# Knowledge and Attitude of Married Men towards Modern Contraceptives in Awetu Mendera Kebele, Jimma Town, Jimma Zone, Oromia Regional State, South West of Ethiopia 

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#### Abstract

Background: Men are primary and dominant decision makers in all family matters including fertility and family planning an option, particularly in sub-Saharan Africa. Exploring role of men in family planning has program implication and deserves attention.

Objective: To asses knowledge and attitude of married men towards modern contraceptives in Awetu Mendera Kebele ,Jimma town, Jimma zone ,South West Ethiopia. Methods: Community based cross sectional study was conducted from 15-30 April, 2022 to assess knowledge and attitude of married men towards modern contraceptives and systematic random sampling technique was used. Data collection tools were adapted after review of relevant literature and data were collected by 3 data collectors through face to face interview method using structured questionnaires. Data was edited and entered into a computer and analyzed. Using Statistical Package for Social Sciences (SPSS) for version 16.0, data analyses were carried out and statistical significance was declared at $\mathrm{P}<0.05$. Result: From the total of 333 study population, majority were found in the age of $20-24$ which $120(36 \%)$. This study revealed from the total of study population majority them want to have greater than three (>3) children which account $82 \%$ is followed by to have two children which $12 \%$. Conclusion: This study shows that majority of the respondent wants to have greater than 3 children and decided by her husband. The main problem identified were not use of family planning, unsporting of husband in using family planning, lack of wife discuss with their partner, opposition from husband to use family planning and religion against use of family planning.


Keywords: Attitude; Modern contraceptives; Married men; Knowledge

## INTRODUCTION

Ancestral practices in sub-Saharan Africa grant men authority over women reproductive capabilities. In such circumstances, we would anticipate that a woman's use of family planning methods would frequently be contingent upon her husband's consent. Studies conducted in various areas have revealed that women's reasons for not using include their husbands' permission. Studies
have revealed significant influence of the husband's preferences on a couple's fertility even in industrialized societies [1].

In the current ongoing Coronavirus Disease-19 (COVID-19) pandemic era the term "herd immunity" is widely used and discussed word in media and among researchers. The use of this term is particularly increased after introduction of COVID-19 vaccines and discussions about COVID-19 eradication, as well

[^0]as economic evaluation about costs and benefits of COVID-19 vaccination programs.

At the end of 2003, the population of Ethiopia was estimated to be 67 million. $85 \%$ of the population lives in rural areas and only half of the population had access to health care services. Very little of the population received prenatal care or vaccinations ( $22 \%$ and $29 \%$, respectively). 5.9 children are born to every woman in the nation and both the maternal and newborn mortality rates are high ( 500 per 100,000 live birth and 97 per 1000 live births respectively). For primary school, the gross enrollment ratio was $51 \%$, while for secondary school, it was $10 \%$. The nation has a very low annual per capita income [2].

Ethiopia was the third-most populous nation in sub-Saharan Africa, with a sizable and fast expanding population. Family planning was started in 1966 by the Ethiopian Family Guidance Association. However, after 40 years, the overall fertility rate remained high (5.9/women), the sub-Saharan African region's contraceptive use was among the lowest ( $10 \%$ ) and the unmet demand for family planning was still very high as $45 \%$ [3]. The objective of the study will be to assess knowledge and attitude of married men towards modern contraceptive.

Family planning programs have always placed a strong emphasis on the attitudes and behaviors of women. The main audience for information, education and communication on the knowledge and use of contraceptives has been thought to be women. Only women are invited to the service, which is mostly limited to maternity and child health centers. Additionally, the majority of studies on Family Planning (FP) problems and fertility in underdeveloped nations mainly included female participants.
Contraceptive use is significantly impacted by the men's support for opposition to their partners' family planning practices in various regions of the world, including Africa. In African marriages, men often had greater influence than women over decisions about using contraception and how many children the couple would have. His wife's life is not highlighted [4-6].
Men are more accepting of the broad idea of FP than was previously believed, which is part of the cause for the renewed interest in male involvement in both the adoption and the appropriate use of contraceptives are impacted by male support. The amount of research about male involvement programs is expanding and getting better and FP organizations are discovering that these programs can be economical if they are well targeted and provide male contraceptive options either directly or through referrals. A push for action has been created by the international agreement established at the population development conference.

Most nations are currently attempting to adapt the novel idea of include males in family planning programs, including Ethiopia [7,8]. It is unknown which traits of men in combination with those of women would have an impact on how FP use is modified. Therefore, in order to create effective interventions to realize the intended outcome of FP program, the roles of males along with female elements that influence the adoption of FP methods by couples need to be thoroughly investigated in the socio-cultural contexts.

The role of men in family planning has been receiving greater
attention recently; as population planner have begun to recognize the importance of men's influence over reproductive dissuasions around the world. Men's supported opposition to their partners' practice of family planning has a strong impact on contraceptive use in many parts of the world, including Africa. Therefore, this study will significant into that it has attempt to show the knowledge and attitude of married men in family planning at local level (Awetu Mendera Kebele) and can be baseline for further study. Moreover, the study is in line with national health strategy which upgrade researcher to focusing on roles of men in family planning and willing to explore feeling of husband towards use of family planning.

## MATERIALS AND METHODS

## Study area and period

The study was conducted at Awetu Mendera Kebele, which is found in Jimma Town, Jimma Zone and Oromia region. It is 3 km far from Jimma University (JU). It is the center of Jimma Town. It is climatic condition is Woyinadega. Staple diet-injera and bread. The area has 1 health center and six drug vender shops. The total number of population is 9,922 . Total number of married men is 1425 . The study period was 15-30 April, 2022.

## Study design

Community based cross section study was conducted to assess knowledge and attitude of married men towards modern contraceptive in Awetu Mendera Kebele, Jimma Zone, Oromia region Southwest, Ethiopia.

## Population

Source population: All married men living in Awetu Mendera Kebele (1425).

Study population: Married men in Awetu Mendera Kebele included in the study (1425).

## Inclusion criteria and exclusion criteria

Inclusion criterial: Married men in reproductive age group.
Exclusion criteria: Married men who were seriously sick and unable to respond to interviews.

## Sample size and sampling technique

Sample size determination: The sample size was determined using the following formula:
$\left.N i=\frac{\left(\mathrm{Z}_{2} / \mathrm{a}\right)}{}\right)^{2}(1-\mathrm{p})$
Whereas $\mathrm{p}=$ Estimated prevalence $=50 \%$
$\mathrm{Z}_{2} / \mathrm{a}=$ Confidence interval (1.96)
d =Marginal error (5\%)
$\mathrm{Ni}=$ Initial sample size
$N i=\frac{(1.96)^{2}-(0.5)(1-0.5)}{(0.05)^{2}}=384$
By using above formula the sample would be 384 , however, population size is less than 10,000 the final sample size will be calculated using correction formula as follows:

Contingency $=10 \%=\frac{303 \times 10}{100}=30.3$ $\qquad$
$N f=303 \times 10 \ldots \ldots$ (4)
$10 \%$ non-response rate $=303+30=333$
$k=\frac{N}{n f}=\frac{1425}{333}=4$.

## Sampling technique

Systematic samplings were used and every $4^{\text {th }}$ study subjects were selected.

## Study variables

## Independent variable:

- Age
- Literacy status
- Sex
- Ethnicity
- Religion

Dependent variables: Attitude and knowledge of married men towards family planning.

## Data collection tools and procedure

Data collection tools: Data collection tools were adapted after review of relevant literatures. The questions and statement are grouped and arranged according to the particular objectives that they are going to address.

Data collection procedure: Data was collected by data collector through face to face interview methods using structured questionnaire. Data collector was trained for one day about objectives, questionnaires and interview technique before the go to data collection. The principal investigator can be closely supervising the process of data collection. The numbers of data collectors were three.

Data processing and analysis: The collected data was checked for completeness of information and consistency. The data was analyzed using SPSS version 16.0.

Data quality assurance: Before data collection, training was given for data collectors to enable them have common understanding on the objectives of the study and each of the questions in the questionnaire. Therefore, the personal variations on interpretation of the questions were minimized. Data collection was supervised by the principal investigators and assisted by the advisor for immediate solution.

## Pre-test

In order to ensure the validity and reliability of the questionnaire, pretests were conducted on $5 \%$ sample at Awetu Mendera Kebele 13 April, 2022 those were not included in the final result.

## Ethical consideration

Permission letter was obtained from Jimma university research ethics committee and official permission was sent from Awetu

Mendera Kebele administrators. During data collection all respondents was asked their permission and informal consent was obtained prior to the interview. Strict confidentiality was maintained. The Declaration of Helsinki was followed.

## Operational definitions of terms

Knowledge: Awareness of existence of FP, its importance and side effect. The study subjects who were answer $>75 \%$ of correct knowledge questions was classified as having good, $50 \%-75 \%$ fair and those who were answer $<50 \%$ of correct knowledge questions was classified as poor according to the number of correct response to the 5 knowledge questions.

Attitude: Attitude is the study subject positive or negative feeling behaviors towards contraceptive methods. A study subjects who were answer $>75 \%$ of attitude questions correctly was classified as having favorable attitudes; $50-75 \%$ fair and those who were answer $<50 \%$ of attitude questions correctly was have unfavorable attitudes towards contraceptive according to the number of correct response to the attitude questions.
Couple: Male and female who were in marital union.
Current use of contraception: Those respondents who will be used contraceptive method during the period of data collection.

No formal education: Were those respondents who have never went to school and also cannot read and write.

## RESULTS

Regarding social demographic characteristic from the total of 333 study population, majority were found in the age of $20-24$ which 120 ( $36 \%$ ) followed by 25-29 age group which 80 ( $24 \%$ ) and few of them were found in the age group of $40-44$ which account 13 (4\%). Regarding religion, the most dominant religion is Muslim which accounts 180 (54\%) followed by Orthodox which accounts 100 (30\%). Few of them were protestant and catholic which accounts 33 (10\%) and 20 (6\%) respectively. Concerning ethnicity and marital status majority of the study population were Oromo and married which accounts 149 (45\%) respectively. Amhara is the $2^{\text {nd }}$ ethnicity followed by tiger which account 73 (22\%) and 26 (8\%) respectively.

Regarding occupational status from the total majority of them were farmer which is 180 (45\%), followed by merchant which is 81 ( $24 \%$ ) few of them were government employer and often which accounts 33 (10\%) and 20 ( $6 \%$ ) respectively. Concerning educational status from the total of study population majority of them were grade 5-8 which is 94 ( $28 \%$ ) followed by grade 1-4 which account 83 ( $25 \%$ ). Few of them were illiterate and above grade 12 which account $80(24 \%)$ and 17 (55) respectively (Table 1).

Concerning family size majority study population want to have greater than three (>3) children which account 273 ( $82 \%$ ) followed by to have 2 children which is 40 (12\%) from the total of 333 study population majority of the study population have 4-5 children which account 213 (64) followed by 2-3 children which is $80(12 \%)$ and few of the study population has 1 child which account 4 (12\%) (Table 2).

Table 1: Distribution of participants by their demographic characteristics of the respondent of the study in Awetu Mendera Kebele Jimma Town, Jimma Zone South West Ethiopia, 15-30 April 2022.

| Sl/no | Variable | Category | Numbers | Percent |
| :---: | :---: | :---: | :---: | :---: |
| 1 | Age group | 15-19 | 40 | 12\% |
|  |  | 20-24 | 120 | 36\% |
|  |  | 25-29 | 80 | 24\% |
|  |  | 30-34 | 60 | 18\% |
|  |  | 35-39 | 20 | 6\% |
|  |  | 40-44 | 134 | 4\% |
|  | Total |  | 333 | 100\% |
| 2 | Religion | Muslim | 180 | 54\% |
|  |  | Orthodox | 100 | 30\% |
|  |  | Protestant | 33 | 10\% |
|  |  | Catholic | 20 | 6\% |
|  | Total |  | 333 | 100\% |
| 3 | Ethnicity | Oromo | 149 | 45\% |
|  |  | Amhara | 73 | 22\% |
|  |  | Tigre | 26 | 8\% |
|  |  |  | 85 | 26\% |
|  | Total |  | 333 | 100\% |
| 4 | Marital status | Married | 250 | 75\% |
|  |  | Windows | 53 | 16\% |
|  |  |  | 30 | 9\% |
|  | Total |  | 333 | 100\% |
| 5 | Occupational status | Farmer | 150 | 45\% |
|  |  | Merchant | 81 | 24\% |
|  |  | Daily labor | 49 | 15\% |
|  |  | Gov't employees | 33 | 10\% |
|  |  | Others | 20 | 6\% |


| Total |  |  | 333 | 100\% |
| :---: | :---: | :---: | :---: | :---: |
| 6 | Educational status | Illiterate | 80 | 24\% |
|  |  | 1-4 grades | 83 | 25\% |
|  |  | $5-8$ grades | 94 | 28\% |
|  |  | $9-10$ grades | 39 | 12\% |
|  |  | 11-12 grades | 20 | 6\% |
|  |  |  | 17 | 5\% |
| Total |  |  | 333 | 100\% |

Table 2: Family size of women in Awetu Mendera Kebele Jimma Town, Jimma Zone South West Ethiopia, 15-30 April 2022.

| Sl/no | Number family size |  | Number | Percent |
| :---: | :---: | :---: | :---: | :---: |
| 1 | Number of children you want to have | 1 | 20 | 6\% |
|  |  | 2 | 40 | 12\% |
|  |  | $>3$ | 273 | 82\% |
|  |  | Total | 333 | 100\% |

Regarding family planning use majority of the study population do not use family planning which accounts 243 (73\%) and few often were use family planning which is 90 (27\%). Concerning family planning provision and use of family planning in the future majority of the study population do not get family planning counseling and provision friendly and majority often were planned to use family planning in future which account 263 (79\%) and 200 (60\%) respectively.

In addition to this from the total of 333 majority of the husband do not support their wife while they use family planning which account 253 ( $76 \%$ ) and only $80(24 \%)$ of husband were support their wife while the used family planning (Figure 1).

Regarding discussion about family planning from the total of study population 233 (70\%) were not discuss about family planning wife their partner but few of often were discussed wife their partner but few of them were discussed wife their partner about family planning use which accounts 100 (30\%) (Table 3).

Regarding attitude forward FP, from the total of 333 study
population majority of them were not know about important of FP and few of them know about importance of FP which account 203 ( $61 \%$ ) and ( $39 \%$ ) respectively (Table 4).

From the total of 333 study population almost all of the study population have respond that as their religion oppose the FP and few often have said that the region does not against FP which account 280 ( $84 \%$ ) and 53 (16\%) respectively (Table 4).

Regarding husbands feeling towards FP use from the total of study population majority of the were oppose FP uses which is $150(45 \%)$ and followed by neutral (those neither oppose nor support) which account 100 ( $30 \%$ ) few of them do not know about FP which account 33 (10\%). Concerning opposition from husband majority often were opposed by their husband and few often were not opposed by their husband which account 230 ( $69 \%$ ) and 103 ( $31 \%$ ) respectively (Tables 5 and 6).
Regarding use FP by husband (male) from the total of 333 study population 313 (94\%) husband was not use FP and 20 (6\%) only were use FP.


Figure 1: Use of family planning by husband in Awetu Mendera Jimma zone, South West Ethiopian, 2022. Note: ( $\square$ ): Husband those who use family planning; ( $\square$ ): Husband those who do not use family planning.

Table 3: Use of FP among women in Awetu Mendera Kebele Jimma Town, Jimma Zone South West Ethiopia, 15-30 April 2022.

| Sl/no | Practice on FP |  | Number | Percent |
| :---: | :---: | :---: | :---: | :---: |
| 1 | Use of FP for ever | Yes | 60 | 18\% |
|  |  | No | 273 | 82\% |
|  | Total |  | 333 | 100\% |
| 2 | Use of FP currently | Yes | 90 | 27\% |
|  |  | No | 243 | 73\% |
|  | Total |  | 333 | 100\% |
| 3 | FP consoling provision is given friendly | Yes | 70 | 21\% |
|  |  | No | 263 | 79\% |
|  | Total |  | 333 | 100\% |
| 4 | Use of FP in future for those who never used contraceptive method | Yes | 20 | 60\% |
|  |  | No | 18 | 5\% |
|  |  | No sure | 115 | 35\% |
|  | Total |  | 333 | 100\% |
| 5 | Support husband during wife use of FP | Yes | 80 | 24\% |
|  |  | No | 273 | 76\% |
|  | Total |  | 333 | 100\% |
| 6 | Discussion about the FP with partner | Yes | 100 | 30\% |
|  |  | No | 233 | 70\% |
|  | Total |  | 333 | 100\% |

Note: FP: Family Planning.

Table 4: Attitude of women to wards of FP in Awetu Mendera Kebele Jimma Town, Jimma Zone South West Ethiopia, 15-30 April 2022.

| Sl/no | Attitude of women to ward FP |  | Number | Percent |
| :---: | :---: | :---: | :---: | :---: |
| 1 | Importance of family planning | Yes | 130 | 39\% |
|  |  | No | 203 | 61\% |
|  |  | Total | 333 | 100\% |
| 2 | Encountered opposition from husband to use FP | Yes | 203 | 69\% |
|  |  | No | 130 | 31\% |
|  |  | Total | 306 | 100\% |
| 3 | Religion is against use of FP | Yes | 280 | 84\% |
|  |  | No | 53 | 16\% |
|  |  | Total | 333 | 100\% |

Note: FP: Family Planning.

Table 5: Husband role family planning use in Awetu Mendera Kebele Jimma Town, Jimma Zone South West Ethiopia, 15-30 April 2022.

| Sl/no | Husband's role | Number | Percent |
| :---: | :---: | :---: | :---: |
| 1 | Support family planning | 50 | $15 \%$ |
| 2 | Oppose family planning | 150 | $45 \%$ |
| 4 | Neutral | 100 | $30 \%$ |
| 5 | Don't know | 33 | $10 \%$ |

Table 6: Distribution of person who decided the number of children couples to have in Awetu Mendera Kebele Jimma Town, Jimma Zone South West Ethiopia, 15-30 April 2022.

| Sl/no | Partner who decide the number of <br> children to have | Number | Percent |
| :---: | :---: | :---: | :---: |
| 1 | Husband | 200 | $60 \%$ |
| 2 | Wife | 33 | $10 \%$ |
| 3 | Both | 100 | $30 \%$ |
| 4 | Total | 333 | $100 \%$ |

## DISCUSSION

This study revealed from the total of study population majority them want to have greater than three ( $>3$ ) children which account $82 \%$ followed by to have two children which is $12 \%$. Another study which were conducted in Gonder showed that among the 832 men over half of study subject that was $53 \%$ believed that family planning method should be used often having the 6 child and $14 \%$ said after having $4^{\text {th }}$ child in family planning [9]. This variation is may be due to variation in study area, study period and study year.

Regarding FP use majority of the respondents $73 \%$ were not using family planning, while only $27 \%$ were using. The study conducted in Kenya on reproductive age group of women indicates that among the study population $24 \%$ of the reproductive age group
used contraceptive method [10]. This difference may be due to the study conducted on a small sample size.
Regarding role of husband in family planning use from the total of study population majority of husbands were opposing FP uses which were $45 \%$ and followed by neutral (those neither oppose nor support) which account $30 \%$. Another study shows that in many society of the world, especially, in Africa men are the dominant decision makers [11]. They have a power full role in family decision, for example, study from Nigeria indicates that $88 \%$ of men and $78 \%$ of women believe that men view is more influential in making family decision [12]. Only $27 \%$ of men and $13 \%$ of women believe that women are more influential $[13,14]$. This difference is may be due to variation in study area, study period and study year.

## Limitation of the study

Respondent's bias.

## CONCLUSION

This study shows that majority of the respondent wants to have greater than 3 children and decided by her husband. The main problem identified were not use of family planning, unsporting of husband in using family planning, lack of wife discuss with their partner, opposition from husband to use family planning and religion against use of family planning.

## ETHICS APPROVAL AND CONSENT TO PARTICIPATE

Permission letter was obtained from Jimma university research ethics committee and official permission was sent from Awetu Mendera Kebele administrators. During data collection all respondents was asked their permission and informal consent was obtained prior to the interview. Strict confidentiality was maintained. The Declaration of Helsinki was followed.

## AUTHORS CONTRIBUTION

KTT, BW, MKT and ETT was responsible for conceptualization, methodology, analysis, supervision and report writing, KTT, BW, MKT and ETT was responsible for analysis, report writing and methodology.

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## AVAILABILITY OF DATA AND MATERIALS

All data will be available upon request of corresponding author.

## COMPETING INTERESTS

There are no competing interests stated by the authors.

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