ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

Assessment of postpartum contraceptive adoption and associated factors in Butajira Health and Demographic Surveillance Site (HDSS), in Southern Ethiopia.

Investigator - Mahilet Getachew (BSc)

Advisor - Abiy Seifu (MPH)

- **Professor Misganaw Fantahun**

THESIS SUBMITTED TO ADDIS ABABA UNIVERSITY SCHOOL OF PUBLIC HEALTH COLLEGE OF HEALTH SCIENCES. IN PARTIAL FULFILMENT OF THE REQUERMENTS FOR THE DEGREE OF MASTERS OF PUBLIC HEALTH IN REPRODUCTIVE HEALTH

Jun, 2015.

Name of investigator	Mahilet Getachew
Name of Advisors	Abiy Seifu(MPH) Professor Misganaw Fantahun
Full title of the research project	Assessment of postpartum contraceptive adoption and associated factors in Butajira Health and Demographic Surveillance Site (HDSS), in Southern Ethiopia..
Duration of project	July 2015- June 2016
Study Area	Butajjira (HDSS)
Address of investigator	Tel:0941933893 Mail: getachewmahilet@gmail.com

Acknowledgment

My deepest gratitude goes to my advisors Professor Misganaw Fantahun for his supportive comments and suggestions during the development of the proposal and Abiy Seifu (MPH) Reproductive Health & Health service management Coordinator for his invaluable support, comments and guidance for this thesis work. I would like to thank Addis Ababa University School of Public Health for giving me the chance to be involved in this thesis. I am also grateful to the United Nation Population Fund (UNFPA) for the financial support. My deepest appreciation also extends to all staffs of Butajjira rural health program, data collectors of Butajjira HDSS and participants of the study. I would like to thank the AAU librarians and other staffs who have contributed for this work. Last but not least I would like thank all my colleagues who were directly or indirectly contributed to this work.

Table of Contents

List of table

List of figures

Acronyms

ANC	Antenatal Care
COC	Combined Oral Contraceptive
DHS	Demographic Health Survey
EDHS	Ethiopian Demographic Health Survey
EPPP	Extended Postpartum Period
FP	Family Planning
HDSS	Health and Demographic Surveillance Site
IUCD	Intra Uterine Contraceptive Device
PNC	Post Natal Care
POP	Progesterone Only Pill
PPFP	Postpartum Family Planning
WHO	World Health Organization

Abstract

Background: Using PPFP during the first year after delivery helps the women to realize their desire of spacing between births and their wish to keep absent from child bearing. But women in postpartum period do not get the service that deal with their desire to extend birth interval and to evade untended pregnancy and its outcome. Resumption of sex exposes postpartum mothers to risk of unintended pregnancy even before return of menstruation after delivery. This study attempt to measure the 12 months FP experience of women. So, the result of this study is helpful on improving and designing appropriate family planning program during postpartum period.

Objectives: To determine level of postpartum contraceptive adoption and identify factors associated among women of reproductive age group (15-49 years) in the first twelve months after delivery.

Methods: Community based cross sectional study was conducted in Butajira HDSS from Feb 2016- Mar 2016. Single population proportion formula was used to calculate the final sample size of 421. All the ten Kebeles in the HDSS were included in the study. Using the demographic surveillance data as sample frame simple random sampling technique was applied to recruit the study subjects after allocation of the sample size proportional to the size of each Kebele. After getting informed consent from each study participant interviewer administered pretested questionnaire was used to collect the data. Data was entered using Epi Info 7 and exported to STATA12 for cleaning and analysis. Bivariate and multivariate logistic regression analyses were applied to estimate the crude and adjusted odds ratios with 95% CI to determine the presence and strength of association.

Result: Nearly half (47%) of women use contraceptive during the extended postpartum period. Among this 10(2.4%) women adopted family planning in the first 42 days after delivery, 76(18%) adopted during the first three months and 156(37%) adopted during the first six months after delivery. The most commonly used method was inject able which is 77% during extended postpartum period. Discussion with husband [AOR =0.28;95%CI(0.10-0.77)], knowledge of family planning **[**AOR=3.71;95%CI (1.93-7.12)], menstrual resumption [AOR=3.71;95%CI(1.93-7.12)], having ANC [AOR=3.81;95%CI(1.53-9.51)], having PNC [AOR =2.84;95%CI(1.44-5.58)] and having linkage to FP service during immunization visit [AOR =4.31 ;95%CI (2.10-8.81)] were collarets that have significant association with postpartum contraceptive use.

Conclusion and recommendation; PPFP use in Butajjira HDSS is low and is dominated by injectable contraceptives. Discussion with husband, knowledge of FP and use of ANC, PNC and child immunization services was positively correlated with likelihood of using PPFP. Integrating PPFP service with maternal and child health care service further improve the utilization of the service.

1. Introduction

1.1 Background

Postpartum family planning is important to protect women from unplanned pregnancies and to avoid very close birth to pregnancy intervals by using contraceptive in the first one year after child birth. According to the recommendation of WHO, after a woman gave birth she has to stay for at least two years prior to the next pregnancy to ease the risk to maternal, pre-natal and infant outcome[1].

The purpose of the broad PPFP service is to help women to settle on choice of the method, to begin using it and to keep on as far as they want based on their fertility desire [2].

Using contraceptive during postpartum help women to space pregnancy at least for two years after she gave birth by doing this 30% of maternal deaths and 10% of child death could be avoided [3].

Women need to avoid pregnancy so soon after delivery but due to different reasons they could not be able to get contraceptive to be protected from unintended pregnancy. So, majority of women became pregnant 7-9 months after they gave birth [4].

The analysis 27 countries DHS reported 65% of women want to avoid pregnancy in the next twelve months after delivery even though they are not using it. Moreover, 30% of women use contraceptive during postpartum of this the lowest proportion goes to sub-Saharan Africa which is 18% [5].

In developing countries the risk of low birth weight and prematurity increase two times if pregnancy occurs less than six month of previous delivery and also children who are born less than two years from previous birth are 60% more likely to die during infancy than those born greater than two years [6].

Particularly in Ethiopia 47% of women have spaced for less than 24 months after they gave birth to the former child. Women exposed to the possibility of pregnancy during six months after they gave birth are 37% and 64% exposed to pregnancy within 6-11months after child birth. This fact proofs that considerable number of women are not using contraceptive during postpartum period. Infant mortality rate and under-five mortality rate showed significant reduction from 122/1000 to 49/1000and from 179/1000 to 72/1000 respectively by lengthening the duration from birth to next pregnancy interval from 15 months to 38 months[7].

1.2. Statement of the problem

Even if the utilization of family planning rate is increasing from time to time evidence shows that it is still less likely for sub-Saharan Africa. Postpartum family planning is one of the facilitator to increase the uptake of family planning both for spacing and limiting purposes. Using PPFP during the first year after delivery helps the women to realize their desire of spacing between births and their wish to keep away from unplanned pregnancy. But women in postpartum period do not get the service that deal with their desire to extend birth interval and to evade unintended pregnancy and its outcome. In Ethiopia 81% of women do not use PPFP. This is due to most of women not realizing they could get pregnant during twelve months after delivery [8].

Analysis done by using data from 2011 Ethiopian DHS showed 4% and 9% of pregnancies occur with in less than six months and less than twelve months respectively after prior delivery. This closely spaced birth interval will expose women to risk of maternal, infant and child outcomes [9].

According to WHO "programmatic strategies for PPFP" maternal health care services and routine immunization service are continuum points of contact for providing information about FP, offering service and for linking women to PPFP. The overall goal is to reach women with scientifically-sound family planning methods and to increase the uptake [10]. Hence, this study measures the prevalence of PPFP use in first 12 months after delivery and to identify its correlates in Butajjira HDSS. Studies done in our country do not assess level of existing service on linking women who are coming to health institute for child immunization to the co-located FP service and its significance on PPFP utilization which is attempted to assess by this study.

1.3. The rationale of the study

Having interval between pregnancies at least for two years has significant contribution to avert unintended pregnancy, abortion, maternal mortality, low birth weight, premature birth, and Infant and child mortality. Utilization of family planning by postpartum mothers should be continuously strengthened to increase the birth interval.

Hence this study is intended to assess prevalence of postpartum contraceptive utilization and factors associated with it. The result of this study is helpful on improving and designing appropriate family planning program during postpartum period.

The result found from this study helps to develop Recommendations and interventions which help to improve PPFP services in the country.

Since there is no similar study done in Butajjira HDSS previously the result will be important input to the site.

Undergoing this study also important for the principal investigator as it is needed as a requirement for the partial fulfillment to get the degree.

2. LITERATURE REVIEW

Postpartum family planning is important to prevent unintended pregnancy and closely spaced children [13]. If pregnancies are spaced by more than 2 years apart, it can help to avert more than one-third of maternal deaths and prevent 1 in 10 deaths among babies. Closely spaced pregnancies within twelve month of delivery increase the risks of preterm birth, low birth weight and small-for-gestational-age babies. Consequently, the risk of child mortality will increase [14].

If unintended pregnancy prevented, we can reduce maternal mortality by 25% and exposure to pregnancy risks will be reduced [15]. A Study done from secondary data of DHS in Nepal showed that there is high demand of postpartum contraceptive by younger women for spacing purpose and older for limiting their children but they are not using yet. Due to this 28% of women become pregnant with in twenty four month of the previous birth, 8% of them within twelve months and 3% within six months of postpartum period [16].

Analysis of demographic health survey (DHS) of 27 countries showed two fifth of women who have been twelve months since they gave birth to the prior child have unmet need for postpartum family planning and also nearly 40% of women those plan to use a method in the next twelve month but were not currently doing so [17].

Practice of Contraceptive in postpartum period

Studies done in North West Ethiopia, Thailand, Malawi, Ghana and Nigeria showed that inject able is the most commonly used family planning method in postpartum period followed by condom and pill respectively and most of women use contraceptives for spacing purpose. Government institutions are the primary source of contraception. Reason for not using PPFP is fear of side effect and need for more children [18, 19, 20, 21, 22]. But Population based cross sectional study done in Gonder town in Ethiopia showed that the main reason for not using contraception is less perceived risk for pregnancy and spousal absence [23]. A study done in Turkey showed that Intra Uterine Contraceptive Device (IUCD) was the most preferred by postpartum mothers [24]. This result is in agreement with the report of study from Mexico that showed IUCD and sterilization are the most used methods but inject able and pill are less likely used methods [25]. Again another institutional based cross sectional study done in Iran

showed that the most preferred contraceptive used by women after delivery, were Mini pill and immediate Postpartum Intra Uterine Contraceptive Device (PPIUCD) [26].

Determinants of PPFP adoption

Most of literatures reviewed showed that maternal health care; antenatal care (ANC), delivery care and postnatal care (PNC) create a great opportunity for the women to get family planning counseling and provision of methods. A community based cross sectional Study done in Ethiopia, Gonder town showed that mothers who receive ANC service consisted 89%. Out of this, more than half of them received family planning counseling. Those who received postnatal care service made 26% of the total and had nearly two times greater chance of using family planning than those not receive post natal care service [27].

A similar study done in North West Ethiopia showed women who have PNC visit were 2.19 times more likely to use postpartum family planning than those that had no follow up. The author justified that this can be due to the role of family planning advice received by the women at a hospital/health center during facility delivery and post natal care service. This result agree with the facility based cross sectional study done in Ghana that reported higher likelihood of utilization of postpartum family planning among those who received postpartum care [28].

A Facility based cross sectional Study done in Ghana showed that the proportion of women who deliver with the assistance of skilled birth attendant is two times greater for utilization of postpartum family planning than those who deliver by none skilled birth attendants [29].

Analysis of DHS done in Nigeria showed that women who have repeated ANC visit are more likely to use PPFP than those who had a visit. As the number of antenatal care visits increases the percentage, using modern methods of contraception also increases. Those women do not have ANC are only 4 % likely to use contraception. Seven percent of those have one to three antenatal care visits use PPFP but less than from those 14 % with four or more antenatal care visits. But, this result is contrast with community based cross sectional study done in North West Ethiopia which reported that there is no significant association between PPFP use and ANC [30].

Most of the time women who come for post natal care are few in number. That makes it difficult to find women before and after delivery for postnatal family planning counseling and service provision. According to WHO recommendation, infant immunization takes place at six week, ten week, fourteen week and nine month after birth. This creates a multiple and timely opportunity to reach postpartum women with family planning and information so as to improve their knowledge regarding return to fertility, the benefit of giving interval between pregnancies and option of contraceptive available for postpartum women, as well as having the access at a time in one place [31].

A randomized control trial done in Rwanda showed that by integrating family planning with child immunization service it is possible to increase the uptake of postpartum family planning and it is effective way to address unmet need for family planning among postpartum women [32]. Also Similar study done in Zambia and Ghana showed there is a potential benefit on the uptake of PPFP that could be found by integrating family planning with immunization service [33]. Another study done with the analysis of secondary data in Senegal showed that even though women came for immunization service, majority of them were not linked for PPFP [34].

Majority of studies reviewed showed that socio demographic factors including age, educational status of women and number of children alive are significantly associated with the use of PPFP.
Community based cross sectional study done in Uganda showed that a one-year increment in the age of a woman is significantly associated with reduction to use PPFP and also one child increment on the number of existing children has association with increment of use of PPFP by 9% [35]. Another study done using secondary data analysis in Malawi showed that the likely hood of PPFP use increase when the educational status of women increases [36].

An Institutional based cross sectional study done in Nairobi Kenya showed that women who are single and their husband is not living together are less likely to use PPFP [37]. Institutional base study done in Malawi showed that use of contraceptive by the women is associated with the approval and support of her husband [40]. A community based cross sectional study in Butajjira health and demographic surveillance site showed that women who have discussion about family planning and have support of husband are more likely to use family planning than those who do not [48]. Institutional based cross sectional study done in Iran reported that age of women and residence has significant association for

the adoption of a method; Women living in urban residence more likely adopt condom but those living in rural are more likely to adopt other hormonal method. Use of mini pill is common among women age less than 30 years but women more than 30 years use tubal ligation as a method [38].

Analysis of data from seventeen countries showed that Madagascar and Bangladesh women whose menses resume are ten times more likely to start PPFP than those women whose menses did not resume. This analysis also showed that in Ethiopia those women whose menses return are two times more likely to start family planning than those their menses is not returned. It also showed that women are waiting until return to sexual activity to start family planning during postpartum period [39]. This result also agreed with cross sectional studies done in Malawi and Ethiopia [40, 41].

A study done in Kenya showed that most of women heard about at least one family planning method during postpartum period but the completeness of their knowledge is not enough. Women who have good knowledge and awareness about postpartum family planning methods are more likely to adopt a method than those who have poor knowledge [42]. The result found from Community based cross sectional study done in rural India Bareilly district is supportive for the study in Kenya. It showed that the common reason for not using postpartum family planning is lack of knowledge [43]. In addition institutional based prospective interventional analytical study done in Tanzania showed that 38% of women having awareness about postpartum IUD are more likely to accept the method immediately after birth [44].

3. Objectives

3.1 General objective**;**

- To determine level of postpartum contraceptive adoption and identify associated factors among reproductive age (15-49 years) women in their first 12 months after delivery.

3.2 Specific objective

- To measure the magnitude of postpartum contraceptive use among reproductive age (15-49 years) women in their first 12 months after delivery.
- To identify method-mix adopted by reproductive age (15-49 years) women in the first 12 months after delivery.
- To identify factors associated with postpartum contraceptive use among reproductive age (15-49 years) women in their first 12 months after delivery.

4. Methods

4.1 study design

This study is Community based cross sectional study which uses quantitative technique from Feb 2016-Mar, 2016 in Butajjira HDSS. If Prospective study design with follow up were conducted, it would have been strong to identify factors of PPFP use. However, this design could not be used due to lack of resource and time.

4.2 study period

- July 2015- Jun 2016.

4.3 Description of the study area

Butajira is located in Gurage zone in the Southern Nation Nationalities and People regional state in Ethiopia. The study was conducted in the Butajira Health and Demographic Surveillance Site on a set of selected nine rural kebeles and one urban kebele. The HDSS located in Meskan and Mareko district. The HDSS has ten sites of which nine are rural and one urban. The area is located 130km south of Addis Ababa and 50km to the west of Zway town in the rift valley 8.2^{o} north latitude and 38.5^{0} east longitudes with the estimated size of $797km^2$. The main ethnic group is Gurage. Two- third of people follow the Islamic religion followed by Orthodox Christianity. The main language is Guragigna but Amharic also wildly spoken in the area. Farming in rural area and small-scale business are the main occupations. [45]

4.4 Populations

4.4.1 Source population

Women in their reproductive age (15 – 49 years) who have given birth to a live or still birth 12 to 18 months before the survey.

4.4.2 Study population

Randomly selected women in their reproductive age (15 – 49 years) who have given birth to a live or still birth 12 to 18 months before the survey.

4.4.3 Inclusion criteria

Women in reproductive age (15-49years) who gave sill or live birth from August, 2014 to Jan 2015 will be included in the study.

4.4.4 Exclusion criteria

- Women who were seriously ill during data collection time.
- Women who were pregnant during data collection time

4.4.5 Operational definitions

PPFP adoption – women who had ever used any type of family planning method with in the first twelve months after she gave birth to the last child.

Menstrual resumption- women who had returns to see menstruation after birth during data collection time.

Sexual resumption- women who have returns to have sexual intercourse after birth during data collection**.**

Getting linkage during immunization- is the process of referring women to use family planning when she came to health institute for child immunization services.

Knowledge of family planning – women who have heard about at least one method of family planning were considered to be knowledgeable.

4.5 Sample size calculation and sampling procedure

4.5.1 Sample size calculation

Sample size for the objective one and two was calculated using a single population proportion formula based on the following assumption; 95% confidence level, and 5% margin of error to recruit study participants. 10% none respondent rate was considered. Community based cross sectional Study done on postpartum contraceptive use in Gonder showed that the magnitude of PP contraceptive adoption = 48.4%

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

Where;

- p = expected prevalence postpartum family planning (48.4%)
- d = marginal error between the samples and population $(0.05)^2$
- $Z\alpha/2$ = critical value at 95% certainty $(1.96)^2$
- n = calculated sample size =383

When 10% none respondent rate is added the final sample size is n= 421

The sample size for the third objective was calculated by double population proportion formula using EPI INFO version 7 by considering some determinants for PPFP adoption based on the following adoption [23]

Factors	$Z\alpha/2$ **of 1-**β	$Z\alpha/2$ **of 95% CI**	**Ratio of unexposed / exposed**	P_1	**OR**	P_2	**n**
menstrual resumption	0.80	1.96	1	11	9	42.7	94
Fertility desire	0.80	1.96	1	35	0.4	18	256

Accordingly, single population proportion formula yields the largest sample size, so it is the final sample size for the study.

4.5.2 Sampling procedure

The study was conducted over all of the kebeles in HDSS. The study subjects were taken from all the ten kebeles found in the HDSS by using simple random sampling technique after the sample size is proportionally allocated according to the size of reproductive age women (15-49 years) found in each kebele who gave birth from August 2014 to Jan2015 (i.e. women who gave birth to a baby at least 12 months before the survey and at most 18 months before the survey). The sampling frame for all births from Aug2014- Jan2015 was obtained from the data base of Butajjira rural health program office.

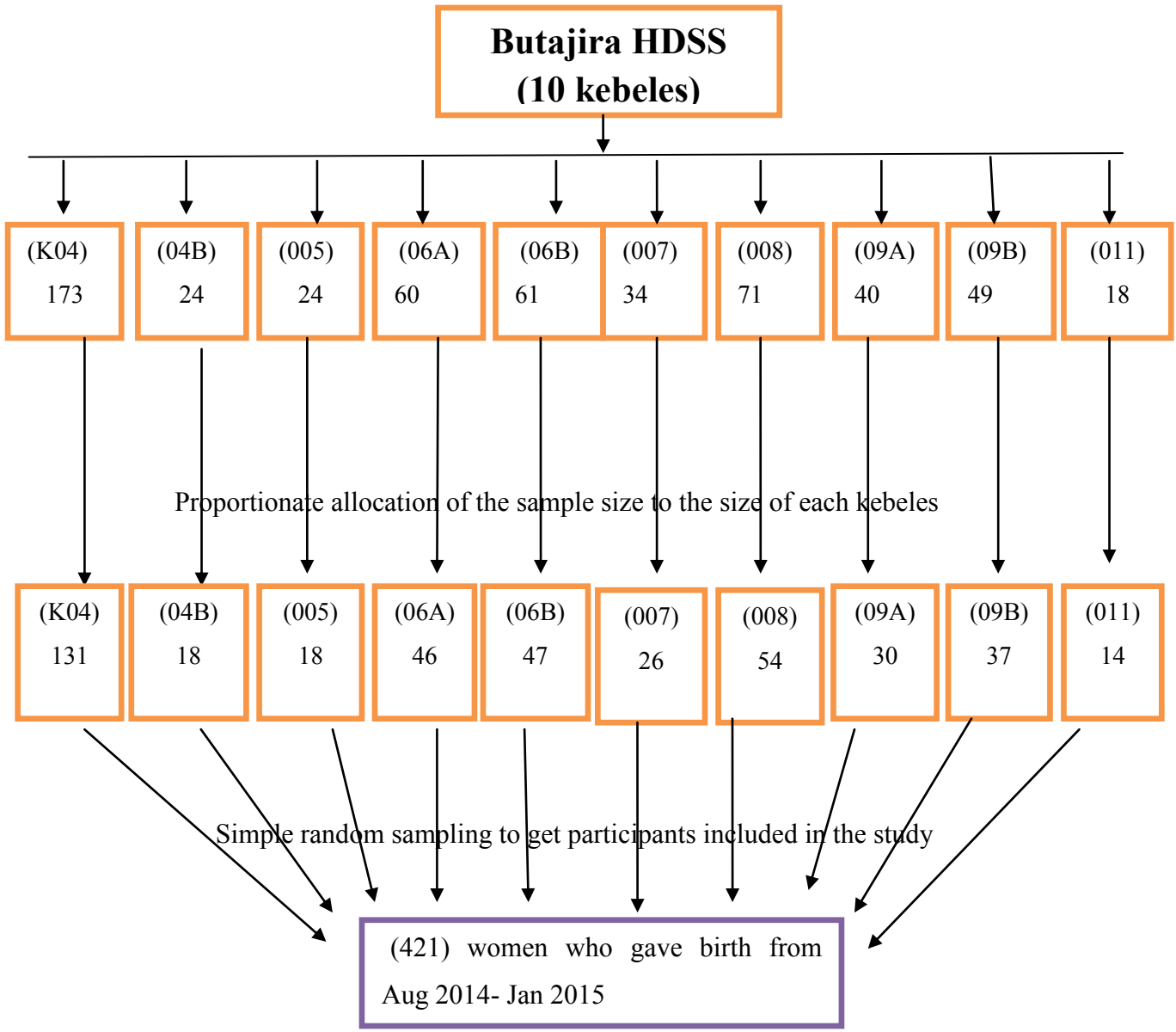


Fig 1- Schematic presentation of sampling technique

4.6. Method and tools of data collection

Data was collected using interviewer administered structured and pretested questionnaire which was prepared in English first and then translated into Amharic. It consists of forty eight questions with five sections that cover questions to assess socio demographic characteristics, Reproductive history and preferences, Knowledge and discussion about family planning methods, Information about contact with a health professional during maternal and child care visits and about practice of contraceptives in the postpartum period.

4.7. Data quality assurance

To maintain data quality, 20 data collectors and 2 supervisors who had long time experience while working for the HDSS with the same functions were employed and given training for 2 days. The training was given about the objective of the study, study subjects and explanation was given about the contents of the tools. The questioners were adopted from studies done on the similar topic and from the questioners of Ethiopian Demographic Health Survey (EDHS 2011). There was a pre-test on 5% of the total sample size at one of the kebele in Butajira which is out of the HDSS to see for the exactness of the responses for the questions asked, language clarity and appropriateness of the tools before the actual data collection was conducted. Changes were made to the tools (options were added from the tools on ethnicity, wealth and reason for not using PPFP based on the findings during pretest). The revised tools were used for the actual data collection at the ten kebeles of the HDSS. Closer supervision was made to check the data collectors whether they are in their work and interviewing the right women who were included in the study. Confusions and questions are solved by the supervisors and principal investigator during data collection.

4.8. Data analysis

The completed questionnaires were coded, manually checked and entered into EPI-INFO version 7 and exported to STATA version 12 for cleaning and analysis. Descriptive statistics including tables and charts were used to characterize the study population using socio-demographic and reproductive health related variables. To identify factors associated with postpartum contraceptive adoption multivariate logistic regressions analysis was done. Variables having p value <0.05 in the bivariate analyses were entered into multivariate logistic regression model. Adjusted odds ratio with 95% CI was calculated to determine the presence and strength of association. To calculate the wealth quintile Principal Component Analysis (PCA) technique is used.

4.9. Variables

4.9.1. *Dependent variable*

Postpartum contraceptive adoption

4.9.2. *Independent variables*

- Socio-economic and demographic factors (Age, marital status, Educational status of women, religion, ethnicity, occupation, wealth quintile and Number of live children).
- Contact with health care professional (ANC, FP counseling during pregnancy, Place of delivery, PNC, FP counseling after delivery, birth attendants and Getting linked for family planning during child immunization)
- Knowledge of PPFP.
- Reproductive health related (sexual resumption, menstrual resumption, fertility desire).

4. 10. Ethical considerations

Ethical clearance was obtained from the Institutional Review Board (IRB) of College of Health Sciences of Addis Ababa University. After explaining the purpose of the study, verbal informed consent was taken from the study participants. Information was given for the study participants about the voluntary participation and that they can stop the interview at any time if they are not comfortable. To ensure the confidentiality of participants, personal identifiers were not recorded on the questionnaire.

4.11. Dissemination of result

The soft and hard copies of the final thesis report of this study will be submitted to School of Public Health College of Health Science of Addis Ababa University. The copy of report will also be given to Ethiopian Federal Ministry of Health, the Meskan and Mareko district health offices and for the Non-Governmental Organizations (NGO) working on the area. Furthermore, manuscript will be developed and published on local or international journal

5. Result

Socio- economic and demographic characteristics of the study subjects

In this study 421 women who were in the extended postpartum period interviewed. 420 responded to the questioner. This makes 99.7% respondent rate. Two hundred eighty nine (68.81%) of the respondents were from rural area and the rest (31.19%) were from urban area of the district. The mean age of the study participants was 27.5 years (SD=±5.8). Majority one hundred forty eight (35.24%) of the respondents were between 25-29 years. Great majority of the respondents were legally married and living with their husband 344 (81.9%), followers of Islamic religion 332 (79.05%) of the respondents and half of them (50%) were from Meskan ethnic group. About half of (52.38%) of the respondents were illiterate (had no formal education) while one hundred forty nine (74.5%) had attended primary level of education. More than quarters (78.57%) of women were housewives and only 69 (16.46%) identified themselves as merchants. The mean number of living children of the respondents was 3(SD± 2.05) with 199(47.38%) of them having 4-10 children.

Table 1- Socio-Demographic and Economic characteristics study participants in Butajira HDSS, Ethiopia Feb, 2016

variables	frequency	Percent (%)
Residence		
urban	131	31.19
rural	289	68.81
Age		
15-19	38	9.05
20-24	93	22.14
25-29	148	35.24
30-34	85	20.24
≥35	56	13.33
Marital status		
Legally Married and living together	344	81.90
Not legally married but living together	18	4.29
Married but not living together	19	4.52
divorced	12	2.86
widowed	12	2.86
separated	15	3.57
Religion		
Orthodox Christian	53	12.62
Protestant	23	5.48
Muslim	332	79.05
Catholic	12	2.86
Ethnic group		
Welene	4	0.95
Dobi	4	0.95
Mareko	31	7.38
sodo	27	6.43
meskan	210	50
slti	84	20
amhara	14	3.33
oromo	7	1.67
Sebat betgurage	15	3.57
kontoma	24	5.71
Formal education		
yes	200	47.62
no	220	52.38
Level of education		
primary	149	74.5
secondary	36	18
Technical/ vocational	7	3.5
higher	8	4
occupation		
Daily laborer	10	2.38
House wife	330	78.57
merchant	69	16.43
Government employ	8	1.90

other	3	0.72
Wealth quintile		
poorest	84	20
poor	86	20
middle	84	20
rich	82	19
richest	84	20
Living children		
1	95	22.62
2-3	126	30
4-10	199	47.38

Two hundred five (48.81%) of the respondents said they want to space their next birth, 39(9.29%) said they do not want more child(ren) and 76(18.10%) of them said they want to give birth soon. On the other hand for 271(64.52%) of the respondents menses returned and 355(84.52%) those had resumed to sex after delivery.

Table 2- Reproduction preference and characteristics of women in the Butajira HDSS, Ethiopia Feb, 2016

VARIABLES	FREQUENCY	PERCENT
Fertility desire		
Want to give birth soon	76	18.10
spacer	205	48.81
limiting	39	9.29
Not decided	100	23.81
Menstrual resumption		
yes	271	64.52
no	149	35.48
Sexual resumption		
yes	355	84.52
No	65	15.48

Knowledge and discussion about family planning

Among all, women having knowledge about at least one method of family planning were 274(65.24%) of these 216(783.23%) got information about family planning methods from health professionals. Among women who have knowledge 113(41.24%) of them ever had discussion with their husband, 47(17.15%) had never discussed with their husband.

Table 3- knowledge and discussion about family planning among postpartum women in Butajjira HDSS Ethiopia Feb, 2016

variables	frequency	Percent (%)
Knowledge of family planning		
yes	274	65.24
no	146	34.76
Source of information(N=274)		
Health professional	216	78.83
friends	40	14.60
media	16	5.84
other	2	0.73
Discussion with husband(N=274)		
sometimes	113	41.24
More often	114	41.61
Never discuss	47	17.15

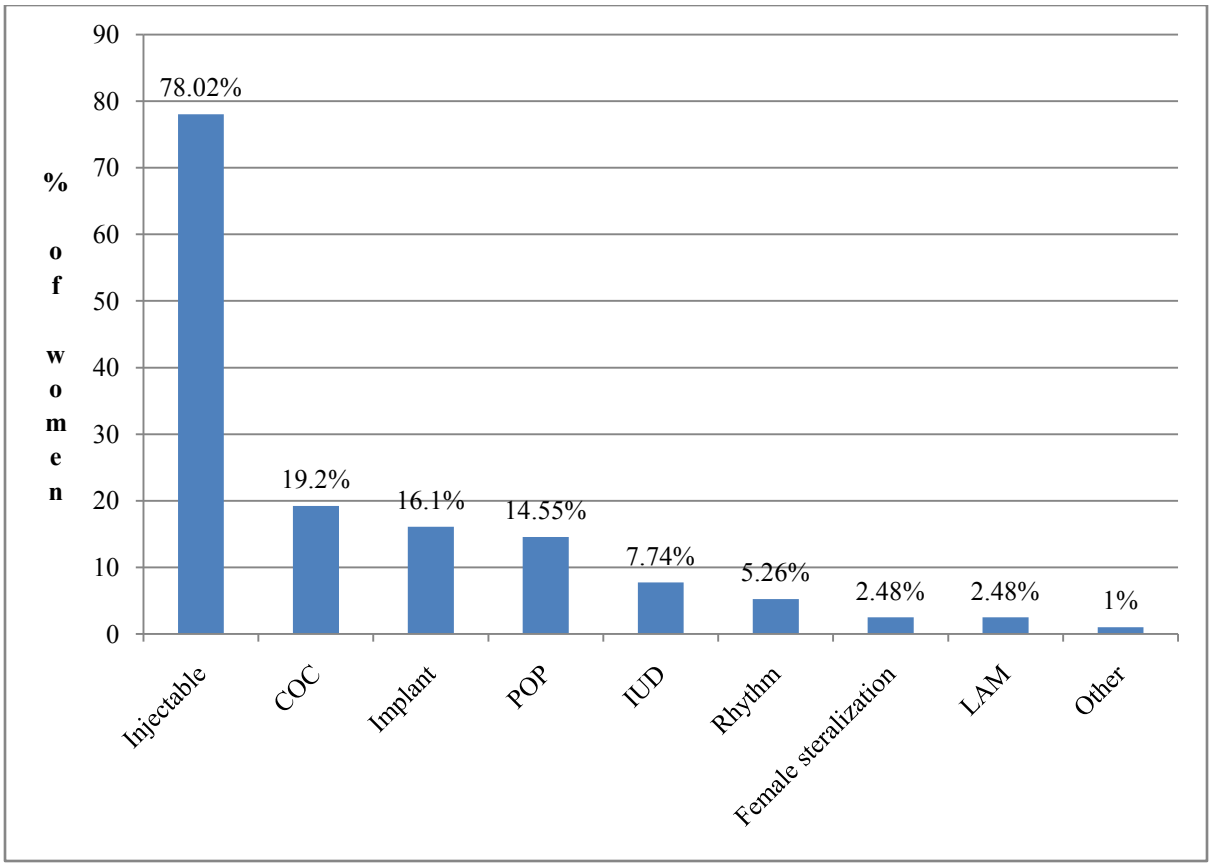


Fig-2: percentage of women who have knowledge about family planning in Butajira HDSS, Ethiopia Feb, 2016 (N=274)

Contact with health care professionals during maternal and child health care services

During their last pregnancy 262(62.38%) of the respondents received ANC service, 248(59.05%) were counseled on family planning methods before delivery. Regarding the place of delivery for the last birth of the respondents 130 (30.95%) gave birth in government hospital, 134(31.9%) gave birth in health center, and 149(35.48%) at home. Medical doctor, midwife nurse and untrained traditional birth attendant assisted the delivery of 69(16.43%), 200(47.62%) and 88(20.95%) of the women, respectively.

Among all women 228(54.71%) had PNC while 192 (47.71%) had no PNC. Women who had family planning counseling after deliveries were 193(45.05%) and the majority 227 (54.05%) did not get counseling for family planning after delivery. Among all women majority 397(94.48%) of women visit health institute to get vaccine for their child among visited those who had got linkage to PPFP service by health professional were 230(57.93%).

Table 4- contact with health care professionals among postpartum women in HDSS, Ethiopia Feb, 2016

variables	frequency	Percent (%)
ANC		
yes	262	62.38
no	158	37.62
Family planning counseling before delivery		
yes	248	59.05
no	172	40.95
Place of delivery		
health center	134	31.9
Government hospital	130	30.95
home	149	35.48
Private institute	7	1.67
Birth attendant		
Traditional birth attendant	151	36
Doctor	69	16.43
Midwife/ nurse	200	47.62
PNC		
yes	228	54.71
no	192	45.71
Family planning counseling after delivery		
yes	193	45.05
no	227	54.05
immunization visit		
yes	397	94.48
no	23	5.48
Getting linkage to family planning by professional during child immunization visit (N=397)		
yes	230	57.93
no	167	42.07

Practice of family planning

Among all women 199(47.38%) adopt family planning in the extended post partum period among this 10(2.38%) women adopted family planning in the first 45 days after delivery 76(18%) adopted during the first three months and 156(37%) adopted during the first six months after delivery. The majority 221(52.62%) did not adopt any method during extended post partum period. Among those who adopt a method the majority 191(45.48%) have got method from government health institute, 4(0.95%) got from private institute, 3(0.71%) got from pharmacy and only 1(0.24%) from other source. Among who do not use family planning 108(48.8%) had planned to use for the future.

Table 5- practice of family planning among postpartum women in Butajira HDSS, Ethiopia Feb, 2016

VARIABLES	FREQUENCY	PERCENT (%)
Family planning use during the past twelve months after delivery		
yes	199	47.38
no	221	52.62
Family planning use during the past 42 days after delivery		
yes	10	97.62
no	410	2.38
Family planning use during three months after delivery		
yes	76	18
no	344	81.9
Family planning use during six months after delivery		
yes	156	37
no	264	63
Place to get family planning methods (N=199)		
Government institutes	191	96
Private institutes	4	2.01
pharmacy	3	1.5
other	1	0.5
Plan to use contraceptives for the future (N=221)		
yes	108	48.8
no	113	51.1

Inject able 153(77%) and implant 27(13%) were the most commonly used methods during the first 12 months after delivery.

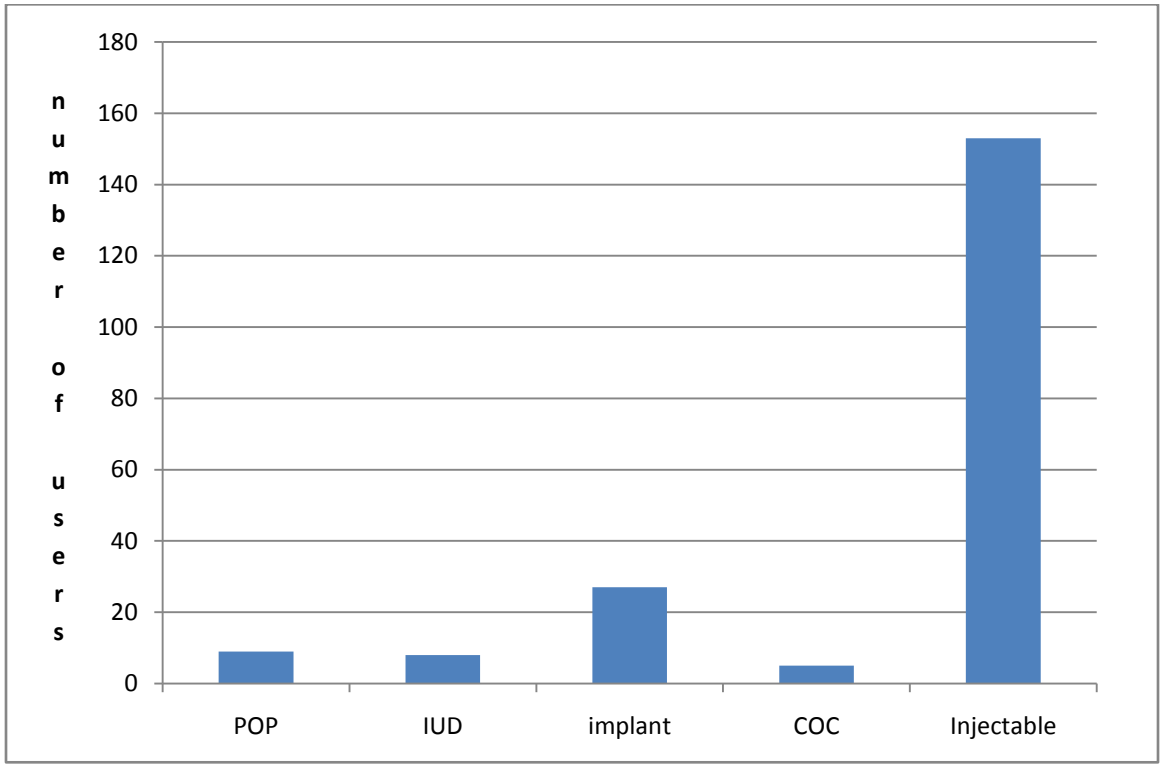


Fig -3; method-mix adopted during postpartum period in Butajira HDSS, Ethiopia Feb, 2016 (N=199)

Fear of side effects of contraceptives 58(26%) and Amenorrhea after delivery 57(26.8%) were among the commonly mentioned reasons for not using contraceptive during the first 12 months after delivery.

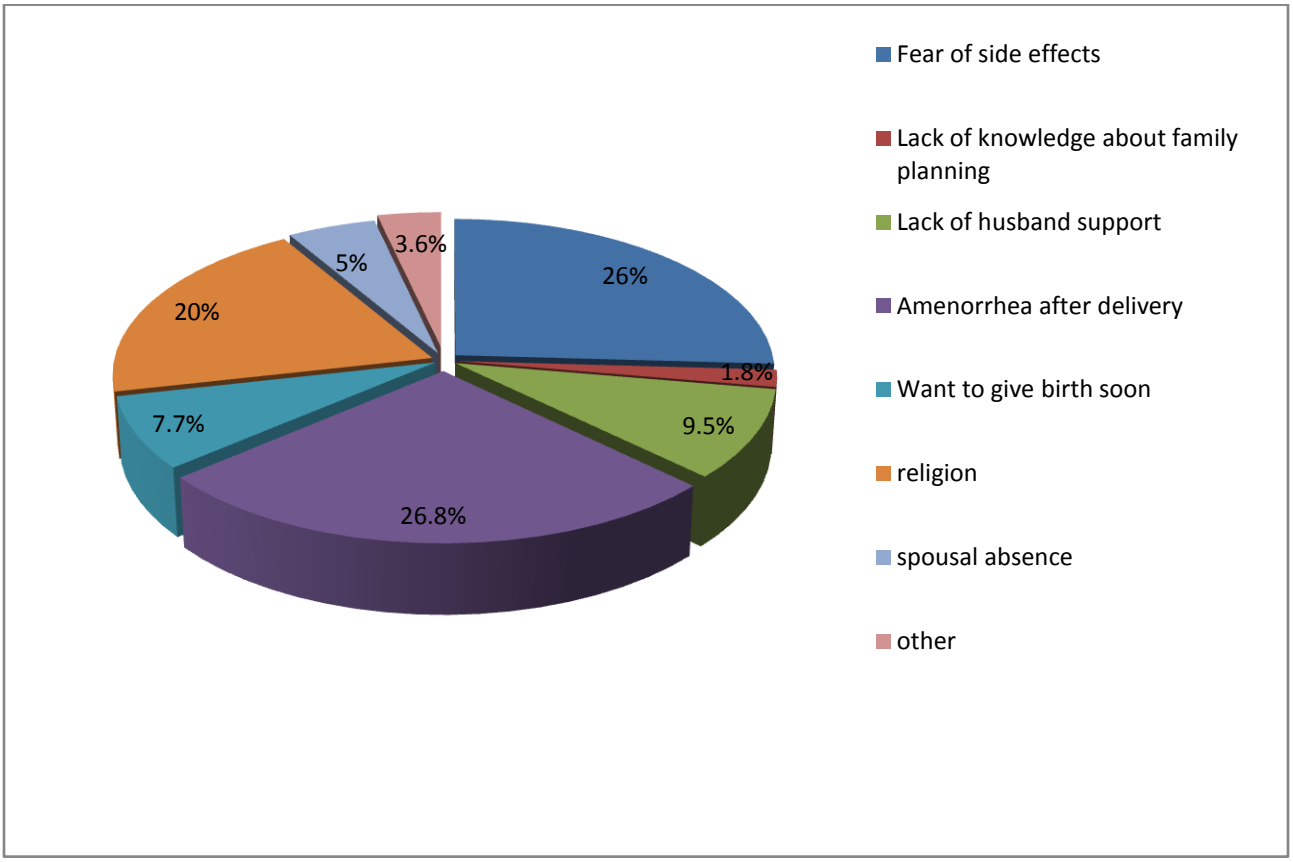


Fig-4: Reasons for not using any contraceptive during postpartum period among women in Butajira HDSS, Ethiopia February 2016 (N=221)

Factors associated with post partum family planning adoption

Cross tabulation and logistic regression analysis was carried out to determine the association between independent variables and post partum family planning adoption.

Residence, wealth quintile, live children and getting counseling for FP during pregnancy were found to be significantly associated with post partum contraceptive adoption on binary logistic regression while discussion with husband, fertility desire, menstrual resumption, knowledge of family planning, ANC, PNC and getting linkage to FP service during child immunization visit were found to be significantly associated with post partum contraceptive adoption on multiple logistic regression.

In binary logistic regression analysis it was found that women who were residing in rural area were 63% less likely to use postpartum contraceptive compared to those who were residing in urban area **[COR=0.37; 95%CI (0.24-0.57)]** and women who were rich were 3 times more likely to use contraceptive in the EPPP compared to those who were poorest **[COR=2.8; 95%CI (1.5-5.3)].** Similarly, those who were richest were 4 times more likely to use contraceptive in the EPPP compared to those who were poorest wealth quintile **[COR=4.00; 95%CI (2.1-7.61)].** Women who had four to ten children were 54% less likely to use contraceptive compared to those who had only one child **[COR=0.46; 95%CI (0.28-0.77)]** and women who had space two and more years were 2 times more likely to use contraceptive in the EPPP compared to those who want to give birth within two years **[COR=1.87;95%CI(1.09-3.21)]** while women who had counseling about family planning during pregnancy were 7 times more likely to use contraceptive during EPPP compared to those who do not **[COR=6.5;95%CI(4.2-10.9)].**

In multivariate logistic regression women who had never discuss with their husband about family planning were 72% less likely to use contraceptive during EPPP compared to those who had discussed sometimes **[AOR=0.28;95%CI(0.10-0.77)].** Women who return to see menses after birth were 4 times more likely to use contraceptive in the EPPP compared to those who had amenorrhea in the postpartum period **[AOR=3.71; 95%CI (1.93-7.12)]** while women who have knowledge

about FP methods were 3 times more likely to use contraceptive than those who do not have knowledge **[AOR=3.71; 95%CI (1.93-7.12)].**

Women who had ANC was 4 times more likely to use contraceptive in the EPPP compared to those who do not had ANC **[AOR=3.81; 95%CI(1.53-9.51)]**. While, those who had PNC were 3 times more likely to use contraceptive in the EPPP compared to those who do not had PNC **[AOR=2.84;95%CI(1.44-5.58)].** Women had linked for FP service by health professional during child immunization visit were 4 times more likely to use contraceptive during Post Partum Period compared to those who do not linked **[AOR=4.31;95%CI(2.10-8.81)].**

Table- 6 Crude and adjusted odds ratios with 95% confidence interval so factors associated with contraceptive use during postpartum period in Butajira HDSS Feb, 2016

Variable	PP Contraceptive use		COR (95%CI)	AOR (95%CI)
	Yes, (%)	No, (%)		
Residence				
Urban	84(42.2%)	47(21.2%)	1.0	1.0
Rural	115(57.7%)	174(78.7%)	0.37(0.24- 0.57)**	0.67(0.19 -2.37)
Discussion with husband				
Sometimes	84(43.3%)	54(41.5%)	1.0	1.0
More often	90(46.3%)	38(29.2%)	1.5(0.9- 2.5)	1.65(0.81-3.38)
Never discusses	20(10.31 %)	37(28.68%)	0.34(0.28 - 0.66)**	0.3(0.10-0.77)**
Wealth quintile				
Poorest	29 (14.57%)	55 (24.89%)	1.0	1.0
Poor	27(13.57%)	59 (26.70 %)	0.85(0.45 - 1.64)	0.63(0.22- 1.77)
Middle	37(18.59 %)	47 (21.27%)	1.5(0.8 - 2.8)	0.55(0.21- 1.42)
Rich	49(24.62%)	33 (14.93%)	2.8(1.5 - 5.3)**	1.09(0.32 - 3.70)
Richest	57(28.64%)	27 (12.22%)	4.00(2.1 - 7.61)**	2.55(0.46- 13.91)
Live children				
1	55 (27.6%)	40 (18.09%)	1.0	1.0
2-3	66(33%)	60(27%)	0.8(0.46 -1.36)	1.00(0.42 -2.34)
4-10	78(39.2%)	121(57.75%)	0.46(0.28 -0.77)**	0.82(0.35- 1.96)
Menstrual resumption				
No	42(21.11%)	107(48.42%)	1.0	1.0
Yes	157(78.89%)	114(51.58%)	3.51(2.3 - 5.4)**	3.71(1.93-7.12)**
Knowledge of family planning				
No	25(12.56%)	121(54.75%)	1.0	1.0
Yes	174 (87.44%)	100 (45.25%)	8.42(5.12- 13.82)**	3.12(1.37-7.14)**
ANC				
No	32(16.08%)	126 (57.01%)	1.0	1.0
Yes	167(83.92%)	95(42.99%)	6.92(4.35 -10.99)**	3.56(1.54-8.23)**
Family planning counseling during pregnancy				
No	38(19.10%)	134(60.63%)	1.0	1.0
Yes	161(80.9%)	87 (39.37%)	6.5(4.2- 10.9)**	1.16(0.50- 2.72)
PNC				
No	44(22.11%)	148(66.97%)	1.0	1.0
Yes	155(77.89%)	73(33.03%)	7.14(4.2- 11.1)**	2.84(1.44-5.58)**
Getting linkage to FP during child immunization				
No	49 (25.13%)	118 (58.42%)	1.0	1.0
Yes	146 (74.87%)	84 (41.58%)	4.18(2.72 - 6.42)**	4.31(2.10-8.81)**

NB: ** P value < 0.05, (COR) Crude odds Ratio, (AOR) Adjusted odds Ratio

6. Discussion

This study has investigated the utilization of postpartum contraceptive adoption and factors associated with it in Butajira HDSS. In this study having discussion with husband, menstrual resumption, knowledge of FP, ANC, PNC and getting linkage to family planning during child immunization are factors that have significant association with PPFP use. On this study Post partum contraceptive utilization was 47%, this finding is higher when it is compared to the study done on family planning use among all married women in the same area 25% [48] though the population is different. This implies women use family planning more during postpartum period than the other time. More over the going on movements on surveillance and research for several years in the HDSS plays great role for the increased knowledge of the women about the maternal health care services [49]. This finding is higher than the study done in North West Ethiopia. The possible explanation for this is there is higher health service coverage in Butajjira HDSS than Dabat HDSS. In Butajjira there is one district hospital in addition to health posts and health centers. But in Dabat there are only health center and health posts. But this finding is lower when compared to the studies done in Gondor 48.4%, Malawi (75.5%), Kenya (51.1%) [23,46,47]. Inject able 77% and Implant 13%, were the most commonly used methods during extended postpartum period. This result is parallel with similar studies done in other area of Ethiopia [23,28]. In this study fear of side effect of contraceptives, amenorrhea after delivery, religious prohibition, lack of husbands support and spousal absence are common reasons for not using PPFP. Similar study done in Gondor also showed fear of side effects, spousal absence and religious prohibition are commonly mentioned reasons for not using PPFP [23].

In this study having discussion with husband has significant association with PPFP use. Those women who never discuss with their husbands were less likely to use PPFP. This could be attributed to husband role on acquiescence and support before they actually adopted a method. This finding suggests involving male on family planning efforts is important for the women to adopt method during postpartum period. Similar studies done in Malawi and North West Ethiopia support this finding [20, 23].

Women who were return to see menses after delivery had higher odds [OR=3.7;CI (1.93-7.12)] to use PP contraceptive than those who had amenorrhea during postpartum. This is explained by the fact women considers to be susceptible to pregnancy if their menstruation has resumed after giving

birth so they are more likely to use family planning[14]. This result is supported by the study done in Gonder [OR=9.2; CI (5.85- 14.63)].

Having knowledge about family planning methods has significant association with the use of PP contraceptive. Having knowledge about family planning methods promote adoption of contraceptive during postpartum. This could be explained by the fact that Knowledge of family planning is a must to get access to and using an appropriate contraceptive method in a timely and efficient manner. Having knowledge about different methods of family planning also increases intention of women to use PPFP [14]. This finding is consistent with study done Bareilly district rural India, Ghana and Kenya, [21, 42, 43].

Finding of this study showed that the use of contraceptive during post partum period has significant association with maternal health care services. Women who had antenatal care are more likely to use postpartum family planning. This result is in parallel with the similar studies in Nigeria, Gondor, Mexico, [22, 23, 25]. This can be due to the fact women got information during ANC from health professionals about the family planning methods that should be adopted after delivery. Being informed about family planning before delivery facilitates decision for adopting a method very early after delivery. But the report of similar study done in North West Ethiopia contrast with the finding of current study that ANC has no association with PPFP use [28].

In this study utilization of PNC service has significant association with the use contraceptive [OR=2.84; CI (1.44-5.58)]. Postnatal cares endorse contraceptive use during post partum period. This study showed women who had postnatal care and use contraceptive were 77% but those who do not have PNC but use contraceptive were much lower 22%. This could be due to providing information and different methods during PNC helps the women to decide and use contraceptive immediately before returning home[1]. This finding consistent with the studies done in other part of Ethiopia and Nigeria [OR=2.19; CI (1.06- 4.12)] [23,22].

In this study more than half of women had got linkage to family planning service by professionals while coming to health institute for child immunization service. Those who were linked have higher

odds of using PP contraceptive. This could be explained by the fact the recommended infant vaccination schedule allow multiple health care contacts with women during the first year of life so this make easy for screening women who do not use family planning and to link them to FP clinic [31]. This finding is supported by another study reported that child immunization has significant association with adoption of PPFP [3].

7. Strength

- The ability of the study to show the level of postpartum family planning adoption in different time periods within one year.
- To obtain data which is reliable and to increase the response rate the study used long time experienced data collectors and supervisors who have similar function in the HDSS

8. Limitation

- The cross sectional nature of the study does not allow the study to establish causal relationship between the different independent and the outcome variables.
- This study did not involved women who were pregnant during data collection.
- The study did not assess the quality of service provided in health institute for women who need contraceptive during postpartum.

9. Conclusion

This study revealed contraceptive prevalence during postpartum period is low in Butajjira HDSS. Inject able and Implant were the most commonly used methods during post partum period. The use of contraceptive during postpartum period has significant association with factors like discussion with husband about family planning, knowledge of FP, return of menstruation, antenatal care service utilization, post natal care service utilization, having family planning counseling during pregnancy and having linkage to FP service during child immunization. Fear of side effects, ammemorial after delivery and religion the most commonly mentioned reasons for not using PP contraception

10. Recommendations

Policy/ program level:

Integration of family planning services with MCH should continue highly strengthened is recommended to increase contraceptive use in the post partum period in Ethiopia.

Health facility label

Health providers must put great emphasis on transferring message during maternal health care services about postpartum contraceptive use.

Health care providers should put emphasis and strengthen linkage of women to family planning service while post partum women came to health institute for immunization service.

Community level

Encouraging couples communication about postpartum family planning and their fertility desire.

Promoting IEC/BCC about the benefit of PPFP use and availability of service.

Researchers

Researchers are recommended to conduct further study with stronger study design about PPFP use and child immunization service on the different part of the country.

11. Reference

1. Gaffield ME, Egan S, Temmermana M. It's about time: WHO and partners release programming strategies for postpartum family planning. Global Health: Science and Practice. 2014;2(1).
2. Best practice in postpartum family planning. Royal College of Obstetricians and Gynaecologists. June 2015 (1):1-2.
3. Hounton H, Winfrey W, Barros A J.D, Askew L. Patterns and trends of postpartum Family planning in Ethiopia, Malawi, and Nijeria: evidence of missed opportunity for integration. Global Health Action. 2015
4. Ross JA, Winfrey WL. Contraceptive Use, Intention to Use and Unmet Need During the Extended Postpartum Period. International Family Planning Perspectives 2001;27(1):21-2
5. Ross JA, Winfrey WL. Contraceptive Use, Intention to Use and Unmet Need During the Extended Postpartum Period. International Family Planning Perspectives 2001;27(1):21-2
6. Cleland J, Conde-Agudelo A, Peterson H, Ross J, Tsui A. Contraception and health. the lancet series. 2012 July 14;380.
7. Family planning needs during the first two years postpartum in the ethiopia.WHO.june2005;13-15.
8. New health resource to improve access to family planning for women after child birth. Joint news release: WHO, USAID, MCHIP. November 2013.
9. Family planning needs during the first two years postpartum in the ethiopia.WHO.june2005;13-15.
10. Gaffield ME, Egan S, Temmermana M. It's about time: WHO and partners release programming strategies for postpartum family planning. Global Health: Science and Practice. 2014;2(1).
11. Abera Y, Mengesha ZB, Tessema GA. Postpartum contraceptive use in Gondar town, Northwest Ethiopia. 2015
12. Mengesha ZB, Worku AG, Feleke SA. Contraceptive adoption in the extended postpartum period is low in Northwest Ethiopia 2015

13. Best practice in postpartum family planning. Royal College of Obstetricians and Gynaecologists. June 2015 (1):1-2
14. Borda MR, Winfrey W, McKaig C. Return to Sexual Activity and Modern Family Planning Use in the Extended Postpartum Period: Analysis of Findings fromSeventeen Countries. African Journal of Reproductive Health. 2010;14(4):75-80
15. Postpartum Family Planning (PPFP) Toolkit. K4Healt:2-3
16. Mehata S, Paudel YR, Mehta R, Dariang M, Poudel P, Barnett S. Unmet Need for Family Planning in Nepal during the First Two Years Postpartum
17. Ross JA, Winfrey WL. Contraceptive Use, Intention to Use and Unmet Need During the Extended Postpartum Period. International Family Planning Perspectives 2001;27(1):9-11
18. Mengesha ZB, Worku AG, Feleke SA. Contraceptive adoption in the extended postpartum period is low in Northwest Ethiopia. BMC Pregnancy and Childbirth. 2015.
19. Chaovisitsaree S, Noi-um S, Kietpeerakool C. Review of Postpartum Contraceptive Practices at Chiang Mai University Hospital: Implications for Improving Quality of Service. 2011 November 15;21:45–149
20. Bwazi C, Maluwa A, Chimwaza A, Pindani M. Utilization of Postpartum Family Planning Services between Six and Twelve Months of Delivery at Ntchisi District Hospital, Malawi. july 2014
21. Eliason S, Baiden F, Quansah-Asare G, Graham-Hayfron Y, Bonsu D, Phillips J, et al. Factors influencing the intention of women in rural Ghana to adopt postpartum family planning. Reproductive Health 2013.
22. Determinants of Intention to Use Post Partum Family Planning amongWomen Attending Immunization Clinic of a Tertiary Hospital in Nigeria. American Journal of Public Health Research. 2015 June 18; 3 (4):122-7.
23. Abera Y, Mengesha ZB, Tessema GA. Postpartum contraceptive use in Gondar town, Northwest Ethiopia. BMC Women's Health. 2015.
24. Yilmazel G, Balci E. Preferences and related factors for postpartum contraception in pregnant women. Iran J Reprod Med October 2013;11(10):801-6.

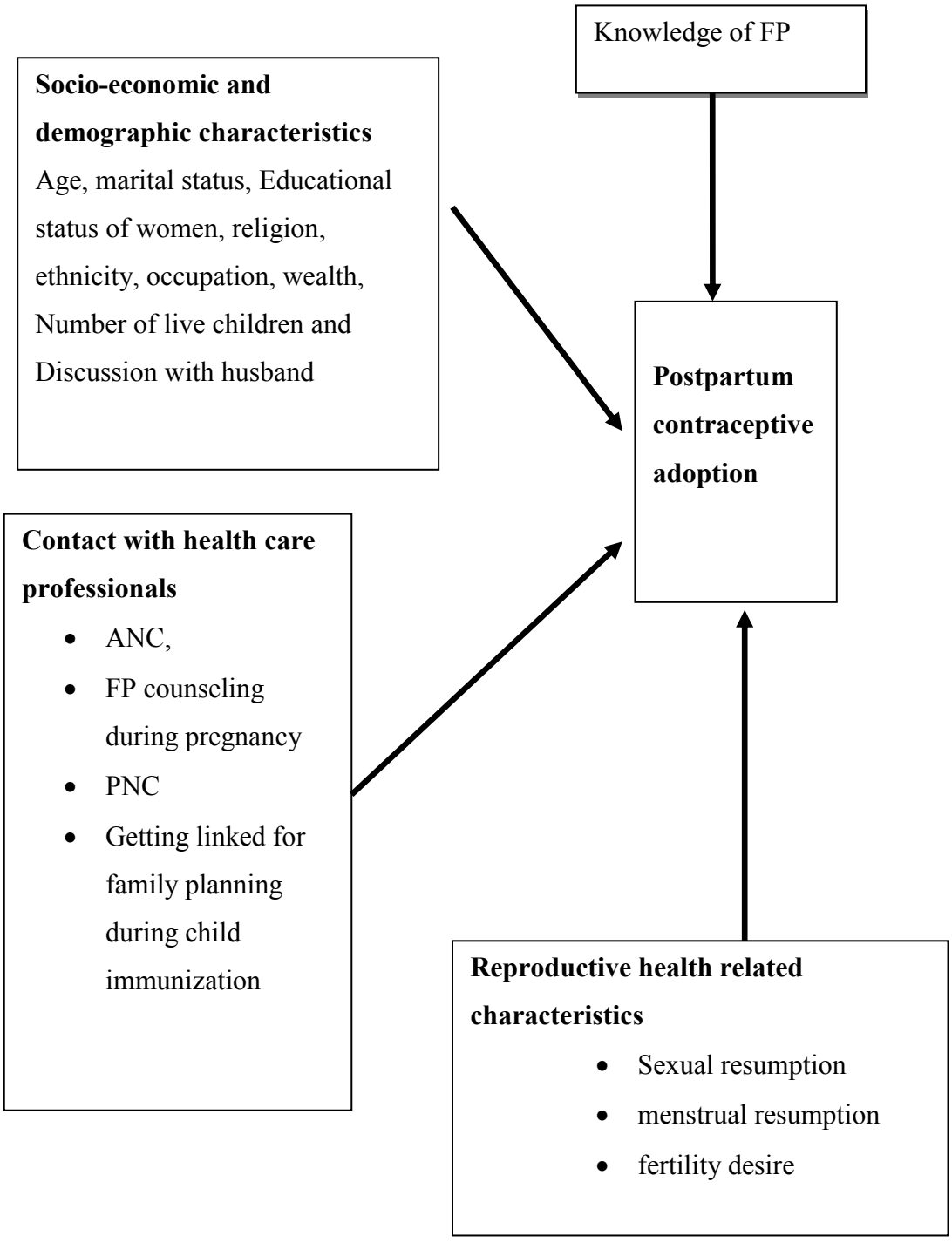
25. Barber SL. Family Planning Advice and Postpartum Contraceptive Use Among Low-Income Women in Mexico. International Family Planning Perspectives. 2007; 33(1):6–12.
26. Rahmanpour H, Mousavinasab SN, Hosseini SN, Shoghli A. Preferred postpartum contraception methods and their practice among married women in Zanjan, Iran. September 2010; 60 (9).
27. Abera Y, Mengesha ZB, Tessema GA. Postpartum contraceptive use in Gondar town, Northwest Ethiopia. 2015
28. Mengesha ZB, Worku AG, Feleke SA. Contraceptive adoption in the extended postpartum period is low in Northwest Ethiopia 2015.
29. Eliason S, Baiden F, Quansah-Asare G, Graham-Hayfron Y, Bonsu D, Phillips J, et al. Factors influencing the intention of women in rural Ghana to adopt postpartum family planning. Reproductive Health 2013.
30. Akinlo A, Bisiriyu A, Esimai O. Use of maternal health care as a predictor of postpartum contraception in Nigeria. African Population Studies. Mar 2014;27
31. Postpartum Family Planning New Research Findings and Program Implications. 2012:8-9
32. Research Findings: Integration of Postpartum Family Planning with Child Immunization Services in Rwanda. August 2013:1-4
33. Vance G, Janowitz B, Chen M, Boyer B, Kasonde P, Asare G, et al. Integrating family planning messages into immunization services. Health Policy and Planning Advance Access. 2013 April 9:1-8
34. Speizer IS, Fotso JC, Okigbo C, Faye CM, Seck C. Use of Postpartum Family Planning in Urban Senegal: The Role of Integrated Services. 2011.
35. Rutaremwa G, Kabagenyi A, Wandera SO, Jhamba T, Akiror E, Nviiri HL. Predictors of modern contraceptive use during the postpartum period among women in Uganda. BMC Public Health. 2015
36. Palamuleni ME. Use and determinants of postpartum contraception among women in Malawi. 2010.

37. Kariuki DW, Nyozi J, Rutaremwa G. Determinants of intention to use contraceptivein postpartum period among first time mothers in Nairobi,Kenya December 2011.
38. Rahmanpour H, Mousavinasab SN, Hosseini SN, Shoghli A. Preferred postpartum contraception methods and their practice among married women in Zanjan, Iran. September 2010; 60 (9).
39. Borda MR, Winfrey W, McKaig C. Return to Sexual Activity and Modern Family Planning Use in the Extended Postpartum Period. African Journal of Reproductive Health December. 2010;14(4).
40. Bwazi C, Maluwa A, Chimwaza A, Pindani M. Utilization of Postpartum Family Planning Services between Six and Twelve Months of Delivery at Ntchisi District Hospital, Malawi. july 2014.
41. Mengesha ZB, Worku AG, Feleke SA. Contraceptive adoption in the extended postpartum period is low in Northwest Ethiopia. BMC Pregnancy and Childbirth. 2015.
42. Kariuki DW, Nyozi J, Rutaremwa G. Determinants of intention to use contraceptivein postpartum period among first time mothers in Nairobi,Kenya December 2011.
43. Mahmood SE, Srivastava A, Shrotriya VP, Shaifali I, Mishra P. Postpartum contraceptive use in rural Bareilly. Indian Journal of Community Health. July 2011;23 (2):56-57
44. Abdulwahab R, Ali M. acceptability and safety of postpartum intrauterine contraceptive device among parturient at Muhimbili national hospital, Tanzania. 2012:26-29.
45. Berhane Y, Byass P. Butajira HDSS Ethiopia. Department of Community Health, Faculty of Medicine. Addis Ababa University.
46. Palamulen E. Use and determinants of postpartum contraception among women in Malawi
47. Archana P. Postpartum contraceptive use and unmet need for family planning in five low-income countries. Reproductive Health. Jun2015
48. Mekonin W, Worku A. Detrminats of low family planning use and high unmet need in Butajira District South Central Ethiopia. Reproductive Health. 2011

49. Afework MF, Gebregiorgis SH, Roro MA, et al. Do Health and Demographic Surveillance Systems benefit local populations? Maternal care utilization in Butajjira HDSS, Ethiopia. 28 February 2014.

12. ANNEXES

Annex 1- Conceptual frame work



Annex 2- STRUCTURED ENGLISH VERSION OF QUESTIONNIRES

Information sheet

Good morning? / Good afternoon? My name is----------I am member of the research team from Addis Ababa University. I am going to ask you few questions about your history of family planning during the previous twelve months after you deliver the last child. The information we get from you help as to recommend to the concerned body about the improvement of family planning service. You were selected to participate in this study just by chance. The following are some general information about the study.

Title of the study: Assessment of postpartum contraceptive adoption and its determinant factors in Butajjira town.

Background of the study Postpartum family planning (PPFP) is the prevention of unintended pregnancy and closely spaced pregnancies through the first 12 months following childbirth. Because most women in developing countries have short birth interval mothers and children are dying. By lengthening the period between birth interval postpartum family planning play significant role in improving maternal and child survival.

Objective of the study: To determine level of postpartum family planning use and identify factors associated among women of reproductive age group in first 12 months after delivery.

Benefit of the study: there is no direct short term benefit for participants. However, it may use the policy makers to evaluate the service and help them to improve it.

Risk of the study: this study has no risk for participants.

Right of the participants: your participation is voluntary base and you are not obligated to answer any question you do not wish to answer. This interview will take about 15-20 minutes. If you feel discomfort with the interview, please feel free to drop it any time you want.

Confidentiality: your name will not be written in this form and will never be used in connection with any information you tell us. All information given by you will be kept strictly confidential.

Informed consent

I have read this form or it has read to me in the language I understand all conditions stated above. There for**,**

1. I agree to participate 2. I do not agree to participate

Name of PI: Mahilet Getachew

Address: tell 0941933893

Email: getachewmahilet@gmail.com

Signature----------

Date of interview----------time started----------time completed----------

Result of interview:

1. Complete 2. Respondent not available 3. Refused 4. Partially completed

1. Other_____

Checked by:

Supervisor name ----------signature----------date----------

IDENTIFICATION

S.no	Question	Response	Remark
001	Questionnaire Id number	----------	
002	Kebele	----------	
003	House number	----------	

Section 1: I will begin the interview by asking you about your socio economic and demographic characteristics.

s.no	Question	Coding categories	Remark
101	In what month and year were you born?	1. Month [_____] 2. Don't know month. 3. Year. [_____] **4.** Don't know year	
102	How old were you at your last birth? COMPARE AND CORRECT 101 AND/ OR 102 IF INCONSISTENT.	Age in completed years _____	
103	Are you currently married or living together with a man as if married?	**1.** yes, currently married **2.** Yes, living with a man. **3.** No, not in union. **4.** No, I am not currently married **5.** Widowed. **6.** divorced **7.** separated	
104	What is your religion?	1. Orthodox Christian 2. Protestant 3. Muslim 4. Catholic **5.** Others (specify)----------	
105	To which Ethnic group do you belong?	1. Welen 2. Sodo 3. Dobi 4. Meskan 5. Mareko 6. Silti	

		7. Amhara 8. oromo 9. kontoma 10. Other(specify)----	
106	Have you ever attended school?	1. yes **2.** no	If no skip to109
107	If yes, What is the highest level of school you attended?	1. Primary.(1-8) 2. secondary, (9-12) 3. Technical/vocational. (10+3) 4. Higher.	
108	If no, can you read and write?	1. Yes, I can read and write 2. No, I cannot read and write 3. I can write with some difficulty 4. I can read with some difficulty	
109	What is your main occupation?	1. Farming 2. trading /related occupations 3. animal husbandry 4. Government employed 5. laborer 6. Student 7. unemployed 8. house wife 9.Others, specify----------	

110	WHICH OF THIS MATERIALS EXIST IN YOUR HOUSE **YES** 1 **NO** 0 Has electricity ☐ Has motorcycle ☐ cow ☐ Kerosene lamp ☐ Has car ☐ Horse ☐ Has radio ☐ Bajaj ☐ ox ☐ Has television ☐ mobile phone ☐ Farm land ☐ Has refrigerator ☐ Chair ☐ Solar light ☐ Has bicycle ☐ Table ☐ donkey ☐	
111	MAIN MATERIAL OF THE FLOOR (Record observation) **YES** 1 **NO** 0 earth/sand ☐ wood ☐ cement ☐ carpet ☐ ceramic tiles ☐ other(specify)---------- palm/bamboo ☐	
112	MAIN MATERIAL OF THE ROOF(record your observation) **YES** 1 **NO** 2 hatch/leaf/ mud ☐ Has corrugate iron roofing ☐ Has roofing tiles ☐	

	Has other roofing ☐		
114	MAIN MATERIAL OF THE WALLS (record observation.) **YES** 1 NO **0** no walls ☐ plywood ☐ cement ☐ rudimentary walls ☐ reused wood ☐ stone with cement ☐ stone with mud ☐ finished walls ☐ cement block ☐ covered adobe ☐ other (specify)----------		
116	Does your husband have wives other than you?	1. yes 2. no	
117	If yes. How many wives does he have other than you?	1. Only one 2. Two 3. Three 4. > three	

Section2. Know I would like to talk about your Reproductive history and preferences

201	Till now, for how many times have you been pregnant? **(Including pregnancy of abortions/still birth)**	---------- (Enter the number)	
202	Parity (How many alive children have you delivered, including the present child?)	---------- (enter in complete weeks)	
203	How old is your recent child?	----------	

		(enter the number)	
204	How many children do you have alive by now?	---------- (Enter the number)	
205	What is the time gap between the previous birth and pregnancy of your recent child?	1. It is my first birth 2. less than 12 month 3. Less than two years 4. ----------years (write complete years if >=2 years)	
206	Under one year death	1. yes 2. no	
207	Under five death	1. yes 2. no	
208	Did you plan your last delivery?	1. yes---------- 2. no	If yes skip to Q. no. 211
209	If no to Q 206, did you use a family Planning method?	1. Yes ----------▶ 2. No	If yes, skip to 211

210	If no to Q no 207, why didn't you use contraceptives? (DON'T READ, TICK THE MENTIONED ONES ONLY)	1. Fear of side effects 2. Lack of knowledge about FP 3. Spousal disapproval 4. I was breast feeding 5. I was amenorrhea after delivery and felt I can't be pregnant 6. absence of FP methods in my residence 7. lack of money for FP service 8. absence of chosen method 9. Others, specify----------	
211	What is your future reproductive preference?	1. Want to have another child soon (before two years) 2. Want other child but after two years. 3. Want no more children 4. I cannot be pregnant any more 5. Undecided	

Know I am going to ask you about your condition of sexual intercourse and menstruation after you gave birth.

212	Is your menses resumed after your recent childbirth?	1. Yes 2. No----------→	If no, skip to Q 214

213	If yes to question no 210, when was after birth?	----------weeks	
214	Have you started sexual intercourse after birth?	1. Yes 2. No ----------→	If no, skip to Q 301
215	If yes to 212, when was after birth?	----------weeks	

Section 3- Know I am going to ask you about your knowledge of postpartum family planning that can be used to avoid or to delay your pregnancy.

301	Do you heard about methods of family planning that can be used after delivery?	1. Yes 2. No	If no, skip to Q no 401
302	If yes to 301, which methods do you know that can be used after delivery? RECORD ALL MENTIONED METHODS	1. Progesterone only pill (probe; pill that can be given to breast feeding women) 2. Combined oral contraceptive pill (probe; pill that can be used any time) 3. IUD. 4. Injectables 5. Male condom. 6. Female Condom. 7. Implants (Implanon/Jadelle/ Norplants 8. Standard Days Method 9. Rhythm Method	

		10. Female sterilization 11. Male sterilization. 12. Lactational Amenorrhea Method (LAM) 13. Withdrawal 14. Emergency Contraception 15. All can be used 16. Other specify----------	
303	Which method do you know that cannot be used after the women deliver? READ THE METHODS FOR HER	1. Progesterone only pill (probe; pill that can be given to breast feeding women) 2. Combined oral contraceptive pill (probe; pill that can be used any time) 3. IUD. 4. Injectables 5. Male condom. 6. Female Condom. 7. Implants (Implanon/Jadelle/ Norplants 8. Standard Days Method 9. Rhythm Method 10. Female sterilization 11. Male sterilization. 12. Lactation Amenorrhea Method (LAM) 13. Withdrawal 14. Emergency Contraception 15. All cannot be use 16. Other specify----------	

304	What are the side effects of using contraceptives after delivery?	1. it can change the amount of breast milk 2. it can change the taste of breast milk 3. it will have health effect on the baby 4. it will have health effect on the women 5. it has no any side effect 6. I don't know /no idea 7. other specify----------	
305	Do you think LAM can be used as a method alone without using any additional modern method	1. Yes 2. No I do not think	
306	What are the conditions that need to be met for LAM to be used as a method of family Planning?	1. Exclusively breast feeding 2. Fully or nearly fully Breast feeding 3. Breast feeding on demand 4. Infant is < 6 months old 5. Menstrual cycle has not returned 6. Other, (specify) ---------- 7. Don't know ----------	
307	What is your source of information about PPFP	1. health care professionals 2. friends 3. media 4.Other specify----------	

Section 4- know I would like to ask you some Information about your contact with a health professional during maternal and child care visits.

401	Did you have antenatal care for your recent pregnancy?	1. Yes 2. No	If no skip to Q.403
402	Did you got councelling about family planning during pregnancy?	1. Yes 2. No	
403	Where was the place of delivery?	1. Government Hospital 2. Government Health center 3. Health Post 4. Privet clinic 5. Privet Hospital 6. NGO health institute 7. At Home 8. Others (specify) ----------	
404	Who assisted with the delivery? PROBE FOR THE TYPE OF PERSONNEL(S) AND RECORD ALL MENTIONED.	1. Doctor 2. Nurse/midwife 3. HEW 4. Untrained traditional birth attendant (Relatives/friends) 5. Other specify_____	
405	Did u have postnatal care visit?	1. Yes 2. No	If no skip to Q. no.407
406	Did you receive counseling about FP during PNC	1. Number of times [_____] 2. No I don't have any	
407	Did you receive counseling about family planning before delivery?	1. Yes 2. No	

408	Have you ever gone to health facility to get immunization service for your child?	1. Yes 2. No	

Section 5: About practice of modern contraceptives in the postpartum period.

501	Did you use a modern family planning method within 12 months after delivery?	1. Yes 2. No ----------	If no, kip To506
502	If yes to 501, what method did you use?	1. Pill 2. IUD 3. Inject able 4. Male Condom 5. Female condom 6. Implant 7. Standard day method 8. Rhythm method 9. Female Sterilization 10. Male sterilization 11. LAM (Lactational Amenhoria Method) 12. Emergency pill 13. withdrawal 14. Others(specify)----------	
503	From where did you get the FP method?	1. Government health facility 2. Private health facility 3. NGO facility 4. Pharmacies/drug venders 5. Others(specify----------	
504	When did you start using the method after delivery?	1. ----------weeks after birth	
505	If you were not used FP method, in the first 12 months why didn't you use?	1. Fear of side effects 2. want to deliver soon 3. fear of change in breast milk by FP methods 4. no knowledge about FP	

		5. Spousal disapproval 6. feeling of not susceptible to 7. pregnancy due to breastfeeding 8. feeling of not at risk of pregnancy due to amenorrhea 9. absence of FP methods in my residence 10. lack of money for FP service 11. absence of chosen method 12. Others, specify----------	
506	Are you currently using any method?	1. Yes, I am using 2. No, I am not using 3. I am pregnant now 4. Other, specify----------	

Thank you for your participation

Annex 3- AMHARIC VERSION OF QUESTIONNIRES

አማርኛ መጠይቅ

የመረጃ ፎርም

እንደምን አደርሽ/ ዋልሽ? እኔ ስሜ ---------- ሲሆን ከአዲስ አባባ ዩኒቨርስቲ ጥናት ቡድን መህል አንዱ/ዷነኝ፡፡ ከወለድሽ በሁዋላ በ12 ወራት ውስጥ ስለተጠቀምሽው የቤተሰብ ምጣኔ አንዳንድ ጥያቄዎችን ልጠይቅሽ ነው፡፡ ከአንቺ የምናገኘው ምላሽ የቤተሰብ ምጣኔ አገልግሎትን ለማሻሻል ለሚመለከተው አካል ለመጠቆም ይረዳናል፡፡ በቃለ መጠይቁ እንድትሳተፊ የተመረጥሽው እድሉ ስለደረሰሽ ነው፡፡ ስለ ጥናቱ አጠቃላይ መረጃ እንዲኖረሽ ከዚህ በታች ያለው መረጃ ይጠቅምሻል፡፡

የጥናቱ እርእስ የቤተሰብ ምጣኔ ተጠቃሚነት በ 12 ወራት ውስጥ ከወሊድ በሁዋላ እንዲሁም በተጠቃሚነት ላይ ልዩነት የሚያመጡ ምክንያቶች፡፡

መግቢያ ከወሊድ በሁዋላ ባሉ 12 ተከታታይ ውራት ውስጥ እርግዝና እንዳይከሰት የቤተሰብ ምጣኔን መጠቀም ያስፈልጋል አንዲት እናት ከወለደች በሁዋላ ከሁለት አመት ባነሰ ጊዜ ውስጥ ካረገዘች እስዋም ሆነች ልጅዋ አደጋ ላይ ይወድቃሉ፡፡ ነገር ግን በዚህ ጊዜ ውስጥ የቤተሰብ ምጣኔ መጠቀም የእናቶችንና የህጻናትን ሞት ይቀንሳል፡፡

የጥናቱ አላማ ከወሊድ በሁዋላ በ 12 ወራት ውስጥ የቤተሰብ ምጣኔ ተጠቃሚነት መጠንን ለመለካት እና በተጠቃሚነት ላይ ልዩነት የሚያመጡ ምክንያቶችን ለማወቅ

የጥናቱ ጥቅም ጥናቱ ለተሳታፊዋ ፈጣንና ቀጥተኛ ጥቅም ባይኖረውም የቤተሰብ ምጣኔ አገልግሎትን ለማሻሻል ለሚመለከተው አካል ለመጠቆም ይረዳናል፡፡

በጥናቱ የሚመጣ ችግር ይህ ጥናት በተሳታፊዋ ላይ ምንም አይነት ችግር አይኖረውም

የተሳታፊዋ መብት ተሳትፎሽ ባንቺ ፍቃደኝነት ላይ የተመሰረተ ነው፡፡ ይህ ቃለ መጠይቅ ከ 15-20 ደቂቃ የፈጀል፡፡ በጥናቱ ነጻነት ካልተሰማሽ በማንኛውም ጊዜ ማቁዋረጥ ትችያለሽ፡፡ በዚህ መጠይቅ ላይ ስምሽ አያሥፈልግም፡፡

ይሄንን ፎርም አንብቤያለሁ / በማውቀው ቁዋንቁዋ ትነቦልኛል፤ በመሆኑም የጥናቱን ሁኔታ ተረድቻለሁ፡፡ ስለዚህ

1. ተሰማምቻለሁ 2. አልተስማማሁም

ዋና አጥኚ: ማህሌት ጌታቸው

አድራሻ: ስልክ 0941933893

ኢሜል: getachewmahilet@gmail.com

ፊረማ----------

ቃለ መጠይቁ የተደረገበት ቀን----------

የቃለ መጠይቁ ውጤት:

2. የተሙዋላ 2. ተሳታፊው አልተገኘም 3. አልተስማማችም 4. በከፊል የተሙዋላ

የሱፐርቫየዘር ስም----------

ፊረማ ---------- ቀን ----------

ካልተስማማች ያልተስማማችበትን ምክንያት በመጻፍ ወደ ቀጣይዋ እለፍ/ፊ

መታወቂያ

ቁጥር	**ጥያቄ**	**መልስ**	**ማመልከቻ**
001	የጥያቄ መለያ ቁጥር	----------	
002	ቀበሌ	----------	
003	የቤት ቁጥር	----------	

ክፍል 1 የማህበራዊ ኢኮኖሚያዊ እና ስነህዝባዊ ባህሪያት

ቁትር	ጥያቄ	**መልስ**	**ማመልከቻ**
101	የተወለዲሽበትን አመት እና ወር ልትነግሪኝ ትችያለሽ?	1. ወር---------- 2. ወሩን አላውቀውም 3. አመት---------- 4. አመቱን አላውቀውም	
102	የመጨረሻ ልጅሽን ስትወልጂ ስንት አመትሽ ነበር? (የ101 እና102 ምላሽን በማወዳድር ማስተካከያ ያድርጉ)	1.---------- አመት 2. አላውቅም	
103	አሁን ያለሽበት የጋብቻ ሁኔታ ምን ይመስላል?	1. በህጋዊ አግብቻለሁ/ አበሬ እየኖርኩኝ ነው(የሰማኒያ ሚሰት) 2. ያለ ህጋዊ ጋብቻ አብሬ እየኖረኩኝ ነው 3. አይ አበሬው አልኖርም 4. አይ አሁን አላገባሁም 5. ተፋትቻለሁ 6. ባለቤቴ ሞቶብኛል 7. ተለያይቻለሁ	
104	ሀይማኖት	1. አርቶዶክስ ክርስቲያን 2. ፕሮቴስታንት 3. ሙስሊም 4. ካቶሊክ	

		5. ሌላ ካለ ይጠቀስ ----------	
105	ብሄር	1. ወለኔ 2. ሶዶ 3. ዶቢ 4. ስልጢ 5. መስቃን 6. ማረቆ 7. አማራ 8. ኦሮሞ 9. ኮነቶማ . 10.ሌላ ይጠቀስ----------	
106	መደበኛ ትምህርት ተምረሽ ታውቂያለሽ?	1. አዎ 2. አላውቅም-- →	አላውቅም ከሆነ ወደ ጥ.ቁ 108
107	ምላሽሽ አዎ ከሆነ ከፍተኛው የትምህርት ደረጃሽ ስንት ነው?	1. የመጀመሪያ ደረጃ (1-8) 2. ሁለተኛ ደረጃ (9-12) 3. የቴክኒክና ሙያ 4. የከፍተኛ ደረጃ	
108	ማንበብ ወይም መጻፍስ ትችያላሽ?	1. አዎ ማንበብም መጻፍም እችላለሁ 2. አይ ማንበብም መጻፍም አልችልም 3. በከፊል ማንበብ እችላለሁ 4. በከፊል መጻፍ እችላለሁ	
109	ዋና ስራሽ ምንድን ነው?	1. አርሶ አደር 2. ንግድ/ ተያያዝነት ያለው ስራ 3. አርብቶ አደር 4. የመንግስት ተቀጣሪ 5. የቀን ሰራተኛ 6. ተማሪ 7. የቤት እመቤት 8. ስራ አጥ 9. ሌላ ካለ ይገለጽ---------	

110	**የትኞቹ እቃዎች በቤትሽ ውስጥ ይገኛሉ** **አዎ** 1 **አይ** 0 ኤሌክትሪክ ☐ የኩራዝ መብራት ☐ ላር መበራት ☐ ሬዲዮ ☐ ቴሌቪዝን ☐ የፈርሰ ጋሪ ☐ ላም ☐ በሬ ☐ አህያ ☐ የእርሻ መሬት ☐ ባጃጅ ☐ ፍሪጅ ☐ ሳይክል ☐ ሞተር ስይክል ☐ መኪና ☐ የሞባይል ስልክ ☐ የቤት ስልክ ☐ ጠረጴዛ ☐ ወንበር ☐	
111	**የቤቱ ወለል የተሰራበት ቁስ** **አዎ** 1 **አይ** 0 አሸዋ/ አፈር ☐ ቀርከሃ ☐ እንጨት ☐ ሲሚነቶ ☐ እምነበረድ ☐ ምንጣፍ ☐ ሌላ----------	

112	**የቤቱ ጣሪያ የተሰራበት ቁስ** **አዎ** 1 **አይ** 0 የሳር ጣሪያ/ጭቃ ☐ የቆርቆሮ ጣሪያ ☐ የሸክላ ማእዘን ☐ ሌላ----------		
114	**የቤቱ ግድግዳ የተሰራበት ቁስ** **አዎ** 1 **አይ** 0 ግድገዳ የሌለው ☐ የተጀመረ ግድግዳ ☐ ድንጋይና ጭቃ ☐ እርስ በእረሱ የተጣበቀ ስስ እንጭት ☐ ዲነጋይ እና ሲሚነቶ ☐ ጭቃ ☐ ሸክላ/ጡብ ☐		
116	ባለቤትሽ ካነቺ ውጪ ሚስቶች አሉት?	1. አዎ 2. አይ ⟶	አይ ከሆነ ወደ 201
117	መልስሽ አዎ ከሆነ ምን ያህል ሚስቶች አሉት?	1. ከኔ ሌላ አንድ 2. ከኔ ሌላ ሁለት 3. ከኔ ሌላ ሶስት 4. ከሶስት በላይ	

ክፍል 2 አሁን ደግሞ ስለ ስነተዋልዶ ታሪክ እና ምርጫ ጥቂት ጥያቄዎችን ልጠይቅሽ ነው

201	እስካሁን ድረስ ለምን ያህል ጊዜ አርግዘሻል? **(ውርጃንና በወሊድ ጊዜ የሞተን ጨምሮ)**	----------(በቁጥር ይቀመጥ)	
202	የመጨረሻውን ልጅሽን ጨምሮ ምን ያህል ልጆችን በሂወት ወልደሻል?	----------(በቁጥር)	
203	የመጨረሻው ልጅሽ ስንት አመት ይሆነዋል?	----------አመት	
204	በአሁኑ ጊዜ ምን ያህል ልጆች በሂወት አሉሽ?	----------(በቁጥር) →	ምላሹ አንድ ልጅ ከሆነ ወደ ጥያቄ208
205	በቀድሞው ወሊድሽ እና በመጨረሻው እርግዝናሽ መካከል ምን ያህል የጊዜ እርቀት አለ?	1. ይሄ የመጀመሪያዬ ነው 2. < 12 ወር 3. < 2 አመት 4. ----------አመት(≥ 2 አመት ከሆነ ይጠቀስ	
206	ከአንድ አመት በታች የሞተብሽ ልጅ አለ? **(ወይም ሲወለድ የሂወት ምልክት የነበረው ነገር ግን ሳይቆይ የሞተ)**	1. አዎ 2. አይ	
207	ከአንድ አመት እስከ አምስት አመት የሞተብሽ ልጅ አለ? **(‹ 5)**	1. አዎ 2. አይ	
208	የመጨረሻው እርግዘናሽ የታሰበና/ የታቀደ ነው?	1. አዎ → 2. አይደለም	አዎ ከሆነ ወደጥያቄ ቁ፣ 211
209	የቤተሰብ ምጣኔ ተጠቅመሽ ነበር?	1. አዎ → 2. አይደለም	አዎ ከሆነ ወደ ጥያቄ ቁ211
210	ለጥያቄ 209 አይደለም ከሆነ መልስሽ ለምንድን ነው የቤተሰብ ምጣኔ	1. የጎንዮሽ ጉዳቱን ስለምፈራ 2. ስለቤተሰብ ምጣኔ በቂ እውቀት ስለሌለኝ	

	ያልተጠቀምሽው? **(እባኮ መልሱን አያንብቡላት የተጠቀሰውን ብቻ ምልክት ያድርጉ)**	3. ባለቤቴ ስለማይደግፈኝ 4. ጡት በማጥባት ላይ ስለነበርኩ 5. ከወለድኩኝ በሁዋላ የወር አበባዬን ስላላየሁ፤ አረግዛለሁ ብዬ አላሰብኩም 6. በአካባቢዬ የቤተሰብ ምጣኔ አገልገሎት የሚሰጥ ተቁዋም ባለመኖሩ 7. ገንዘብ ስለሌለኝ 8. የመረጥኩትን ዘዴ በማጣቴ 9. ሀይማኖቴ ስለማይፈቅድ 10. ሌላ----------	
211	የወደፊት የወሊድ እቅድሽ እንዴት ነው?	1. ከሁለት አመት በፊት መውለድ እፈሊጋለሁ 2. ከሁለት አመት በሁዋላ መውለድ እፈሊጋለሁ 3. ምንም ተጨማሪ ልጅ አልፈልግም 4. ማርገዝ አልችልም 5. አልወሰንኩም	

ከወሊድ በሁዋላ ስላለ የወርአበባ እና የግብረስጋ ግንኙነት ሁኔታ

212	ከወሊድ በሁዋላ የወር አበባሽን ማየት ጀምረሻል?	1. አዎ 2. አይደለም →	አይደለም ከሆነ ወደ ጥያቄ ቁ 214
213	ለጥያቄ 210 አዎ ከሆነመልስሽ፤ ከወሊድ በሁዋላ መቼ ነው?	----------በሳምንት	
214	ከወሊድ በሁዋላ የግብረስጋግንኙነት ማድረግ ጀምረሻል?	1. አዎ 2. አይደለም →	አይደለም ከሆነ ወደጥያቄ ቁ.301
215	ለጥያቄ 212 አዎ ከሆነ መልስሽ ከወሊድ በሁዋላ መቼ ጀመርሽ?	----------ሳምንት	

ክፍል3 አሁን ደግሞ ስለድህረ ወሊድ የቤተሰብ ምጣኔ ያለሽ እውቀት እና ውይይት ላይ ጥያቄዎችን ልጠይቅሽ ነው

301	ከወሊድ በሁዋላ መውሰድ ያለብሽን ቢያንስ አንድ የቤተሰብ ምጣኔ ዘዴ ታውኪያለሽ?	1. አዎ 2. አላውቅም →	አላውቅም ከሆነ ወደ ጥያቄ 401
302	ለጥያቄ 301 አዎ ከሆነ መልስሽ፤ ከወሊድ በሁዋላ መጠቀም ያለብሽ የትኛውን ዘዴ ነው? (**እባኮ መልሱን ያንብቡላት የተጠቀሰውን ብቻ ምልክት ያድርጉ)**	1. ለአጥቢዎች የሚሰጠውን ኪኒን 2. ሉፕ (በማህጸን የሚቀበር ዘዴ) 3. የወንድ ኮንዶም 4. በክንድ የሚቀበር 5. የወር አበባ በሚመጣበት ወቅት 6. ማህጸን ማስቁዋጠር 7. የወንድ ዘር ከሴት ብልት ውቺ ማፍሰስ 8. ሁሉንም መጠቀም አይቻልም 9. በማንኛውም ጊዜ የሚሰጠውን ኪኒን 10. መርፌ 11. የሴት ኮንዶም 12. በካላንደር 13. የወንድ ቁዋሚ መከላከያ	

		14. ጡት በማጥባት ዘዴ 15. በ72 ሰአት ውስጥ የሚወሰድ ኪኒን 16. .ሌላ----------	
303	ከወሊድ በሁዋላ ስለሚወሰድ የቤተሰብ ምጣኔ መረጃ ከየት አገኘሽ? **(ከአንድ በላይ መልስ መስጠት ይቻላል)**	1. ከጤና ባለሙያ 2. ከጉዋደኛ 3. ከመገናኛ ብዙሀን 4. ሌላ----------	
304	ከባለቤትሽ ጋር ስለ ቤተሰብ ምጣኔ ዘዴዎች ተወያይተሽ ታውቂያለሽ?	1. አዎ አንድ/ ሁለት ጊዜ 2. ብዙ ጊዜ 3. በፍጹም ተወያይቼ አላውቅም 4. ባለቤቴ እውቀቱ የለውም	

ክፍል 4 በእናቶች እና በህጻናት የጤና ክትትል ወቅት ከጤና ባለሙያ ጋር ስለሚደረግ ውይይት እንዲሁም በዛ ወቅት ስለሚኖር የጤና ክትትል ልጠይቅሽ ነው

401	ለመጨረሻው እርግዝናሽ የቅድመ ወሊድ ክትትል ነበረሽ?	1. አዎ 2. አልነበረኝም →	አልነበረኝም ከሆነ ወደ ጥያቄ ቁ. 403
402	የቅድመ ወሊድ ክትትል ወቅት ስለ ቤተሰብ ምጣኔ የምክር አገልግሎት አግኝተሻል?	1. አዎ 2. አላገኘሁም	
403	የት ነበር የወለድሽው?	1. በመንግስት ሆስፒታል 2. በጤና ጣቢያ 3. በጤና ኬላ 4. በግል ክሊኒክ 5. በግል ሆስፒታል 6. በዘመድ ቤት 7. በመኖሪያ ቤቴ ውስጥ 8. ሌላ----------	

404	ያዋለደሽ ማን ነው	1. ዶክተር 2. አዋላጅ ነርስ/ ነርስ 3. የጤና ኤክስቴንሽን ሰራተኛ 4. ከዘመዶቼ መሀል አንዱ 5. ባልሰለጠነች በባህላዊ አዋላጅ 6. በሰለጠነች በባህላዊ አዋላጅ 7. ሌላ----------	
405	የድህረ ወሊድ ክትትል ነበረሽ?	1. አዎ 2. የለኝም ⟶	አልነበረኝም ከሆነ ወደ ጥያቄ ቁ.407
406	ከወሊድ በሁዋላ ስለ ቤተሰብ ምጣኔ የምክር አገልግሎት አግኝተሻል?	1. አዎ 2. አላገኘሁም	
407	ልጅሽን ለማስከተብ ወደ ጤና ተቁዋም ሄደሽ ነበር ?	1. አዎ 2. አይ	
408	ልጅሽን ለማስከተብ ወደ ጤና ተቁዋም ስትመጪ ወደ ቤተሰብ ምጣኔ አገልግሎት ክፍል በባለሙያ ተልከሻል?	1. አዎ 2. አልተላኩም	

ክፍል 5 ከወሊድ በሁዋላ የቤተሰብ ምጣኔ አወሳሰድ ተግባር

501	ከወሊድ በሁዋላ ባለው አንድ አመት ውስጥ የቤተሰብ ምጣኔ ተጠቅመሻል?	1. አዎ 2. አልተጠቀምኩም ⟶	አልተጠቀምኩም ከሆነ ወደ ጥያቄ ቁ. 506
502	ለጥያቄ 501 አዎ ከሆነ መልስሽ፤ የትኛውን ዘዴ ተጠቀምሽ?	ነ. ለአጥቢዎች የሚሰጠውን 2. ሉፕ (በማህጸን የሚቀበር ዘዴ) 3. ወንድ ኮንዶም 4. በክንድ የሚቀበር 5. የወር አበባ በሚመጣበት ወቅት 6. ማህጸን ማስቁዋጠር 7. የወንድ ዘር ከሴት ብልት ውቺ ማፍሰስ 8. ሁሉንም መጠቀም አይቻልም 9. በማንኛውም ጊዜ የሚሰጠውንኪኒነ ኪኒን ነ0. መርፌ ነነ. የሴት ኮንዶም ነ2. በካላንደር ነ3. የወንድ ቁዋሚ መከላከያ ነ4. ጡት በማጥባት ዘዴ ነ5. በ72 ሰአት ውስጥየሚወሰድ ኪኒን 16.ሌላ----------	
503	የቤተሰብ ምጣኔ ዘዴዎችን ከየት ማግኘት ትችያለሽ?	1. ከመንግስት የጤና ተቁዋም 2. ከግል የጤና ተቁዋም 3. ከፋርማሲ 4. ሌላ----------	
504	ከወሊድ በሁዋላ የቤተሰብ ምጣኔ ዘዴን መቼ መጠቀም ጀመርሽ?	---------- ሳምንት	

505	የቤተሰብ ምጣኔን ከወለድሽ በሁዋላ ባሉት 12 ወራት ያልተጠቀምሽበትን ምክንያት ልትነግሪኝ ትችያለሽ?	1. የጎንዮሽ ጉዳቱን ስለምፈራ 2. ስለቤተሰብ ምጣኔ በቂ እውቀት ስለሌለኝ 3. ባለቤቴ ስለማይደግፈኝ 4. ጡት በማጥባት ላይ ስለነበርኩኝ 5. ከወለድኩኝ በሁዋላ የወር አበባዬን ስላላየሁ፤ አረግዛለሁ ብዬ አላሰብኩም 6. .በአካባቢዬ የቤተሰብ ምጣኔ አገልገሎት የሚሰጥ ተቋዋም ባለመኖሩ 7. ገንዘብ ስለሌለኝ 8. የመረጥኩትን ዘዴ በማጣቴ 9. በቶሎ እንደገና ለመውለድ ስለፈለኩኝ 10. የጡት ወተትቱን ጣእም ይቀይረዋል በዬ በመፍራቴ 11. ሀይማኖቴ ስለማይፈቅድ 12. ሌላ----------	
506	ወደፊት የቤተሰብ ምጣኔ የመውስድ እቅድ አለሽ?	1. አዎ 2. አይ	

ስለ ትብብረዎት እጅግ በጣም አመሰግናለሁ

DECLARATION

I the undersigned, declare that this thesis is my original work, has never been presented in this or other university, and that all the resources and materials used for the thesis development, have been acknowledged as complete reference.

Name : Mahilet Getachew (Bsc)

Date._____ Signature _____

This thesis work has been submitted for examination with my approval as university primary advisor.

Name of the primary advisor: Abiy Seyfu (MPH)

Date._____ Signature _____

CURRICULUM VITAE

1. **Personal profile**	**Name** Mahilet **Father Name** Getachew **Grandfather name** Tadesse **Birth Date** 1990 G.C **Nationality** Ethiopia **sex** **male** ☐ **female** ✓													
2. **Residence**	**Region** Addis Ababa **Sub city** Akaki Kaliti **Phone number** 0941933893/0913098785 **Email** getachewmahilet@gmail.com													
3. **Family status**	**Married** ☐ **single** ✓ **divorced** ☐ **widowed** ☐ **separated** ☐													
4. **Educational status**	**Level of education**				**Name of school**									
	Primery				Akaki Lesperance Adventist primary and secondary school									
	Secondery				Akaki Adventist primary and secondary school									
	Higher education				Harromaya university									
5. **Language**	**Type**	**Speaking**			**Writing**			**Reading**			**Hearing**			
		Excellent	**v.good**	**good**	**Excellent**	**v.good**	**good**	**Excellent**	**v.good**	**good**	**Excellent**	**v.g**	**gd**	
	Amharic	✓			✓			✓			✓			
	English			✓		✓			✓					
	Sidamgna						✓			✓				
6.**Special ability**	Microsoft office													

7. **Experience**	**Profession**	**Year of experience**	**Place of work**
	Public health officer	Three years and two months clinical experience	SNNPR, Sidamo zone, Arbegona woreda Health center