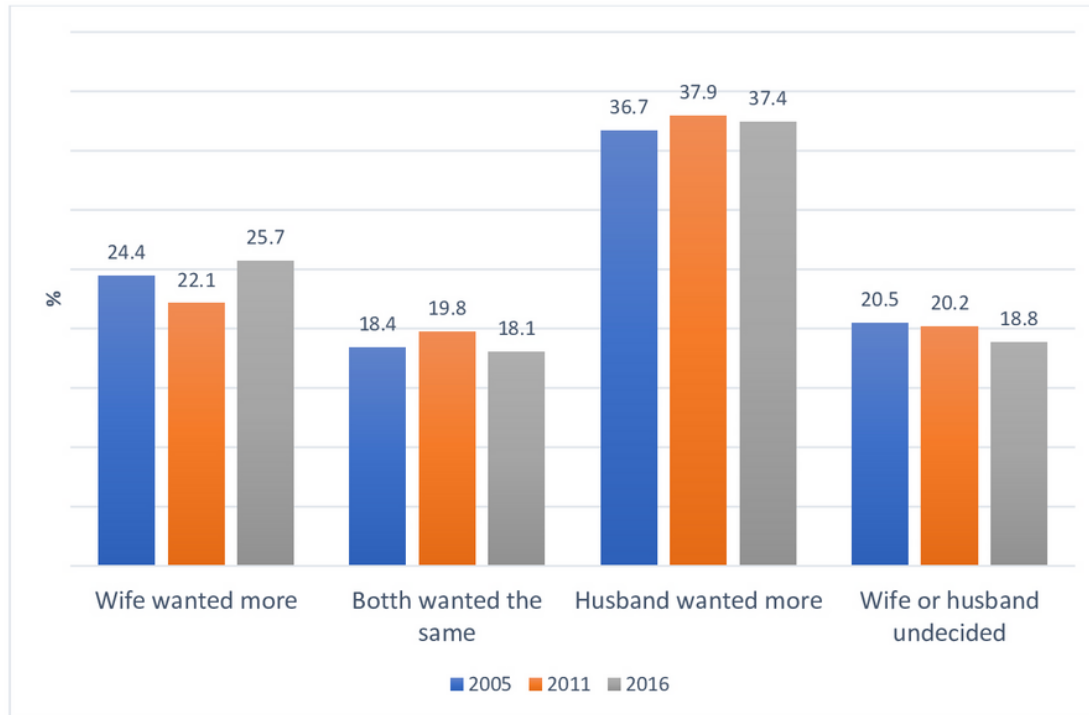
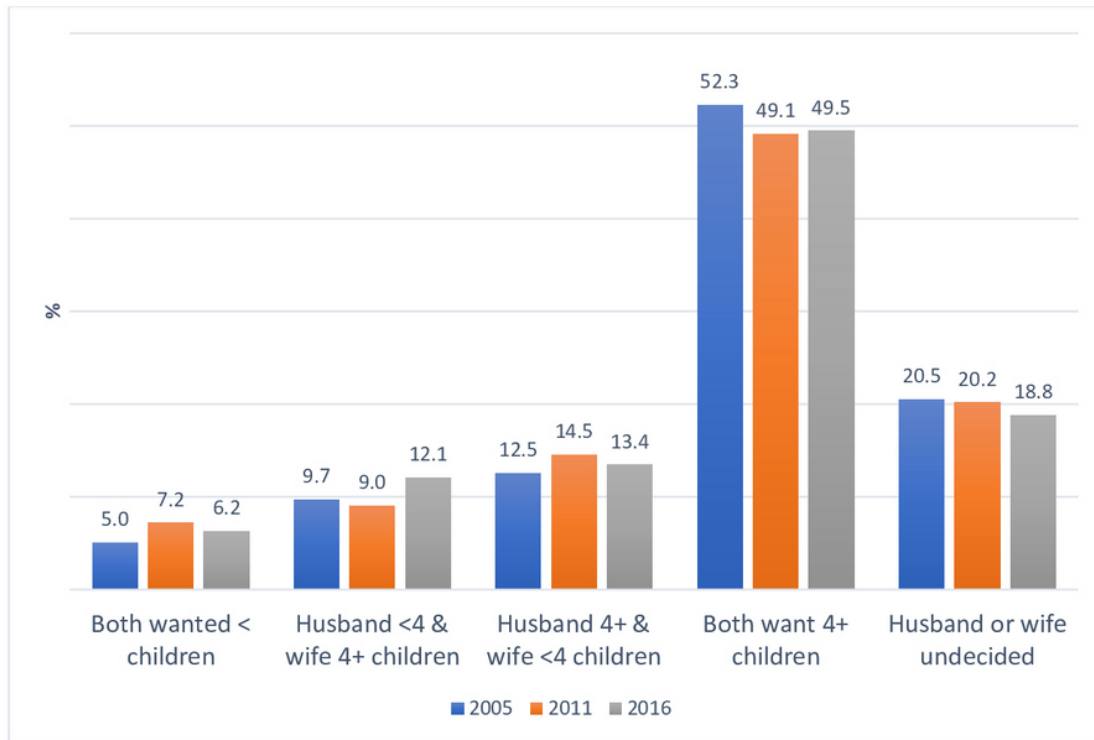


Figure 1

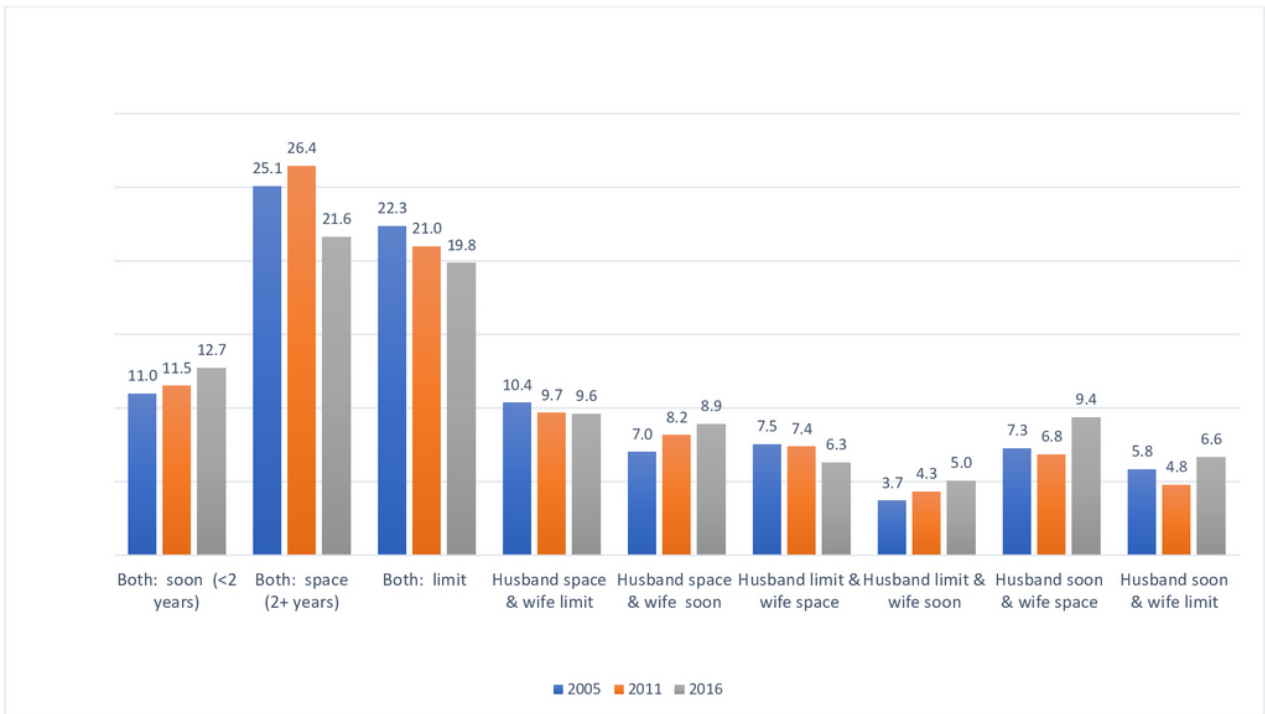
Couple's desire family size, 2005-2016 Ethiopia





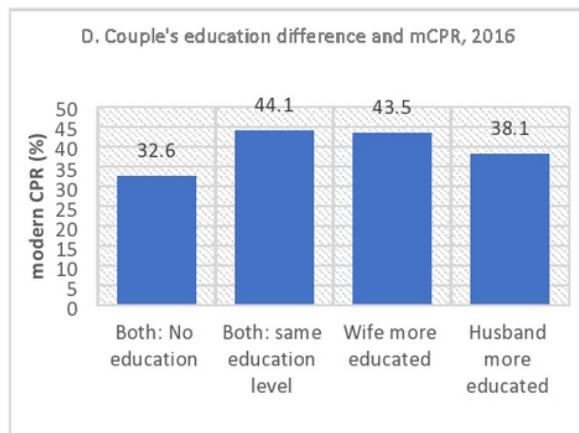
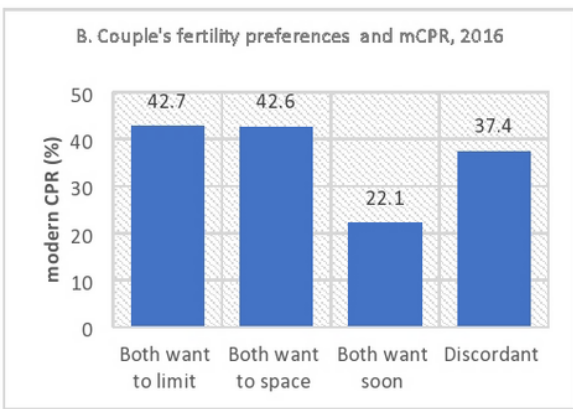
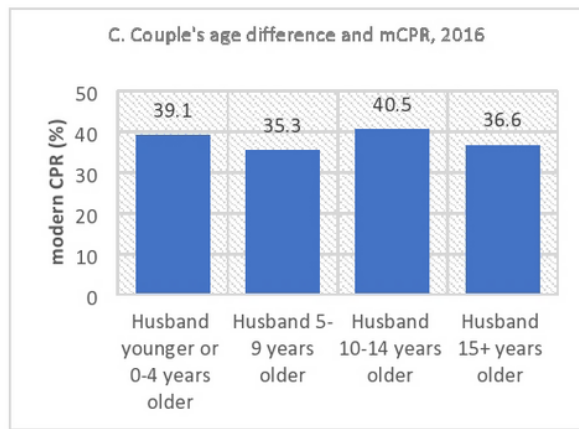
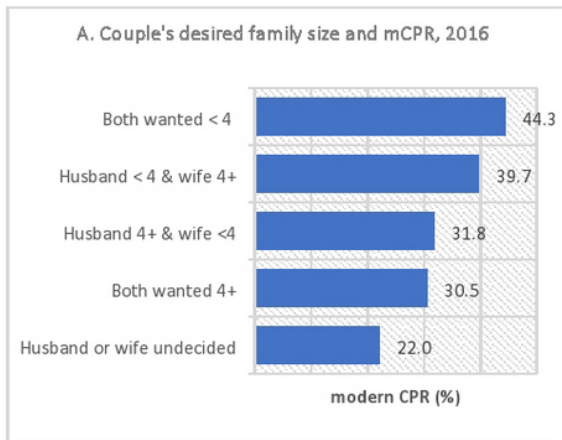
**Figure 2**

The distribution of couples by their desired for less than or greater than 4 children, 2005-2016, Ethiopia



**Figure 3**

Couples' fertility preferences (birth spacing or limiting), 2005-2016, EDHS



**Figure 4**

Couple's desire family size and contraceptive use according to selected characteristics, 2016, EDHS