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Department of Family Medicine

**Prevalence of contraceptive utilization and Associated Factors among
reproductive age women visiting ART Clinic at Teklehaimanot HealthCenter,
Addis Ababa, Ethiopia**

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**A thesis to be submitted to Addis Ababa University's Medical Faculty,
Department of Family Medicine, as a partial fulfillment of the requirements for
the Family Medicine specialty certificate.**

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November 2023

APPROVAL SHEET

ADDIS ABABA UNIVERSITY

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I, the undersigned student specializing in family medicine, confirm that the work submitted is my own original creation with the title “*Prevalence of contraceptive utilization and Associated Factors among reproductive age women visiting ART Clinic at Teklehaimanot Health Center, Addis Ababa, Ethiopia*” for examination of the research paper.

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ACKNOWLEDGEMENT

I would like to acknowledge the Department of Family Medicine at Addis Ababa University's School of Medicine for their support in guiding this research project. Additionally, I am grateful to Dr. Betelhem for her valuable guidance and constructive feedback throughout this study

ACRONYMS

AIDS	Acquired Immune Deficiency syndrome.
ANC	Anti Natal Care
ART	Anti-Retroviral therapy
HIV	Human Immune Deficiency Virus
IUD	Intra Uterine Device
MTCT	Mother to Child Transmission
PMTCT	Prevention of Mother to Child Transmission
STI	Sexually Transmitted Infection
WHO	World Health Organization

ABSTRACT

Background: Improving access to family planning services and reducing unplanned pregnancies in those with HIV is a vital tactic for preventing the transmission of the virus from mother to child. Family planning is a well-established and cost-effective method for preventing the vertical transmission of HIV among women living with the virus who do not wish to become pregnant. However, there is a lack of research conducted in healthcare facilities to examine the utilization of contraceptives and the factors influencing their use among HIV-positive women. So, this study aims to determine the prevalence of contraceptive utilization and associated factors among HIV positive women who has follow up at Teklehaimanot health centers in Addis Ababa.

Methods: A cross-sectional study was carried out at Teklehaimanot health centers in Addis Ababa from June 2023 to August 2023, focusing on reproductive-aged (18-49 years old) women living with HIV who were receiving antiretroviral treatment. Structured questionnaires were used to collect data, which was then analyzed using SPSS version 20.0. Data cleaning was done and entered a computer and for windows. Descriptive statistics and logistic regression were employed to identify potential predictors, utilizing odds ratios with a 95% confidence interval and a significance level of 0.05 (P-value)

Results: A total of 258 women living with HIV were included. The research revealed that 63.2% of reproductive-aged women living with HIV who were receiving antiretroviral treatment at Teklehaimanot health centers in Addis Ababa utilized some form of contraception. Condoms (57.8%) and injectables (22.5%) were the most favored and often used contraception techniques. Being married (AOR:1.30; 1.02-1.66), CD4 count above five hundred (AOR:1.47; 1.17-1.77), history of child loses (AOR: 1.54; 1.42-1.96), future need of pregnancy (AOR:1.19; 1.69-2.19) and number of sexual Partner (AOR: 2.57; 1.90-3.48) were predictors of contraceptive utilization among HIV positive women of reproductive age.

Conclusion: The prevalence of contraceptive utilization in this study is above 50%. However, there is still a need to improve access to contraceptives. The identification of predictors can inform targeted interventions that address demands of different subgroups of HIV-positive women. Such us, interventions that focus on improving access to contraceptives for those with lower CD4 counts, or those who have experienced child losses may be particularly effective.

Keywords: Utilization, Associated factors, Contraception, Human immune virus positive women

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1 INTRODUCTION

1.1 Background

Human immune deficiency virus (HIV) infection and its clinical manifestation, acquired immunodeficiency syndrome (AIDS), have become a significant global health concern since the 1980s, impacting populations worldwide. Despite advancements in prevention and treatment efforts, the disease remains widespread, particularly affecting the African continent more severely than other regions. In Ethiopia and Kenya, the adult prevalence rate has risen from single to double digits. (1)

Although the main mode of HIV transmission is through unprotected sexual intercourse, a significant number of vertical transmissions also occur from mother to child. Preventing unplanned births among HIV-positive women is a critical component in reducing HIV transmission to newborns, known as vertical transmission.(2)

Family planning is the choice made by a couple to space out or limit the number of Number of offspring they will have using contraceptive techniques. pill, Intra Uterine Device (IUD), injectables, implants, condoms, emergency contraception, are examples contraception.(3)

Like other women, women with HIV infection could choose to defer getting pregnant, restrict their family size, or plan their pregnancies. Women who have HIV face increased risks of unplanned pregnancies, which can further complicate their situation due to the potential for vertical transmission of the virus. Studies show that without proper interventions such as antiretroviral therapy, vertical transmission occurs in 30–40% of pregnancies among women with HIV.(4)

In sub-Saharan nations, the size of unwanted pregnancy in WLHIV was estimated by meta-analysis to be 55.9% in 2019. In research conducted in Botswana, women who were HIV positive had a 44% unplanned pregnancy rate.(5, 6)

1.2 Statement of the problem

Over 50% of the 40 million persons with HIV who are now living in the globe are women of reproductive age. Of all newly diagnosed HIV cases, 63% were in females. in sub-Saharan Africa

in 2021. In the 15-19 age group, most new HIV infections occur in girls, with a ratio of 6 out of 7 cases being female. This trend continues into young adulthood (15-24), where girls and young women have significantly higher HIV rates compared to males. In 2021, around 1.7 million children globally were living with HIV, and an estimated 160,000 new cases were reported in the pediatric age group.(7)

In Ethiopia, the national HIV prevalence is 0.9 % with total 610,335 people living with HIV, of which 62% are women. 42,000 children live with HIV and the recent vertical transmission rate is 17.9 %. (8)

HIV positive pregnant women are at high risk of transmitting the disease to their infants. Transmission of HIV from mother to child (MTCT), accounts for over 90% of new infections in newborns and young children. In the absence of interventions, there is a risk of infection ranging from 20% to 45% in newborns. The estimated risk of transmission is around 5-10% during pregnancy, 10-20% during delivery, and 5-20% through breastfeeding. In developing nations, more than two hundred million women who are of reproductive age lack access to modern contraception.

Lack of availability of family planning services among HIV-positive women continues to undermine attempts to stop children from contracting the virus.(9) Unintended pregnancies are caused by unmet contraceptive needs, which raises the risk of viral transmission. According to a survey of pregnant HIV-positive women, the percentage of unwanted pregnancies varies from 41.6% in Uganda to 51.6% in South Africa.(10, 11)

unmet demand for birth control has a clear correlation with unintended births. In Ethiopia, there were 40.9% of unintended pregnancies among pregnant HIV-positive women, and 53.3% of them didn't utilize any kind of contraception.(12)

as many are unaware of their HIV status.it is crucial to prevent unwanted pregnancy among the general population to avoid HIV transmission to children. The key to minimizing HIV transmission in children is to Improve the rate of family planning usage for women who are living with HIV to prevent unwanted pregnancies. Despite this, there is a general poor prevalence of contraception in HIV positive women.

1.2.1 Significance of the study

An essential part of Preventing Transmission from Mother to Children is preventing unwanted

pregnancies among women who are HIV positive. Family planning services were incorporated into all PMTCT and VCT service locations as part of Ethiopia's national policy to prevent unplanned births among women living with the virus, however this strategy has some implementation issues. There are little data on variables influencing women seeking HIV treatment in health facilities and their use of contraception. The goal of the current study is to close this gap by demonstrating the extent of contraceptive usage and determinants that influence it from women who are registered for HIV treatment in health facilities. The study's findings will also aid in the creation of programs to better meet HIV-positive women's needs for access to family planning services and to assist them make educated decisions.

2 LITERATURE REVIEW

2.1 Overview of HIV at the global, regional, and national levels

Around 82.4 million individuals have contracted the HIV virus since the epidemic's start, and by the end of the year of 2022, about 40 million individuals worldwide are infected with the virus. In 2021, A total of 1.5 million new HIV infections and 650,000 AIDS-related deaths have occurred. Women and girls make up 49% of those new infections. 90% of HIV infections have place in underdeveloped nations. Presently, In Sub-Saharan Africa, 28.5 million individuals live with HIV. (8)

With an estimated 1.1 prevalence rate of HIV in women aged 15 to 49 and 6100 new infections annually, Ethiopia continues to be severely afflicted by HIV/AIDS. 3200 of the 42,000 HIV-positive children aged 0 to 14 were infected in 2021. 1900 children died from causes associated to AIDS, and 28,000 children became orphans due to HIV. PMTCT coverage is about 78%. This coverage prevented 3600 new cases of HIV infection..(8)

2.2 Contraceptive use

Throughout the world, Out of the 1.9 billion women who are of reproductive age, approximately 1.1 billion need to utilize family planning. 842 millions of these women utilize modern methods of contraception.(13)

Considering the substantial burden of vertical HIV transmission in Africa, there remains a low frequency of Use of Birth Control by HIV positive women. According to research conducted in three African nations—Tanzania, Zambia, and Togo— Percentage of HIV-positive women using contraception was 54%, 69%, and 73.1%, respectively.(14-16). Similar studies in Uganda and Nigeria found that between 36 and 50.6% of women used contraception.(17, 18)

In Ethiopia 28.1 percent of women choose to use birth control methods.(13) The nationwide estimated prevalence of contraceptive usage by women who are HIV positive in Ethiopia is 57.78%, despite the Ethiopian PMTCT guidelines' focus on primary prevention of Transmission of HIV/AIDS as well as preventing unplanned pregnancy. (19)

Prior research conducted at the national level contraceptive usage was prevalent in the Amhara area at 30.3%, Tigray at 44.3%, and Oromia at 55.8%.(20-22)

Use of contraception by women who tested positive for the virus ranged from 38.3% at Felege Hiwot Referral Hospital in Bahirdar, Ethiopia, to 56.7% in Gimbi Town, West Ethiopia, according to cross-sectional studies conducted at various hospital levels.(23, 24). similarly Seventy-five percent of women registered at Art clinics utilize modern contraceptives according to a survey carried out at Addis Ababa healthcare institutions, utilize modern contraceptives.(25)

Condoms, abstinence, injectables, pills, and implants were the methods employed. Health professionals' recommendations and seeing friends experience were given as the justifications for picking the method. For women using any technique, the main justification for utilizing contraceptives was to safeguard against STIs by avoiding unintended pregnancies.

2.3 Associated Factors

The most frequently reported method in Uganda were the use of oral contraceptives (9%), condoms (30%), and injectable hormones (52%). The usage of contraception at clinic admission was more significantly correlated with Socioeconomic and Demographic Features, such as married status, having multiple children, and younger age.(26)

Research conducted in Ghana It was discovered that the use of a modern form of contraception was substantially correlated with partner knowing of HIV status and prior usage of a contraceptive technique. Compared to women who were cohabitating and widows, married women were more likely to employ a technique. Most of the responders had been on ART for little more than three years. (27)

Injectable contraceptives were favored and most frequently used (42.8%) in a cross-sectional survey in the Amhara region of Ethiopia, followed by male condoms (32.9%). Contraceptive usage

was substantially related with younger age groups (15–24 years), having one or more live children, HIV diagnosis > 2-4 years, and having a CD4 count that exceeds 500 cells per microliter.(20)

similarly, data from western Ethiopia on contraceptive use and related variables among HIV positive women clinic demonstrate a substantial correlation between contraceptive use and marital status. Additionally, discussions with their spouse were consistent predictors of the use of contemporary contraception from reproductive health-related factors and counseling services.(28)

In Horo gudru wollega, 61% of study participants had engaged in sexual activity on prior 6 months survey. 65.3% of individuals who engaged in sexual activity reported using condoms, compared to 34.7% who never did, and of those who did, over 10% inconsistently used them.(29)

Over 50% of the who used contraceptives had 4 to 6 lived children, and 73% of them did not want any more children, according to A research project was carried out at the ART clinic at Gondor Hospital. The partner's sero status was also a contributing factor; 78.2% of respondents were aware of their Companion's sero status, and 81.7% of couples were seropositive while 17.3% were seronegative. 11.7% of people did not know their partner's HIV status. 4.8 years was the average time of ART follow up. (30)

In six months, over half (55.8%) of the participants at the felege hiwot hospital were sexually active. A comparable percentage of women (55.8%) were in committed relationships. Participants HIV-related characteristics included 8.5% with a CD4 count below 200 cells/mm³ and 47.2% with a CD4 level above 500 cells/mm³. The majority (81.3%) of participants' partners who underwent HIV testing also had seropositive results. (23)

In a study at Addis Ababa health facilities, it was found that women with living children were more likely to use contraceptives than those with no children. Women in relationships were more inclined to use contraceptives compared to single women. Conversely, married or widowed women were less likely to use contraceptives in comparison to single women.(30)

2.4 Conceptual framework

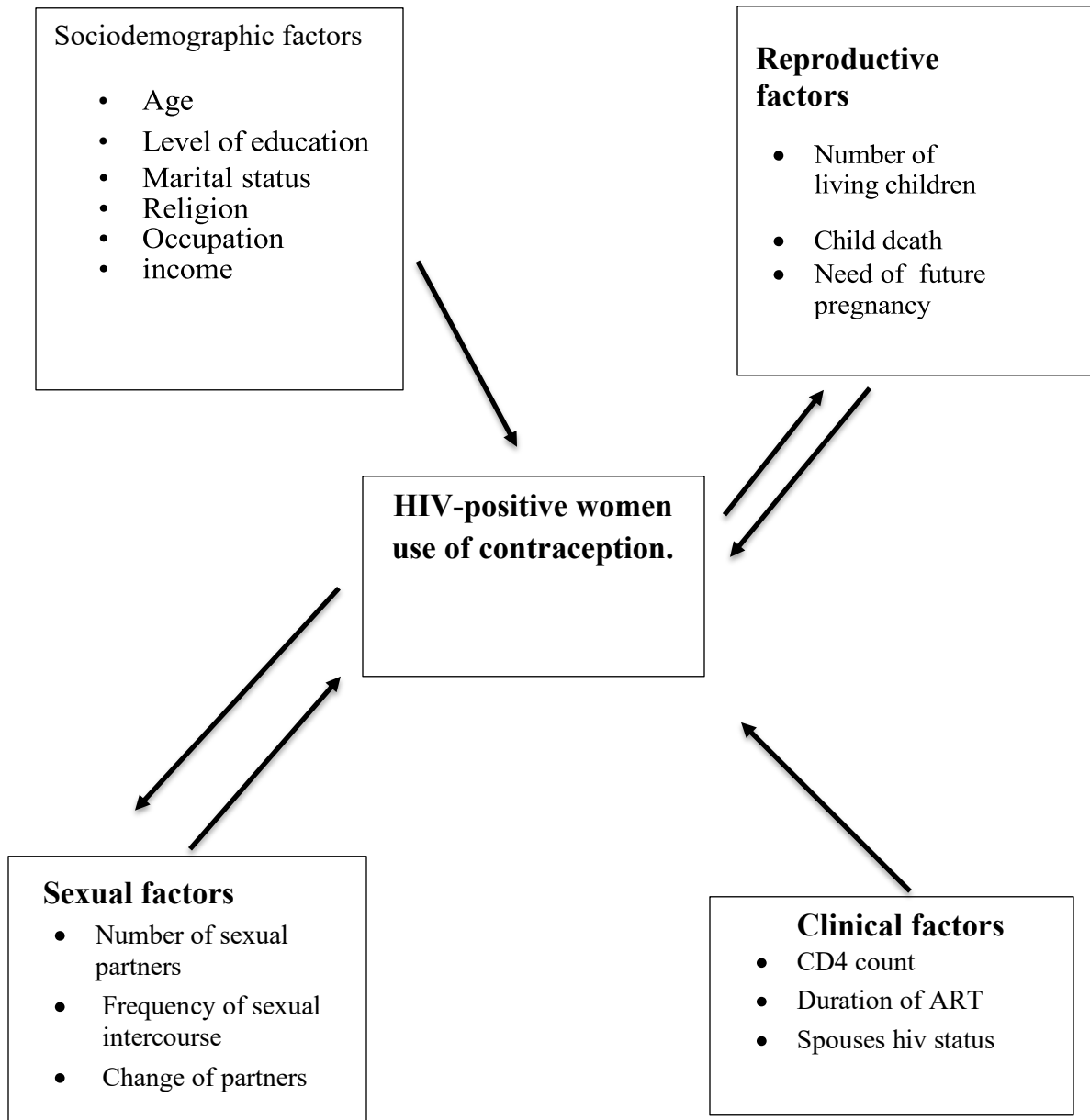


Figure 1 Conceptual framework.

3 OBJECTIVE

3.1 General objective

to examine the frequency of contraceptive use and the factors related to it among HIV positive women receiving care at Teklehaimanot health center in Addis Ababa.

3.2 Specific objective

1. To determine the frequency of contraceptive use in women living with HIV under follow-up at Teklehaimanot health center, Addis Ababa, Ethiopia.
2. to provide an overview of the contraceptive methods favored by women with follow up at ART clinic at Teklehaimanot health center, Addis Ababa, Ethiopia
3. To pinpoint factors which influence HIV-positive women's use of contraception at Teklehaimanot health center, Addis Ababa, Ethiopia.

4 METHODS AND MATERIALS

4.1 Study area and period.

The research was carried out at ART clinic at Teklehaimanot health center from, June 2023 to August 2023. Addis Ababa has a total population of 5,005,524. It has 98 health centers.

Teklehaimanot health center located around Gola Michael Lideta sub city Woreda 07, close to black lion hospital. The health center provides multiple services including outpatient visits, emergency, and maternal and child health services. It is a primary care center that serves the low-income community with total population of 97,617.

Currently there are 1470 patients who have follow up at the ART clinic.

4.2 Study design.

the study design employed at the ART treatment units of the Teklehaimanot health center was facility-based cross-sectional.

4.3 Source population.

All women who are HIV positive and have follow up at ART units during the time of study.

4.4 Study population.

Women between age 15-49 who have follow up at ART clinic in Teklehaimanot health center ART treatment unit at the time of data collection.

4.5 Inclusion and exclusion criteria

Inclusion criteria

women between the age of 15-49 years in ART clinic of the Teklehaimanot health center and has follow-up for 6 months.

Exclusion criteria

Women who are registered in the ART treatment unit but face difficulties in communication and

women who are pregnant.

4.6 variables

Dependent variables

Use of any modern contraceptive method by women to postpone or prevent pregnancy.

Independent variables

Socio demographic characteristics; age, marital status, occupation, religion, number of children, education level, and monthly income.

Reproductive factors: children currently alive, instances of child death, and the history of contraceptive use

Social factors; disclosure, and social habits

Sexual factor: sexual partners number, frequency of sexual intercourse, change of sexual partners.

Clinical factors; ART status, duration on ART, CD4 cell count, and spouse's HIV status.

4.7 Sample size determination.

The formula for single population proportion was employed to in order to get sample size

$$n' = \frac{n}{1 + \frac{z^2 \times \hat{p}(1-\hat{p})}{\varepsilon^2 N}}$$

n' = Sample size

e = the desired level of precision/margin of error

p = the estimated proportion which has the attribute in question

q = 1-p

z = confidence level

N= population size

Sample size is calculated considering the following assumptions.

- **p** = 0.567 is the fraction of population of HIV positive women utilizing modern contraception at medical facilities in Gimbie town, West Ethiopia 56.7%. (24)
- **N**= number of female reproductive age women who have follow-up at ART clinic which is 614
- **Z** = 1.96 which is the standard normal value at 95% confidence interval
- **e** = 5% margin of error
- **q** = 1-p

The sample size is calculated to be 234 using the formula provided above. Adding 10% for non-respondents results in a final sample size of ~258

4.8 Sampling procedure

The sampling technique employed was convenience sampling, all patients that full fill the inclusion criteria and visit the ART clinic in the study timeframe were enrolled in research.

4.9 Data collection instrument

The data were obtained through an interview of the study subjects which used standardized questionnaires adopted from previous study. To ensure its correctness, the questioner was first prepared in English, interpreted into Amharic, and then back into English.

4.10 Data analysis and processing

Data was input, cleared, and processed using the SPSS version 20 software package. The data's consistency was ensured through thorough cleaning procedures. Continuous variables were summarized using measures like means and standard deviation (SD), while categorical data were presented through frequencies and percentages. Univariate analysis was conducted for both the dependent and independent variables. Additionally, a Chi-square test was run to explore any potential links between the independent variables and contraceptive usage. To delve deeper into the relationships between contraceptive use and various predictors, multivariate logistic regression analysis was employed. This method helped assess the associations, calculate crude and adjusted odds ratios, and determine a 95% confidence interval (CI). A statistically significant result was defined as a P value of ≤ 0.05 .

4.11 Data quality control

To guarantee the questioner's quality, a pretest was conducted on 5% of the sample, with necessary adjustments made, followed by a review of checklist language clarity. The primary investigator consistently reviewed the data gathered each day to ensure it was complete, accurate, and clearly

4.12 operational definition

Contraceptive Utilization - use of modern method to postpone or prevent getting pregnant for the past one month.

Modern methods- sterilization pills, IUDs, injectables, implants, male and female condoms, .
Stable sexual relationship – women with one sexual partner.

4.13 Ethical consideration

Ethical approval was acquired from the family medicine department of Addis Ababa University. Every responder was offered the choice to either take part in or not engage in the study. while their informed permission is being sought throughout the data collecting process. Names or codes were not collected in the questionnaire to ensure confidentiality.

4.14 Dissemination of the Result

The result of this study will be presented to this department of Family medicine and will be given to Teklehaimanot health center Addis Ababa. Publication on peer reviewed journal will be considered

5 RESULTS

5.1 Sociodemographic and baseline characteristics

All in all, 258 HIV-positive women were participated in the study, having a response rate of a response rate of 100 %. Around 207 (80.2%) of the respondents aged between 34-49 years. Almost half of the research respondents 129 (50.0 %) were married, 230 (89.1%) were orthodox Christians and 90 (34.8%) of the women had less than primary education. 80 (31%) of them are employed at private organization and 61 (23.6%) of them are housewife. Near half of the respondents 122 (47.3%) earned a monthly living between 1000-3000 Ethiopian birr. (**Table 1**)

Table 1 Sociodemographic features of reproductive-age women visiting ART clinic of Teklehaimanot health center Addis Ababa from, June to August, 2023.

Variables	Frequency	Percentage
Age		
15-24	9	3.5
24-34	42	16.3
34-49	207	80.2
Religion		
Orthodox	230	89.1
Catholic	5	1.9
Protestant	8	3.1
Muslim	15	5.8
Educational status		
Illiterate	29	11.2
Able to read and write	61	23.6
Primary Education	80	31.0
Secondary Education	60	23.3
Tertiary or university	28	10.9
Marital status		
Single	52	20.2
Married or cohabited	129	50.0
Widowed, separated or divorced	77	29.8
Occupation		
Government employ	43	16.7

Private organization employed	80	31.0
Housewife	61	23.6
Day laborer	29	11.2
Commercial sex worker	14	5.4
Other	31	12.0
Monthly income		
<500	22	8.5
500-1000	98	38.0
1000-3000	122	47.3
>3000	16	6.2
Alcohol drinking		
Yes	56	21.7
No	202	78.3

5.2 Contraceptive utilization

From the total study subjects 83.7% (216) participants have ever used contraceptive and 63.2 % (163) are currently using contraception. The most used modern contraceptive methods were, condom 94 (57.8%), injectable 37 (22.5%) contraceptives and implant 15 (9.1%). The reason for choosing the method was it is convenient for use for them (84%). **(Fig 2&3)** Among 193 (74.8%) respondents who report they have ever used condoms 155 (80.3%) use it with causal sexual partner. Dual protection was known by 191 (74%) of the participants. 238 (92.2%) of the respondents take ART drug for more than 3 years and 87.6% of them had CD4 count greater than 500. **(Table 2)**

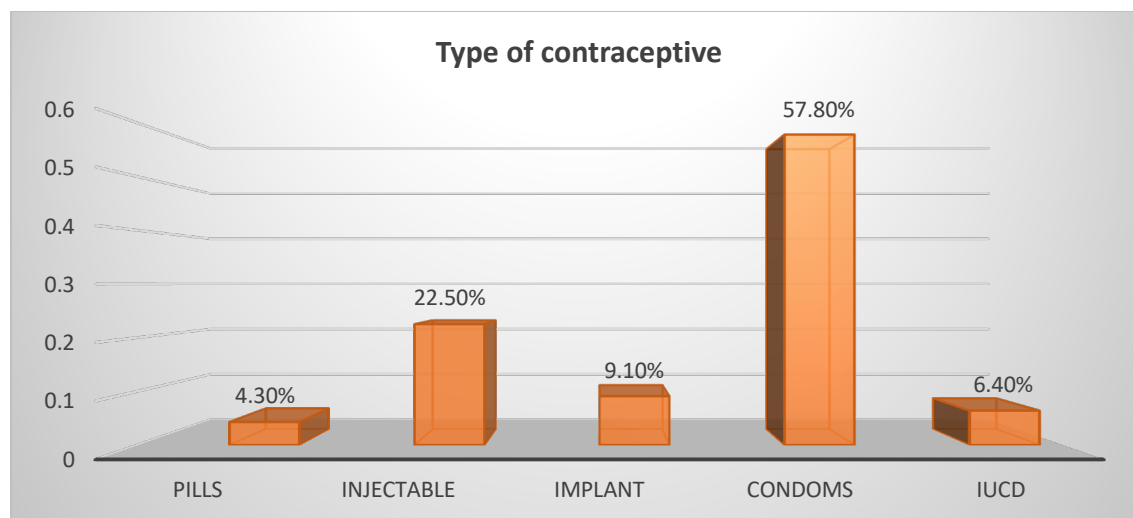


Figure 2 The contraceptive methods employed by women of reproductive age attending ART units of Teklehaimanot health center Addis Ababa from, June to August, 2023.

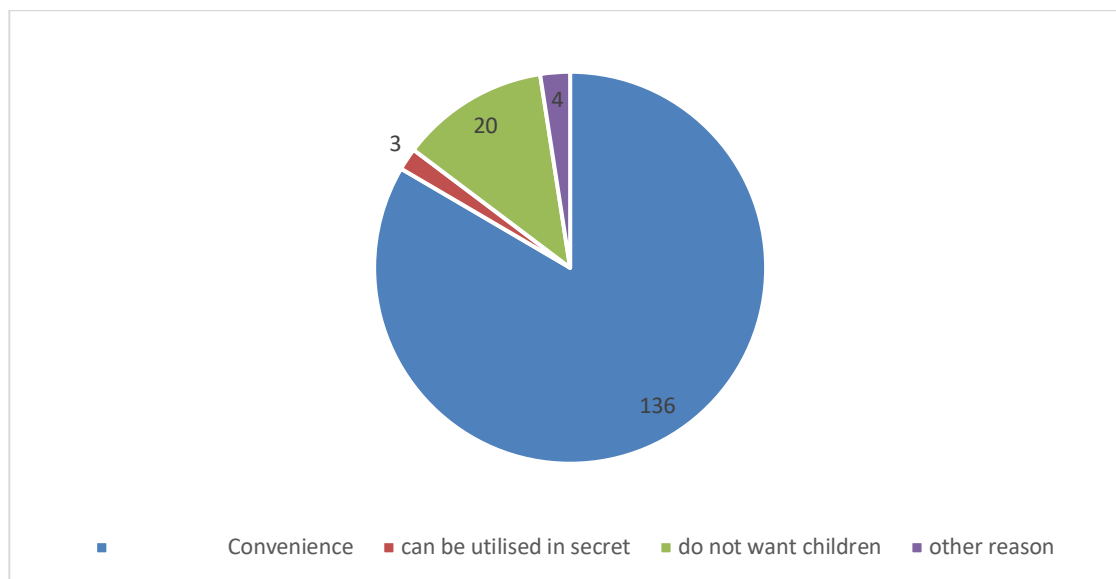


Figure 3 Reason of using the specific contraception by HIV-positive women of reproductive age attending ART clinic of Teklehaimanot health center Addis Ababa from, June to August 2023.

Table 2 Factors related to contraception among HIV-positive women of reproductive age who are receiving care at ART facilities of Teklehaimanot health center Addis Ababa from, June to August 2023.

Variable	Frequency	Percent
Have you ever used contraceptive		
yes	216	83.7
No	42	16.3
Are you currently using contraceptive		
yes	163	63.2
No	95	36.8
Why the particular contraceptive method chosen		
Convenience	136	84.0
Can be used secretly	3	1.6
No longer want more children	20	12.8
Other	4	1.6
Have you ever used condoms		
Yes	193	74.8
No	65	25.2
when do you often use condom		
with regular sexual partner	38	19.7
with casual sexual partner	155	80.3
Have you heard of dual protection		
Yes	67	26.0
No	191	74.0
Do you believe HIV-positive couples should regularly utilize condoms?		
yes	168	65.1
No	90	34.9

5.3 Clinical and social factors

Concerning duration on treatment, 238 (92.2%) of the participants take ART medication for more than three years and 226 (87.6%) of them had CD4 count above five hundred. Partners serostatus is known by 180 (69.8%) of the respondents. Among this 138 (76.7%) of them are seropositive and 42 (23.3%) seronegative. More than half of the participants 193 (74.8%) had disclosed their HIV status to their partner and about 56 (21.7%) of them changed sexual partner after knowing their status. **(Table 3)**

Table 3 Clinical factors HIV positive reproductive age women, attending ART units of Teklehaimanot health center Addis Ababa from, June to August 2023.

Variable	Frequency	Percent
Duration on ART		
less than 3 years	20	7.8
More than 3 years	238	92.2
CD4 count		
>500	226	87.6
<500	32	12.4
Do you know what your partner's status is?		
Yes	180	69.8
No	78	30.2
If yes, what's the outcome?		
Positive	138	76.7
Negative	42	23.3
Have you told your sexual partner about your sero status?		
Yes	193	74.8

No	65	25.2
Have you changed your regular partner after the diagnosis?		
Yes	56	21.7
No	202	78.3
Were you treated for STIs after you were diagnosed with HIV?		
Yes	35	13.6
No	223	86.4

5.4 Reproductive and sexual factors

Based on the finding half of the participants 142 (55.0%) had less than two family sizes, 232 (89.9%) had history of child lose and, 77 (29.8%) did not desire future pregnancy. Regarding sexual activity 152 (58.9%) of them had stable sexual relationship and 181 (70.2%) had history of sexual contact over the last six month. **(Table 4)**

Table 4 Reproductive and sexual factors of HIV positive reproductive age group women, at ART clinic of Teklehaimanot health center Addis Ababa from, June to August 2023.

Variable	Frequency	Percent
How many children do you have		
0	78	30.2
1	64	24.8
2	64	24.8
3	52	20.2
Have any of your children died or had abortion		
Yes	232	89.9
No	26	10.1
Do you intend to have more children		
Yes	77	29.8
No	181	70.2
Do you have stable sexual relationship		

Yes	152	58.9
No	106	41.1
Did you have sex in the last 6 months		
Yes	181	70.2
No	77	29.8
On average how often did you have sex in the past 6 month		
3 times per week	48	26.5
once a week	54	29.8
once a month	61	33.7
Less than once a month	18	9.9
Number of sexual partners you have had in the past 6 month		
1	206	79.8
>1	52	20.2

5.5 Predictors of contraceptive utilization

In the bivariate analysis, Age, marital status, CD4 count, disclosure of HIV status to partner, history of child death, future need of pregnancy, change of sexual partner and number of sexual partners were significantly associated with contraceptive utilization at $P < 0.25$.

In multivariable logistic regression five variables, i.e., Marital status, CD4 count, history of child loses, no need of future pregnancy and number of sexual partners were remained significantly associated with contraceptive utilization at $p < 0.05$.

Being married (AOR:1.30; 1.02-1.66), CD4 count above five hundred (AOR:1.47; 1.17-1.77), history of child loses (AOR: 1.54; 1.42-1.96), future need of pregnancy (AOR:1.19; 1.69-2.19) and, number of sexual Partner (AOR: 2.57; 1.90-3.48) were predictors of contraceptive utilization among HIV positive women of reproductive age.

As compared to single women married women are 1.30 times more likely to use contraceptive (AOR:1.30, 1.02–1.66). In addition, patients with CD4 count above 500 (AOR:1.47; 1.17–1.77), history of child lose (AOR:1.54, 1.42–1.69), no need of future pregnancy (AOR: 1.19; 1.69- 2.19) and women's with more than sexual partner (AOR: 2.57; 1.90–3.48) to use contraceptives more likely. (Table 5).

Table 5 Bivariate and multivariate analysis of factors associated with the use of contraceptives among reproductive age women living with HIV, at ART clinic of Teklehaimanot health center Addis Ababa from, June to August 2023.

Variable	Contraceptive utilization		COR (95% CI)	AOR (95% CI)
Age	Yes	No		
15-24	7	2	1	
24-34	31	11	0.44 (0.08,2.15)	
34-49	125	82	0.54 (0.26,1.14)	
Marital status				
Single	30	22	1	1
Married	79	50	1.72 (0.83,3.59)	1.30 (1.02–1.66)
Widowed/ divorced	54	23	1.48 (0.81,2.72)	1.37 (1.07–1.75)
CD4 count				
<500	25	7	1	1
>500	138	88	0.44 (0.18, 1.06)	1.47 (1.17–1.77)
Have you told your sexual partner about your sero status?				
Yes	126	67	1	
No	37	28	1.42 (0.80, 2.52)	
Child lose				
Yes	142	90	1	
No	21	5	1.38 (1.14, 2.03)	1.54 (1.42–1.69)
Need of pregnancy				
Yes	44	33	1	1
No	119	62	1.51 (1.14, 2.93)	1.19 (1.69, 2.19)
Have you changed partner since the diagnosis				
Yes	39	17	1.44 (0.76, 2.73)	
No	124	78	1	
Number of sexual partners				
One	131	75	1	1
More than one	32	20	2.77 (2.07–3.69)	2.57 (1.90–3.48)

6 DISCUSSIONS

The prevalence of contraceptive use among HIV infected women was 63.2%. This finding is higher than a study that was done in Gondar, Ethiopia (50%), and Amhara region (47%). (20, 23) However less than research conducted in Addis Ababa (78%) and the national average of (81.4%) reported by EDHS 2016. (13,30) The low prevalence of contraceptive use may be caused by HIV-positive women's attitudes towards using contraceptives due to misconceptions, culture and religious barriers or low availability of the preferred methods and sociodemographic variation. (21)

In our study, (57.8%) of women preferred to use condoms which is followed by injectable contraceptives (22.5%), that corresponds with a study that was conducted in northern Uganda where the male condom was the most widely utilized method (99.4%). (17) In contrast, a study carried out in the Tigray region and Gondar found that injectables were the most preferred means of birth control. (21) This might be attributed to concern about adverse effects from hormonal contraceptives and for the aim preventing other sexually transmitted infections. Pills are used only by (4.3 %) of the participants perhaps as a result of the increased pill burden while taking both ART and oral contraceptive.

According to our research, married women had a 1.30 times higher likelihood of using contraception than unmarried women. (AOR:1.30, 1.02–1.66). This is consistent with research from Ethiopia and Nigeria showing that married women are more inclined than single women to use modern methods of contraception. (18,28) The reasons might be that married women may be more likely to have a stable partner and therefore may be more motivated to avoid unintended pregnancies.

The study showed that patients with CD4 count above 500 to use contraceptives more likely (AOR:1.47; 1.17–1.77). This indicates that individuals with higher CD4 counts are more likely to engage in risk-reducing behaviors. The possible explanation is that they have better access to healthcare and are therefore more likely to receive counseling and health education.

In addition, women with no history of child lose were 1.54 times more likely to use contraceptive than women who lose child (AOR:1.54; 1.42–1.69). Data from Botswana supports this, showing

that women who had never lost a child were more inclined to adopt modern contraceptive techniques than those who had. (6). Similarly, a study in Nigeria found that women who had not experienced child loss been more likely to use modern contraceptive methods as compared to those who had lost a child (18). The wish to have a new child is perhaps an explanation of this.

Conversely, women who do not intend to become pregnant in the future use contraceptives more likely than women's who need more children (AOR: 1.19; 1.69, 2.19). This implies that women who do not desire additional children are more likely to take steps to avoid the risks and responsibilities associated with pregnancy and parenthood. Studies have demonstrated that women who are not interested in having children tend to adopt efficient contraceptive methods, such as long-acting contraceptives and permanent methods.

Finally, women who have multiple sexual partners been 2.57 times more likely to use contraceptive than women with one sexual partner (AOR: 2.57; 1.90–3.48). This result is consistent with previous research that has shown that women who have multiple sexual partners are more likely to use contraceptives, particularly if they are at high risk for STIs or have a history of unintended pregnancy. (14)

7 CONCLUSIONS

The prevalence of contraceptive utilization in women living with HIV in our study setting was 63.2%. Marital status, CD4 count, history of child loses, no need of future pregnancy and number of sexual partners were predictors of contraceptive utilization in HIV positive women. The high prevalence of contraceptive utilization suggests that women living with HIV in the study setting are taking proactive steps to reduce the risk of vertical transmission. However, enhancing accessibility to contraception is still necessary. The identification of predictors of can inform targeted interventions that address the specific needs of different subgroups. For example, interventions that focus on improving access to contraceptives for those with lower CD4 counts, or those who have experienced child losses may be particularly effective.

8 LIMITATIONS

Due to the cross-sectional nature of the study, the temporal relationship could not be established between the explanatory and outcome variable. Second, since the study was done at facility level, that may overestimate the prevalence of contraceptive use. In this study, only individual level variables were examined. Therefore, considering the perspective of the service providers would have been crucial.

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ANNEX –I consent form

My name is

I'm part of the research team from Addis Ababa University examining the prevalence and factors related to contraceptive use among HIV-positive women of reproductive age enrolled in HIV care.

Our primary goal is to determine contraceptive usage among HIV-positive women, identify their favored methods, and explore the various factors influencing contraceptive utilization in this group. Your involvement and honest feedback are crucial for the study's success, and rest assured, participating will not pose any harm to you.

The study will involve a 20–30-minute interview, potentially touching on personal and intimate topics. Your responses will greatly aid in enhancing family planning services through program implementation. Your identity will remain anonymous, and all information shared will be handled with strict confidentiality solely for this research project's purposes. You have the right to decline answering any questions and can stop the interview at any point without repercussions; your participation is entirely voluntary. Are you willing to participate?

Yes No

If you agree to participate, I will ask you.

If you have questions regarding this study, you can ask immediately the interviewer or late the investigator.

Name Alem Tsehayneh

Email mitseshayneh@gmail.com

ANNEX- II questionner

Part One : Demographic variable of participant

No	Questions	response	code	skip
101	How old are you?	----- years (age in complete years)		
102	Religion	Orthodox Catholic Protestant Muslim Others		
103	Educational level	Illiterate (can't read and write) Able to read and write (no grade) Primary Secondary Tertiary or university		
104	Marital status	1. Single 2.Married 3. widowed 4. Cohabiting partner 5. Divorced 6.Separated		
105	Main Occupation	Unemployed Government employ Private organization employ. Day laborer Commercial sex workers Student 7. Other -----		
106	Do you have monthly income?			
107	Total monthly income			
108	Drink alcohol	Yes 1 No... 2		

Part two :Contraceptive and condom use among the study participants.

209	Have you ever use contraception	Yes 1 No..... 2		
210	Are you currently using a family planning method?	Yes 1 No..... 2		214
211	Do you use more than one method of contraception?	Yes 1 No..... 2		
212	What main contraceptivemethods are you using?	Pills..... 1 Injection... .. 2 Implant 3 Condom 4 Periodic 5 Abstinence..... 6 Withdrawal 7		
213	Why was that particular method chosen?	Convenience..... 1 Cost (it is cheap) 2 Can be used secretly..... 3 No longer want more children..... 4 Other..... 5		
214	Would you recommend contraception to others?	Yes 1 No..... 2 Not certain... .. 3		
215	Have you ever used condoms?	Yes 1 No..... 2		218
216	How would you best describe your use of condoms in the last6 months?	1.Always use (consistently use)2.Often use 3.Sometimes use4.Rarely use		
217	When do you often usecondoms?	With regular sexual partners With casual sexual partners		

218	Have you ever heard of dual protection?	Yes 1 No..... 2		
219	Do you think HIV positive couples should consistently use condoms?	Yes 1 No..... 2		321
220	Why should HIV positive persons use condoms?	Prevent re-infection Prevent STDs Prevent infecting their sexual partners		

Part three: Clinical and social factor of participants

321	Are you currently is on ARVs?	Yes 1 No... 2		323
322	Duration on ARVs	Write number 1 I can't remember 2 I don't know 3		
323	Your CD4 number is	Write number 1 I can't remember 2 I don't know 3		
324	Do you know the HIV status of your regular Partner /partners?	Yes 1 No... 2		326
325	If yes what was the result?	Positive 1 Negative 2		
326	Did you disclose your status to your sexual partner?	Yes 1 No... 2		
327	Have you changed regular sexual partners since HIV diagnosis?	Yes 1 No... 2		329
328	If they have changed partners, what were the reasons?	Partner died... 1 Divorced... 2 Rejected by spouse..... 3 Other reasons 4		
329	Are you treated for STD since HIV diagnosis?	Yes 1 No... 2		

Part four: Reproductive and sexual factor of participant

No	Questions	Response category	code	skip
430	How many children do you have?	_____		
431	Have any of your children died?	Yes 1 No..... 2		
432	Do you intend to have any more children?	Yes 1 No..... 2		
433	Do you have stable sexual relationship?	Yes 1 No..... 2		
434	Did you had sex in the last 6months?	Yes 1 No..... 2		437
435	On average, how often did you have sex in the last 6 months?	At least 3 times per week 1 Around once a week... 2 About once a month... 3 Less frequently than once a month... 4 Never had... 5		
436	How many sexual partners have you had in the last 6months?	None..... 1 One..... 2 Two... 3 Three 4 More than 3... 5		
437	Does your regular partner know your HIV status?	1.Yes 2.No 3.Don't know		

ANNEX- III

የግንዛቤ እና ፈቃደኝነት መጠየቂያ ቅጽ

የወሊድ መቆጣጠሪያ ኦሪብ አስመልክቶ የላቸውን እውቀት፣ ዝንባሌ እና ልምድ ለመገምገም የፀረኤች.አይ. ቪ. መድሀኒት ከትትል በማድረግ ላይ ባሉ እና የመውለድ እድሜ ክልል ውስጥ በሚገኙ ሴቶች ላይ የሚደረገውን ጥናት ለማካሄድ የተዘጋጀ የ ፈቃድ መጠየቂያ ፎርም፡፡

እንደምንደረሩ/ዋሉ? እንደምንነዎት?

እኔስሜ..... ይባላል፡፡

የምሰራውም በአዲስ አበባ ጥቁር አንበሳ ሆስፒታል የወሊድ መቆጣጠሪያ ኦሪብ አስመልክቶ የላቸውን እውቀት፣ ዝንባሌ እና ልምድ ለመገምገም የፀረኤች.አይ. ቪ. መድሀኒት ከትትል በማድረግ ላይ ባሉ እና የመውለድ እድሜ ክልል ውስጥ በሚገኙ ሴቶች ላይ የሚያጠኑ ሰዎች ቡድን አባል ነኝ፡፡ ነኝ፡፡ እርስዎ በጥናቱ ላይ እንዲሳተፉ እጋብዝዎታለሁ፡፡ በጥናቱ ላይ መሳተፍ በፍቃደኝነት ላይ የተመሰረተ ነው፡፡ ስለዚህም በጥናቱ እንዲሳተፉ ፈቃደኝነትዎን እንዲሰጡን እጠይቅዎታለሁ፡፡ ስለጥናቱ መጠየቅ የሚፈልጉት ጥያቄ ካለ በዝርዝር ለመመለስ ፍቃደኛ መሆኔን እገልጽዎታለሁ፡፡

ጥናቱ የሚካሄደው በቃለ-መጠይቅ መልክ ነው፡፡ ቃለ-መጠይቁ እስከ 30 ደቂቃ ሊወስድ ይችላል፡፡ በቃለ-መጠይቁ የሚሰጧቸው ማንኛውም መረጃ በሚስጥር የሚያዙ መሆኑን መግለጽ እወዳለሁ፡፡ የሚሰበሰበው መረጃ ተጠቃሎ የሚቀርብና የእያንዳንዱ ሰው መረጃ በተናጠል የማያሳይ መሆኑን እገልጻለሁ፡፡

የዚህ ጥናት ዋና አላማኤች.አይ.ቪ. በደማቸው ውስጥ ያለባቸው እና የፀረኤች.አይ.ቪ. መድሀኒት ከትትል በማድረግ ላይ ያሉ ሴቶች ስለወሊድ መቆጣጠሪያ መጠቀም፣ መምረጥን እና ከመጠቀም እና ካለመጠቀም ጋር የተያያዙ ምክንያቶችን አስመልክቶ የላቸውን እውቀት እና ዝንባሌ ለመዳሰስ ነው፡፡ ስለዚህ የእርስዎ መሳተፍ እና ትክክለኛ መልስ የዚህን ጥናት አላማ ለማሳካት በጣም ጠቃሚ ነው፡፡

መጠይቁን በሚመለከት ማንኛውም አይነት ችግር ካለ በሚከተለው አድራሻ ማሳወቅ ይቻላል፡፡

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- Email: mitsehayneh@gmail.com

ከላይ የተጠቀሰውን መረጃ በደንብ ተገንዝቢያለሁ፡፡ በዚህ ጥናት በመሳተፌ የማገኘው ጥቅም ጥቅምም ሆነ የሚያደርስብኝ ጉዳት አለመኖሩን ስለተረዳሁ በጥናቱ ላይ ለመሳተፍ ፍቃደኝነትን በፊርማዬ አረጋግጣለሁ፡፡

የተጠያቂው ፊርማ

ANNEX -IV

የአማርኛ መጠይቅ

ክፍል አንድ ፡ የማህበራዊና ኢኮኖሚያዊ ሁኔታን የሚዳስሱ መጠይቆች

No	ጥያቄ	መልሶች	ኮዶች	ዝላል
101	እድሜዎ ስንት ነው?	() ዓመት		
102	ሀይማኖትዎ ምንድነው ?	1. ኦርቶዶክስ 2. ካቶሊክ 3. ፕሮቴስታንት 4. ሙስሊም 5. ሌላ		
103	የትምህርት ደረጃዎ	1. ማንበብ ና መጻፍ የማይችል 2. ማንበብ ና መጻፍ የሚችል 3. የመጀመሪያ ደረጃ ትምህርት ያጠናቀቀ 4. ሁለተኛ ደረጃ ትምህርት ያጠናቀቀ 5. ከፋተኛ ትምህርት ያጠናቀቀ		
104	የጋብቻ ሁኔታ	1. ያላገባች 2. ያገባች 3. ባልየሞተባት 4. የፈታች 5. አብረው የሚኖሩ 6. የተለያዩ		
105	በአሁን ጊዜ የሚተዳደሩበት የሥራ አይነት	1. የመንግስት ሰራተኛ 2. የግል ስራተቀጣሪ 3. የቤት መቤት 4. የቀን ሰራተኛ 5. ሴተኛ አዳሪ 6. ተማሪ 7. ሌላ ካለይጠቀስ-----		
106	የወርገ አለዎት?	1. አዎን		108
		2. የለኝም		
107	ጠቅላላ የወር ገቢዎ ምን ያህል ነው?	1. የኢት. ብር		

		2. አላውቅም		
108	አልኮል ይጠጣሉ ?	1. አዎን 2. አልጠጣም		

ክፍልሁለት፡የወሊድመቆጣጠሪያእናኮንዶምመጠቀምንየተመለከቱመጠይቆች

209	የወሊድመቆጣጠሪያተጠቅመውያውቃሉ?	1. አዎን 2. አላውቅም		
210	አሁንየወሊድመቆጣጠሪያእየተጠቀሙኑው ?	3. አዎን 4. አልጠቀምም		21 4
211	ከአንድበላይየወሊድመቆጣጠሪያይጠቀማሉ?	1.አዎን 2.አልጠቀም		
212	በዋናነትየትኛውንመቆጣጠሪያይጠቀማሉ?	1.እንክብ(ፒልስ) 2.መርፌ 3. በክንድስርየሚቀበር 4.ሉፕ5.ኮንዶም 6.የወርአበባጊዜንበመቁጠር 7.በመታቀብ 8.ወንድየዘርፍሬን ከማህጸንውጭበማፍሰስ 9.ሌላ ካለይገለፅ		
213	አሁንየሚጠቀሙበትንየወሊድመቆጣጠሪያለምን መረጡት?	1.በቀላሉስለሚገኝ 2.ርካሽስለሆነ 3.በሚስጥርመጠቀምስለሚቻል 4.ተጨማሪልጅስለማልፈልግ 5.እርግዝናን እናኤች.አይ.ቪንስለሚከላከል 6.ሌላ ካለይገለጽ-----		

214	የወሊድ መቆጣጠሪያ ሌሎች እንዲጠቀሙት መከራከያ ለሽ?	1. አዎን 2. አልመከርም 3. አልፎ አልፎ		
215	ኮንዶምተጠቅመው ያውቃሉ?	1. አዎን 2. አላውቅም		21 8
216	ባለፉት ስድስት ወራት የኮንዶም አጠቃቀም ሽንገል እንዴት ትገልጭዋለሽ?	1. ሁል ጊዜ አጠቃማለሁ 2. በአብዛኛው ጊዜ አጠቃማለሁ 3. አልፎ አልፎ አጠቃማለሁ 4. በጥቂቱ አጠቃማለሁ		
217	ኮንዶም ሁል ጊዜ የምትጠቀሟቸው መቼ ነው?	1. ከመደበኛ የፍቅር ጓደኛዬ ጋር 2. መደበኛ ካልሆነ የፍቅር ጓደኛዬ ጋር		
218	ሁለት አይነት መከላከያን ስለመጠቀም ስምተውተው ቂያለሽ?	1. አዎን 2. አላውቅም		
219	ከቫይረሱ ጋር የሚኖሩ ጥንዶች ሁል ጊዜ ኮንዶም መጠቀም ያለባቸው ይመስልዎታል?	1. አዎን 2. አይመስለኝም		32 1
220	ቫይረሱ በደሙ ውስጥ ያለው ኮንዶም መጠቀም ያለበት ለምን ድነው?	1. በድጋሜ መበከልን ለመከላከል 2. ከአባላዘር በሽታ ለመከላከል 3. የፍቅር ጓደኛን ለመጠበቅ		

ክፍል ሶስት፡ የጤና እና የማህበራዊ ግንኙነት ሁኔታዎች

321	የፀረ ኤች.አይ.ቪ መድሃኒት ጀምረዋል?	1. አዎን 2. አልጀመርኩም		323
322	የፀረ ኤች.አይ.ቪ መድሃኒት መውሰድ ከጀመሩ ምን ያህል ጊዜ ሆኖዎታል?	1. ቁጥሩን ይጻፉ----- 2. አላስታውስም 3. አላውቅም		

323	የቅርብ ጊዜ የሲዲፎር ቁጥርዎ ስንት ደርሶዋል?	1. ቁጥሩንይጻፉ----- 2. አላስታውስም 3. አላውቅም		
324	የመደበኛ የፍቅርጓደኛዎ/ጓደኞችዎ ኤች.አይ.ቪ የደም ምርመራ ውጤት ያውቃሉ?	1. አዎ 2. አላውቅም		326
325	መልስዎ አዎ ከሆነ የፍቅር ጓደኛዎ/ባለቤትዎ የደም ምርመራ ውጤት ምን ነበር?	1. ፖዘቲቭ 2. ነገቲቭ		
326	የኤች.አይ.ቪ የደም ምርመራ ውጤትዎን ለፍቅር ጓደኛዎ/ባለቤትዎ አሳውቀዋል?	1.አዎን 2. አሳውቅኩም 3. መልስየለም		
327	ቫይረሱ በደምዎ እንዳለካወቁ በኋላ የፍቅርጓደኛ ቀይረዋል?	1.አዎን 2.አልቀየርኩም		329
328	መልስዎ አዎን ከሆነ የፍቅር ጓደኛ የቀየሩት ለምነድነው?	1.ጓደኛዬስለሞተ 2.በፍቺምከንያት 3.ትቶኝ ስለሄደ 4.ሌላምከንያት		
329	ቫይረሱ በደምዎ ከተገኘ በኋላ የአባላዘር በሽታ ይዞዎት ያውቃል ?	1. አዎን 2. አያውቅም		

ክፍለአራት :የስነተዋልዶእናጾታዊግንኝነትንየተመለከተመጠይቅ

430	ስንት ልጆች አሉዎት ?			
431	ልጅ ሞቶብዎት ያውቃል ?	1. አዎ 2.አያውቅም		
432	ተጨማሪ ልጅ እንዲኖርዎ ይፈልጋሉ?	1.አዎ 2. አልፈልግም		
433	የተረጋጋ የፍቅር ግኑኝነት አለዎት?	1.አዎ 2.የለኝም		
434	ባለፉት 6 ወራት የግብረሰጋ ግኑኝነት አድርገው ያውቃሉ	1.አዎ 2.አላደረኩም		437
435	ባለፉት 6 ወራት በግምት በየስንት ጊዜው የግብረሰጋግኑኝነት አድርገዋል?	1.በሳምንተሶስትጊዜ 2.በሳምንትአንድጊዜ 3.በወርአንድጊዜ 4. በወር ከአንድ ጊዜ ያነሰ		
436	ባለፉት ስድስትወራትስንት የፍቅርጓደኞች ነበርዎት?	1. ምንም አልነበረኝም 2. አንድ 3. ሁለት 4.ሶስት 5.ከሶስትበላይ		
437	መደበኛ የፍቅርጓደኛዎ ቫይረሱ በደምዎ እንዳለ ያውቃል?	1.አዎን 2.አያውቅም 3.አላውቅም		
