

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF PUBLIC HEALTH



**UTILIZATION OF LONG ACTING CONTRACEPTIVE AMONG REPRODUCTIVE
AGE WOMEN IN ADDIS ABABA PUBLIC HEALTH CENTERS.**

BY
BIZUAYEHU NIGATU

ADVISORS **Dr. MESFIN ADDISIE**
Mr. ABIY SEIFU

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List of Acronyms

FP	Family Planning
IUD	Intra Uterine Device
LAC	Long Acting Contraceptive

Abstract

Background: Long acting contraceptives such as intrauterine devices and hormonal implants are among the most effective methods that prevent unintended pregnancies. Long acting contraceptive is more convenient to clients who want to space or limit their births. Clients have better compliance to long acting contraceptive than the short acting methods, since they do not need to remember to use them or to visit family planning clinics frequently for method re-supply or administration.

Objectives: To assess the utilization of long acting contraceptive among female family planning users at public health centers in Addis Ababa.

Methods: A facility based cross sectional study that employed exit interviews with family planning clients and an assessment of the availability of the necessary resources was conducted in selected five public health centers, from March 11 –April 4, 2014 in Addis Ababa. Systematic sampling technique was used to select 447 study participants .Pre tested structured Amharic version questionnaire was used to collect the data through interview and inventory was carried out by using checklist. Both bivariate and multiple logistic regressions were used to identify associated factors.

Result: Of 447 female family planning users interviewed 98.9% of them were aware of long acting contraceptive methods and 23.9% were using the methods. However, 48.3% respondents have negative attitude towards long acting contraceptive. Facility assessment showed that in the health centers assessed there were no shortages of resources for provision of long acting contraceptive including equipments and supply, trained health provider and contraceptives methods. Attitude of clients, previous use of long acting contraceptive, desire to have no children in the future and discussion with partners about long acting contraceptives were factors associated with long acting contraceptives use.

Conclusion and recommendation: Knowledge about long acting contraceptive is high in contrary to the negative attitude for most respondents have towards the methods and low level of utilization. Providing appropriate counseling on long acting contraceptive, strengthening continuous education by model long acting contraceptive user, strengthening couple discussion and availing printed materials on long acting contraceptive are recommended.

1. Background

1.1 Introduction

Family planning (FP) is defined as the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. FP is a means of promoting the health of women and families and part of a strategy to reduce the high maternal, infant and child mortality(1).

There are two types of Long Acting Contraceptives (LACs): Intra Uterine Devices (IUDs) and the Sub dermal implant(2).

LAC is the most effective (99 percent or greater) methods of contraception. Only one action by client and provider results in years of protection against unintended pregnancy. The desirability of these methods is due to their long life span, which requires fewer visits to health providers, thus saving clients time, effort, and money while at the same time easing the patient load at health facilities. In addition, LAC does not require daily motivation on the part of users, and thus have higher continuation and effectiveness rate(3).

Ethiopia is the second-largest country in Africa, with an estimated population of nearly 89.2 million in 2013 and a growth rate of 2.6 percent per year. The total fertility rate (TFR) in Ethiopia is 4.8 lifetime births per woman(4).

Range of services offered in FP in Ethiopia include counseling, provision of contraceptive methods, screening for reproductive organ cancers, prevention, screening, and management for Sexual transmitted infections (STIs), including Human Immune Virus (HIV) and prevention and management of infertility(1).

All modern methods which provide a wide range of protection such as voluntary surgical sterilization, IUD, implant, pills, injectable and condoms are available in Ethiopia. The most commonly available LAC methods in Ethiopia are copper-T-380-A IUD and Implant (implanon and jadelle) (1).

Ministry of Health (MOH) implement implanon scale-up initiative and IUD scale-up initiative in 2009 and 2011 respectively designed to increase access to LAC method at the community level

and strengthening of LAC methods(5).Review of implanon scale up program in southern Ethiopia in 2013 indicates among clients received FP services 11% received implanon(6).

The predominant barriers to the use of LAC in Ethiopia were shortage of availability of commodities, equipment and supplies, and training of service providers at health facilities. Myths and misconceptions are also widespread for these methods in Ethiopia among clients(5).

1.2 Statement of the problem

Different report indicates that the utilization of LAC is low. According to population references bureau 2013 , the prevalence of LAC use is 13% in the world and LAC use coverage is 2%, for Sub-Saharan Africa(7). As of 2011, Ethiopia Demographic and Health Survey (EDHS) , LAC use coverage is 3.7%, 5.4% for Ethiopia and for Addis Ababa, respectively (8). In depth analysis of 2011 EDHS indicated that prevalence of implanon in Addis Ababa was lower than the rate in different parts of Ethiopia(9). A study conducted in 2010 Kirkos subcity in Addis Ababa indicates 9.1% of married women were use LAC(10). According to MOH, 2013 annual report only 7% were using LAC among FP users attending public health centers in Addis Ababa(11).

A community based Studies from Jinka and Butajira indicates that 18% and 25% participants were aware of LAC and permanent methods(12, 13).

MOH made effort to expand method mix special attention given to expansion of services for LAC aim provide of 20% of FP with LAC(14). But EDHS indicate the most popular method used Injectables.

Studies conducted in Ethiopia documented that factors associated with LAC use were age, knowledge, number of pregnancy, desire for more children, education, number of children, duration of FP use, discussion with husband ,ever use of LAC, decider on LAC use and source of contraceptive(12, 13, 15-18).

Previous studies were conducted on utilization of LAC more concentrated identifying factors related to clients issues in the community so this study tried to address facility related factors. More over this study wanted to know the association between independent variables like husband education and side effect of the methods with the dependent variables LAC use.

1.3 Rationale of study

This study is conducted because there is knowledge gap in terms of what factors are affecting utilization of LAC among female FP users.

The evidences from the study can be used to inform the FP policies and programs of the FMOH.

The study conducted for academically purpose enabling principal investigator exercising how to conduct research.

2. Literature review

The magnitude of LAC use was range from 0% to 24.3% from different studies conducted in Ethiopia among female FP users (19-23).

Different factors affect choice of LAC methods by FP clients. Marie Stopes International Ethiopia (MSIE) has conducted assessment of Knowledge Attitude Practice (KAP) in five regions of Ethiopia show that 52% of participants were aware at least one type long-term method. The study documented that age of women, ethnicity, education, number of live birth, ever given birth, spousal/partner support, and spousal/partner communication were found to be important predictor factors of modern FP use(24).

A study conducted Kirkos subcity in Addis Ababa indicates 9.1% of married women were use LAC. Husband education, respondent education, number of children and husband approval were found predictor of modern contraceptive use(10).

A study done in Mekele indicates 12.3% of married women use LAC. Knowledge, number of pregnancy and desire for more children were significantly associated with LAC use while attitude is not significantly associated LAC use (15).

Another study conducted in the rural part of East Hararge zone among female FP users documented that 91.5% and 17.8% respondents were aware for implant and IUD respectively. Educational status of the mother, preferred number of children and duration of FP use was found to be significantly associated with LAC method used(16).

A study conducted in Goba documented that 8% of married women were using LAC, 87.3% and 66.9% of them heard about norplant and IUD, respectively. In this study behavioral factors like the number of times were discussed with husband/partner, ever use of LAC and decider on using LAC was found to be predictors in using LAC while age, number of pregnancy, educational status ,religion, occupation and monthly income not associated with LAC use(17).

Another studies conducted in Jinka and Butajira southern Ethiopia reported that knowledge and age of women were found to be an important predicator of LAC use(12, 13).

A case control study conducted in Hossana town among married women indicated that level of knowledge, discussion between partners about modern method, source of contraceptive, number of children alive and plan to give birth in future were found to be determinant of LAC use(18).

Another study conducted in Northwest Ethiopia reported that only 1.5% of the FP clients received LAC. The study also documented the most commonly discussed contraceptive was the injectable. More over 29.1%, 81.4% and 27.9% clients were told about the possible side effects of the methods, when to return for follow up visit and what to do if they experienced any problems before the next visit. Only 34% of the respondents were enough privacy during the consultation (21).

A facility based Study conducted in Bahrdar documented 0.9 % were using LAC methods. During their visit 96.3%, 74.4% and 74.4 % were told how to use the method, side effect of the method and what can to do if problems arise(20).

A study done in Batu among FP users documented that of the total participants of the survey, 58.3% were aware about LAC and permanent method. Regarding the information given during their current visit 86.2% of the clients mentioned that it was just about right and 97.7% clients were given information on when to return for follow up(22).

A study done in Ambo among FP clients of public health facility indicates 57% were aware about LAC and permanent methods. The study documented that 97.6%, 62.8% participants know about implant and IUD, respectively (25).

A study conducted in Wolaita zone among short term users at health centers indicate that 87.8%, 54% participants were heard about implant and IUD respectively(26).

Studies conducted in Goba, Jinka, Butajira and Debre markos of Ethiopia documented that several reasons not using LAC those reasons were fear of side effect, preferring short term, health concerns, respondents opposed, religious prohibition, previous method inconvenient, husband/partner opposes, developing side effect, unavailability of service, becoming single, fear of sterility and on lactation by now(12, 13, 17, 27).

Facility based Studies conducted in Ethiopia reported that shortage of trained provider equipment and supplies and availability of method were barriers of LAC use in Mekele and Batu but not for Wolaita study(19, 22, 26).

Conceptual frame work

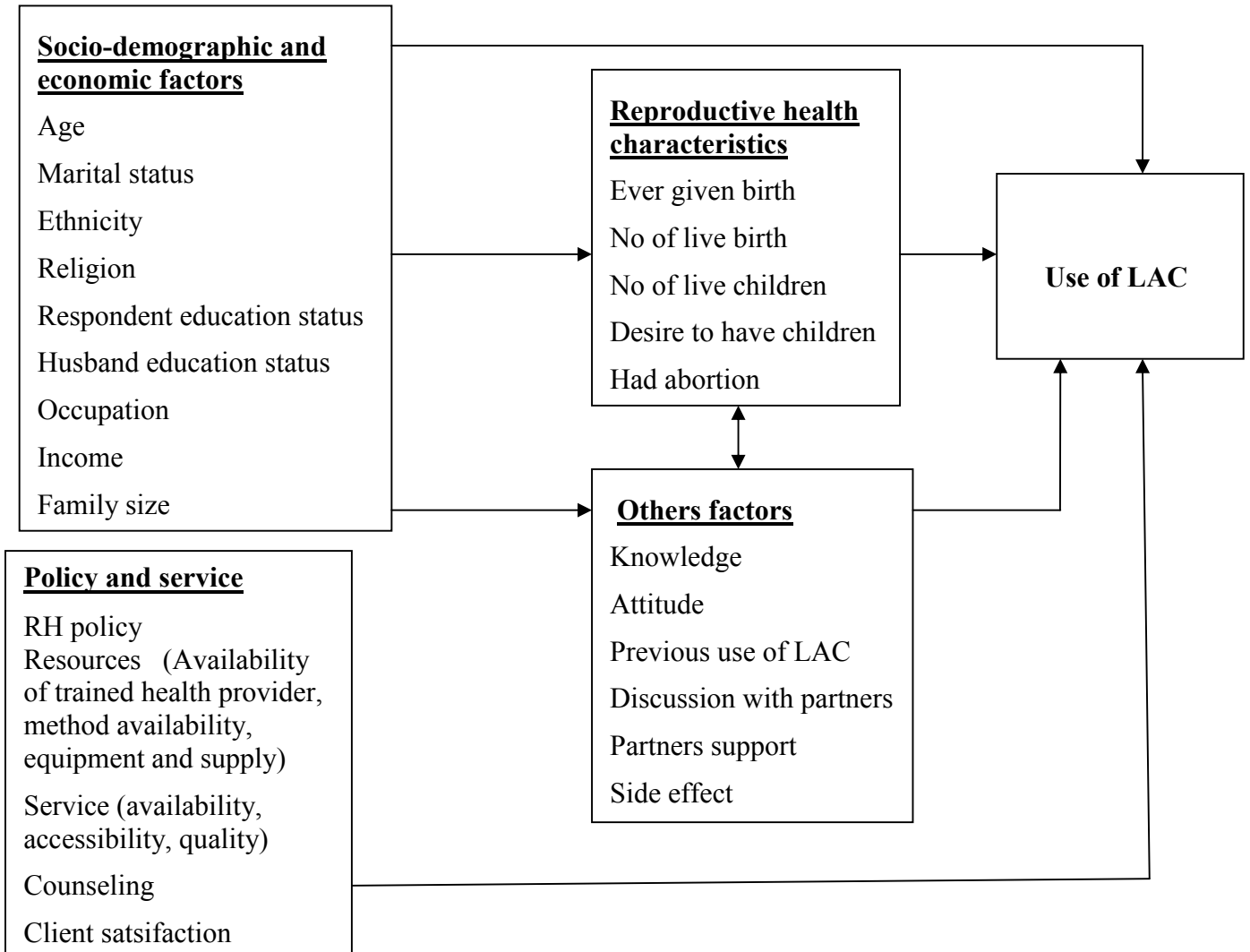


Figure 1 Conceptual frame work developed for analyzing the data by considering different literature.

Description of conceptual frame work

Several factors affect the use of LAC in an area. Some of the factors are socio demographic, economic, reproductive health characteristics of individuals, availability of services and other policy, resources, knowledge and attitude. In this study only socio demographic, economic, reproductive health, resources , counseling ,client satisfaction, knowledge, attitude towards LAC ,previous use of LAC, discussion with partners and partners support were considered and studied to know there effect on LAC use.

3. Objective

3.1 General objective

To assess the utilization of LAC among female FP users at public health centers in Addis Ababa.

3.2 Specific objectives

- To determine utilization of LAC
- To identify factors affecting utilization of LAC
- To assess availability of resources for the provision LAC

4. Methods

4.1 Study area and period

Based on the 2007 population census estimation Addis Ababa, the capital of Ethiopia, has a population of 4,156,251 with annual growth rate of 3.8%. The city administration has 11 public hospitals, 37 private and nongovernmental hospitals, 75 public health centers including those under construction and more than 573 different level clinics MOH 2012 report. According to the Addis Ababa health bureau there are 66,394 new and 146,610 repeat FP clients being served in different health facilities in Addis Ababa in 2014. There are ten sub-cities in Addis Ababa. The study was conducted in five randomly selected health centers including: Nifas Silik Woreda 3 health centers, Kolife Keraniyo Woreda 9 health center, Kasanches health centers, Arada health centers and Beletshachew health centers. Average daily FP clients flow is 12 for Nifas Silik Woreda 3 health centers, 13 for Kolife Keraniyo Woreda 9 health center, 10 for Kasanches health centers, 10 for Beletshachew and 9 for Arada health centers based on the past three months client flow.

The study was conducted from March 11-April 4, 2014.

4.2 Study design

Facility based cross sectional study was conducted among female FP users

4.3 Source population

All female FP users whose are attending FP service in public health centers in Addis Ababa

4.3.1 Study population

Randomly selected female FP users attending FP services in selected health centers

4.3.2 Sample size determination

The required sample size was determined by using the following assumptions to estimate sample size for single population proportion

$$n = \frac{(Z_{\alpha/2})^2 * P(1 - P)}{d^2}$$

Assumptions:

Desired precision (d) =3%

Expected prevalence (p) proportion of LAC use was 7% among FP users for Addis Ababa public health centers according to FMOH annual report in 2005 E.C.

Confidence level = 95%, which means α set at 0.05 and $Z_{\alpha/2} = 1.96$

Hence, the calculated sample size was 278.

Using **Design effect 1.5**

Adding a **10% non-response rate** the required minimum sample size (n) = 459.

4.4 Sampling procedures

The study was conducted in five health centers located in Nifassilk, Kolfekeranio, Arada, Kirkos and Lideta subcities of Addis Ababa. From ten sub-cities found in Addis Ababa we randomly selected five sub-cities using simple random sampling. One health centers was selected from each selected sub-cities using simple random sampling. The sample size was allocated to each health centers by probability proportional to size based on daily client flow. The study participants were selected by systematic sampling method from FP services clients. The first respondent from each health centers was selected randomly. The subsequent respondents were selected ever other of from the daily FP clients attendance until the required respondents were selected.

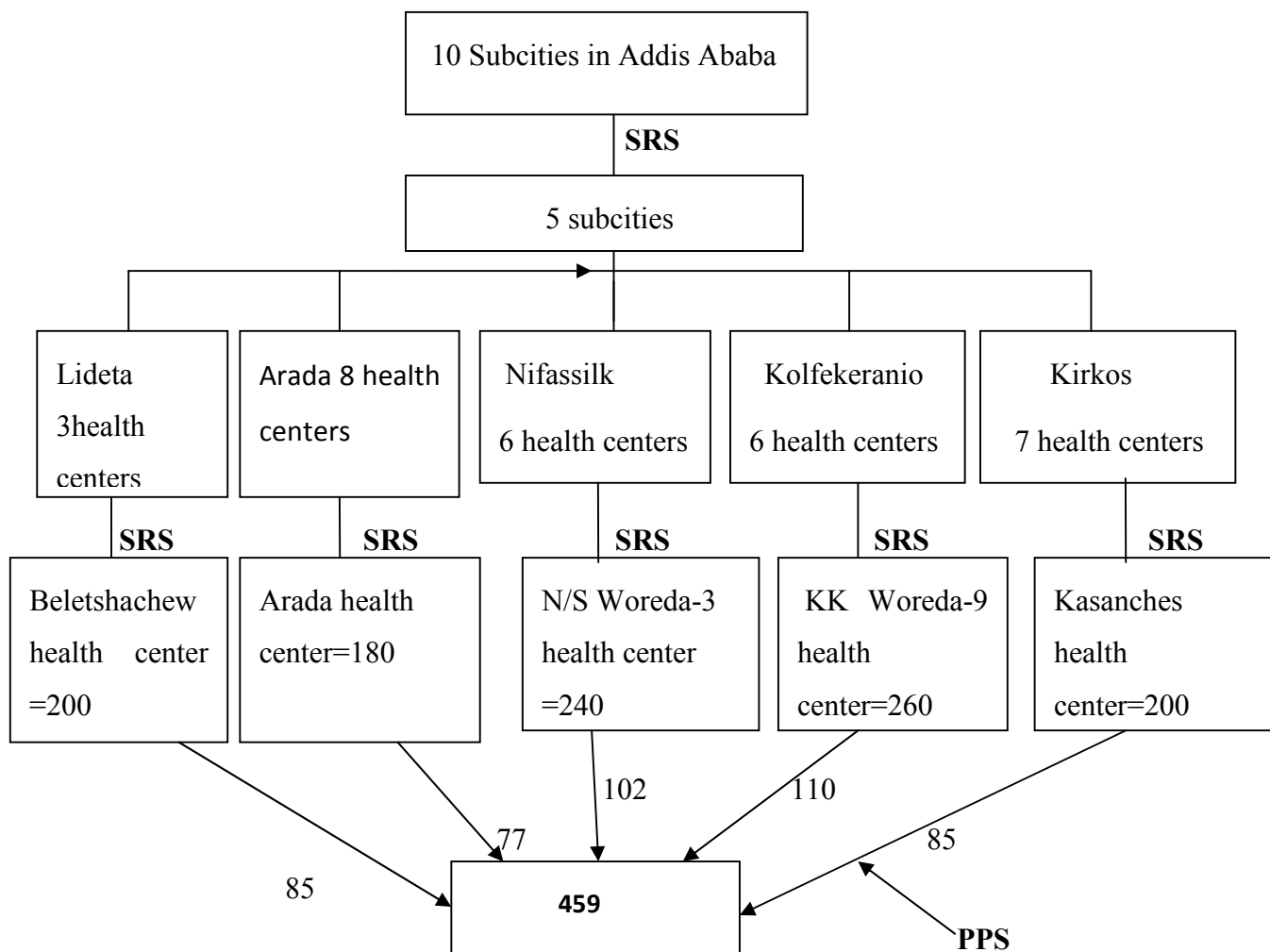


Figure 2 Schematic presentation of sampling procedures.

4.5 Inclusion and exclusion criteria

4.5.1 Inclusion criteria

- FP users women age of 18-49 years old attending FP service during data collection time.

4.5.2 Exclusion criteria

- Women who come for removal contraceptive use.
- Women who are mentally incompetent to understand the content of the questionnaire.
- Women are not resident of Addis Ababa.
- Women cannot communicate with Amharic language.

4.6 Data collection

The survey questionnaire was first prepared in English language and then translated to Amharic language. The questionnaire captures information mainly on respondent's socio-demographic characteristics, reproductive health history, and knowledge about, attitude towards and utilization of LAC. The questionnaire was adopted and developed with modification from related studies. The study participants were interviewed face to face using structured questionnaires in private room. Check list which was adopted and developed with modification from Demographic Health Survey (DHS) was used to conduct health facility assessment and was filled by principal investigator in five selected service delivery points.

There were five female health professional data collectors and one public health officer supervisor those were not work in that facility. Data collectors and supervisor were trained for two day on objective of the study, method of data collection and discussed thoroughly on the tools prepared for data collection. Prior to data collection they were allowed to fill the questionnaire and later discussion was making in all contents of the questioners and areas of difficulties were revised. The supervisor was trained additional one day how to supervise.

4.7 Data quality control

Pre-testing of data collection tool was made in similar setting and based on the results of pre testing necessary changes were made on the data collection tools.

To ensure the quality of the data, the questionnaires were translated into Amharic language and back translated to English by people who have proficiency in translation to ensure its consistency.

Regular and surprise follow up was made by the supervisor and the principal investigator. Moreover, regular checkup for completeness, consistency and legibility of the collected data was done daily based.

4.8 Variables

4.8.1 Dependent variables

Use of LAC among female FP users in public health facilities in Addis Ababa.

4.8.2 Independent variables

Client's characteristics: Socio-demographic and economic characteristic, reproductive health history, Knowledge, attitude

Facility characteristics: Trained health provider, counseling, service availability, method availability, equipment and supply and Client satisfaction.

Partners related factors: partner support, discussion with partners

4.9 Operational definitions

Long acting contraceptive: Reversible contraceptive methods including implants and intrauterine device which prevent unwanted pregnancy for more than three months.

High knowledge: those who know 80% and above of knowledge questions.

Moderate knowledge: those who know 60 - 79% of knowledge questions.

Low knowledge: those who know less than 60% of knowledge questions.

Positive Attitude: those who scored above the mean on attitude items.

Negative Attitude: those who score mean and below mean on attitude items

4.10 Data analysis procedures

Collected data was edited, coded and entered into Epi Info version 3.5.4. Entered data were exported from Epi Info version 3.5.4 to Statistical Package for Social Sciences (SPSS) version 21.0 for cleaning and analysis. Tables and charts were used to present frequencies and percentages. Associations between dependent and independent variables were assessed by using binary analysis. The independent variables with a $p < 0.05$ and others factors $p < 0.2$ were included in the multivariable model for multivariable analysis in order to identify their independent predictors of use of LAC.

4.11. Ethical consideration

Ethical clearance was obtained from Research and Ethics Committee of the School of Public Health of Addis Ababa University (AAU) subsequently reviewed and approved by Addis Ababa Health Bureau Institutional Review Board (IRB), and then written permission letter was also obtained from Addis Ababa health bureau. Informed consent was obtained from all participants in verbal form. All the participants in the survey were told about their participation is on voluntary basis and their information will be kept confidential. Moreover, the purpose, advantages and disadvantages of participating in the study were told to participants.

4.12. Dissemination of results

The finding of the research will be submitted to the School of Public health, Addis Ababa health bureau and other FP stakeholders. The result will be presented in different local and international conferences, meetings and workshops. Finally, the findings will be published on peer review journal.

5. Result

5.1 Socio-demographic and Economic characteristics of the study subjects

Four hundred forty seven women of reproductive age group participated in the interview making a response rate of 97.4%. The majority, 350 (78.3%) of participants were in the age group of 20-34 with mean age of 28.3 years (S.D±5.6). Most of participants (85.2%) were married, Orthodox Christians, (68.2%), Amhara by ethnicity (40.7%) and housewives by occupation (46.5%). Seventy two percent of the participants and 87.3% of their partners have formal education. Furthermore, 81.7% respondents had family size of three or more members.

Table 1 Socio-demographic and economic Characteristics of female family planning users at public health centers in Addis Ababa 2014

Variables	Number	Percent
Age of respondent(N=447)		
18-24	109	24.4
25-29	165	36.9
30-34	97	21.7
35-39	61	13.6
40-45	15	3.4
Marital status (N=447)		
Single	54	12.1
Married	381	85.2
Divorced	12	2.7
Religion (N=447)		
Orthodox	305	68.2
Muslim	89	19.9
Protestant	48	10.7
Catholic	5	1.1
Ethnicity(N=447)		
Amhara	182	40.7
Oromo	112	25.1
Guragie	109	24.4
Tigerie	35	7.8
Others	9	2
Educational status of respondent(N=447)		
Not able to read and write	126	28.2
Primary	128	28.6
Secondary	118	26.4
College and above	75	16.8
Husband/friend educational status(N=447)		
Not able to read and write	57	12.8
Primary	132	29.5
Secondary	163	36.5
College and above	95	21.3
Family size of household (N=447)		
< 4 in number	208	46.5
≥ 4 in number	239	53.5
Monthly income(N=447)		
<500Birr	8	1.8
500-1000Birr	179	40
>1000Birr	260	58.2

5.2 Reproductive health characteristics of the study population

Majority of the respondents (81.9%) reported that they gave birth to a child at least once. The mean age at their first marriage was 21years, 93.7% of them have given birth to their first child at or after age of 18. The mean number of children respondents reported to have was 1.6, 71.4% of them want to have children in the future. For almost all of the respondents (98.2%) husband and wife jointly decide on the number of children they want. One hundred twenty four (27.7%) respondents had history of abortion.

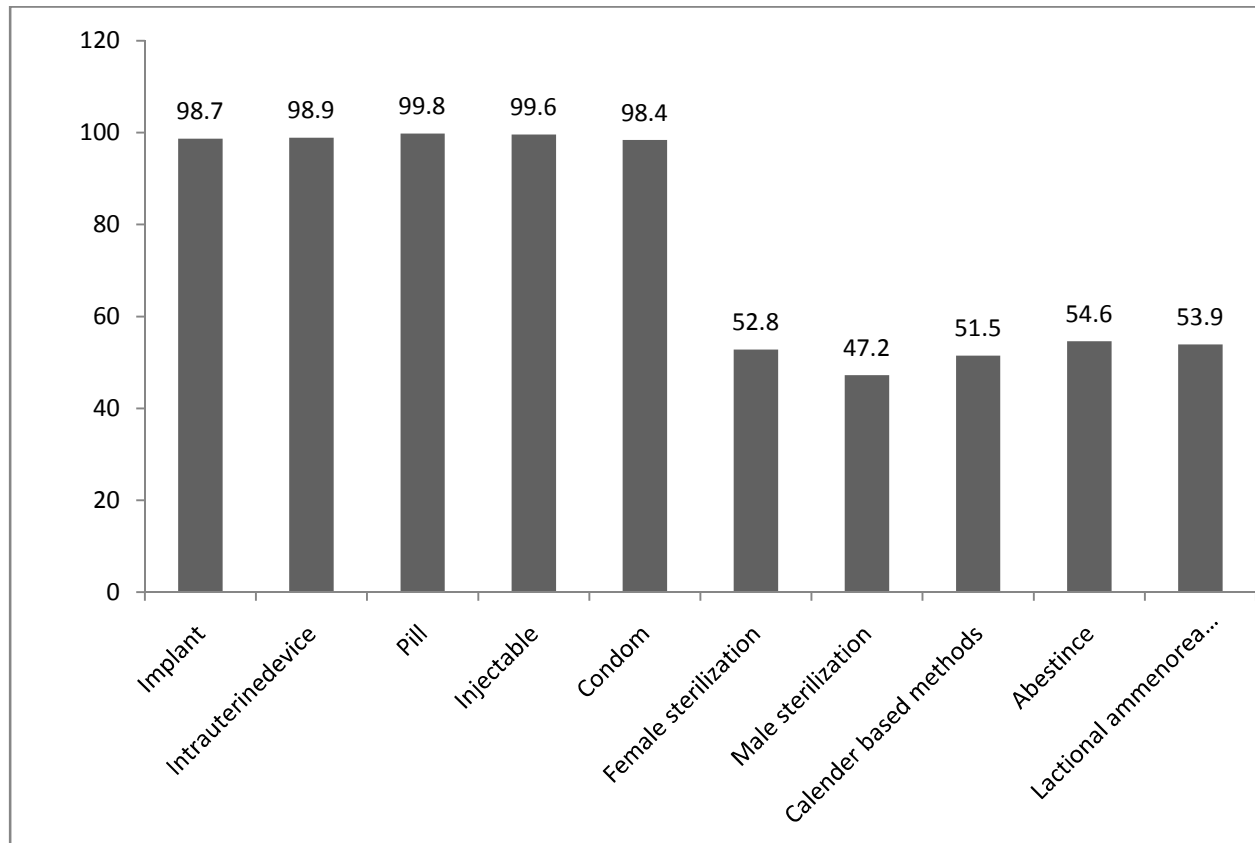
Table 2 Reproductive health characteristics of female family planning users at public health centers in Addis Ababa 2014

Variables	Number	Percent
Age at first marriage (N=393)		
<18years	55	14
≥18 years	338	86
Age at delivery(N=366)		
<18years	23	6.3
≥18 years	343	93.7
Number of deliveries (N=447)		
0	81	18.1
1-2	262	58.6
3-4	88	19.7
5 and more	16	3.6
Number of live births (N=447)		
0	81	18.1
1-2	267	59.7
3-4	85	19
5 and more	14	3.1
Number of alive children (N=447)		
0	84	18.8
1-2	269	60.2
3-4	84	18.8
5 and more	10	2.2
Desire for children(N=447)		
Yes	319	71.4
No	113	25.3
Do not know	15	3.4
No of want children(N=319)		
1	59	18.5
2	133	41.7
3 and above	127	39.8
Responsible for deciding number of children(N=319)		
Husband	7	2.2
Wife	16	5
Both	296	98.2
Number of abortion(N=124)		
One	93	75
Two and above	31	25

5.3 General awareness female FP users on LAC

Respondents were aware of at least one form of FP methods. Implants, IUD, Pill, Injectables and Condoms were the methods almost all of respondents have heard about. Permanent and traditional methods were the least known.

Figure 3 Awareness of contraceptive methods among female family planning users at public health centers in Addis Ababa 2014



Concerning the general awareness on LAC, almost all, (98.9%) participants have knowledge about LAC. Out of these, 82.3% and 77.1% participants mentioned implant and intrauterine device (IUD) as LAC methods, respectively. The major source of information was health institution (87.5%) followed by mass media (46.8%). Regarding the general uses of LAC as any contraceptives methods, 63.8% of the respondents know that LAC are useful to prevent unwanted pregnancy and 59.7% know that LAC can be used for child spacing. Furthermore 42.3% know that LAC can be used to limit family size and 28.2% know LAC can contribute to preventing maternal mortality and morbidity.

Respondent's level of knowledge was measured by the total number of correct answers they provide to 12 questions on knowledge with a minimum score of 0 point and maximum of 12 point. After adding each response point then to measure the knowledge it was categorized based on the percent of knowledge of the distinct characteristics of LAC: "high" - those who knew 80% and above knowledge question, "moderate" those who know 60 - 79% knowledge question and "low" those who knew less than 60% knowledge question.

Concerning the overall knowledge of women of reproductive age about LAC 36.4%, 42.1% and 21.5% participants have high, moderate and low level of knowledge, respectively. Fifty eight percent and 62.9% of the respondents said that implants and IUD have no side effects, respectively. Nearly one third of respondents (30.5%) said that IUD interferes with sexual intercourse or desire, 29.2% think that implant is not immediately reversible and 34.4% participants mentioned that intrauterine device (IUD) can't be immediately removed.

Table 3 Awareness of contraceptive methods among female family planning users at public health centers in Addis Ababa 2014

Knowledge statements (N=442)	Yes (%)
Implant has side effect	41.9
Implant effectively protect from unwanted pregnancy	72.2
Implant can prevent unwanted pregnancies for 3 up to 5 years	84.4
Implant requires minor surgical procedure	60.9
Implant is immediately reversible	70.8
IUD has side effect	37.1
IUD effectively protect from unwanted pregnancy	67
IUD can prevent pregnancies for 12 years	79
IUD is not appropriate for female at high risk of getting STIs	83.3
IUD is not interference with sexual intercourse or desire.	69.5
IUD is immediately reversible	65.6
IUD is not cause cancer	89.8

5.4 Attitude of female FP users towards LAC

There were 8 attitude questions that were used to assess the attitude of female FP users towards LAC. The items on attitude of participants towards use of LAC were scored using a 5-point likert scale with 5 responses. The responses were categorized as; ‘strongly disagree’, ‘disagree’, ‘not sure’, ‘agree’ and ‘strongly agree’. To measure the attitude of the female FP users two categories were assigned: “Positive Attitude” - those who scored above the mean on attitude items and “Negative Attitude” - those who scored the mean or below mean to attitude items.

Concerning level of attitude towards LAC about half of (51.7%) of the respondents have positive attitude. More than half of the respondents (61.5%) support use of long contraceptives and 32% of them were against use of LAC. Concerning their husbands/ partners attitude towards use of LAC, 56.4% of respondents reported that their partners approve use of LAC while 27.5% said that their husbands/partners are against use of LAC. About half of the respondents (49.2%) believe that implant cause irregular menstrual bleeding, 20.6% of them believe that IUD limit women from doing heavy work 38.9% participant believe that LAC should be used only women who do not want more children. Majority of the respondents (75.8%) agree that use of LAC does not need daily attention of users.

Table 4 Attitude towards long acting contraceptive among family planning users at public health centers in Addis Ababa 2014

Attitude statements(N=447)	Disagree (%)	Not sure (%)	Agree (%)
Using implant cause not irregular menstrual bleeding	49.2	29.9	22
Insertion and removal of implant is not pain full	29	29.8	41.2
Insertion intrauterine device contraceptive cause not lose privacy	29	37.4	33.6
Using intrauterine contraceptive does not restrict to do heavy work	20.6	34.2	45.2
Using contraceptive does not cause ectopic pregnancy	12.1	48.8	39.1
Using long acting contraceptive save time due to not need of repeat facility visit.	22.8	12.3	64
Using long acting contraceptive does not need daily attention of users	14.1	10.1	75.8
Long acting contraceptive should not be used only women who do not want more children	38.9	12.5	48.5

5.5 LAC use and reason for no use

Sixty seven (15%) of the interviewed clients reported that they had used LAC method prior to current use of LAC. Out of these, 42(62.7%) respondents used the methods for more than one year. More than half of them (58.2%) reported that they experienced side effects during use of LAC. The side effects mentioned include excess menstrual bleeding (82.1%) and weight gain (15.4%). About half of the respondents (47.8%) discontinued use of LAC because they want to get pregnant (40.6%), due to fear of side effect (34.4%) and for medical reasons (15.6%). Five (38.5%) mothers used LAC again after delivery from those mothers who discontinued use of LAC because they wanted to get pregnant.

Injectables (49.7%) are the most commonly used form of FP method among the respondents followed by pills (23.9%).

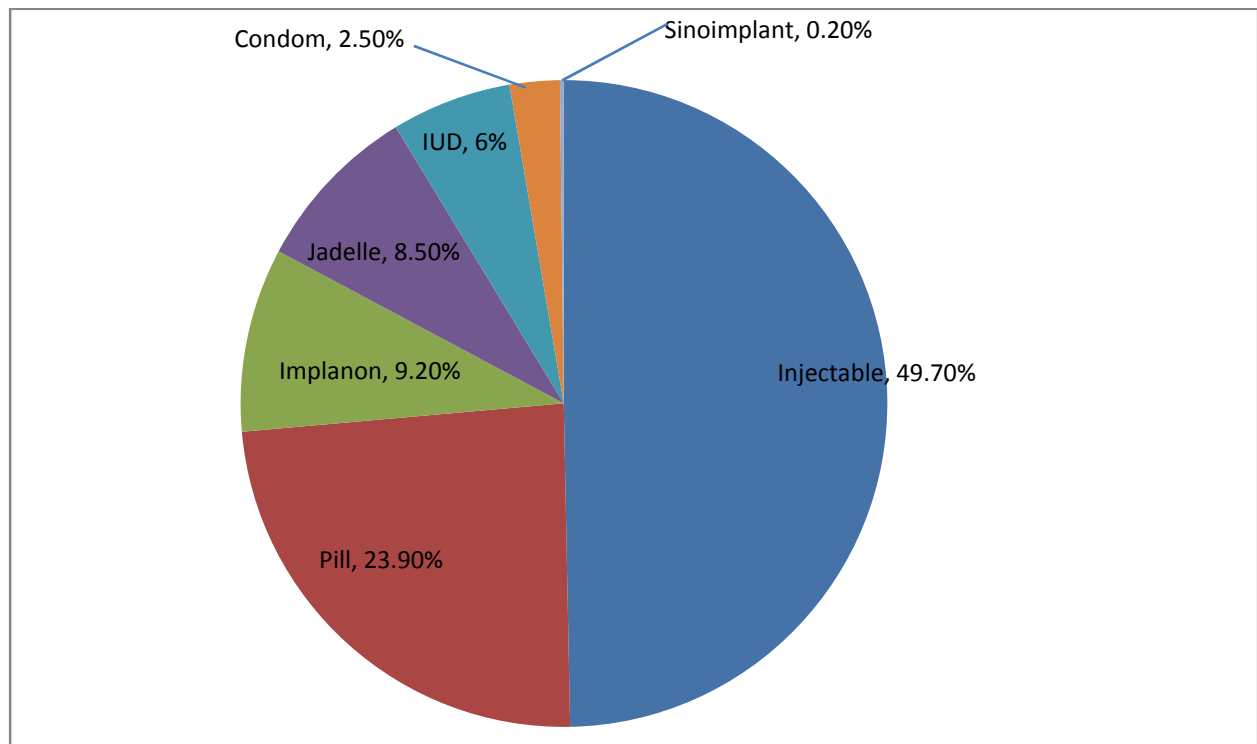


Figure 4 Distribution of modern contraceptive method by use type among female family planning at public health center in Addis Ababa 2014

One hundred seven (23.9 %) of the respondents were using LAC. More over the proportion of LAC use among married contraceptive users was 23.6%. Participants reported reasons for choosing LAC which include having enough children (18.7%), wanting to space (33.6%), method can be used for many years (33.6%) and method is safe for health (14%). The main reason mentioned by respondent for not using LAC was fear of side effect 267(78.5%), fear of infertility 44(12.9%), method related reasons 39(11.5%), partner disapprove 32(9.4%), using contraceptive for few duration 19(5.6), lack of detailed knowledge about LAC 15(4.4%) and becoming single 5(1.5%).

5.6 Counseling about FP methods

Four hundred two (89.9%) participants reported that they discussed about different methods of FP with the provider. Three fourth of the clients discussed LAC with provider. During their visit 98.2 %, 96.2%, 73.2% and 88.6% of the respondents were told about how to use the method, when to return back for follow up, side effects of the method and what to do if they encountered problems, respectively.

Table 5 Discussion with provider about family planning method among female family planning at public health center in Addis Ababa 2014.

Variables	Percent (%)
Discussion with provider(N=447)	
Yes	89.9
No	10.1
Contraceptive method discuss with provider (N=402)	
IUD	82.6
Implants	83.1
Pill	72.9
Injectable	77.1
Condom	28.4
Female sterilization	9
Male sterilization	7
Abstinence	3
Lactional ammenoria method	2.7
Calendar based method	2.2
Content of information during consultation(N=447)	
Tell how to use	98.2
Tell side effect	73.2
Tell problems	88.6
Tell follow up	96.2

5.7 Client satisfaction

The average waiting time was 13.46 minutes, 95% clients were satisfied with length of waiting time. Three fourth of respondents said the information given by the provider was about right amount and 61.1% were treated well by the provider. All of them stated that there is no problem of others seeing or hearing during their consultation with provider.

Table 6 Client satisfaction for family planning services among female family planning users at public health centers in Addis Ababa 2014

Variables	Number	Percent
wait time		
5-15 minutes	353	79
16-30minutes	80	17.9
31-45minutes	7	1.6
46-60minutes	7	1.6
Feel waiting time		
No waiting time	267	59.7
Short	158	35.3
Long	22	4.9
Information received		
Little	62	13.9
About right	339	75.8
Much	46	10.3
Treated by the provider		
Very well	166	37.1
Well	273	61.1
Not very well	8	1.8

5.8 Discussion with husband/friend

Three fourth (75.1%) of participants were discuss about LAC with partners. Eighty one (24.1 %) discussed the method with their partners at least once.

5.9 Factors associated with long acting contraceptive use

Socio demographic, reproductive health and many others factors like age, marital status, religion, ethnicity, educational status of respondent, educational status of partner, family size, occupation status, monthly income, knowledge on LAC, attitude towards LAC, previous use of LAC, number of alive children, desire to have children, abortion, discussion with partner were tested for the presence of association with LAC use by using binary logistic regression analysis. Attitude towards LAC, previous use of LAC, discussion with partner and desire to have children were found to have significant associated with LAC use on binary logistic regression analysis. The results of multivariable logistic regression analysis show that attitude towards, previous use of LAC, discussion with partner and desire to have children were found to be predictors of LAC use.

Women who discussed with partners about LAC were 2 times more likely to use the method compared to those who did not discuss with partners. (AOR=2.152, 95%CI: 1.106-4.187). Women who have positive attitude for LAC were 2 times more likely to use LAC compared to those who have negative attitude (AOR=2.242, 95%CI: 1.338-3.755). Participants who previous use of LAC were 6 times more likely to use the method compared to those who never used LAC in the past (AOR=6.067, 95%CI: 3.270-11.257). We found that women who do not want to have children in future are 2 times more likely to use LAC compared to those who have desire to deliver children in future (AOR=2.092, 95%CI: 1.151-3.804).

Table 7 Association of use of long acting contraceptives and factors of female family planning users in Addis Ababa 2014

Variables	Use of long acting contraceptive		Crude OR	Adjusted OR
	Yes (%)	No (%)		
Attitude				
Positive attitude	78(33.8)	153(66.2)	3.116(1.983-4.895)	2.242(1.338-3.755)
Negative attitude	29(13.4)	187(86.6)	1.00	1.00
Previous use of LAC				
Yes	35 (52.2)	32 (47.8)	4.679 (2.716-8.059)	6.067(3.270-11.257)
No	72 (18.9)	308 (81.1)	1.00	1.00
Discussion with husband /Friend about LAC				
Yes	89(26.5)	247(73.5)	1.862(1.064-3.259)	2.152(1.106-4.187)
No	18(16.2)	93(83.8)	1.00	1.00
Desire to have (more) children				
Yes	66 (20.7)	253 (79.3)	1.00	1.00
No	40 (35.4)	73 (64.6)	2.100 (1.311-3.365)	2.092(1.151-3.804)

An assessment of the availability of the necessary resources was conducted in five public health centers.

Method availability

Availability of contraceptive methods were assessed in each health centers and among the FP methods, LACs was available and provided during data collection time. None of the health centers reported encountered stock out of LACs currently or in the last six months preceding the survey.

Equipment and supply

All health centers had manual BP apparatus, stethoscope, examination light, examination bed, sample of FP method and visual aid materials but only one health center had national FP guide line and pelvic model for IUD. Items for provision of LACs were available in all health centers.

Trained health provider

Clinical service provider available to see FP clients varies in number across each health centers. Number of clinical service providers range between two to a five. Two health centers had three providers trained on insertion and removal of implant and IUD the rest had two trained provider.

Table 8 Status of public health centers for provision of long acting contraceptive Addis Ababa 2014

	Name of public health centers				
	Health center A	Health center B	Health center C	Health center D	Health center E
Provide LACs	Yes	Yes	Yes	Yes	Yes
LACs currently in stock	Yes	Yes	Yes	Yes	Yes
Stock out of LACs in last six month	No	No	No	No	No
Items available for provision IUD	observed	observed	observed	observed	observed
Items available for provision Implants	observed	observed	observed	observed	observed
Number trained staff on insertion and removal of implant and IUD	3	2	2	3	2
National FP guide line available	Yes	No	No	No	No
Weighing clients routinely done	Observed	Observed	Observed	Observed	Observed
Taking blood pressure routinely done	Observed	Reported not seen	Reported not seen	Reported not seen	Reported not seen

6. Discussion

According to the result obtained, the proportion of married women currently using LAC methods was consistent with study done in East Hararge (16). It is slightly high reported from Performance, Monitoring and Accountability (PMA) 2020 (23). The reason for deferences might be due to PMA 2020 study cover different part of Ethiopia and study area differences.

The present study attempted to show women of reproductive age who have positive attitude more likely to use LAC compared to those who have negative attitude. This finding is not supported by study done in Mekele (15). The difference in findings could be explained by the attitude questions contents difference.

The study indicated that respondents who had discussion about LAC with their partners were more likely to use LAC than those who had no discussion. This is agreed study done Hossana (18), but is not similar with Jinka and Butajira study (12, 13). On another hand in this study number of discussion was held with partners is not significantly associated with LAC use. This differs from Goba study (17). This may be happened due to recalling biased of number of discussion was held with partners.

We found that mothers who had prior experience of LAC use were more likely to use than those who had no previous experience of LAC use. This result is supported by study done in Goba town (17).

The result of this study shows that, women do not want to have children in the future are more likely to use LAC compared to those who have desire to deliver children in the future. This finding is agreed to study conducted in Mekele and Hossana (15, 18).

According to the result of the current study, there were no barriers related to availability of contraceptive, Equipment and supply and trained personnel for LAC. This is similar to Wolaita study (26). But it is somewhat differs from Mekele and Batu findings ((19, 22). The possible explanation for this could be time gap differences increase number of utilizers lead to improving resources for LAC.

The result indicate that 98.9% of women who use any type of family planning method know about LAC which is high as compared facility based study done in Batu, Ambo and Wolaita (22, 25, 26).The high level of knowledge of LAC in this study may be explained by the urban setting

has a high number of health facility is likely to increase access to FP services including family planning methods counseling , recent continuous advertisements of LAC through mass media, the study participants were interviewed after counseling , more over Ambo and Wolaita study participants were short term users.

The most discuss FP method were IUD and implant with provider. Which is differ study conducted in Northwest and Mekele in Ethiopia (19, 21).This may happen due to availability train provider and time gap difference.

All of them stated that there is no problem of others seeing or hearing during their consultation with provider. This is somewhat differ from reported Northwest (21). This may due to shortage of private room for family planning services and provider perception towards confidentiality.

As shown in the present study, the main reason mentioned by respondents for not use LAC was fear of side effect. This finding is similar to study conducted in different part of Ethiopia (12, 13, 17, 27).

7. Strength and limitation of the study

Strength

The study used facility based survey and facility assessment to identify client and facility level factors that may affect use of LAC.

The study assessed knowledge on, attitude toward and use of LAC among female FP users giving evidence on barriers for LAC non-use which can be used by policy makers and program implementers to address the barriers.

Limitation

The study used only five health centers due to financial constraints.

The study participants were interviewed after consultation it may have effect on level of knowledge and attitude toward of LAC of participants.

The study was tried to measure some variables like income and abortion it may not show the true association.

The study used facility based survey; it may undermine generalizing the result to general population.

The study was used cross –sectional study designs so it is difficult to establish cause and effect relationship.

8. Conclusion

LAC use among female FP users in health centers in Addis Ababa is higher than the LAC use rate reported in other studies in Ethiopia but the method mix is still dominated by short acting methods including Injectables and pills.

LAC awareness among female FP users were higher as compared to findings from others studies but correct knowledge of effectiveness , side effects about LAC and attitude towards LAC is low.

The majors factors identified as determinants of LAC use were attitude towards LAC, previously use LAC, discussion with husband and desire to have children.

Result from inventory indicated that there was no LAC stock out during data collection time and the past six months preceding the survey, there are trained staffs that can provide LAC and equipment and supply are in place.

9. Recommendation

For Addis Ababa health bureau and others stakeholders work on FP strengthening continuous education about LAC by model LAC user to educate others to advocate the services during clinic visit as well as in the community using community dialogue.

For health centers available of printed materials like leaflets help family planning users to know detailed about LAC.

Service provider should be strengthening Couple's discussion on LAC methods during consultation, Clients should provide with complete information about the method available including the side effect more over appropriate counseling on potential side effect of long acting contraceptive may make bleeding changes more acceptable for women can lead to increase LAC utilization.

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11. Annexes

Annex 11.1 Exit interview for clients

Introduction

Greeting

Good morning/Good afternoon.

I am _____. I am working for Addis Ababa University. I am a member of a research group working in Addis Ababa health centers among mothers who come for family planning services. The main aim of this study is to assess utilization of long acting contraceptive methods and associated factors among family planning service users. The information you will give us is important to meet the objectives of the study and to develop a better family planning service in the city. You will not have any risk in participating except losing part of your time and will not affect services you receive. All the information you give will be kept confidential and we won't use your name. Moreover, you are not forced to answer to all questions and you have full right to reject, to participate or to interrupt the interview at any time. There may not be direct benefit to you participating in this study. It takes a maximum 20 minutes to finish the interview.

Please can we proceed to the question? Is there something not clear that I should clarify?

Yes _____ No _____

Consent form

The researcher explained the aim of the study and to decide any time if I do not want to Participate. So I assure that my interest to participate in this study is truly from my Knowledge.

Name of interviewer _____

Date ____/____/____

Signature of data collector _____

If you want to know more information, you can contact the principal investigator of the research by the following address below.

Bizuayehu nigatu: Addis Ababa University, School of public health.

Cell phone +251- 0913551815,

E-mail: buze.nigatu@gmail.com

Part 1 Socio-demographic and economic characteristics of respondents.

Now I am going to ask you some questions about yourself.

NO.	QUESTIONS	CODING CATEGORIES	SKIP
	Interview code number	_____	
101	A)Date of birthday	Day__ month__ year____ No response -----99	
	B) Age of respondent (COMPARE AND CORRECT 101A AND 101B IF INCONSISTENT)	Age in completed years ____ No response----- 99	
102	What is your marital status?	Single ----- 1 Married -----2 Divorced -----3 Separated -----4 Widowed -----5 No response -----99	→104
103	What was your age at time of first marriage?	Age in completed years ____ No response-----99	
104	What is your religion?	Orthodox -----1 Muslim -----2 Protestant -----3 Catholic -----4 Others (specify) -----88 No response -----99	
105	What is your ethnicity?	Amhara ----- 1 Oromo -----2	

		Tigerie -----3 Guragie -----4 Others (specify -----88 No response -----99	
106	Do you know how to read and write?	Yes -----1 No ----- 2 No response -----99	→ 108
107	What is the highest level of school you attended?	Enter grade _____ No response -----99	
108	Does your partner know how to read and write?	Yes ----- 1 No -----2 No response ----- 99	→ 110
109	What is the highest level of school your partner attended?	Enter grade _____ No response -----99	
110	Family size of respondent	Enter the number _____ No response -----99	
111	What is your occupation? (mainly do)	Student-----1 House wife-----2 Government employ-----3 Daily laborer-----4 Merchant-----5 Nongovernmental organization employ -----6 Unemployed -----7 Other (specify) -----88 No response-----99	
112	Total monthly income of Family	Enter in birr _____ No response -----99	

Part.2 Reproductive health history

Now I am going to ask some questions about your reproductive health history.

NO.	QUESTIONS	CODING CATEGORIES	SKIP
201	Have you ever given birth?	Yes -----1 No -----2 No response -----99	→ 206
202	What was your age at time of first birth?	Age in completed years _____ No response ----- 99	
203	How many deliveries do you have including still birth?	Enter number _____ No response -----99	
204	How many live births do you have?	Enter number. _____ No response -----99	
205	How many live children do you have?	Enter number. _____ No response -----99	
206	Do you want to have (more) children in the future?	Yes -----1 No -----2 No response-----99	→ 210
207	If yes, how many children do you want to have?	Enter number _____ No response-----99	
208	If yes why you want more children?	_____ No response----- 99	

209	Who decide on the number of children you want to have?	Husband ----- 1 Wife----- 2 Both ----- 3 Others (specify)____ 88 No response ----- 99	
210	If No for Q 206, Why not?	_____ No response -----99	

Part 3 Knowledge about long acting contraceptive methods.

Now I am going to ask some questions about long acting contraceptive methods.

NO.	QUESTIONS	CODING CATEGORIES			SKIP
301	Have you heard of any contraceptive method?	Yes ----- 1 No -----2 No response -----99			→ 401
302	What is your source of information? (CIRCLE ALL MENTIONED BY THE RESPONDENT)	Health institutions -----1 Family -----2 Friend -----3 Mass media(TV, Radio, etc) -----4 Nongovernmental organization-----5 Health extension -----6 Others specify -----88 No response ----- 99			
303	Tell me the type of contraceptive methods you know? (FIRST CIRCLE ALL RESPONSES MENTIONED BY THE RESPONDENT IN COLUMN WITHOUT READ YES THEN READ THE CONTRACEPTIVE		Without read	With read	
			Yes	Yes	No
	Pill	1	2	3	
	Injectables	1	2	3	
	Implants	1	2	3	
	Intra uterine Device(IUD)	1	2	3	
	Female	1	2	3	

	METHOD DOES NOT MENTIONED BY RESPONDENT AND CIRCLE IN WITH READ COLUMN YES IF THE RESPONDENT KNOWS IT. IF THE RESPONDENT NOT KNOW IT CIRCLE COLUMN WITH READ NO)	sterilization				
		Male sterilization	1	2	3	
		Calendar based method	1	2	3	
		Abstinence	1	2	3	
		Lactational Amenorrhea Method (LAM)	1	2	3	
		Condom	1	2	3	
		No response	-----99			
304	Have you heard of long acting contraceptives methods? (methods used for many years but not permanent)	Yes	-----1			→ 401
		No	-----2			
		No response	-----99			
305	If yes tell me the type of contraceptive methods you know? (CIRCLE ALL MENTIONED BY THE RESPONDENT)	Implant	-----1			
		Intra uterine devices (IUD)	-----2			
		No response	-----99			
306	What general uses of long acting contraceptive do you know? (CIRCLE ALL MENTIONED BY RESPONDENT)	Help for prevention of unwanted pregnancies	---1			
		Prevention of possible maternal death and ill	---2			
		Limiting family size	-----3			
		Child spacing	-----4			
		Others explain	-----88			
		No response	-----99			
Now I am going to ask some questions about long acting contraceptive methods. As I mention the following sentences Please say “YES” if it is true, if not say “NO”.						
		YES	NO	NO RESPONSE		
307	Does Implant has side effect?	1	2	99		
308	Does Implant effectively protect from unwanted pregnancy?	1	2	99		
309	Does Implant can prevent	1	2	99		

	unwanted pregnancies for 3 up to 5 years?				
310	Does Implants require minor surgical procedure during insertion and removal?	1	2	99	
311	Does Implants is immediately reversible (become pregnant quickly when removed)?	1	2	99	
312	Does Intra Uterine Device has side effect?	1	2	99	
313	Does Intra Uterine Device effectively protect from unwanted pregnancy?	1	2	99	
314	Does Intra Uterine Device can prevent pregnancies for 12 years?	1	2	99	
315	Does Intra Uterine Device is not appropriate for female at high risk of getting STIs?	1	2	99	
316	Does Intra Uterine Device is not interference with sexual intercourse or desire?	1	2	99	
317	Does Intra Uterine Device is immediately reversible (become pregnant quickly when removed)?	1	2	99	
318	Does Intra uterine Device is not cause cancer?	1	2	99	

Part 4 Attitude towards of long acting contraceptive methods.

Now I am going to ask some questions about you and your partner support and discussion with partner about long acting contraceptive methods

NO.	QUESTIONS	CODING CATEGORIES	SKIP
401	Do you support using long acting contraceptive?	Supporting-----1 Against -----2 Neutral----- -3 No response-----99	

402	Do you discuss about long acting contraceptive method with your husband or friend?	Yes -----1 No -----2 No response -----99	→404
403	If yes how many time you were discussed?	One -----1 Two -----2 Three -----3 Four and above -----4 No response -----99	
404	Does your partner's support using long acting contraceptive?	Supporting-----1 Against -----2 Neutral-----3 Do not know-----4 No response-----99	

Now I am going to ask your attitude towards long acting contraceptive. As I mention each please tell me by saying “Strongly disagree” “Disagree” “Not sure” “Agree” “Strongly disagree”.

		Strongly disagree	Disagree	Not sure	Agree	Strongly disagree	No Response
405	Using implant is not cause irregular menstrual bleeding	1	2	3	4	5	99
406	The insertion and removal of implant is not highly pain full	1	2	3	4	5	99
407	Insertion of Intra uterine device is not cause lose privacy	1	2	3	4	5	99
408	Using Intra uterine device cause not restrict to do heavy	1	2	3	4	5	99

	work						
409	Using long acting contraceptive cause not ectopic pregnancy	1	2	3	4	5	99
410	Using long acting contraceptive save time due to not need of repeat facility visit.	1	2	3	4	5	99
411	Using long acting contraceptive does not need daily attention of users	1	2	3	4	5	99
412	Long acting contraceptive should not be used only women who do not want more children	1	2	3	4	5	99

Part 5 Practice of respondents on long acting contraceptive methods.

Now I am going to ask some questions about your practice of long acting contraceptive methods.

NO.	QUESTIONS	CODING CATEGORIES	SKIP
501	Have you ever previously used long acting contraceptive before this time?	Yes -----1 No -----2 No response-----99	→509

502	How long did you use it? (IF THE DURATION IS LESS THAN ONE MONTH RECORDS IN WEEK , IF IT IS LESS THAN ONE YEAR RECONRDS IN MONTHS)	Year _____ Month _____ Week _____ No response-----99	
503	Have you experience any side effect?	Yes -----1 No -----2 No response -----99	→505
504	If yes tell me what that side effect experienced during your use?	_____ _____ _____ No response-----99	
505	Have you ever discounted using long acting contraceptive?	Yes -----1 No -----2 No response -----99	→509
506	If you discontinued the method what is /could be the reason?	Fear of side effect-----1 Medical problem -----2 Fear of infertility-----3 Partner disapprove-----4 To get pregnant-----5 It is sinful-----6 Cultural taboo-----7 Others explain-----88 No response-----99	
507	If you discounted the method to get pregnant did you deliver?	Yes -----1 No -----2 No response -----99	→509
508	Did you use long acting contraceptive again after delivery?	Yes -----1 No -----2 No response -----99	
509	Did you use long acting	Yes ----- 1	

	contraceptive currently?	No -----2 No response-----99	→512
510	Which long acting contraceptive currently using?	Implant for 5 year -----1 Implant for 4 year -----2 Implant for 3 year -----3 Intra uterine device -----4 No response -----99	
511	Why you choose long acting contraceptive?	Have enough child -----1 Want to space -----2 It used for many years-----3 It is safe for health-----4 Others specify-----88 No response -----99	
512	If you don't practice any of long acting contraceptive methods what is/are the reasons? (CIRCLE ALL MENTIONED BY THE RESPONDENT)	Fear of side effect -----1 Medical problem-----2 Fear of infertility -----3 Partner disapprove-----4 It is sinful-----5 Cultural taboo-----6 Lack of knowledge-----7 Service unavailable-----8 Others explain-----88 No response-----99	

Part 6 Counseling

Now I am going to ask some questions about your discussion with clinical health provider.

NO.	QUESTIONS	CODING CATEGORIES	SKIP
601	Did the provider talk to you about family planning methods?	Yes -----1 No -----2 No response-----99	→ 603

602	What family planning methods did the provider talk with you about? (CIRCLE ALL MENTIONED BY RESPONDENT METHOD)	Pills-----1 Injectables -----2 Implants-----3 Intra uterine Device(IUD) -----4 Tubal Ligation -----5 Vasectomy-----6 Rhythm-----7 Abstinence-----8 Lactational Amenorrhea method-----9 Condom-----10 No response-----99			
603	Which family planning method did you received today?	Pill -----1 Injectable-----2 Intra uterine contraceptive (IUD) -----3 Implant-----4 Condom-----5 No response-----99			
604	Did you begin to use family planning method today?	yes -----1 No -----2 No response-----99	→ 606		
605	If no, How long did you use it? (IF THE DURATION IS LESS THAN ONE MONTH RECORDS IN WEEK , IF IT IS LESS THAN ONE YEAR RECONRDS IN MONTHS)	Week_____ Month_____ Year_____ No response -----99			
606	During your consultation, did the provider	Yes	No	No response	
	A. Explain how to use the method?	1	2	99	
	B. Talk about possible side effects?	1	2	99	

	C. Tell you what to do if you have any problems?	1	2	99	
	D. Tell you when to return for follow up	1	2	99	

Part 7 Client satisfactions

Now I am going to ask some questions about services you received today.

NO.	QUESTIONS	CODING CATEGORIES	SKIP
701	How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?	Minute _____ No response-----99	
702	How do you feel your waiting time?	No waiting time-----1 Too short -----2 Too long-----3 No response-----99	
703	How do you feel the information given to you during your visit today?	Too little -----1 About right -----2 Too much -----3 No response-----99	
704	Does clinical provider done physical examination?	Yes -----1 No -----2	→ 706
705	Do you have a problem others see your examination?	Yes -----1 No -----2	
706	Do you have a problem others hear your consultation discussion?	Yes -----1 No -----2 non response -----99	
707	During your visit to the health centers how were you treated	Very well -----1 Well -----2	

	by the provider?	Not very well -----3	
		No response -----99	

Part.9 Abortion

After tell benefit of family planning on prevention of abortion then ask this question.

NO.	QUESTIONS	CODING CATEGORIES	SKIP
901	Have you ever had a pregnancy was aborted?	Yes ----- 1 No -----2 No response-----99	→ END
902	If yes to Q.210. How many abortions do you have?	Enter number _____	

I have finished my questions. Thank so much for your participation.

Annex11.2 Checklist

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE FAMILY PLANING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT FAMILY PLANNING SERVICES IN THE FACILITY INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
1	How many days in a month are family planning services offered at this facility?	Numbers of days		
2	Does this facility <i>provide</i> (i.e., stock the commodity) or <i>prescribe, counsel or refer clients for</i> any of the following modern methods of family planning	Provide	Prescribe, Counsel Or Refer	No
	ORAL CONTRACEPTIVE			

	INJECTABLE			
	MALE CONDOM			
	FEMALE CONDOM			
	IUCD			
	IMPLANT			
	EMERGENCY CONTRACEPTIVE PILLS			
	COUNSEL CLIENTS ON PERIODIC ABSTINENCE			
	VASECTOMY			
	TUBAL LIGATION			
3	For each of the contraceptive methods please indicate where it is currently in stock in this health facility	If the contraceptive method is not currently in stock at this health facility, please in indicate the reason		
		YES	NO	
	MALE CONDOMS			
	FEMALE CONDOMS			
	ORAL PILLS			
	INJECTABLE			
	IUDS			
	IMPLANTS			
4	For each of the contraceptive methods please indicate where it is has been out of stock in at this health facility at any given day, in the last six months preceding the survey ,and therefore unavailable to give to clients at that time	If yes ,please indicate the number of days the contraceptive method was out of stock in your health facility in the last six months preceding the survey		If the contraceptive methods was out stock on at any given time at this health facility , in the last six months ,please indicate the reason
		YES	NO	
	MALE CONDOMS			

	FEMALE CONDOMS				
	ORAL PILLS				
	INJECTABLE				
	IUDS				
	IMPLANTS				
5	Do you have the national family planning guidelines available at this service area today?	1. Yes 2. No		→7	
6	May I see the national family planning guidelines?	1. Observed 2. Reported Not Seen			
7	Do you have any other guidelines on family planning available at this service area today?	1. Yes 2. No			
8	May I see the other guidelines?	1. Observed 2. Reported Not Seen			
9	Are individual records or cards maintained at this service site for family planning clients?	1. Yes 2. No			
10	May I see a blank copy of the individual records or card?	1. Observed 2. Reported Not Seen			
11	Does this facility have a system whereby certain observations and parameters are routinely carried out on family planning clients before the consultation takes place? IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE.	1. Yes 2. No			
12	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE. ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY,	ACTIVITY OBSERVED	ACTIVITY REPORTED NOT SEEN	ACTIVITY NOT ROUTINELY DONE	DON'T KNOW

	ASK: Is [ACTIVITY YOU DO NOT SEE] routinely done for all family planning clients?						
	Weighing of clients						
	Taking blood pressure						
EQUIPMENT AND SUPPLIES							
13	I would like to know if the following items are available in this service area today and are functioning	A)AVAILABLE			B)FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DO NOT KNOW
	DIGITALBP APPARATUS						
	MANUAL BP APPARATUS						
	STETHOSCOPE						
	EXAMINATION LIGHT(FLASHLIGHT OK)						
	EXAMINATION BED OR COUCH						
	SAMPLE OF FP METHODS						
	OTHER FP-SPECIFIC VISUAL AIDS [E.G., FLIP CHARTS, LEAFLETS]						
	PELVIC MODEL FOR IUCD						

	MODEL FOR SHOWING CONDOM USE				
IUCD OR IMPLANT PROVED IN FACILITY					
ASK TO BE TAKEN TO THE ROOM OR LOCATION WHERE IUCDs AND/OR IMPLANTS ARE INSERTED OR REMOVED					
14	Please show me the following items for the provision of IUCD or Implant methods:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
	STERILE GLOVES				
	ANTISEPTIC SOLUTION				
	SPONGE HOLDING FORCEPS				
	STERILE GAUZE PAD OR COTTON WOOL				
IUCD PROVED IN FACILITY					
15	Please show me the following items for the provision of IUCD:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
	VAGINAL SPECULUM – SMALL				
	VAGINAL SPECULUM – MEDIUM				
	VAGINAL SPECULUM – LARGE				
	TENACULA (VOLSELLUM FORCEPS)				
	UTERINE SOUND				
IMPLANT PROVED IN FACILITY					
16	Please show me the following items for	OBSERVED	REPORTED NOT SEEN	NOT	NOT AVAILABLE

	the provision of Implant			
	LOCAL ANESTHETIC			
	STERILE SYRINGE AND NEEDLE			
	CANULA AND TROCHAR FOR INSERTING IMPLANT			
	SEALED IMPLANT PACK			
	SCAPEL WITH BLADE			
	MINOR SURGERY KIT (E.G., ARTERY FORCEPS)			
17	Where are equipment such as Specula or forceps that are used in the provision of family planning services processed for re-use?	FP SERVICE SITE CENTRAL LOCATION IN FACILITY BOTH LOCATIONS NO EQUIPMENT PROCESSED IN FACILITY		
18	What is the final processing method used for family planning equipment at this service site?	AUTOCLAVE DRY HEAT STERILIZATION. SOAK IN CHLORINE SOLUTION BOIL OR STEAM WASH WITH SOAP AND WATER		
	STANDARD PRECAUTION			
19	STANDARD PRECAUTIONS AND			

	CONDITIONS FOR CLIENT EXAMINATION RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	
	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	
	ALCOHOL-BASED HAND RUB WASTE RECEPTACLE (PEDAL BIN) WITH LID	
	AND PLASTIC BIN LINER	
	OTHER WASTE RECEPTACLE SHARPS CONTAINER ("SAFETY BOX")	
	DISPOSABLE LATEX GLOVES	
	DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL]	
	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	
	MEDICAL MASKS	
	GOWNS	
	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	
	GUIDELINES FOR STANDARD PRECAUTIONS	
20	Describe the setting of the Fp service Room or area.	PRIVATE ROOM
		OTHER ROOM WITH
		VISUAL PRIVACY ONLY
		NO PRIVACY

CLINICAL PROVIDER	
21	How many clinical service providers are usually available to see family planning? Clients?
22	How many of them trained on implantation ,insert and removal of implant and IUD

Annex 11.3 Client exit interview Amharic translated

የቤተሰብ እቅድ አገልግሎት ተጠቃሚ ለሆኑ እናቶች መጠይቅ

የስምምነት ውል ቅፅ

ሰላምታ

እደምን አደሩ/ዋሉ

ስሜ ----- ይባላል፣ የምሰራው ለአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ትምህርት ቤት ነው። በአዲስ አበባ በሚገኙ ጤና ጣቢያዎች የቤተሰብ እቅድ ዘዴዎች ለመጠቀም ከሚመጡ እናቶች ለማጥናት በተዋቀረው ቡድን ውስጥ አባል ነኝ። የጥናቱ ዓላማ ለቤተሰብ እቅድ ለመጠቀም ከሚመጡ እናቶች በረጅም ጊዜ የቤተሰብ እቅድ ዘዴዎች አጠቃቀም ዙሪያ ያሉ ተጉዋዳኝ ምክንያቶችን መዳሰስ ነው። የሚሰጡኝ መረጃ የጥናቱን አላማ ለማሳካት እና ጥናቱ በሚካሄድበት ቦታ ትክክለኛ የሆነ የመፍትሔ አቅጣጫ ለመቅረብ እንደ መነሻ ያገለግላል። በዚህ ጥናት በመሳተፍ ጥቂት ጊዜ ከማጥፋት በቀር የሚያጡት ነገር የለም፤ በጥናቱ በመሳተፍ በሚያገኙትም አገልግሎት ላይም ምንም ተፅዕኖ አያመጣም። በተጨማሪም ማንኛውም እርስዎ የሚሰጡት መረጃ ለሌላ አካል ተላልፎ አይሰጥም። የእርስዎም ስም በመጠይቁ ላይ አይሞላም። በመጠይቁ ላይ ሁሉንም ጥያቄዎች እንዲመልሱ አይገደዱም። በተጨማሪም ሙሉ በሙሉ ያለመሳተፍ ወይም በማንኛውም ሰአት መጠይቁን የማቋረጥ መብት አለዎት። በዚህ ጥናት ተሳታፊ በመሆንዎ በቀጥታ ሊያገኙት የሚችሉት ጥቅም አይኖርም። መጠይቁን ለማጠናቀቅ ቢበዛ የሚፈጀው ጊዜ 20 ደቂቃ ነው።

እባክዎ መቀጠል እንችላለን ወይስ ግልጽ እንዲሆንልዎት የሚፈልጉት ነገር አለ?

እንችላለን ----- አንችልም -----

የጥናቱ ሃላፊ የጥናቱን አላማ አስረድቶኛል፤ በማንኛውም ሰአት ከጥናቱ አለመሳተፍ እንደምችል ነግሮኛል። በዚህ ጥናት የተሳተፍኩት በራሴ ፍቃድ መሆኑን አረጋግጣለሁ።

ቃለመጠየቁን ያደረገው ሰው ስም -----

ቀን ----/-----/-----

መረጃ ሰብሳቢ ፊርማ-----

ለበለጠ መረጃ የዚህን ጥናት ኃላፊ ብዙአየሁ ንጋቱ በ 09 13 55 18 15 ደውለው ማናገር ይችላሉ።

ኢ.ሜይል buze.nigatu@gmail.com

ክፍል.1 የማህበራዊ ዲሞክራሲያዊ እና ኢኮኖሚያዊ ሁኔታዎች

አሁን የምጠይቅዎ የማህበራዊ ዲሞክራሲያዊ እና ኢኮኖሚያዊ ሁኔታዎች በተመለከተ ነው።

ተ.ቁ	ጥያቄ	መልስ	እለፊ
	የቃለመጠይቁ መለያ ቁጥር	_____	
101	ሀ)የተወለዱበት ቀን	ቀን ___ ወር ___ ዓ.ም___ መልስ አልተሰጠም -----99	
	ለ)እድሜዎ ስንት ነው? (ከጥያቄ ቁጥር 101 ሀ ጋር አመሳክሪ)	በአመት ይገለፅ _____ መልስ አልተሰጠም-----99	
102	የጋብቻ ሁኔታዎ	ያላገባች-----1 ያገባች-----2 የፈታች-----3 የተለያዮች -----4 የሞተባት -----5 መልስ አልተሰጠም-----99	→ 104
103	ለመጀመሪያ ጊዜ ትዳር ሲይዙ እድሜዎ ስንት ነበር?	በአመት ይገለፅ _____ መልስ አልተሰጠም-----99	
104	ሃይማኖትዎ ምንድነው?	ኦርቶዶክስ -----1 ሙስሊም -----2 ፕሮቴስታንት-----3 ካቶሊክ-----4 ሌላ ይገለፅ -----88 መልስ አልተሰጠም -----99	
105	ብሄርዎ ምንድነው?	አማራ -----1 አሮሞ -----2 ትግሬ -----3 ጉራጌ -----4 ሌላ ይገለጽ -----88 መልስ አልተሰጠም -----99	
106	ማንበብ እና መጻፍ ይችላሉ?	አዎ -----1 አልችልም -----2 መልስ አልተሰጠም -----99	→ 108

107	የተማሩት ክፍተኛ የትምህርት ደረጃ ስንት ነው?	_____	
		መልስ አልተሰጠም -----99	
108	ባለቤት/ንደኛዎ ማንበብ እና መጻፍ ይችላሉ?	አዎ -----1 አይችልም -----2	→ 110
		መልስ አልተሰጠም -----99	
109	ባለቤት/ንደኛዎ የተማሩት ክፍተኛ የትምህርት ደረጃ ስንት ነው?	_____	
		መልስ አልተሰጠም -----99	
110	የቤተሰብዎ መደበኛ አባላት ብዛት ስንት ነው?(እርስዎን ጨምሮ)	በቁጥር ይገለፅ _____	
		መልስ አልተሰጠም -----99	
111	ዋነኛ የስራ ሁኔታዎ ምንድን ነው?	ተማሪ -----1 የቤት እመቤት -----2 የመንግስት ሰራተኛ-----3 የቀን ሰራተኛ -----4 ነጋዴ -----5 መንግስታዊ ያልሆነ ድርጅት----6 ስራ ፈላጊ-----7 ሌላ (ይገለፅ) -----88	
		መልስ አልተሰጠም -----99	
112	የቤተሰብ አጠቃላይ የወር ገቢ መጠን ምን ያህል ነው?	መጠኑን በብር ይገለፅ _____	
		መልስ አልተሰጠም -----99	

ክፍል 2 ስነተዋልዶ በተመለከተ መጠይ

አሁን ስነተዋልዶ በተመለከተ አንዳንድ ጥያቄዎች እጠይቅዎታለሁ።

ተ.ቁ	ጥያቄ	መልስ	እለፊ
201	ልጅ ወልደው ያውቃሉ?	አዎ -----1 አላውቅም -----2	→ 206
		መልስ አልተሰጠም-----99	
202	የመጀመሪያ ልጅዎን ሲወልዱ እድሜዎ ስንት ነበር?	በአመት ይገለፅ _____	
		መልስ አልተሰጠም-----99	
203	የወለዱት ልጆች ብዛት በአጠቃላይ ስንት ነው (ሞተው የተወለዱትን ጨምሮ)?	በቁጥር ይገለፅ _____	
		መልስ አልተሰጠም -----99	

204	በህይወት የወለደችው ልጆች ብዛት በአጠቃላይ ስንት ነው?	በቁጥር ይገለፅ _____ መልስ አልተሰጠም -----99	
205	በህይወት ከተወለዱት ውስጥ አሁን ስንቶቹ በህይወት ይገኛሉ?	በቁጥር ይገለፅ _____ መልስ አልተሰጠም-----99	
206	ወደፊት (ተጨማሪ) ልጆች እንዲኖርዎ ይፈልጋሉ?	አዎ-----1 አልፈልግም-----2 አላውቅም-----3 ወሳኝ ባለቤቱ ነው-----4 መልስ አልተሰጠም-----99	→210
207	ለጥያቄ ቁጥር 205 መልስዎ አዎ ከሆነ ምን ያህል ልጆች እንዲኖርዎ ይፈልጋሉ?	በቁጥር ይገለፅ _____ መልስ አልተሰጠም-----99	
208	ተጨማሪ ልጅ የሚፈልጉበት ምክንያት ምንድን ነው?	_____ መልስ አልተሰጠም-----99	
209	ወደፊት ሊኖርዎት በሚፈልጉት የልጆች መጠን ላይ ወሳኝ ማነው?	ባለቤት-----1 እርስዎ-----2 ሁለቱም-----3 ሌላ ካለ ይገለፅ-----88 መልስ አልተሰጠም-----99	
210	ለጥያቄ ቁጥር 205 መልስዎ አልፈልግም ከሆነ ለምን?	_____ መልስ አልተሰጠም-----99	

ክፍል.3 ስለየረጅም ጊዜ የቤተሰብ እቅድ ዘዴዎች ግንዛቤ መጠይቅ

አሁን የምጠይቅዎ ስለየረጅም ጊዜ የቤተሰብ እቅድ ዘዴዎች ግንዛቤን በተመለከተ ነው::

ተ.ቁ	ጥያቄ	መልስ	እለፊ
301	ስለ ቤተሰብ እቅድ ዘዴዎች (እርግዝና መከላከያ) ሰምተው ያውቃሉ?	አዎ -----1 አልሰማሁም -----2 መልስ አልተሰጠም -----99	→301
302	መረጃ ከየት አገኙ?(ከአንድ በላይ መልስ ይቻላል)	ከጤና ተቋም -----1 ከቤተሰብ -----2 ከጓደኛ-----3 ከመገናኛ ብዙሃን -----4 ከመንግስታዊ ያልሆነ ድርጅት -----5	

		ከጤና ኤክስፔንሽን -----6 ሌላ ካለ ይገለፅ -----88 መልስ አልተሰጠም -----99																																																													
303	ከቤተሰብ እቅድ ዘዴዎች (እርግዝና መከላከያ) ውስጥ ሰምተው የሚያውቁት የትኛውን ዘዴ ነው? <i>(ከአንድ በላይ መልስ ይቻላል)</i> <i>ማውጣት:- “ሌላስ ምን ዓይነት የእርግዝና መከላከያ ሰምተዋል”</i> <i>መልስ ሰጪዎ የሚያውቋቸውን የእርግዝና መከላከያዎች በሙሉ ከዘረዘሩ በኋላ ያልተጠቀሱትን የእርግዝና መከላከያ ዘዴዎች በማንበብ አዎ ያሉትን ሁለተኛ አምድ ላይ 2ን አክብቡ።</i> <i>ያልተጠቀሱትን ምልክቶች አንብባችሁም የለም ካሉ 3ን አክብቡ።</i>	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">ያለማንበብ</th> <th colspan="2">በማንበብ</th> </tr> <tr> <th>አዎ</th> <th>አዎ</th> <th>አዎ</th> <th>የለም</th> </tr> </thead> <tbody> <tr> <td>የሚዋጥ ፒል የእርግዝና መከላከያ</td> <td>1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td>በመርፌ የሚሰጥ የእርግዝና መከላከያ</td> <td>1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td>በክንድ ውስጥ የሚቀበር የእርግዝና መከላከያ</td> <td>1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td>በማህፀን ውስጥ የሚቀመጥ እርግዝና መከላከያ (ሱፕ)</td> <td>1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td>በቀዶ ጥገና የሚሰራ ዘላቂ (የሴት) እርግዝና መከላከያ</td> <td>1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td>በቀዶ ጥገና የሚሰራ ዘላቂ (የወንድ) እርግዝና መከላከያ</td> <td>1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td>የቀን አቆጣጠር ዘዴ</td> <td>1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td>ግንኙነት ማቆም ወይም አለመፈፀም</td> <td>1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td>ህፃኑን የጡት ወተት ብቻ በመመገብ እርግዝናን መከላከል</td> <td>1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td>ኮንደም</td> <td>1</td> <td>2</td> <td>3</td> <td></td> </tr> </tbody> </table>		ያለማንበብ		በማንበብ		አዎ	አዎ	አዎ	የለም	የሚዋጥ ፒል የእርግዝና መከላከያ	1	2	3		በመርፌ የሚሰጥ የእርግዝና መከላከያ	1	2	3		በክንድ ውስጥ የሚቀበር የእርግዝና መከላከያ	1	2	3		በማህፀን ውስጥ የሚቀመጥ እርግዝና መከላከያ (ሱፕ)	1	2	3		በቀዶ ጥገና የሚሰራ ዘላቂ (የሴት) እርግዝና መከላከያ	1	2	3		በቀዶ ጥገና የሚሰራ ዘላቂ (የወንድ) እርግዝና መከላከያ	1	2	3		የቀን አቆጣጠር ዘዴ	1	2	3		ግንኙነት ማቆም ወይም አለመፈፀም	1	2	3		ህፃኑን የጡት ወተት ብቻ በመመገብ እርግዝናን መከላከል	1	2	3		ኮንደም	1	2	3		መልስ አልተሰጠም -----99	
	ያለማንበብ			በማንበብ																																																											
	አዎ	አዎ	አዎ	የለም																																																											
የሚዋጥ ፒል የእርግዝና መከላከያ	1	2	3																																																												
በመርፌ የሚሰጥ የእርግዝና መከላከያ	1	2	3																																																												
በክንድ ውስጥ የሚቀበር የእርግዝና መከላከያ	1	2	3																																																												
በማህፀን ውስጥ የሚቀመጥ እርግዝና መከላከያ (ሱፕ)	1	2	3																																																												
በቀዶ ጥገና የሚሰራ ዘላቂ (የሴት) እርግዝና መከላከያ	1	2	3																																																												
በቀዶ ጥገና የሚሰራ ዘላቂ (የወንድ) እርግዝና መከላከያ	1	2	3																																																												
የቀን አቆጣጠር ዘዴ	1	2	3																																																												
ግንኙነት ማቆም ወይም አለመፈፀም	1	2	3																																																												
ህፃኑን የጡት ወተት ብቻ በመመገብ እርግዝናን መከላከል	1	2	3																																																												
ኮንደም	1	2	3																																																												
304	ለረጅም ጊዜ ስለሚያገለግሉ የቤተሰብ እቅድ ዘዴዎች ሰምተው ያውቃሉ? (አንድ ጊዜ በመጠቀም ለአመታት የሚያገለግል ዘዴ ነገር ግን ዘላቂ	አዎ ----1 የለም -----2 መልስ አልተሰጠም -----99	→ 401																																																												

	ያልሆነ)			
305	የሚያውቁትን የረጅም ጊዜ የቤተሰብ እቅድ ዘዴ ይጥቀሱ? (የተጠቀሰውን ብቻ አክብረ)	በክንድ ውስጥ የሚቀበር እርግዝና መከ-----1 በማህፀን ውስጥ የሚቀመጥ እርግዝና-----2 መልስ አልተሰጠም-----99		
306	የረጅም ጊዜ የቤተሰብ እቅድ አገልግሎት ዘዴዎች አጠቃላይ ጥቅሞች ምን ምን ናቸው? (አንድ ጊዜ በመጠቀም ለአመታት የሚያገለግል ዘዴ ነገር ግን ዘላቂ ያልሆነ)(ከአንድ በላይ መልስ ይቻላል)	ያልተፈለገ እርግዝና መከላከል ----- 1 የእናቶች ጥትንና ህመም መከላከል -----2 የቤተሰብ መጠን ለመወሰን -----3 አራርቆ ለመውለድ -----4 ሌላ ካለ ይገለጹ -----88 መልስ አልተሰጠም -----99		
አሁን ከዚህ ቀጥሎ የምጠይቅዎትን ትክክል ነው ካሉ “አዎ” በማለት ትክክል አይደለም ካሉ “የለም” በማለት ይመልሱ::				
		አዎ	የለም	መልስ አልተሰጠም
307	በክንድ ውስጥ የሚቀበረው የእርግዝና መከላከያ የጎንዮሽ ጉዳት አለው?	1	2	99
308	በክንድ ውስጥ የሚቀበረው የእርግዝና መከላከያ ዘዴ ያልተፈለገ እርግዝናን ለመከላከል በጣም ውጤታማ (አስተማማኝ) ነው?	1	2	99
309	በክንድ ውስጥ የሚቀበረው የእርግዝና መከላከያ ዘዴ ከ3-5 አመት ያገለግላል?	1	2	99
310	በክንድ ውስጥ የሚቀበረው የእርግዝና መከላከያ ዘዴ በክንድ ውስጥ ለመቅበርና ለማስወጣት አነስተኛ ቀዶ ጥገና ያስፈልጋል?	1	2	99
311	በክንድ ውስጥ የሚቀበረው የእርግዝና መከላከያ ዘዴ ከክንድ ውስጥ በማውጣት ወደያውን ማርገዝ ይቻላል?	1	2	99
312	ሉፕ/በማህፀን የሚቀመጠው የእርግዝና መከላከያ ዘዴ የጎንዮሽ ጉዳት አለው?	1	2	99
313	ሉፕ/በማህፀን የሚቀመጠው የእርግዝና መከላከያ ዘዴ ያልተፈለገ እርግዝናን ለመከላከል በጣም ውጤታማ (አስተማማኝ) ነው?	1	2	99
314	ሉፕ/በማህፀን የሚቀመጠው የእርግዝና መከላከያ ዘዴ እርግዝናን እስከ አስራ ሁለት አመት ይከላከላል?	1	2	99

315	ሉፕ/በማህፀን የሚቀመጠው የእርግዝና መከላከያ ዘዴ በአባላዘር በሽታ የመጠቃት እድላችው ከፍ ላለተመራጭ አይደለም?	1	2	99	
316	ሉፕ/በማህፀን የሚቀመጠው የእርግዝና መከላከያ ዘዴ በወሲብ ግንኙነት ላይ ተጽእኖ አይኖረውም?	1	2	99	
317	ሉፕ/በማህፀን የሚቀመጠው የእርግዝና መከላከያ ዘዴ ከማህፀን በማውጣት ወድያውኑ ማርገዝ ይቻላል?	1	2	99	
318	ሉፕ/በማህፀን የሚቀመጠው የእርግዝና መከላከያ ዘዴ የካንሰር በሽታን አያመጣም?	1	2	99	

ክፍል.4 ስለ ረጅም ጊዜ የቤተሰብ እቅድ አገልግሎት አመለካከት መጠይቅ

አሁን የምጠይቅዎ ለረጅም ጊዜ የቤተሰብ እቅድ ያለዎትን የእርስዎን እና የባለቤዎትን /የጓደኛዎ ድጋፊና መወያይት402 በተመለከተ ነው::

ተ.ቁ	ጥያቄ	መልስ	አለፈ
401	ለረጅም ጊዜ የሚያገለግሉ የቤተሰብ እቅድ ዘዴዎችን (በክንድ ላይ የሚቀበረው ወይም ሉፕ/በማህፀን የሚቀመጠው) መጠቀምን ይደግፋሉ?	እደግፋለሁ -----1 አልደግፍም ----- 2 ገለልተኛ ----- 3 መልስ አልተሰጠም -----99	
402	ከባለቤትዎ/ጓደኛዎ ጋር ስለ ረጅም ጊዜ የቤተሰብ እቅድ ዘዴዎች ትወያዩ ነበር?	እንወያለን ----- 1 አንወያይም -----2 መልስ አልተሰጠም ----- 99	→ 404
403	መልስዎ እንወያየለን ከሆነ ስንት ጊዜ ተወያይታችሁ ነበር?	አንድ ጊዜ -----1 ሁለት ጊዜ-----2 ሶስት ጊዜ-----3 አራትና ከዚያ በላይ-----4 መልስ አልተሰጠም-----99	
404	ባለቤትዎ/ጓደኛዎ የረጅም ጊዜ የቤተሰብ እቅድ ዘዴዎችን መጠቀምዎን ይደግፋሉ?	ይደግፋል ----- 1 አይደግፍም -----2 ገለልተኛ -----3 አላውቀም ----- 4 መልስ አልተሰጠም -----99	

አሁን የምጠይቅዎት ለረጅም ጊዜ የቤተሰብ እቅድ ዘዴ ያለሁትን አመለካከት በተመለከተ ነው “በጣም

አልስማማም” “አልስማማም” “እርግጠኛ አይደለሁም” “እስማማለሁ” “በጣም እስማማለሁ” በማለት ይመልሱልኛል።

		በጣም አልስማማም	አልስማማም	እርግጠኛ አይደለሁም	እስማማለሁ	በጣም እስማማለሁ	መልስ አልተሰጠም
403	በክንድ ላይ የሚቀበረው የቤተሰብ እቅድ ዘዴ የወር አበባ መፍሰስ መዛባትን አያመጣም።	1	2	3	4	5	99
404	በክንድ ውስጥ የሚቀበረው የቤተሰብ እቅድ ዘዴ መቅበርና ማውጣት በጣም አያምም።	1	2	3	4	5	99
405	ሉፕ/በማህፀን የሚቀመጥ የቤተሰብ እቅድ ዘዴ በሚገባበት ጊዜ ነፃነትን(የግል ነገርን ወይም ገመናን) አያጋልጥም።	1	2	3	4	5	99
406	ሉፕ/በማህፀን የሚቀመጥ የቤተሰብ እቅድ ዘዴ ከባድ ስራ መስራት አይከለክልም።	1	2	3	4	5	99
407	ለረጅም ጊዜ የሚያገለግሉ የቤተሰብ እቅድ ዘዴዎችን መጠቀም ከማህጸን ውጪ እርግዝና አያስከትልም።	1	2	3	4	5	99
408	ለረጅም ጊዜ የሚያገለግሉ የቤተሰብ እቅድ ዘዴዎችን መጠቀም	1	2	3	4	5	99

	በተደጋጋሚ ወደ ጤና ተቋም መሄድ አለማስፈለጉ ጊዜን ይቆጥባል።						
409	ለረጅም ጊዜ የሚያገለግሉ የቤተሰብ እቅድ ዘዴዎችን መጠቀም በየቀኑ ማስታወስ አለማስፈለጉ ጥሩ ነው።	1	2	3	4	5	99
410	ለረጅም ጊዜ የሚያገለግሉ የቤተሰብ እቅድ ዘዴዎችን መጠቀም ያለባቸው ተጨማሪ ልጅ የማይፈልጉ እናቶች ብቻ አይደሉም።	1	2	3	4	5	99

ክፍል 5 የረጅም ጊዜ የቤተሰብ እቅድ ዘዴ አጠቃቀምን በተመለከተ

አሁን የምጠይቅዎት የረጅም ጊዜ የቤተሰብ እቅድ ዘዴን መጠቀምን በተመለከተ ነው።

ተ.ቁ	ጥያቄ	መልስ	እለፊ
501	ከዚህ በፊት የረጅም ጊዜ የቤተሰብ እቅድ ዘዴ ተጠቅመዎ ያውቃሉ?	አዎ ---1 አላውቅም -----2 መልስ አልተሰጠም -----99	→ 509
502	የረጅም ጊዜ የቤተሰብ እቅድ ዘዴ ለምን ያህል ጊዜ ተጠቅመዎ ነበር? (ከአንድ ወር በታች ከሆነ በሳምንት፣ ከአንድ አመት በታች ከሆነ በወር፣ አንድ አመት ወይም ከዚያ በላይ ከሆነ በአመት ይመዝገብ)	አመት----- ወር----- ሳምንት----- መልስ አልተሰጠም-----99	
503	ተጠቃሚ በነበሩበት ወቅት ያጋጠመዎ የጎንዮሽ ጉዳት ነበር?	አዎ -----1 አላገጠመኝም -----2 መልስ አልተሰጠም -----99	→ 505
504	ለጥያቄ ቁጥር 503 መልስዎ አዎ ከሆነ ያጋጠመዎ የጎንዮሽ ጉዳት ምን ነበር?	----- መልስ አልተሰጠም -----99	

505	የረጅም ጊዜ የቤተሰብ እቅድ አገልግሎት ተጠቃሚነትዎን አቋርጠዎ ወይም አቁመዎ ነበር?	<p>አዎ -----1</p> <p>አላቋረጥሁም -----2</p> <p>መልስ አልተሰጠም -----99</p>	→ 509
506	የረጅም ጊዜ የቤተሰብ እቅድ አገልግሎት ተጠቃሚነትዎን ያቋረጡበት ወይም ያቆሙበት ምክንያት ምን ነበር?	<p>የጎንዮሽ ጉዳት በመፍራት-----1</p> <p>በጤና ችግር -----2</p> <p>መካን እንዳልሆነ በመፍራት-----3</p> <p>ባለቤቴ ስላልተቀበለው-----4</p> <p>ለመጸነስ ፈልጌ-----5</p> <p>ሀጢያት ስለሆነ -----6</p> <p>ባህሌ ስለማይፈቅድ-----7</p> <p>ሌላ ምክንያት-----88</p> <p>መልስ አልተሰጠም -----99</p>	
507	ያቋረጡበት ምክንያት ለመጸነስ ፈልገዎ ከሆነ አገልግሎቱን (ዘዴውን) አቋርጠዎ ልጅ ወልደው ነበር?	<p>አዎ -----1</p> <p>የለም -----2</p> <p>መልስ አልተሰጠም -----99</p>	→ 509
508	ከወለዱ በኋላ እንደገና የረጅም ጊዜ የቤተሰብ እቅድ ዘዴ ተጠቅመዎ ነበር?	<p>አዎ -----1</p> <p>የለም -----2</p> <p>መልስ አልተሰጠም -----99</p>	
509	በአሁኑ ወቅት የረጅም ጊዜ የቤተሰብ እቅድ ዘዴ እየተጠቀሙ ነው?	<p>አዎ -----1</p> <p>የለም -----2</p> <p>መልስ አልተሰጠም -----99</p>	→ 512
510	የትኛውን የረጅም ጊዜ የቤተሰብ እቅድ ዘዴ እየተጠቀሙ ነው?	<p>የአምስት አመት በክንድ ውስጥ የሚቀበር---1</p> <p>የአራት አመት በክንድ ውስጥ የሚቀበር---2</p> <p>የሶስት አመት በክንድ ውስጥ የሚቀበር-----3</p> <p>በማህፀን ውስጥ የሚቀመጥ(ሉ)---4</p> <p>መልስ አልተሰጠም-----99</p>	
511	የረጅም ጊዜ የቤተሰብ እቅድ ዘዴ የመረጡበት ምክንያት ምንድን ነው?	<p>በቂ ልጆች ስላሉኝ -----1</p> <p>አራርቆ ለመውለድ -----2</p> <p>ለብዙ አመት ስለሚያገለግል-----3</p> <p>ለጤና ተስማሚ ስለሆነ-----4</p>	

		ሌላ ካለ ይገለፅ ----- 88 መልስ አልተሰጠም -----99	
512	በአሁኑ ወቅት ማንኛውንም አይነት የረጅም ጊዜ የቤተሰብ እቅድ ዘዴ የማይጠቀሙ ከሆነ ምክንያታቸው ምንድን ነው? (ከአንድ በላይ መልስ ይቻላል)	የጎንዮሽ ጉዳት በመፍራት----1 በጤና ችግር -----2 መካን እንዳልሆነ በመፍራት ---3 ባለቤቱ ስላልተቀበለው-----4 ሀጢያት ስለሆነ -----5 ባህሌ ስለማይፈቅድ -----6 እውቀቱ ስለሌለኝ -----7 አገልግሎቱ ስለሌለ -----8 ሌላ ምክንያት ካለ ይጥቀሱ-----88 መልስ አልተሰጠም -----99	

ክፍል .6 ከጤና ባለሙያው ጋር የተደረገ ውይይት በተመለከተ

አሁን የምጠይቁት ከጤና ባለሙያው ጋር ያደረጉትን ውይይት በተመለከተ ነው።

ተ.ቁ	ጥያቄ	መልስ	እለፊ
601	በዛሬ ጉብኝትዎት (አሁን የሚጠቀሙትን) የቤተሰብ እቅድ ዘዴ አገልግሎት ለመውሰድ ሲጎበኙ የጤና ባለሙያው ስለቤተሰብ እቅድ ዘዴዎች በተመለከተ አወያይቶዎት ነበር?	አዎ-----1 አላወያየኝም-----2 መልስ አልተሰጠም-----99	→ 603
602	ስለ የትኛውን የቤተሰብ እቅድ ዘዴ አወያየዎት?	በማህፀን ውስጥ የሚቀመጥ -----1 በክንድ ውስጥ የሚቀበር -----2 የሚዋጥ ፒል -----3 በመርፌ የሚሰጥ -----4 በቀዶ ጥገና የሚሰራ ዘላቂ(የሴት)----5 በቀዶ ጥገና የሚሰራ ዘላቂ (የወንድ)---6 ግንኙነት ማቆም ወይም አለመፈጸም--7 ህፃኑን የጡት ወተት ብቻ በመመገብ እርግዝናን መከላከል -----8 የቀን አቆጣጠር ዘዴ -----9 ኮንደም -----10 መልስ አልተሰጠም -----99	

603	የወሰዱት (እየተጠቀሙ ያሉት) የትኛውን የቤተሰብ እቅድ ዘዴ ነው?	በማህፀን ውስጥ የሚቀመጥ ----- 1 በክንድ ውስጥ የሚቀበር -----2 የሚዋጥ ፒል -----3 በመርፌ የሚሰጥ -----4 ኮንዶም-----5 መልስ አልተሰጠም-----99		
602	የወሰዱትን (እየተጠቀሙ ያሉትን) የቤተሰብ እቅድ ዘዴ (እርግዝና መከላከያ) መጠቀም የጀመሩት ዛሬ ነው?	አዎ -----1 አይደለም -----2 መልስ አልተሰጠም-----99	→ 604	
603	መልስዎ አይደለም ከሆነ መጠቀም ከጀመሩ ስንት ጊዜ ሆነዎት? (ከአንድ ወር በታች ከሆነ በሳምንት፣ ከአንድ አመት በታች ከሆነ በወር፣ አንድ አመት ወይም ከዚያ በላይ ከሆነ በአመት ይመዝገብ)	ሳምንት----- ወር----- አመት----- መልስ አልተሰጠም-----99		
604	ስለወሰዱት የቤተሰብ እቅድ ዘዴ የጤና ባለሙያው	አዎ	አልነገረኝም	መልስ አልተሰጠም
	ሀ) አጠቃቀሙን ነገረዎት?	1	2	99
	ለ) የጎንዮሽ ጉዳት እንዳለው ነገረዎት?	1	2	99
	ሐ) ችግር ቢያጋጥም ምን ማድረግ እንዳለበዎት ነገረዎት?	1	2	99
	መ) ለክትትል መቼ መመለስ እንዳለብዎ ነገረዎት?	1	2	99

ክፍል.7 አገልግሎት በተመለከተ

አሁን (ዛሬ) ያገኙትን አገልግሎት በተመለከተ ነው የሚጠይቅዎት ::

ተ.ቁ	ጥያቄ	መልስ	እለፊ
701	ጤና ተቋም ከደረሱ በኋላ የጤና ባለሙያውን እስከሚያገኙ ድረስ ምን ያህል ጊዜ ጠበቁ?	በደቂቃ----- መልስ አልተሰጠም-----99	
702	የጤና ባለሙያውን ለማግኘት የጠበቁት ጊዜ እንዴት ነበር?	አላስጠበቀኝም -----1 አጭር ነበር -----2 ረጅም ነበር -----3 መልስ አልተሰጠም-----99	
703	የጤና ባለሙያው የሰጠዎ መረጃ መጠን እንዴት ነበር?	ትንሽ ----- 1	

		በቂ -----2 በዘ -----3 መልስ አልተሰጠም -----99	
704	የጤና ባለሙያ የምርመራ አገልግሎት ሲሰጥዎት ነበር?	አዎ-----1 የለም-----2 መልስ አልተሰጠም-----99	→ 706
705	የጤና ባለሙያ የምርመራ አገልግሎት ሲሰጥዎት ሌሎች ደንበኞች ይመለከትዎት ነበር?	አዎ -----1 የለም -----2 መልስ አልተሰጠም -----99	
706	ከጤና ባለሙያ ጋር ያደረጉትን ውይይት ሌሎች ደንበኞች ይሰምዎት ነበር?	አዎ -----1 የለም -----2 መልስ አልተሰጠም -----99	
707	ወደ ጤና ድርጅት ሲመጡ የጤና ባለሙያው አቀባበል እንዴት ነበር?	በጣም ጥሩ -----1 ጥሩ -----2 የማያስደስት -----3	

ክፍል 9 ፅንሰ ማቋረጥ በተመለከተ

የቤተሰብ እቅድ ዘዴ አንዱ ጥቅም ፅንሰ ማቋረጥን መከለላክል እንደሆነ ከተናገረሽ በኋላ የሚከተለውን ጠይቁ

901	ፅንሰ ማቋረጥ አጋጥሞዎት ያውቃል?	ያውቃል-----1 አያውቅም-----2 መልስ አልተሰጠም-----99	→ አበቃ
902	ለጥያቄ ቁጥር 901 መልስዎ አዎ ከሆነ ምን ያህል ጊዜ ፅንሰ ማቋረጥ አጋጥሞዎት ነበር?	በቁጥር ይገለፅ _____ መልስ አልተሰጠም-----99	

ጥያቄዎቹን ጨርሻለሁ። በመጠይቁ በመሳተፍዎ አመሰግናለሁ።

Annex 1.4 Additional tables

Variables	Number	Percent
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Table 1 Socio-demographic and economic Characteristics of female family planning users at public health centers in Addis Ababa 2014

Occupation status (N=447)

House wife	208	46.5
Government or non government worker	129	28.9
Merchant	43	9.6
Daily labour	38	8.5
Student	19	4.3
Unemployed	7	1.6
Others	3	0.7

Table 2 Reproductive health characteristics of female family planning users at public health centers in Addis Ababa 2014

Reason of want more

children(N=241)	165	68.5
Desire of many children	45	18.7
Had one child	16	6.6
Sex preference	15	6.2

Like children

Reason of not want children (N=113)

Had enough children	76	67.3
Economical problem	37	32.7

Table 3 Awareness of contraceptive methods among female family planning users at public health centers in Addis Ababa 2014

Source of information	Yes	No
Health institution	391	56
Mass media	209	238
Friend	78	369
Health extension	49	398
Family	40	407
Nongovernmental organization	15	432

Table 4 Attitude towards long acting contraceptive among family planning users at public health centers in Addis Ababa 2014

Respondent support		
Support	275	61.5
Against	143	32
Neutral	29	6.5
Husband/friend support		
Supporting	252	56.4
Against	123	27.5
Neutral	29	6.5
Do not know	43	9.6
Practice of long acting contraceptive		
Previously use LAC		
Yes	67	15
No	380	85
Duration of ever use of LAC		
≤one years	25	37.3
> one years	42	62.7
Experience side effect		
Yes	39	58.2
No	28	41.8
Side effect	Yes (%)	No (%)
excess menstrual bleeding	32	7
headache	5	34
weight change	6	33
blood pressure	1	38
hand pain	4	35
Change/stop using LAC		
Yes	32	
No	35	

Use LAC again after delivery		
yes	5	
no	8	
Family planning method received today		
yes	198	44.3
No	249	55.7
Duration of use		
≤ one years	137	55
> one years	112	45
Discussion of with partner		
<hr/>		
Discussion with husband about LAC		
Not at all	111	24.8
One-two	157	35.1
More often	179	40

Declaration

Name of advisors

Signature

Date

Dr Mesfin Addisie

Mr. Abiy Seifu

BY Bizuayehu nigatu
