ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

SCHOOL OF NURSING AND MIDWIFERY

DEPARTMENT OF MIDWIFERY

WOMEN'S INTENTION TO USE LONG ACTING AND PERMANENT CONTRACEPTIVE METHODS AND ASSOCIATED FACTORS AMONG FAMILY PLANNING USERS IN ADDIS ABABA PUBLIC HEALTH CENTERS ADDIS ABABA, ETHIOPIA,2020

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ABBREVIATIONS AND ACRONYMS

AA-Addis Ababa

AAU-Addis Ababa University

AOR-Adjective Odds Ratio

CI-Confidence Interval

CPR-Contraceptive Prevalence Rate

CSA-Central Statical Agency

EDHS-Ethiopian Demographic Health Survey

ERC-Ethical Review Committee

ETB-Ethiopian Birr

FGAE-Family Guidance Association Ethiopia

EFMOH-Ethiopian Federal Ministry Of Health

FP-Family Planning

HSTP-Health Sector Transformation Plan

IUCD-Intra-Uterine Contraceptive Device

LACM-Long-Acting Contraceptive Method

LAPMs-Long-Acting and Permanent Methods

LARC-Long Acting Reversible Contraceptive

LB-Live Birth

MMR-Maternal Mortality Ratio

OR-Odds Ratio

SARC-Short Acting Reversible Contraceptive

SSA-Sub Saharan Africa

TFR-Total Fertility Rate

UNFPA-United Nation Population Fund Agency

WHO-World Health Organizatio

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ABSTRACT

Background: Family planning (FP) is a process that involves a discussion and decisions between couples and trained health care provider focusing on family health and their desires of either limiting or spacing their family size. It enables couples to decide the number of children to have and to better plan their childbearing. There is a significant positive linkages between FP and maternal and child survival and wellbeing.

Objectives: To assess the magnitude of women's intention to use long-acting and permanent contraceptive methods and associated factors among family planning users in Addis Ababa public health centers, Addis Ababa, Ethiopia, 2020

Methods: Facility-based cross-sectional study design was implemented in Addis Ababa public health center.Data was collected by using a pretested structured Amharic version interview administered questionnaire on 504 participants, which was selected by multi stage cluster sampling methods among short term family planning users in selected public health centers from march to April 2020 G.C. Data was coded and entered into EPI INFO version 4.6.0.0 and exported to SPSS version 25.0 for statistical analysis.Data were presented and summarized using tables and graphs.Factors were analyzed by Bi-variate followed by multivariate logistic regression to determine independent predictors at a 95% confidence interval.

Result: The prevalence of intention to use long acting and permanent methods(LAPMs) among Participants was about 60%. The main reasons for not intending to use were of fear side effect (55.7%), to get pregnant(46.4%) and cultural taboo(27.6%). Desire number of children(AOR:14.55,3.29-64.21),respondents education(AOR:0.36,0.20-0.64) and participants occupation status (AOR:8.75,1.31-58.41) were also significantly associated with intention to use LAPMs.

Conclusion: According to the findings of the analysis the magnitude of intention to use LAPMs within the study area was(60.0%) and intention depends on knowledge on LAPMs,attitude on LAPMs,desired number of children,respondents education and respondents occupation.

Key words: intention,family planning ,long-acting FP ,permanent family planning

1. INTRODUCTION

1.1. Background

Intention is a mental state that represents a commitment to carrying out an action or actions in the future. Intention involves mental activities such as planning and forethought.A mental mechanisms, including intention, explain behavior in that individuals are seen as actors who have desires and who attempt to achieve goals that are directed by beliefs. Thus, an intentional action is a function to accomplish a desired goal and is based on the belief that the course of action will satisfy a desire(1).

The health sector transformation plan (HSTP) gives top priority for reproductive, maternal, newborn, child and adolescent health.As indicated in the sustainable development goals Ethiopia will intensify these health care interventions to end preventable maternal and child deaths.The targets set in the HSTP are to reduce maternal mortality ratio(MMR) from 420 to 199 per 100,000 live births(LB), Neonatal Mortality from 27 to 9.73, per 1,000 LB and infant mortality from 46.4 to 19.33 per 1,000 LB in 2020(2).

Family planning (FP) is a process that involves a discussion and decisions between couples and trained health care provider focusing on family health and their desires of either limiting or spacing their family size. It enables couples to decide the number of children to have and to better plan their childbearing. There is a significant positive linkages between FP and maternal and child survival and wellbeing (3).

FP methods can be classified into natural and artificial/modern methods.Artificial (modern FP) methods further classified into long term methods which include long-acting and permanent methods (intrauterine devices, implants, and sterilization), and short-term methods (pills, condoms, spermicides, injectable, other modern methods, and all traditional methods). Long-acting and permanent family planning are mostly used to limit childbearing, whereas short-term methods are better suited for women who want to delay a child(4).

Modern FP services in Ethiopia were pioneered by the Family Guidance Association of Ethiopia (FGAE), which was established in 1966. FGAE's first FP services were provided from a single-room clinic run by one nurse. Following Ethiopia's adop a Population Policy in 1993, local and international institutions partnered with the government in expanding FP programs and services (5).

Access to high-quality sexual and reproductive health services and information, including a full range of contraceptive methods, is fundamental to realizing the rights and well-being of women and girls. Universal access to effective contraception ensures that all persons should avoid adverse health and socioeconomic consequences of unintended pregnancy and have a satisfying sexual life(6).

Couples who want safe and effective protection against pregnancy and from its complications would benefit from access to more contraceptive methods, including LAMPs. LAPMs are safe for users,effectively protect pregnancy and its implications and are efficeint for couples, governments, and contribute directly to reaching national and international health goals by providing long-lasting pregnancy prevention(7).

1.2. Statement of the problem

Population growth is a major concern in developing countries because of its impact on broader socio-economic development.In sub-saharan Africa, including Ethiopia continued high fertility levels, along with declining mortality rates, these results a wide gap between birth and death rates, and subsequently in high annual population growth rate. Factors contributing to high fertility include low socio-economic development, deeply held cultural values for large family size, negative attitude towards contraception and low levels of contraception usage in the community (8).

Nowadays, morethan 500 million women in the developing regions are using some form of contraceptive methods and preventing 187 million unintended pregnancies, 60 million unplanned births, 105 million induced abortions, 2.7 million infant deaths, 215,000 maternal deaths. However, another 200 million women who want to delay or limit their births lack access to contraceptives. Providing these women with the services they want could prevent an additional 52 million unintended pregnancies and 23 million unplanned births each year(9).

Ethiopia is the twelveth and second most populous nation in the world and Africa respectively(8).The total fertility rate (TFR) is 4.6 and contraceptive prevalence rate (CPR) is 36% and an unmet need FP is 22% (10). This implies further rapid population growth in the years ahead and requires quite concerned activity to increase the country's CPR and also shift the method mix to a greater emphasis on long-acting and permanent FP methods.

Researchers have mentioned that most women didn't use oral contraceptives effectively. One million pregnancies result from the faulty use of oral contraceptives each year and these results, unintended pregnancies remain as common. Clearly, the method of contraception must prepared to meet the needs of individuals who faced these type of obstacles. Utilizations of LAPMs remain small and sometimes missing component of national Family Planning(FP) program and it can enhance FP programs in meaningful ways if the challenges to their availability, access, and acceptability can be overcome appropriately (11).

Ethiopian federal ministry of health (EFMOH) has made unreserved efforts to expand access to FP information and a range of FP method options over the last decade by increasing access to FP services through its Health Extension Program, providing information and utilization by integrating with other services and gives special training for providers on LAPMs.Over the last decayed, attentions has been increased to expanding the family planning method mix, especially the expansion of services for LAPMs (7).

Utilization of FP in Ethiopia is dominated by short term methods such as pills 2.3% and injectable 23% but utilization of LAPMs is very low, which is implants (8%), female sterilization (0.5%), and IUCD 2 %. Despite the advantages of LAPMs, utilization remain small, and sometimes missing component of many national reproductive health (RH) and FP programs and it has not kept pace with that of short-acting methods, such as oral contraceptives and injectable (10).

A given behavior is more likely to occur if the intention to practice is strong, no environmental barriers to performing it, and individual has the skills and ability to perform the behavior . Intention to use a method of contraception is an important indicator of the potential utilization for FP services of an individual (10,12)

Despite the availability and services of LAPMs are given in all institutions ,its utilization is very low including study area AA . Since there is no study conducted in AA on intention to use LAPMs, this study try to identify factors that affect intentions to use LAPMs specifically on family planning users in the city.

1.3. Significance of the study

Ethiopia has still a long way to go to fertility reduction and raise the contraceptive prevalence rate to fulfill the target. Even though modern contraceptive services are made accessible nearly at all essential areas in Ethiopia (including Addis Ababa) and mostly at lower or no cost, the utilization and intention to use LAPMs are very low (10).

- The findings of the study can be useful for governmental and non-governmental organizations to take intervention measures and set appropriate plans to improve the existing level of awareness and intention of LAPMs by identifying and taking measurements on factors that influence the intention of LAPMs.
- The result of this study may provide inputs for policy makers to develop appropriate policies, guidelines, planes and intervention programs for improving LAPMs utilization.
- It also helps health managers at a higher and lower level to understand the extent of the problem and to act accordingly.These study will enhance recognition to participants about socio demographic, reproductive, knowledge, attitude and practice variables that influence intention to use LAPMs.
- The finding may also serve as a baseline data for future researchers who want to conducted a research on intention to use LAPMs.

2. LITERATURE REVIEW

2.1. Long-acting and permanent family planning methods

Family planning contributes different types of health benefits for the families, to the mental and social well-being of mothers, fathers and their children by enabling the couples to achieve their reproductive goals and to adopt some measures of control over the pattern and direction of their lives(3).

Implants are small plastic rods that releases progestin in a woman's body. It is inserted by a trained provider with a minor surgical procedure to place one or 2 rods under the skin on the inside of a woman's upper arm. Implants do not contain estrogen, and so can be used throughout breastfeeding and by women who cannot use methods with estrogen.It works primarily by preventing the release of eggs from the ovaries (ovulation) and thickening of cervical mucus(6).

IUCD is a small piece of flexible plastic which have or not having copper wound around it. The copper increases effectiveness. It is inserted into the uterus through the vagina and cervix by a trained family planning provider. It provides continuous protection against pregnancy for 12 years.It prevents pregnancy by Interferes with the ability of sperm to pass through uterine cavity, Interferes with reproductive processes before ovum reaches uterine cavity and thickens cervical mucus(3,6).

Female sterilization or tubal ligation and vasectomy also called male sterilization are permanent contraception methods which blocking the release of the egg and closing off each vas deferens keeping sperm out of semen through a safe and simple surgical procedure with no long-term side effects for women and men respectively(6).

2.2.Intention to use long-acting and permanent methods

Among the women included in the study conducted in Kenya, 36.0% (95% CI: 30.7%, 41.5%) reported an intention to use a modern method in the next 12 months. Intention to use a modern method varied between 23.8% in Mombasa, 49.1% in Kisumu, and 50.9% in Machakos. In Nigeria, Only 13.8% (95% CI: 12.5%, 15.1%) of married or cohabiting women not currently using a modern method including LAPMs reported they have intention to do so in the next 12 months (13).

According to the studies conducted in Tigray, Ethiopia the prevalence of intention to use LAPMs was 48.4% while (14.6%) respondents were unsure of their future use.The most preferred method participants intend to use were implants (71.3%), and IUCD accounts (24.0%) (14).

Studies conducted in the Wolaita zone showed that womens intention to use LAPMs in the future were (38%). The preffered choices were implant (91.7%) while, IUCD and female sterilization intention were (5.7%) and(3.2%) respectively (15). A cross-sectional study in western Ethiopia Wollega shows that women's intention to use LAPMs was 18.2%, of which the majority of women intended to use implant 51.4%, IUCD 47.9% and female sterilization 0.7%(16).

2.3. Utilization of long-acting and permanent methods

A study conducted in Karachi, Pakistan, on factors affecting hormonal and non -hormonal contraceptive method use in women presenting to Reproductive Health Services revealed that most commonly used contraceptive method was long-acting reversible contraceptive and it accounts 41% were Norplant and followed by 35% IUCD users(17).

The study in Kenya revealed that 20.6% (95% CI 17%, 25%) respondent's utilized LARC methods while 79.4% (336) chose the short-term methods. The uptake of the different methods decreased in this order: injectable (59.8%),pills(19.6%),implants(16.8%),IUDs(3.8%). During the data collection period, no client opted for voluntary surgical contraception (18).

According to EDHS 2016 overall married women currently using family planning methods were 36 %: of which 35 percent are using a modern method, LAPMs are utilized in a small proportion (implants 8%), IUCD 2% and female sterilization 0.5%)(10).This shows improvements from contraceptive utilization during mini EDHS 2014 but 84% of Ethiopian women using modern methods rely on short-acting methods (injectable 31 %, pill 2.1 %,) and least uses LAPMs (implant 5%, IUCD 1.1 %, and female sterilization 0.1 %(19).

A study conducted at Debre Marko's referral hospital shows that 47.87% of participants were currently using modern family planning methods. Among those, the most commonly used method was condom alone or combined with other methods which are 51.8%, injection, 44.9%, implant 8.9 %, IUCD 1.9 %, and tubal ligation 2.5 %(20).

In the study conducted at Gonder town, the level of utilization of long-acting and permanent family planning methods was 34.7%. From these (28.4%) used implants, and IUCD (5.7%) and female sterilization (0.6%). Out of the total of 207 (65.3%) respondents who were using short-acting family planning methods, half (50.5%) were using the injectable method. The most reported reasons for not using the long-acting methods were side effect (54.9%) and lack of knowledge (34.7%) (21).

2.4.Factors affecting intention to use LAPMs

2.4.1.Knowledge about long-acting and permanent methods

A study conducted in Kampala Uganda shows that the knowledge of study participants on effective duration of IUD and implant was 68.5%, and 69.9% respectively. Knowledge of administration site for IUD, and the implant was 75.9%, and 80.2% respectively (22). Most of the respondents in Ghana have better Knowledge of shorter-acting contraceptives methods (pills 87.3% and injectable 85.3%) than that of the long-acting reversible contraceptives (implants 67.6%o and intrauterine device 56.6 % or permanent methods (female 56.3% and male sterilization 33.2%)(23).

The study conducted in Debre Marko's town implies that most participants (96.7%) have heard at least one modern contraceptive methods,but only (81.5%) of them knew/mentioned at least one LAPMs and (18.5%) didn't know any LAPMs methods(24). IUCD (79.3 % vs 46.6%) and implanon (34.2 vs53.3%) was predominantly known in the urban and rural community respectively. Vasectomy was least known (<1 %)(25).

Research conducted in Adigrat town indicates that (94.7%) of respondents knew at least one LAPMs ,the common known method was implant (99.5%) and IUCD (88.7%) ,Although the tubal ligation (52.5%) and vasectomy (23.7%) were least known permanent methods.Ninty nine percent of participants believe that child spacing prevents mothers and child death and (93.4%) of the women perceive that they have access to a choice of all methods (14).

Mini EDHS 2014 shows that 96% of married women know at least one modern contraceptive methods, but knowledge on LAPMs was significantly less which is (implant 71%, IUCD 38.4% and female sterilization 38.6 %)(19).

Analysis of the three EDHS shows that the source of information to FP had a significant influence on contraceptive utilization. Among married women aged 15-49, community events were the most common source of family planning messages at 37.3% and the radio and TV were the 2nd and 3rd most common source of information which accounts for 30.3% and 14% respectively. Women's who owned a radio (27.3%) and TV 54.2% used family planning methods(26)

2.4.2.Attitudes of Long acting and permanent methods

A study done in Pakistan shows that woman's intention to use IUCD and tubal ligation was strongly associated with the belief in the health benefits of child spacing (OR= 1.51), access to perceived choice of methods (OR = 1.48), among women below age 35, women with four or more children and education. Women who believe that the use of FP was the husband's decision and could harm the womb was negatively associated with the intention to use IUCD and tubal ligation(27).

Studies in Debremarkos shows that the main reasons for choice of currently used contraceptive methods were (79%) related to health provider's attitudes and 20.2% side effects. In contrast above half, 52.13% of women were not currently using any modern family planning method and their main reasons were related to partner disagreement, 33.7% and to give birth 24.4%. Among them, 9% were currently pregnant, and of these, 29.2% were unintended pregnancies(20).

A cross sectional study in Woliata zone showed that women with positive attitude were 2.5 times more likely to have the intention to use LAPMs compared to those who had a negative attitude . Mostly, womens who did not longer have myths and misconceptions on LAPMs were 1.7 times more likely to have the intention to use LAPMs in the future as compared to those who had.Womens who had negative attitude towards LAPMs were 52.5%,of them 21% said insertion of IUCD affect privacy and (16.8%) stated that IUCD restricts normal daily activities. One quarter of participants (27%) agreed that female sterilization is dangerous (15).

A study in rural Tigray implies that 83% respondents in Wukro town and 69% in Kilteawlaelo district agreed that long acting contraceptive is exclusively important for married women. Ninety percent of the respondents in Wukro town and 70 % in Kilteawlaelo district disagreed that they have difficulty of accessing long acting contraceptive. Nearly half of the respondents in both the study settings believed that using a longacting contraceptive has its own risks or side effects ting(25).

A community based study conducted in Adigrat town shows that 81% of womens perceive that their husband supports LAPMs use. Almost all of them (99%) believe that child spacing prevent mother's and child death and 10% did not agree that providers can be trusted to maintain confidentiality.More than aquarter of participants(28.9%) perceived husband decision planys an important role to use contraceptive(14).

2.4.3. Socio demographic and other related factors affecting intention to use LAPMs

One of the major factors associated with intention to use LAPMs is the quality of family planning service. Improved quality of care is an important goal of international family planning programs, for a variety of compelling reasons. It also has been argued that providing such quality services will lead to increased service utilization by more committed users, eventually resulting in higher contraceptive prevalence and lower fertility(28).

A study conducted in Kampala Uganda indicates that the current use of LARCs is one and half times higher among respondents who had children than those who did not have children. Current use also three times higher in respondents who were previously used LARC than those who didn't previously use LARC. The current use of LARC was significantly increased; approximately 1.46 times higher among respondents with knowledge of the duration of protection from pregnancy by IUCD and implants than those without knowledge (22).

An analytic cross-sectional study done in Ghana indicated that discussing FP with one's partner and previous contraceptive use significantly associated with current contraceptive use. On future contraceptive intentions, the client discussing FP with her partner, desire to space children, previous contraceptive use and current contraceptive use were predictive of clients' intention to use contraception in the future. On the whole, clients discussing FP with their partners and previous contraceptive use were significant determinants of both current use and future intentions to use contraception (23).

Studies done in the Tigray region on rural women showed that place of residence (urban versus rural) was found to be a significant predictor of LACMs' use. Partners decision to use a contraceptive method contributes to enhancing the utilization of long- acting contraceptive. Among mothers whose partner did not permit them to use a contraceptive was 76 % less than those who got support from their husbands to use long acting methods (AOR=0. 24, 95 % of CI: 0.13,0.44)(25).

Studies conducted at Gonder city indicate that use of LAPMs among women with secondary level education was 2.28 times higher compared with women who had no education. In addition, women who had a previous history of using long-acting family planning methods were three times higher to use long-acting and permanent family planning methods than those who had no history of using LAPMs(21).

A community-based cross-sectional study conducted at Adigrat town showed that paticipants partner educational status who complets grade 9-12 (AOR = 2.9, 95% CI = 1.13, 7.44) were significantly associated with intention to use LAPMs.Occupation of participants who were merchants have lower odds of intention to use LAPMs compared to those who were housewives. Womens whose husbands do not support LAPMs use had 80% lower intention to LAPMs compared to their counterparts (14).

Studies in North West Ethiopia Jana Mora district shows that women who had a good knowledge utilize LAPMs 4.20 times higher as compared to those with poor knowledge. Similarly utilizing LAPMs was 4.64 times higher among women whose husbands are laborers as compared to the merchant. Moreover utilizing LAPMs was 3.12 times higher among women who were a student as compared to housewives (29).

Studies in Woliata showed that Womens educational status who attained secondary education were 2 times and higher level of education were 3 times more likely to have the intention to use LAPMs compared to women who had no education (AOR = 2. 10; 95% CI: 1.11-3.98) and AOR = 2. 80; 95% CI: 1.15-6.77) respectively (15).

Studies in Wollega implies that women who had secondary education and above were 1.82 times more likely to have the intention to use LAPMs compared to those who had primary education and below [AOR=1.82, 95%CI =1.09-3.04) . Participants who were government employed were 2.56 times more likely intended to use LAPMs in the future than other occupations (AOR = 2.56, 95% CI =1.47-4.46). Women's who had a joint discussion with their husband on fertility issue were nearly 3 times more likely to have the intention to use LAPMs compared to those who had no joint discussion [AOR = 2.76, 95% CI: 1.40-5.42(16).

2.5. Conceptual Framework

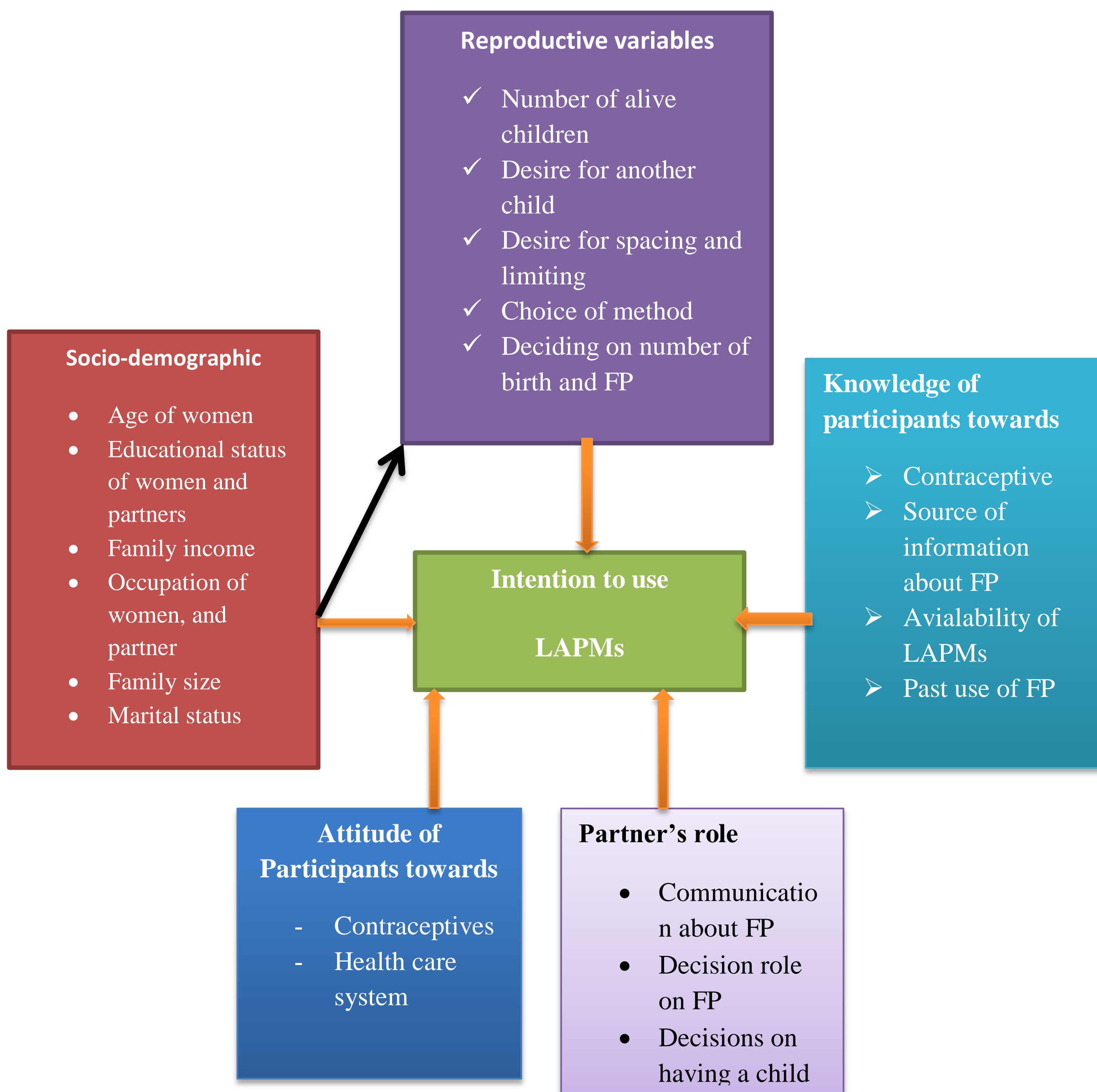

Figure 1: - Conceptual framework showing factors related to intention to use LAPMs among family planning users in Addis Ababa public health centers ,2020 (14).

2.6. Research Questions

- What is the magnitude of women's intention to use LAPMs among family planning users in Addis Ababa?
- What are the factors that affect the intention to use LAPMs among family planning users in Addis Ababa?

2.7. Hypotheses

- The high level of education of women increases the intention to use LAPMs
- Women with a large number of living children and who desire to have no more children are expected to have a relatively high rate of intention to use LAPMs among family planning users.
- Women with a positive attitude will have the intention to use LAPMs in the future.
- Womens with good knowledge will have the intention to use LAPMs in the future.

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3. OBJECTIVES

3.1. General objectives

- To assess the magnitude of women's intention to use long-acting and permanent contraceptive methods and associating factors among family planning users in Addis Ababa public health centers, Addis Ababa, Ethiopia, 2020

3.2. Specific objective

- To assess the magnitude of women's intention to use LAPMs among family planning users in Addis Ababa public health centers, Addis Ababa, Ethiopia,2020
- To assess the knowledge of LAPMs among family planning users in Addis Ababa public health centers, Addis Ababa, Ethiopia,2020
- To assess the attitude of LAPMs among family planning users in Addis Ababa public health centers, Addis Ababa, Ethiopia,2020
- To identify factors affecting women's intention to use LAPMs among family planning users in Addis Ababa public health centers, Addis Ababa, Ethiopia,2020

4. METHODS AND MATERIALS

4.1. Study area and period

The study was conducted in Addis Ababa (AA) city administration government health centers from march to April 2020 G.C. AA is the capital city of Ethiopia and the area covered about 526.99km2. According to the 2007 census,it has a population of 2,738,248 of which 1,304,518 are males and 1,433,730 are females which make the proportion of male and female 49% and 51 % respectively with an annual growth rate of 2.1%. Among females, 34.8% of women in reproductive age are living in Addis Ababa and 28.4% of them are contraceptive acceptors. The city has 10 sub-cities and 99 woredas.The city has a total of 198 health institutions ,of which 48 are hospitals. There are a total of 13 public hospitals and 98 health centers in Addis Ababa. The hospitals and health centers give reproductive health services with different types of family planning, antenatal care and delivery (8). According to EDHS 2016, CPR in the city was 55.9 % of which LAPMs were only 23.1 % (10).

4.2. Study design

An institution-based cross-sectional study design was implemented

4.3. Population

4.3.1. Source population

All women who were short term family planning users in Addis Ababa.

4.3.2. Study population

All randomly selected women who were short term family planning users in Addis Ababa public health centers

4.4. Inclusion and exclusion criteria

Inclusion criteria:-

- Randomly selected women (18-49 Years) who were short term family planning users in Addis Ababa public health centers
- Women who lived in Addis Ababa at least for 6 months.

Exclusion criteria:-

- Women who were severely ill
- Mentally incompetent with the context of the questionnaire.

4.5. Sample size determination and sampling procedure

4.5.1 Sample size determination

The sample size (n) was determined based on a single population proportion formula with the following assumptions. From the previous study conducted in Wollega western Ethiopia, the proportion of intention to use LAPMs was taken as 18.2 %(16) , margin of error (d) 5% and 95% confidence interval.

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

$$= \frac{(1.96)^2\,(0.18)\,(0.81)}{(0.05)^2}$$

$$=229$$

By considering 10 % non-response rate and lost questionnair and the design effect 2 the total sample size was 504

Where

n= required sample size

Z= critical value for normal distribution at 95% confidence interval which equals to 1.96

Prevalence (P) = proportion of intention to use LAPMs from the previous study

Precision (d) = 0.05 (5% margin of error)

4.5.2. Sampling procedure

Multi-stage cluster sampling technique was used to select study participants. To take study participants from all sub-city were impossible due to lack of resources, lack of time and inconvinency to cover all, so three sub-cities was selected using a simple random sampling method from ten sub-cities found in Addis Ababa city adminstration , then 7 health centers was also select from each selected sub-cities using simple random sampling according to the number of health centers with in the sub-city. The sample size for each health center was determined by taking the average number of clients who were served for the previous three months before the survey and allocated to each health center by probability proportional to size based on daily client flow.

The first respondent from each health centers was selected by systematic sampling method from K th respondents randomly then subsequent respondents was selected every K th where k=N/n =1239/504=2.4 (N is the total population and n is sample size) every 2nd of the daily short term FP user flow until the required respondents was gained within four weeks of working days.

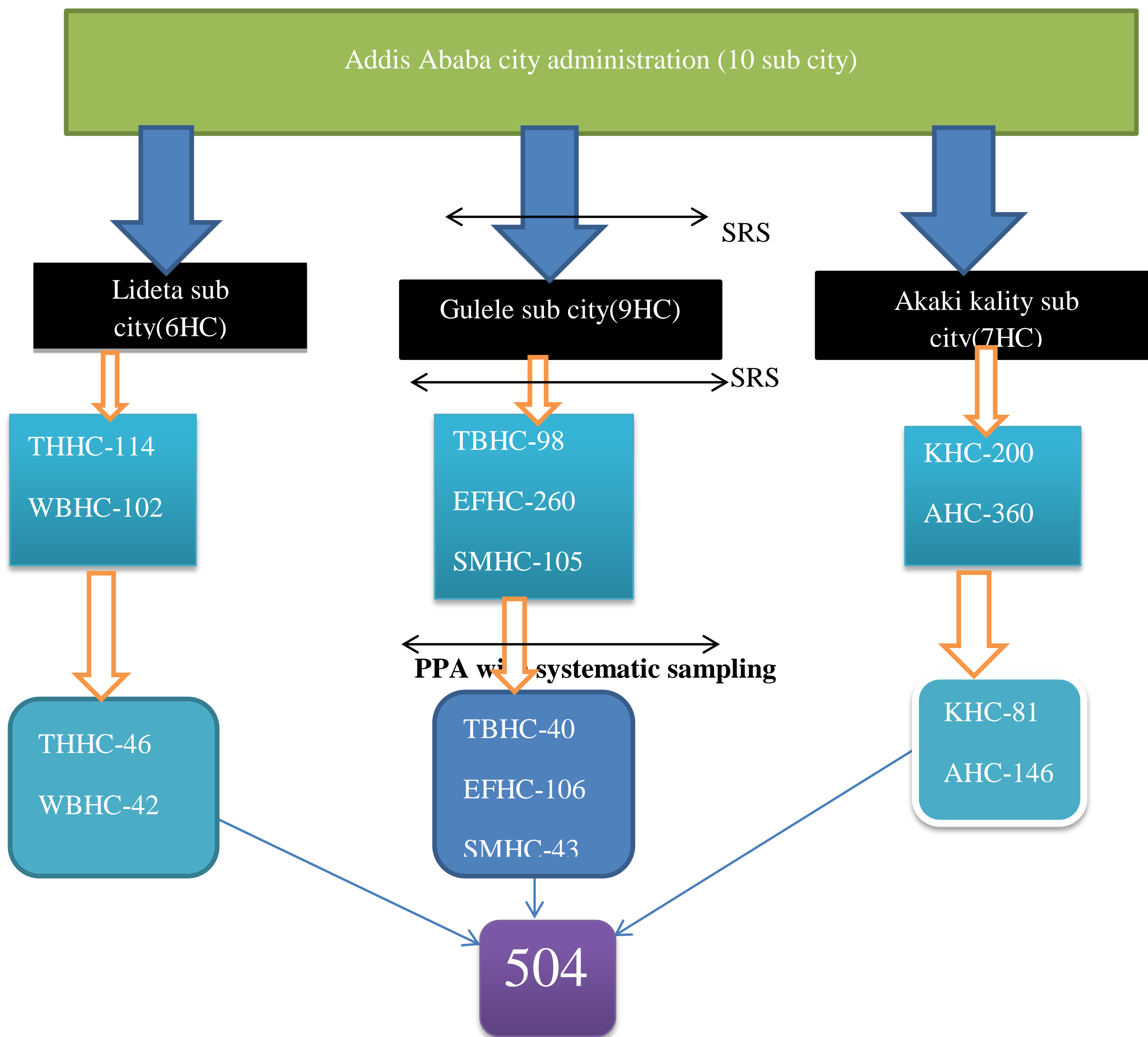

Figure 2: Diagrammatic representation of sampling procedures in Addia Ababa city administration, Addis Ababa ,Etiopia,2020

Where;-

AHC-Akaki health center EFHC-Entoto Fana health center KHC-Kality health center

SMHC-Shiro-Meda health center TBHC-Tibebe Bekechenia health center

THHC-T/Hayimanot health center WBHC-Wro Beletshachewu health center

4.6. Study variables

Dependent variables

- Intention to use any one of LAPMs

Independent variables

- Socio-demographic variables: age,educational status of the women and her partner, family size ,family income, and occupation of the women and her partner.
- Reproductive variables: communication with the partner on FP, the role of women on deciding number of children and FP, choice of method, number of alive children, desire for another child, spacing and limiting children,
- Other factors: Knowledge and attitude of LAPMs, Exposure and experience of FP: Past use, source of information about FP

4.7. Operational definition

LAPMs - Implant, IUCD, Female sterilization and vasectomy.

Intention to use LAPMs: woman's who were not currently using LAPMs but want to use any of the LAPMs in the next 2 years.

No intention to use LAPMs:womens who were not currently using LAPMs and stating no intention to use LAPMs or unsure of their intentions are classified as not intending to use LAPMs.

Knowledge score of the participants on LAPMs: This was computed based on the participants' response to the seven distinct characteristics of each LAPM

Very good knowledge: Those who knew five or more distinct characteristics of LAPMs from knowledge questions.

Good knowledge: Those who knew 1- 4 distinct characteristics of LAPMs from knowledge questions.

poor knowledge: Those who only name the methods of LAPMs but not know any distnict characterstics of LAPMs (14).

Attitude- Attitude items of womens intention to use LAPMs was grouped according to likerts scale as''strongly agree, agree, neutral ,disagree and strongly disagree .The score were based

on the five point answers as (strongly agree=5,agree=4,neutral=3,disagree=2,strongly disagree=1),based on these the total score of respondants were calculated by adding up the individual item score from 9 attitude items and the maximum total score were 45 and the minimum total score were 9.(15)

Positive attitude - those who scored above the mean to the correct answers on attitude measuring items

Negative Attitude – those who scored the mean and below the mean to the correct answers on attitude measuring items.

4.8. Data collection instrument

The questionnaire was prepared originally in English and then translated to Amharic and back to English to check the consistency. Data was collected by using a pretested structured Amharic version interview administered questionnaire that was adopted from related studies (14,15). The questioniar includes a total of 53 questions in to 5 parts .it includs socio-demographic characteristics, reproductive history, knowledge on LAPMs, attitude on LAPMs,previous exposure and intention to use LAPMs. Data on knowledge LAPMs contraceptive variables was collected in two ways. First, respondents were asked to mention all what they know and heard spontaneously. For the responses not mentioned spontaneously, the interviewer described for whether the respondent recognized it.

4.9. Data collection procedures

Data collection were conducted by 7 trained health workers(Diploma midwives) who were not working at that specific health facility to reduce interviewer bias and 1-Bsc midwife supervisor to supervise the 7 enumerators. A one-day training regarding objectives, the relevance of the study and data collection techniques such as interview techniques, the confidentiality of the information, participants' right, informed consent, and practical demonstration of the interview was given to the data collectors and supervisor by the principal investigator.

4.10. Pretest

Pretest was conducted on women's who were short term family planning users in Kasanchis and Koteb 02 health center on 10% of the sample size to test its variability and subjects who was involved in the pre-test was excluded from the study, then the questionnaire was assessed and the necessary correction was done accordingly.

4.11. Data quality assurance

To assure the quality of data, data collectors and supervisors were trained. Supervisor and the Principal investigator review filled questionnaires on a daily bases.The pretested 10% of the data was verified by the principal investigator during the initial stage of data collection and appropriate instruction was given to the data collector and supervisor.All data collectors were females to make communication easy with the female respondents.

The procedure manual for the data collection method was prepared and distributed for data collectors and supervisors.The supervisor and principal investigators were closely follow the data collection process.Before data entry, each questionnaire was given a unique code by the principal investigator.

4.12. Data processing and analysis

All data was summarized on the master sheet , then coded and fed to computers to make them ready for analysis.Data was entered into EPI INFO version 4.6.0.0 statistical software package for cleaning and correcting inconsistency of data and exported to SPSS version 25.0 for statistical analysis.The univariate analysis such as proportion, percentage, ratios, frequency distribution, appropriate graphic presentation and in addition to these measurements of central tendency and measure of dispersions will be used for describing data. Data was presented and summarized using tables and graphs. Descriptive statistics was used to determine the level of knowledge and attitude of modern family planning clients on LAPMs and the proportion of clients who want to use LAPMs.

Factors associated with intention to use long-acting and permanent contraceptive methods were analyzed by Bi-variate followed by multivariate logistic regression to determine independent predictors at 95% confidence interval. Multivariate logistic regression was used to identify the relative importance of each predictor to the dependent variable by controlling for the effects of other variables.

Only those variables with a significant association (P-value<0.25) on bi-variate analysis was entered to perform multivariate analysis and those variables with (P-value<0.05) will be considered as significance association with intention to use LAPMs. Associations between independent variables and dependent variable in the logistic regression model was assessed using odds ratio (OR) with 95% confidence interval.

4.13. Ethical clearance

Ethical approval of the research was obtained from the ethical review committee of AAU, college of health sciences, school of nursing and midwifery. A formal letter was written by the department of midwifery to the Addis Ababa health bureau and district council then letter obtained for selected sub-cities from Addis Ababa health bureau, finally sub-cities permission was gotten for the selected health centers to conduct the study.

Participants were informed that participation is voluntarily, they have full right to refuse from participation or withdraw from the study at any time they want, without losing any of their right not forced to stay in study and individual confidentiality will secure. Detailed explanation about the objective (purpose) and benefit of the study was described to the study population and their full cooperation, verbal and written consent was taken.Questionnaires was filed only by volunteer respondents who are selected in the sample size without writing their name and data collection was conducted by health professionals

4.14. Dissemination of the result

The finding of this research will be presented and submitted to Addis Ababa university college of health science, school of nursing and midwifery, department of midwifery .The result also will be disseminated to Addis Ababa health bureau, federal ministry of health, for important stakeholders and it will be disseminated through scientific publications. Depending on the opportunities, the finding will be presented in conferences or seminars.The results of this study will be communicated to Addis Ababa city administration, and to relevant NGOs working on family planning.

5.RESULT

5.1. Socio-Demographic Characteristics of Participants

A total of 480 short term family planning users were interviewed and makes the response rate 95%. The main reasons for non-response was discontinue and refused to be interviewed. The mean age of respondents were 29(±6 SD) and minimum and maximum age were 18 and 44 years respectively.From the total number of participants 397(82.7%) were married.More than half of participants and their partner's educational level were diploma and above while 21(4.4%) of participants and 8(2%) of their partner cannot read and write. The mean family size of study population were 3.6.From the total respondents 421(87.7%) and 392 (81.7%) had television and radio. The median incomes of participants were 5000 Ethiopian birr (ETB) which ranges from1000 to18000 ETB. (Table:1)

Table 1: socio-demographic characteristics of family planning users in Addis Ababa public health centers, Addis Ababa Ethiopia 2020

Variables	Frequency	percentage
Age n=480		
15-19	21	4.4
20-24	104	21.7
25-29	144	30
30-34	110	22.9
35-39	71	14.8
40-44	30	6.3
Marital status n=480		
Single	83	17.3
married	348	72.5
Widowed	24	5
divorced	25	5.2
Educational level n=480		
Cannot read and write	21	4.4
Primary(1-8)	52	10.8
Secondary and preparatory(9-12)	105	21.9
Diploma and above	302	62.9
Partners educational level n=398		
Cannot read and write	8	2
Primary(1-8)	44	11
Secondary and preparatory(9-12)	125	31.4
Diploma and above	221	55.5
Family size		
1-2	113	23.5
3-4	238	49.6
>/+5	129	26.9
Respondents occupation n=480		
House wife	135	28.2
Government employ	235	49
Private employ	97	20.2
Daily laborer	5	1
Student	8	1.7
Partners occupation n=398		
Government employ	114	28.6
Private employ	245	61.4
Daily laborer	32	8
Farmer	8	2

5.2 Reproductive characteristics of participants

From married participants 20(5%) them were married before 19 years old,26(6.5%) of participants were never give birth and from particpants who gave birth 10(2.7%) had gave birth before 18 years old. Two hundred thirty seven (63.8%) of respondents had 1-2 number of children's .From the total number of participants 314(65.4%) did not want more child within the next 2 years;of them 151(48%) not want to space and 115(36.6%) was to limit. The mean of respondents ideal desired number of births were 3.59 (+1.1 SD) with minimum1 and maximum 7 children's with 325(67.7%) want to have 3-4 births in their life. Of the total number of married participants 345(71.9%) said they were discussed with her husbands about family planning .In 237(49.4%) of respondents the decision on the number of children to have was decided jointly by the husband and wife. (Table 2)

Table 2: Reproductive characteristics of short term family planning users in Addis Ababa public health centers, Addis Ababa, Ethiopia, 2020

Variable	Frequency	Percent
Age of first marriage n=397		
≤18	20	5
19-24	304	76.6
≥25	73	18.3
Age of first birth n=371		
≤18	10	2.7
19-24	240	64.7
≥25	121	32.6
Number of births n-371		
1-2	237	63.8
3-4	116	32.2
5and above	18	4.9
Total children wanted n=370		
Yes	245	66.2
No	125	33.7
Want children with in 2 years n=480		
yes	166	34.6
no	314	65.4
Reasons not to want to had a child soon(within 2years) n= 314		
To space	151	48
To limit	115	36.6
Others	49	15.6
Life time number of children desire n=480		
1-2	80	16.7
3-4	325	67.7
5 and above	75	15.6
Decided on number of children n=480		
Husband	8	1.7
My self	34	7.1
Together	237	49.4
God	201	41.9

5.3 Knowledge on long acting and permanent method characteristics of participants

Three hundred eight four (80%) of the participants reported that they have exposure to LAPMs message.Of them more than half (82%) of the participants explained that their first information was from health institution followed by mass media 253 (65.8%) and friend 135(35.1%). From the total participants of the study, 341(71%) know (had information) at least one method of LAPMs ,of them 339(99.4%) and 336(98.5%) knows implant and IUCD as LAPMs respectively. About 77% of the respondents said that LAPMs can prevent unwanted pregnancy and 204 (59.8%) siad LAPMs can prevent child and maternal death.(Table 3)

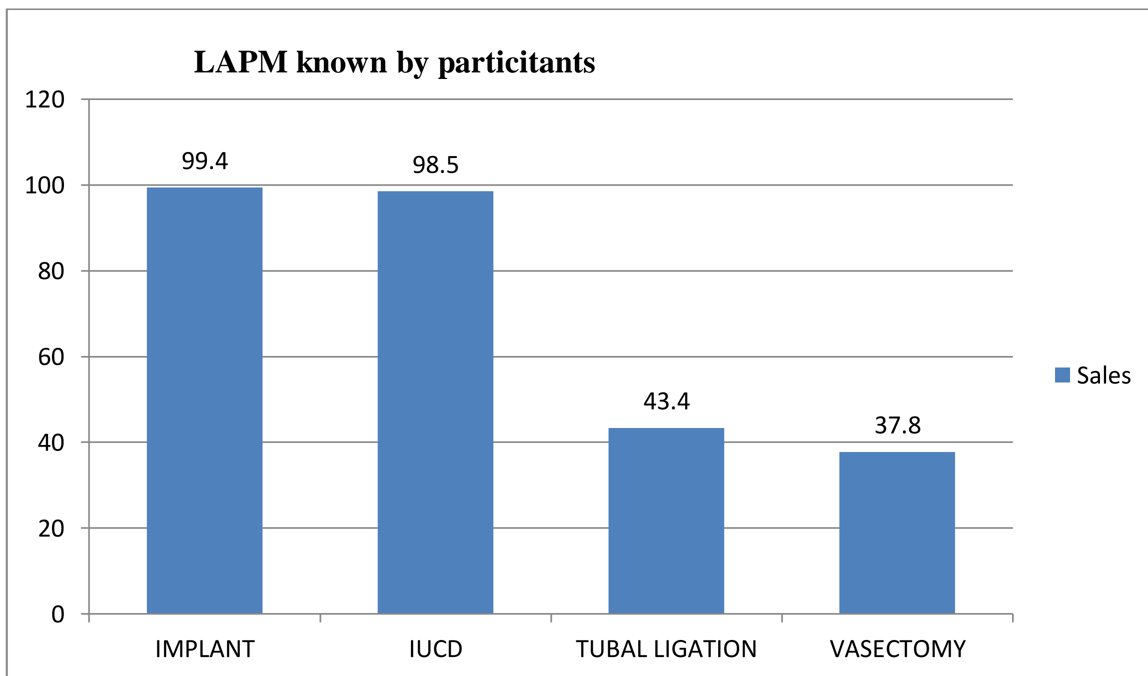

Figure 3: LAPM known by family planning users in Addis Ababa public health centers, Addis Ababa, Ethiopia, 2020

Table 3: Knowledge about LAPM characteristics of family planning users in Addis Ababa public health centers, Addis Ababa, Ethiopia, 2020

Variable	frequency	percent
Exposure to LAPM message n=480		
Yes	384	80
No	96	20
∗**source of information n=384**		
Health institution	317	82
Friend	135	35.1
Family	107	27.9
Mass media	253	65.8
Print media	99	25.8
Discussed with health care providers about LAPM n=384		
Yes	315	82.1
No	69	17.9
Know at least one LAPM n=480		
Yes	341	71
No	139	29
∗**General use of LAPMs n=341**		
Prevent unwanted pregnancy	263	77.1
Prevent maternal and child death	204	59.8
To limit family size	287	84.1
Child spacing	298	87.4

∗multiple choice

5.4 Knowledge on distinct characteristics of LAPMs

Among the respondents who reveals implant as LAPMs, 290(85.5%) stated that it is long term contraceptive. More than half of the participants know that implants has no effect on breast feeding, has no interference with daily activity,and has minimum side effect which is 212(62.5%),184(54.3%) and 205(60.5%) respectively. The knowledge level of implants was very good in 229(67.6%) of the participants and 44(4.4%) had poor knowledge. (Table 4).

Of the total participants who knows IUCD as LAPMs, 270(80.4%) of the participants know (spontaneous or prompted) that IUCD is long term, and 206(61.3%) of them knows after removal pregnancy can occurs immediately. More than fifty percent of participates do not know that IUCD has no effect on breast feeding and sexual intercourse. About fifty six (56.3%) had very good knowledge, 112 (33.3%) good knowledge and the rest 35(10.4%) had poor knowledge level regarding with IUCD. (Table 4).

Of those participants who mentioned vasectomy as LAPMs,79(61.2%) said that it is permanent, and more than half of respondents do not know that vasectomy is effective, require simple and safe procedure, no effect on sexual intercourse. Nearly half of respondents had good knowledge of vasectomy and less than one third had very good knowledge score.(Table 4).

Forty three percent of the participants knows tubal ligation as one of the permanent method. Of those, 97(65.5%) said it is permanent method, and 70(47.3%) avoids repeated clinic visit for contraception. About forty three percent of participants had scored very good knowledge and 31 % good knowledge of tubal ligation (Table 4).

Table 4: Knowledge about distinct characteristics of LAPM among family planning users in Addis Ababa public health centers, Addis Ababa, Ethiopia, 2020

variable	Know/yes N (%)	Knowledge level		
		Poor	good	V. good
***Charactestics of IUCD n=336**		35(10.4)	112(33.3)	189(56.3)
It is effective	191(56.8)			
Long term up to 12 years	270(80.4)			
No effect on BF	152(45.2)			
Not good for female with risk of STD	135(40.1)			
No interference with sexual intercourse	156(46.4)			
Immediately reversible	206(61.3)			
Has minimal side effect	172(51.2)			
***Characteristics of implant n=339**		44(4.1)	96(28.3)	229(67.6)
It is effective	241(71%)			
Long term up to 5 years	290(85.5)			
No effect on BF	212(62.5)			
Insertion and removal requires simple procedure	183)54)			
No effect on daily activity	184(54.3)			
Immediately reversible	249(73.4)			
Had minimal side effect	205(60.5)			
***Characteristics of vasectomy n=129**		45(34.9)	49(34.8)	35(27.1)
It is effective	40(31)			
Permanent	79(61.2)			
Require simple and safe procedure	31(24)			
No repeat clinic visit	51(39.5)			
No effect on sexual intercourse	43(33.3)			
No side effect	47(36.4)			
Needs consent	34(26.3)			
***Characteristics of tubal ligation n=148**		38(25.7)	46(31)	64(43.2)
It is effective	57(38.5)			
Permanent	97(65.5)			
Require simple and safe procedure	41(27.7)			
No repeat clinic visit	70(47.3)			
No effect on sexual intercourse	51(34.5)			
No side effect	56(37.8)			
Require consent	44(29.7)			

*multiple choise

5.5. Attitudes of participants about LAPMs

More than half of participants (52.1%) agree that discussing about LAPM with their partner was important. Exactly half of participants agree that they support using LAPMs and Two hundred sixty respondents agree using LAPMs contraceptives are good rather only 52(10.8) were dis agree. One hundred eighty six participants believe that their husband should support using LAPMs. Less than half of them agrees that using LAPM are not restricting daily activity .Nearly half of respondent's agree that large family size negatively affects economic conditions. More than half (55.8%) strongly agree that child spacing and limiting protects mothers and child's death. (Table 5)

The mean of participants attitude towards LAPMs were 35.5 (±5.4 SD).About 55.3% of participants had positive attitude towards LAPMs.

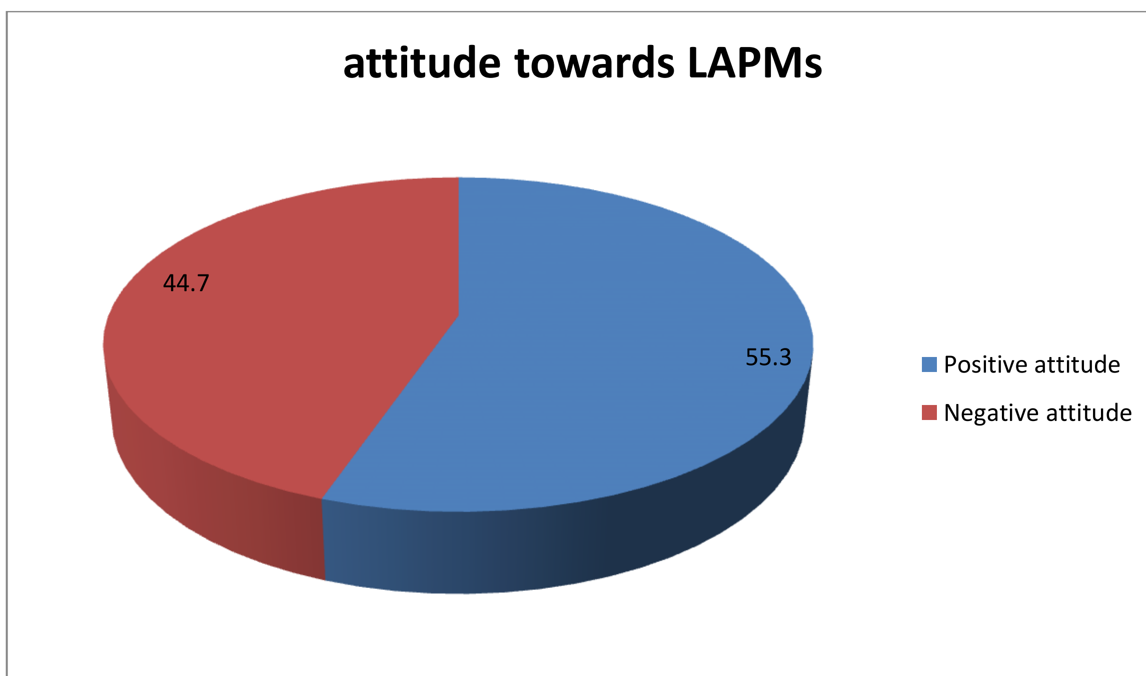

Figure 4**:** Participants attitude towards LAPMs among family planning users in Addis Ababa public health centers, Addis Ababa, Ethiopia, 2020

Table 5: Participants attitude towards LAPMs among family planning users in Addis Ababa public health centers, Addis Ababa, Ethiopia, 2020

LAPM attitude statements	Level of agreement				
	S. agree N (%)	Agree N (%)	Neutral N (%)	Disagree N (%)	S.Disagree N (%)
Discussing about LAPMs with husband or friends is important.	140(29.2)	250(52.1)	58(12.1)	28(5.8)	4(1)
I support using LAPMs	124(25)	240(50)	62(12.9)	52(10.8)	2(.4)
using LAPMs contraception is good	135(28.1)	216(45)	84(17.5)	44(9.2)	1(.2)
Husbands should support using LAPMs.	115(24)	186(38.8)	116(24.2)	57(11.9	6(1.3)
Using LAPMs not restricts daily activity.	149(31)	190(39.6)	96(20)	42(8.8)	3(.6)
Using LAPMs not affect women's health.	76(15.8)	229(47.7)	101(21)	71(15)	2(0.2)
Husband /friend are responsible to using LAPMs.	153(31.9)	152(31.7)	64(13.3)	93(19.4)	18(3.8)
Large family size negatively affects economic conditions.	206(42.9)	229(47.7)	23(4.8)	19(4)	3(0.6)
Child spacing and limiting protects mothers and child death.	268(55.8)	173(36)	22(4.6)	15(3.1)	2(0.4)

NB:S.agree-strongly agree,S.disagree-strongly agree,LAPMs-long acting and permanent methods

5.6. Participants previous exposure to LAPMs

Among the total participants 175(36.5%) were ever used long acting contraceptive methods, of them implant was the most commonly used long acting contraceptives (76%) ever used. Most participants used long acting methods for 1-4 years duration(78.3%). Three forth of respondents got the service from government institutions while 20(11.4%) got the service from private institution. Among the participant's 122(69.7%) shifts a method from one to another with the most commonly reasons were need of long acting methods and provider influences.(Table 6)

Table 6: Participants previous exposure towards LAPMs among family planning users in Addis Ababa public health centers, Addis Ababa, Ethiopia, 2020

Variables	frequency	Percent
Every used LAPMs n=480		
Yes	175	36.5
No	305	63.5
Type of methods n=175		
Implant	133	76
IUCD	42	24
Length of using LAPMs in year n=175		
1-4	137	78.3
5-8	31	17.7
9-12	7	4
Shift one method to another n=175		
Yes	122	69.7
No	53	30.3
***Reasons to shift a method n=122**		
Partner influence	51	41.8
Provider influence	53	43.4
Need of ling term	76	62.3
Side effect	46	37.7
Lack of access	2	1.6
Convinence of new method	37	30.3
Incinvunence of prevouse method	21	17.2

*multiple chioce

Of those who did not ever use long acting permanent methods, nearly half said that it is due to fear of side effect, (35.7%) to get pregnant and lack of knowledge take accounts (21.9%).

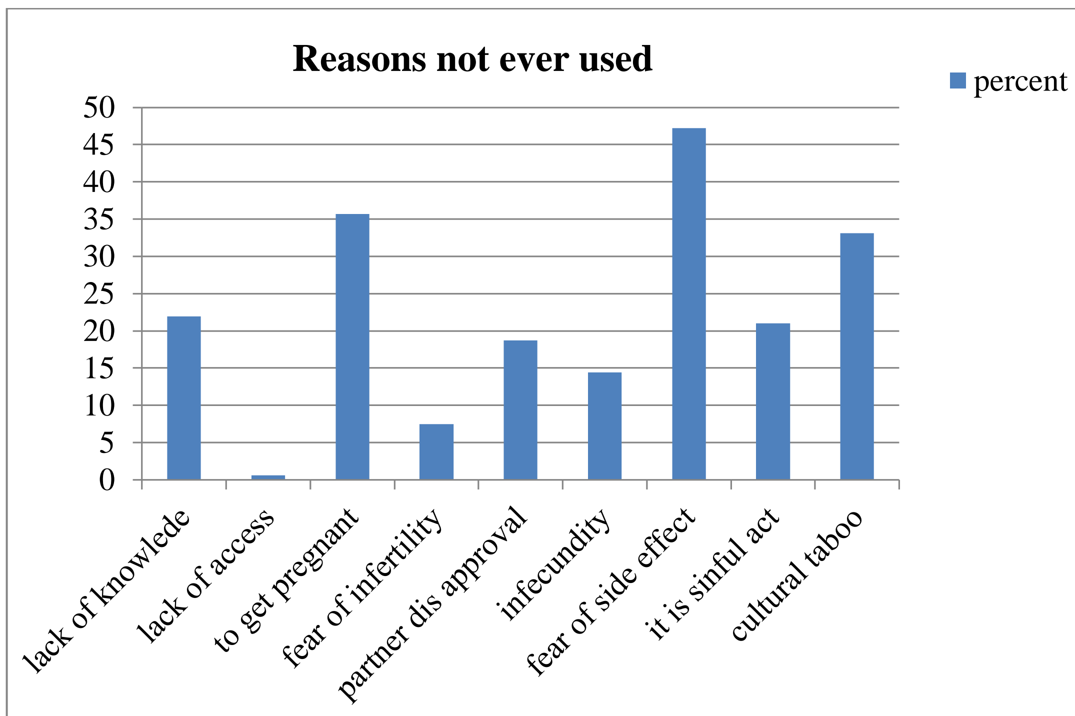

Figure 5: Reasons of not ever used LAPMs among family planning users in Addis Ababa public health centers, Addis Ababa, Ethiopia, 2020

5.7 Intentions to use and reasons not to use LAPMs

The prevalence of intention to use LAPMs was 288(60%).The most preferred method participants' intend to use in the future was implants which account 175(60.8%), followed by IUCD 106(36.8%) ,tubal ligation7(2.4%) and no any participants intend to use vasectomy. Participants stated that main reasons for not intending to use LAPMs in the next 2 years were fear of side effect (55.5%) ,wants to get pregnant 89(46.4%),partner dis-aprovement 65(33.9%) and cultural taboo 53(27.6%), religious believe consider as sinful act49(25.5%),and lack of knowledge 21(10.9%). Lack of access ,fear of infertility and infecundity due to age were least reasons not to have intention.

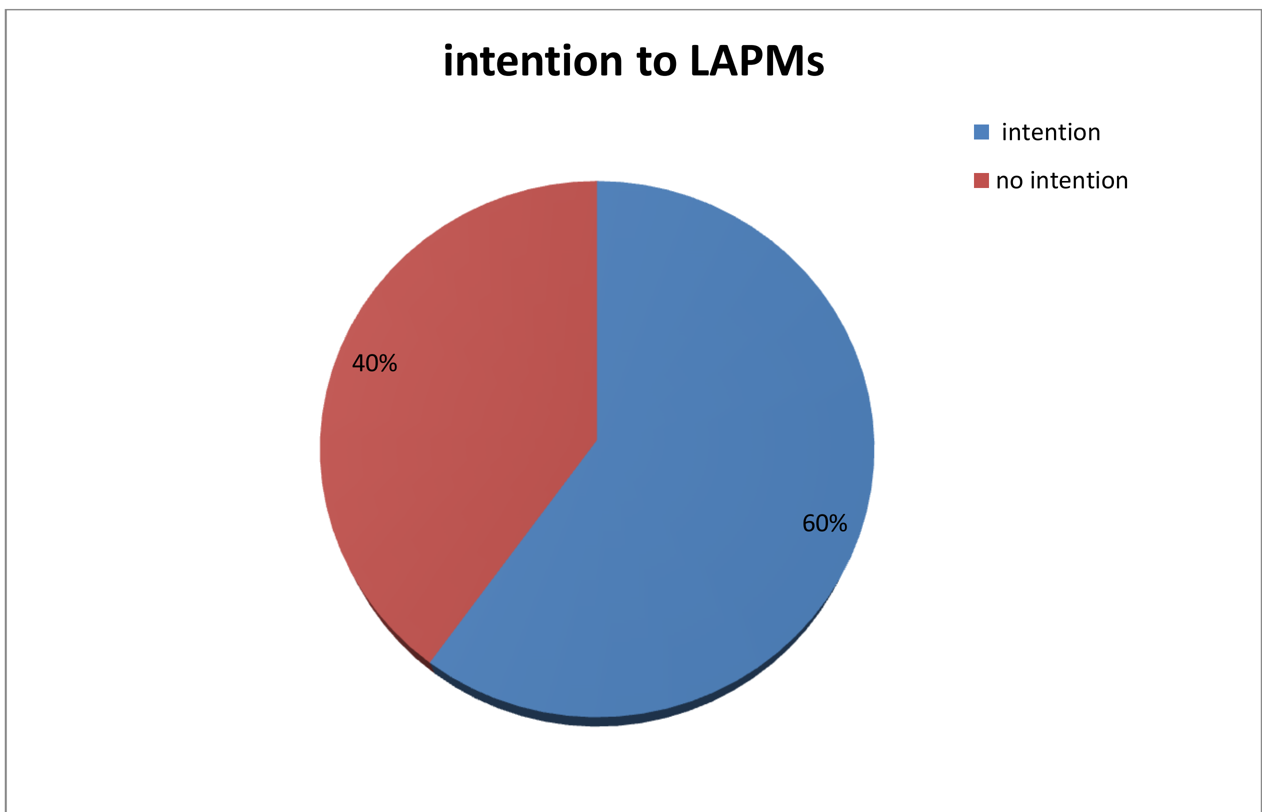

Figure 6:Participants intention to use LAPMs among family planning users in Addis Ababa public health centers, Addis Ababa, Ethiopia, 2020

5.8. Factors affecting intention to use LAPM and their association

The relationship between variables and intention to use LAPM was analyzed using binary and multiple regression.In bi-variate regression analysis, marital status,respondants educational level, partners educational level, past use of LAPM, know about LAPM, exposure to LAMP message, desired number of births, respondents occupation and attitude of respondents were all associated with intention to use LAPMs, and those variables with p-value <0.25 in the bi-variate analysis were entered in to multiple logistic regression analysis to examine the effect of independent variable on intention to use LAPMs while controlling other independent variable. In multiple analysis,desired number of children,respondents educational level,respondents occupational status, past use of LAPM, know about LAPM and respondents attitude were all significantly associated with intention to use LAPMs ($p < 0.05$).

The results of multivariate analysis revealed that respondents with secondary and preparatory educational level have lower intention to use LAPM as compared to diploma and above educational status(AOR:0.36,95 %CI:0.20-0.64) and Past users of LAPM were 2 times more likely to have intention to use LAPM in the next 2 years as compared to those who did not use previously(AOR:2.26,95%CI:1.31-3.91).Respondents who knows(had information) long acting and permanent methods were 3 times more likely have intention to use LAPMs than those who did not know(did not have information) any LAPM(AOR:2.89,95% CI:1.33-6.29).

Those short term family planning users who had positive attitude towards LAPM were 2 times more likely intends to use LAPM than those who had negative attitudes (AOR: 2.14, 95% CI: 1.33-3.43).Those study participants who want 3-4 desired number of children had 15 times more likely to have intention to use LAPMs than those who had ≥ 5 number of children's (AOR:2.89,95% CI:1.33-6.29). Respondents with government employee has 9 times more likely to have intention to use long acting and permanent methods than other occupational status (AOR: 8.75, 95 %CI: 1.31-58.2).(Table:7)

Table 7 :Binary and multiple logistic regression analysis and intention to use LAPMs among family planning users in Addis Ababa public health centers ,Addis Ababa ,Ethiopia 2020

List of major variable	Intention to use LAPM		COR	AOR
	YES	NO		
Marital status				
single	42	41	**0.25(0.09-0.75)**	4.57(0.98-17.25
married	219	141	0.38(0.14-1.05)	2.07(0.64-7.02)
widowed	7	5	0.33(0.08-1.58)	4.08(0.68-24.4)
divorced	20	5	1	1
Respondent education				
Can't read and write	7	14	0.23(0.09-0.60)	0.66(0.21-2.06)
Primary education	31	21	0.69(0.38-1.29)	0.53(0.24-1.15)
Secondary and preparatory	41	60	**0.35(0.22-0.56)**	**0.36(0.20-0.64)**
Diploma and above	205	97	1	1
Partner education				
Can't read and write	3	5	1.00(0.48-2.08)	0.79(0.40-1.56)
Primary education	22	22	1.55(0.88-2.72)	1.58(0.20-12.3)
Secondary and preparatory	76	49	**1.94(1.16-3.25)**	0.94(0.39-2.25)
Diploma and above	146	75	1	1
Ever used LAPM				
yes	138	37	**3.85(2.51-5.90)**	**2.26(1.31-3.91)**
no	150	155	1	1
Desired Number of births				
1-2	208	139	6.98(1.97-24.7)	12.4(2.94- 51.7)
3-4	77	39	**9.21(2.49-33.9)**	**14.55(3.2964.2)**
>/=5	3	14	1	1
Heard about LAPM				
Yes	248	40	**3.4(2.17-5.31)**	0.56(0.24-1.28)
No	124	68	1	1
Attitudes of respondents				
Positive	196	67	**3.97(2.70-5.85)**	**2.14(1.33-3.43)**
Negative	99	125	1	1
Know about LAPM				
Yes	234	96	**4.3(2.87-6.52)**	**2.89(1.33-6.29)**
No	54	96	1	1
Respondent occupation				
House wife	57	78	2.19(0.42-11.3)	2.17(0.31-14.9)
Government employ	178	57	**9.36(1.83-47.7)**	**8.75(1.31-58.4)**
Private employ	49	48	3.06(0.58-15.9)	3.31(0.47-23.0)
Daily labor	2	3	2.00(0.18-22.0)	1.14(0.07-18.9)
student	2	6	1	1

LAPM: long acting and permanent methods CI; confidence interval, AOR; Adjusted odds Ratio, COR; Crude odds ratio; Crude ORs reflect bivariate results.

6. DISCUSSION

More than half of participants (60%) had intention to use LAPMs in the future which was higher than study in Wollega, Adigrat and Woliata which was 18.2%, 48.8% and 38% respectively. This may due to the fact that the current studies being among clients of other modern contraceptive methods while the study in Wollega and Adigrat was among all contraceptive users and non users(in the community) while in woliata they uses institution based crossectional which is similar to this study (14–16).

From the total participants of the study,341(71%) know at least one method of LAPMs ,of them 99.5% for implant,98.3% for IUCD and tubal ligation 43.4%.This result was higher than results of mini EDHS 2014 which was (implant 71%, IUCD 38.4% and female sterilization 38.6%)(19).This difference might be due to provision of training and expansion of services by government and NGOs working in the area and may be due to the recent research being in health facility on other modern contraceptive methods. The result is also higher than studies done in kampala showed that those who knows IUCD and implant was 68.5%, and 69.9% respectively.Tthis difference may be due to difference of study setting (23).

Participants who heard about LAPMs; about three-fourth (82%) of them mentioned that their first information was from health institution followed by mass media 253 (65.8%) and friend 135(35.1%). This result was in line with studies done in Gondar town in which their main sources of information about LAPM were health professionals (82.6%), television programs (47.3%), and the radio (40.1%) (21).

In this study 237(49.4%) of womens, the decision on the number of children had made jointly by husband and wife, while 8(1.7%), 34(7.1%) and 201(41.9%) said husband, themselves and God decides on the number of children respectively. This result was almost similar a studies done in Wolaita because of similar study participants(15). But it was lower than studies done in Adigrat(14).

Among respondents with knowledge on LAPMs, those who had very good knowledge were (56.3%),(67.6%),(27.1%) and (43.2%) for IUCD,Implant,Vasectomy and tubal ligation respectively,which was comparable with other studies in Adigrat where 51.1%, 59%, 66.7% and 80.5% had very good knowledge on IUCD, Implant, vasectomy and tubal ligation respectively.The result of this study also was comparable (15).

Participant's occupation had statistically significant with positive effect on intention to use LAPMs.Participants who were government employee were 9 times more likely to have intention to use LAPMs compared to other occupation. This result was similar with studies done in wollega shows that respondents who were government employee were 3 times more likely intended to use LAPMs in the future than other occupations (16). The possible reason could be those employed women who were government employe may be more educated and they may have good awareness regarding to LAPMs.

In the present studies participants who had history of LAPMs use had 2.26 times more likely to have intention than who did not have intention. This result is similar a study done in Gondar which reveals women who had a previous history of using long-acting family planning methods were 3 times higher to use long-acting and permanent family planning methods than those who had no history of using LAPMs (21).

Less than half,(40%) participants were not intending to use long acting and permanent contraceptive methods and the main reasons for not intending to use LAPMs were fear of side effect (55.5%),to get pregnant (46.4%),partner dis-aprovement (33.9%) and cultural taboo(25.5%).This reasons were almost similar with studies conducted in GHANA they said common reasons cited for not using contraception after delivery during the study period were; desire to get pregnant at that time (28.6%), previous experience of method-related side effects (28.6%), partner disapproval (9.7%) and religious beliefs (3.7%)(23).

From respondents who want to use LAPMs in the future, 60.8%,36.8% and 2.4% were intended to use Implant, IUCD and tubal ligation respectively which was Almost similar with the findings of astudy done in Adigrat where 71.3%and ,24.0% intend to use Implants and IUCD respectively(14). Implant wasmost intended methods which accounts (91.7%) ,IUCD

(5.7%) and tubal ligation (3.2%) in wolaita (15). But this result is higher than studies in Debre Marko's town which was (45.9%) of the study had intention to use one of LAPMs in the future. Ninety eight(24.5%) intended to use Implant while the rest (11.6%) intend IUCD and (2.5%)tubal ligation. This is due to differences in study area in which populations of Addis Ababa considered more aware about LAPMs than Debre Marko's (24).

The participants' who knows or recognize at least one method of LAPMs has 3 times significant positive impact on intention to use LAPMs in the future. Similarly this was significantly associated in the study done in wolaita town(15) and studies in Adigrat (14).

Womens with lower ideal desired number of children had high intention to use LAPMs. This suggests that women with higher desired number of children were less likely to intend to use LAPMs of contraceptive. This could be due to fear of participants fertility return after the use of long acting methods.But study in Pakistan indicates that intention to use contraceptive methods were higher among women with four or more children(27).

In this study participants who had positive attitude hade significant association with intention to us LAPMs in the next 2 years. This result was in line with a study conducted in wolaita on similar study participants; which shows those who had a positive attitude were 2.5 times more likely to have the intention to use LAPMs compared to women who had a negative attitude (15).

From the participants who had knowledge on IUCD and implant, 56.8% and 71 % of them know that they are effective reversible long acting methods respectively. This result was almost similar with a study conducted in Kampala Uganda shows that the knowledge of study participants on effectiveness IUCD and implant was 68.5%, and 69.9% respectively(22).

In this study participants had very good knowledge on IUCD(56.3%),implant(67.6%), tubal ligation(43.2%) and vasectomy(27.1%).This result was almost in line with a study done in Ghana which shows Knowledge on long-acting reversible contraceptives (implants 67.6% and

intrauterine device 56.6 %)or permanent methods (female 56.3% and male sterilization 33.2%)(23).

Results in this study shows that future intention to use LAPMs depends on desire number of children, previous and current contraceptive usage. Similarly an analytical cross-sectional study done in Ghana indicated that discussing FP with one's partner , previous contraceptive use and desire number of children were predictive of clients' intention to use contraception in the future(23).

From all participants of the survey, 71% of them were mentioned or knew at least one of LAPMs which is similar with the study conducted in Debre Marko's town implies that more than three-fourth of respondents (81.5%) knew/mentioned at least one LAPMs and (18.5%) didn't know any LAPMs (24).This may be due to similarity of study population characterstics.

7. CONCLUSION

According to the results of the study the magnitude of intention to use LAPMs in the study area (Addis Ababa) was (60.0%) and the main reasons to not to have intentions were fear of side effect,to get pregnancy, lack of knowledge,partner disapproval and culture. Different factors (information on LAPMs, desired number of children a woman wants to have ,previous use of LAPMs, educational level of respondents, participants occupation and attitude on LAPMs) were identified to be independent predictors of intention to use long acting and permanent contraceptive methods in the study area.

The study has also showed that knowledge of LAPMs, especially on tubal ligation and vasectomy among short term family planning user women in the study area was low .

8. RECCOMENDATION

Based on the findings of this study, the following recommendations were given to the responsible bodies:-

- The FMOH and other responsible bodies should continue the promotion of LAPMs through mass media to create awareness to the community on LAPMs.
- Educational programs should design to create awareness and reduce barriers on LAPMs at the city. Encouraging and including personal experiences of satisfied LAPMs users in the educational programs is important to create beliefs on other womens about the method over others and to avoid their fear.
- Health extension workers in the city should promote about LAPMs during their home to home visit.
- Women want more information from their health care providers in order to make informed choices about their FP preferences. Therefore the FP providers should counsel properly on all of the FP methods, address misconceptions and fears that exist about LAPMs and highlight the benefits of LAPMs during FP counseling apart from other methods.
- Husbands need relevant information to participate responsibly in making decisions on FP. Therefore the FP services should also be relevant for husbands to participate; by giving male focused awareness campaigns, special clinic hours for men and making male contraceptive methods available and accessible at all level of the health facilities in the town.
- Training programs should also emphasize that providers must take into consideration women's reproductive intentions during FP care in order to achieve a better match between women's needs and their method of choice.

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10.APPENDIX'S

ADDIS ABABA UNIVERSITY ,COLLEGUE OF HEALTH SCIENCE,DEPARTMENT OF MIDWIFERY

Quastioniar number------------------------ number of pages------------

Annex I -English version information sheet

Greeting: good morning /afternoon

My name is ______________. I am working with Berihun Demeke who is researching the partial fulfillment of a Master's Degree in maternity and reproductive health at Addis Ababa University. I would like to ask a few questions which take around 20 minutes about women's intention to use long-acting and permanent contraceptive methods and associated factors among family planning users. The genuine responses that you are going to give are very important to identify problems related to long-acting and permanent contraceptive methods. You are selected randomly to be a participant of this study if you give me consent after you have understood the following information sheet:

Study title: women's intention to use long-acting and permanent contraceptive methods and associated factors among family planning users in public health centers in Addis Ababa Ethiopia

Purpose: the purpose of the project is to identify factors affecting the intention to use long-acting and permanent Family planning methods. The other purpose is for the fulfillment of my master's degree in maternity and reproductive health. The information you provide here will be very helpful to the investigator of this study to write a research paper for the requirement in completion of the master"s program. The findings of this project could help in designing priority intervention strategies for better implementation of long-acting contraceptives that enable us to meet much more planned fertility of couples.

Benefits and Risks of the study: By participating in this study and answering these questions, you will not receive any direct benefit. However, the information will help the researcher to understand factors influencing intention to use of long-acting and permanent contraceptives methods among family planning users to appropriately identify future interventions related to the problem to be found. Your participation in this study will not involve any risks. If a question makes you feel uncomfortable, you may choose not to answer.

Confidentiality: You will not be asked your name to be written the survey questions. All the information you give to us will be kept private. Whatever information you provide will be kept strictly confidential. The information you give will be kept in a locked file cabinet. Only the researcher will have access to see the answers you give. No information identifying you will ever be released to anyone outside of this data collection activity.

Participation: Participation in the survey is completely voluntary. If you are not comfortable in answering any question you can withdraw any time after you get involved in the study without compromising the services you ought to get from the health center. However, we hope that you will participate in this study since your views are important. If you would like to know more, please contact:

Principal Investigator name - Berihun Demeke Tegegne , Address- Addis Ababa, Ethiopia

Phone number 0922938159, E-mail berihundemekemsc@gmail.com

Name of institution - Addis Ababa University, medical faculty IRB Address

Tel._ 251-011-5538734

Annexs II-English version consent form

I, the selected participant, heard the information in the consent sheet and understood what is required from me and what will happen to me if I take part in the study. I understand that all the information regarding me, like name and all answers given by me, must not be transferred to the third party. I can also understand that I can withdraw from the study at any time without giving a reason and without me or my families' routine service utilization being affected for my refusal. Now please tell me if you agree to participate in the interview.

1. Agreed
2. Did not agree -End the interview and thank the respondent

Participant's signature_________________ date _______________

Interviewer Agreement

I certify that I have taken written consent from the respondent that she has agreed to participate in the study and I have confirmed the agreement is correct.

Interviewer Name: ____ Signature______

|_______________|____________| 2020.

Date month

Supervisor Name: ____________________Signature_____

የአማርኛ ማጠይቅ ስምምነት ቅጽ

አዲስ አበባ ዩኒቨርሲቲ ጤና ሳይንስ ኮሌጅ የሚድዋይፈሪ ትምህርት ክፍል

የማጠይቅ ቁጥር -------------የገጽ ብዛት --------

Annex III-Amharic version information sheet

እንደምን አደርሽ /እንደም ዋልሽ፡፡ ስሜ -----------------------------------ይባላል፡፡ የምሰራዉ በአዲስ አበባ ዩኒቨርሲቲ የእናቶች እና ስነ ተዋልዶ ትምህርት ክፍል የሁለተኛ ዲግሪ ማሟያ ጥናታዊ ጽሁፍ በሚድረግ ላይ ከሚገኙት ከአቶ በሪሁን ደመቀ ከተባለ ጥናት አድራጊ ስር ነው፡፡ እኔ አሁን ከ20 ደቂቃ የሚበልጥ ጊዜ የሚወስዱ ስለ ሴቶች የወደፊት የረጅም ጊዜና ዘለቄታዊ የወሊድ መከላከያና እንዚህን መከላከያወች እንዳጠቀሙየሚያደርጉ ምክንያቶች የሚጠቁ ጥያቄወችን እጠይቅሻለሁ፡፡ አንች የምትሚሰሽልን ሚልስ የረጅም ጊዜና ዘለቄታዊ የወሊድ መከላከያና ጋር ተዛሚጅ የሆኑ ችግሮን ለማየት በጣም አስፈላጊ ነዉ፡፡ እርሰወ የተመረጠቅ እዚህ ጥናት ላይ ከሚስተፉ ሰወች ወስጥ በዘፈቀደ ሲሆን ከዚህ በታች የተገለጹትን መረጃወች ከተረዱበኋላ የስምምነት ወል ይሰጠኛል፡፡

የጥናቱ ርእስ፡- በአዲስ አበባ ከተማ ጤና ጣቢያወች የወሊድ መከላከያ ለማጠቀም የሚማጡሴቶች የወደፊት እረጅም ጊዜና ዘለቄታዊ የማጠቀም እቅድና እንዳይጠቀሙየሚያደርጉ ምክንያቶችን ለማወቅ የሚከሄድ ጥናት ነው፡፡

የጥናቱ አላማ፡- በመወለድ እድሜ ወስጥ ያሉ ሴቶች ወደፊት ረጅም ጊዜና ዘለቄታዊ የወሊድ መቆጣጠሪያ በማጠቀምያላቸዉን ሁኔታ በተማከተ ማወቅ እና ከዚህ ጋር ተያያዥነት ያላቸዉን ዋናዋና ጉዳዮች በማሰብሰብ የቤተሰብ እቅድ አገልግሎቱን እና ፕሮግራሙን ይበልጥ ለማሻሽል ነዉ፡፡

ሌላዉ የዚህ ጥናት ጥቅም በእናቶች እና ስነ ተዋልዶ ጤና የሁለተኛ ዲግሪ ማሟያ ጽሁፍ ለማቅረብ ነዉ፡፡ ከዚህ በጠጨማሪ የጥናቱ ዉጤት በቤተሰብ እቅድ ዙሪ ለሚሰሩ አባላት ወይም ሀላፊወች እቅድ ዝግጅትና ትግበራ ላይ ማሻሻያ ለመድረግ አስፈላጊነቱ የላቀ ነዉ፡፡

ጥናቱ የሚካሄድበት ጊዜ፡- ከየካቲት እስከ መጋቢት 2012 ዓ.ም፡፡

የጥናቱ ጥቅምና ጉዳት፡- እርሰዎ በዚህ ጥናት ተሳታፊ በመሆነ ወ በቀጥታ ሊያገኙት የሚችሉት ጥቅም ላኖር ችላል፤ ነገር ግን የርሰወ ተሳትፎ በጥናቱ አላማ ዙሪያ ያለዉን ክፍተት ለማየትና ጥክክለኛ የመፍትሄ አቅጣጫለማጠቆም በጣም አስፈላጊ ነዉ፡፡ በዚህ ጥናት በመሳተፈወ በእርሰወም ሆነ በቤተሰወ ላይ የሚደርስ ምንም አይነት ጉዳት የለም፡፡ በማጠይቁ ወስጥ ለመመለስ የማይፈልጉት ጉዳይ ካለም ምላሽ እንዲሰጡ አይገደዱም፡፡

ሚስጥራዊነት፡- ለዚህ ጥናት የሚሰበሰብ ማንኛዉም አይነት መረጃ ሚስጥራዊነቱ የተጠበቀ ሲሆን የእርሰወም ስምሳይጻፍበት ሚስጥራዊ ቁጥር ብቻ ተሰጥቶት በፋይል ወስጥ የሚቃመጥ ይሆናል፡፡

አ3ንዲሁምመረጃዉን ጥናቱን ከሚካሂደዉሰዉበስተቀር ለማንምግልጽ አይሆንም፡፡

ተሳትፎ፡- በዚህ ጥናት ላይ መሳተፍምአለመሳተፍምሙሉበሙሉ በእርሰዎ አፈቃደኝነት ላይ የተመሰረተ ነዉ፡፡ ለጥቄወቹም በሙሉም ይሁን በከፊል ሚልስ ያለመስጠዘት መብት አለወት፡፡ ይህ ደግሞ ማንኛዉንም አይነት

አገልግሎት ከማገኘት አያግደወትም፡ ፡ እነዲሁም በፈለጉት ሰዓት ማጠይቁን የማቋረጥ ሙሉ መበት አለወት፡ ፡
የበለጠ መረጃ ካስፈለገ ወየሚከተሉትን አድራሻወች ማጠቀዘምይችላከሉ፡ ፡
ጥናቱን የሚያካሂደዉሰዉስም፡ -በሪሁን ደመቀ
ስልክ ቁጥር ፡ -0922938159
ኢሜል፡ -berihundemekemsc@gmail.com
በአዲስ አበባ ዩኒቨርሲቲ የሚድዋይፈሪ የእናቶችና ስነ ተዋልዶ ትምህርት ክፍል የጥናትና ስነምግባር ኮሚቴ
ስልክ -251-011-5538734

Annex IV-Amharic version consent form

የተሳታፊዋ የስምምነት ዉል ፡ - እኔ በዚህ ጥናት እንድሳተፍ የተመረጥኩት ግለሰብ የዚህ ጥናት ዋና አላማ በደንብ ተገልጾልኛል፤ በዚህም መረጃ ማስረት በጥናቱ ለመሳተፍ ማስማማቴን ከዚህ በታች ባለዉ ፊርማዬ አረጋግጣለሁ፡ ፡

1. ተስማምቻለሁ ማጠይቁን ይቀጥሉ
2. አልተስማማሁምካለርተስማሙአዚህ ላይ እናቆማን እናማስግናለን፡ ፡

   የተሳታፊ ፊርማ----------------ቀን------------------ለትብብረዎ እናማስግናለን፡ ፡

   ቃለ ምልልሱን ያካሄደዉሰዉስም---------------------ፊርማ-----------------ቀን

   ያረጋገተዉሱፐርቫይዘር ስም--------------------------ፊርማ------ቀን-----------------

   የማጠይቁ ወጤት

   1. የተሟላ
   2. በከፊል የተሟላ
   3. ማጠይቁን የተቃወመ

Annex V- English version structured question

Part I; social demographic characteristics of participants

Q.NO	Questions	Choices	Remark
101	How old are You?(age in years)	____________	
102	Marital status of a participant	1.Single 2.Married 3. Widowed 4.Divorced	
103	What is your religion?	1. Orthodox 2. Muslim 3. Protestant 4. Catholic 5.Others(specify)__________________	
104	What is your educational level?	1. Can't read and write 2. Grade (1-8) 3. Grade (9-12th) 4. diploma and above	
105	What is your partner's educational level?	1. Can't read and write 2. Grade (1-8th) 3. Grade (9-12th) 4. diploma and above	
106	Family size of the respondent?	_________	
107	What is your occupation?	1. Housewife 2. Government employee 3. Private employee 4. Daily laborer 5. Student	

		6. other(specifiy)________	
108	What is your partner's occupation?	1. Government employee 2. Private employee 3. Daily laborer 4. Farmer 5. Student 6.other(specify)____________	
109	What is your monthly income?	In birr___________	
110	Do you have television?	1. YES, 2. NO	
111	Do you have radio?	1. YES, 2. NO	

Part II. Reproductive history of the participants

Q.NO	Questions	Choices	Remark
112	What was your age at first marriage?	________Years	
113	Have you ever give birth?	1. Yes 2. No	If'’NO’’ skip to Q.NO 118
114	How old were you when you have your first child?	--------------years	
115	How many births you give?	____________	
116	How many of them are alive now?	____________	
117	Do you want to have any more children?	1. Yes 2. No	
118	Do you want to have a child in the future?	1. Yes 2. No	If'’yes’’ skip to Q.NO 120

119	If ‘’ No’’ for Q.NO 118 , why?	1. To space 2. To limit 3. Other (specify)___	
120	Did your husband want to have a child in the future?	1. Yes 2. No	
121	How many children do you want to have in your life time?	____________	
122	Do you discuss with your partner on family planning methods?	1. YES 2. NO	
123	Who decides/will decide on the number of children you want to have?	1. Husband 2. Me 3. Together 4. God	

Part III: Knowledge to LAPMs of the participants

Q.NO	Questions	Choice	Remark
124	Have you ever heard about LAPMs?	1. YES 2. NO	If’’no’’ skip to Q.NO127
125	If “yes” to Q.NO 124 what was the source of information?	1. health institution 2. friend 3.family 4. mass media (TV, radio ,etc) 5.print material	
126	Have you ever discussed about LAPMs with health care provider?	1. YES 2. NO	
127	Do you know about LAPMs (methods used for many years or permanently just	1.YES 2.NO	If“No” skip to Q.NO

	after having it once)		134
128	If "Yes" to Q.NO 127, which method of LAPMs do you know?(Circle they mentioned)	1. Implant 2. IUD 3. Female sterilization 4. Male sterilization	
129	If "Yes" to Q.NO 127, What general uses of LAPMs do you know? (Circle all mentioned spontaneously or prompted)	1. Helps for prevention of unwanted pregnancy 2. Prevention of possible maternal and child death 3. Limiting family size 4. Child spacing 5. Others (specify)______________	
130	What do you know about IUD? (Circle all mentioned spontaneously or prompted)	1. It is very effective 2. It is long term (used for more than 5 years) 3. No effect on breastfeeding 4. Not good for females at high risk of sexual transmitted infections. 5.No interference with sexual intercourse 6. Immediately reversible 7. Has the minimal side effect 8. I don't know	
131	What do you know about implant (Circle all mentioned spontaneously or prompted)	1. It is very effective 2. It is used for long term (up to 5 years) 3. No effect on breastfeeding 4. Insertion and removal require a minor surgical procedure 5. No interference with daily activity 6. Immediately reversible 7. Has the minimal side effect	

		8. I don’t know	
132	what do you know about vasectomy (Circle all mentioned spontaneously or prompted)	1. It is fully effective after 3 months of the operation 2. It is permanent 3. Requires safe and simple procedure 4. Don’t need repeated clinic visit 5.No effect on sexual performance and sensation 6. No known long term side effect 7.Requires counseling and informed consent 8. I don’t know	
133	What do you know about female sterilization? (Circle all mentioned spontaneously or prompted)	1. It is very effective 2. It is permanent 3. Requires safe and simple procedure 4. Don’t need repeated clinic visit 5.No effect on sexual performance and sensation 6. No known long term side effect 7.Requires counseling and informed consent 8. I don’t know	

Part IV: Participant's attitude towards LAPMs

Q.NO	Statements	Choice	Remark
134	Discussing about LAPMs with your husband or friends is important.	1. stronly disagree 2.disagree 3.neutral 4.agree 5.strongly agree	
135	I support using LAPMs contraceptive.	1. stronly disagree 2.disagree 3.neutral 4.agree 5.strongly agree	
136	It is good to use LAPMs for contraception.	1. stronly disagree 2.disagree 3.neutral 4.agree 5.strongly agree	
137	Your should husband supports using LAPMs.	1. stronly disagree 2.disagree 3.neutral 4.agree 5.strongly agree	
138	Using LAPMs not restricts dialy acivity.	1. stronly disagree 2.disagree 3.neutral 4.agree 5.strongly agree	
139	Using LAPMs not affect women's health.	1. stronly disagree 2.disagree	

		3.neutral 4.agree 5.strongly agree	
140	Your husband/friend is responsible to practice contraception, including LAPMs.	1. stronly disagree 2.disagree 3.neutral 4.agree 5.strongly agree	
141	Large family size negatively affects economic conditions.	1. stronly disagree 2.disagree 3.neutral 4.agree 5.strongly agree	
142	Child spacing and limiting protects mothers and child death.	1. stronly disagree 2.disagree 3.neutral 4.agree 5.strongly agree	

Part V: previous exposure and intention to use LAPMs

Q.no	Questions	Choice	Remark
143	Have you ever used any LAPMs before?	1. Yes 2. No	If''No'' skip to Q.NO 150
144	If "Yes" to Q.NO 143, what was the method?	1. Implant 2. IUD 3. Female sterilization 4. Male sterilization	

145	For how long did you use it? (for Implant and IUCD users)	Enter ____________(months or years	
146	If ‘’YES’’to Q.NO 143 where did you get the service?	1. Government institution 2. NGO 3. Private institution	
147	Have you ever shifted from one contraceptive method to another(for IUCD and IMPLANT users)	1.yes 2.no	If’’NO’’ skip to Q.NO 150
148	if ‘’Yes’’to Q.NO 147, from which contraceptive to which contraceptive	From ____________to__________	
149	If “Yes” for Q.NO 147, Why did you shift from one method to another	1.For inconveniency of the previous method 2. For the convenience of the new method 3. Due to lack of access to the previous method 4. Due to side effect 5. Need for a long acting contraceptive method 6. Provider advised me 7. Partner influenced me	
150	If’’ No’’ for Q.NO 143, why did not used LAPMS?	1. Lack of knowledge 2. Lack of access 3. To get pregnant 4. Fear of infertility 5. Partner disapproves 6. I am in fecund 7. Fear of side effect 8. It is sinful to use	

		9. Cultural taboo	
151	Do you want to use LAPMs in the future?	1.Yes 2. No	If’’yes’’ skip to Q.NO 153
152	If ‘’NO’’ Q.NO 151 what could be the reason?	1. Lack of knowledge 2. Lack of access 3. To get pregnant 4. Fear of infertility 5. Partner disapproves 6. I am infecund 7. Fear of side effect 8. It is sinful to use 9. Cultural taboo	
153	If’’ Yes ‘’to Q.NO 151 which method?	1.IUCD 2. Implant 3. Tubal ligation 4 .Vasectomy	

Annex VI-Amharic version quesionniar
የአማርኛ መጠይቅ

ክፍል አንድ፡ - ማህበራዊና ኢኮኖሚያዊ መጠይቅ

ጥ.ቁጥር	ጥያቄ	ምርጫ	ወደቀጣዩ እለፍ
101	እድሜዎ ስንት ነዉ?	------------------	
102	የጋብቻ ሁኔታ?	1. ያላገባ 2. ያገባ 3. የሞተባት 4. የተፋታች	
103	የሚከተሉት ሀይማኖት ምንድን ነዉ?	1.ኦርቶዶክስ 2. ሙስሊም 3.ፕሮቴስታንት 4.ካቶሊክ 5. ሌሎች	
104	የትምህርት ደረጃ ስንት ነዉ?	1. ማንበብና መጻፍ አልችልም 2. ከ1ኛ -8ኛ ክፍል 3. ከ9 -12ኛ ክፍል 4. ዲፕሎማና ከዛ በላይ	
105	የባለቤተዎ የትምህርት ደረጃ ስንት ነዉ?	1. ማንበብና መጻፍ አልችልም 2. ከ1ኛ -8ኛ ክፍል 3. ከ9 -12ኛ ክፍል 4. ዲፕሎማና ከዛ በላይ	
106	የቤተሰብ ብዛት ስንት ነዉ?		
107	የስራ ሁኔታ ምንድን ነዉ?	1. የቤት እመቤት 2. የመንግስት ሰራተኛ 3. የግል ድርጅት	

		4. የቀን ሰራተኛ 5. ተማሪ 6. ሌላ __________	
108	ባለቤትዎ ስራዉምንድን ነ ዉ?	1. የመንግስት ሰራተኛ 2. የግል ድርጅት 3. የቀን ሰራተኛ 4. ግብርና 5. ተማሪ 6. ሌላ ________	
109	የወር ገቢስንት ነ ዉ?		
110	ቴሌቪዥን አለዎት?	1.አወ 2. የለም	
111	ሬዲዮ አለዎት?	1.አወ 2. የለም	

ክፍል ሁለት:-የስነ ተዋልዶ ታሪክ ማጠይቆች

ጥ.ቁጥር	ጥያቄ	ምርጫ	ወደ ቀጣዩ እለፍ
112	ባል ስታገቢ እድሜሽ ስንት ነበር?	_______	
113	ልጅ ወልደሻል?	1. አወ 2. የለም	መልሰወ ‘’የለም’’ ከሆነ ወደ ጥያቄ ቁጥር ‘’118’’እለፍ
114	ለጥያቄ ቁጥር ‘’113’’ መልሰወ ‘’አወ’’ ከሆነ	__________	

	የመጀመሪያ ልጅሽን በስንት አመትሽ ወለድሽ?		
115	ስንት ልጆች ወልደሻል?	___________	
116	ስንቶቹ በህወት አሉ?	___________	
117	ተጨማሪ ልጆች እንዲኖርሽ ትፈልጊያለሽ?	1.አወ 2. ለም	
118	በቅርቡ ልጅ እንዲኖርሽ ትፈልጊያለሽ?	1.አወ 2. ለም	ለጥያቄ ቁጥር''118'' ሚሰወ ''አወ'' ከሆነ ወደ ጥያቄ''120'' እለፍ
119	ለጥያቄ ቁጥር ''118'' ሚሰወ ''አልፈልግም'' ከሆነ ልምን?	1. ለማራራቅ 2. ለማቆም 3. ሌላ	
120	ባለቤተወ ወደፊት ልጅ አንዲኖረዉ ይፈልጋል?	1.አወ ይፈልጋል 2. አይ ኤፈልግም	
121	በህይወት ዘመንሽ ስንት ልጆች አንዲኖሩሽ ትፈልጊያልሽ?		
122	ከባለቤተወ ጋር ስለወሊድመካላከያ መንገዶች ተወያይታችሁ ታቃላቸችሁ?	1. አወ 2. የለም	
123	እንዲኖሯችሁ የምትፈልጉትን የልጆች ማጠን የሚወስነ ዉማን ነ ዉ?	1. ባል 2. እኔ 3. ሁለቱም 4. ፈጣሪ	

ክፍል ሶስት፡ -የተሳታፊወችን ስለረጅምጊዜና ዘለቄታዊ መካላከያ ያላቸዉን እወቀት ማኪያ ጥያቄወች

ጥ.ቁጥር	ጥያቄ	ምርጫ	ወደ ቀጣዩ

			እለፍ
124	ስለረጅምአመት እና ዘለቄታዊ የወሊድ መከላከያ ሰምተዉያዉቃሉ?	1. አወ 2. የለም	መልሰወ ''የለም'' ከሆነ ወደ ጥያቄ 127 እለፍ
125	ለጥያቄ ቁጥር ''124'' መልሰወ ''አወ'' ከሆነ መረጃዉን ከየት አገኙት?	1. ጤና ተቋም 2. ጓደኛ 3. ቤተሰብ 4. ሚዲያ 5. ጋዜጣ	
126	ከጤና ባለሞያወች ጋር ስለረጅምጊዜና ዘለኬታዊ መከላከያ ተወያይተዉያዉቃሉ	1. አወ 2. የለም	
127	ስለረጅምአመት እና ዘለቄታዊ የወሊድ መከላከያ ያዉቃሉ?	1. አወ 2. የለም	መልሰወ ''የለም'' ከሆነ ወደ ጥያቄ ''134'' እለፍ
128	ለጥያቄ ቁጥር ''127'' መልሰወ ''አወ'' ከሆነ የትኛዉን መከላከያ ያዉቃሉ?	1.የክንድ ቆዳ ስር የሚቀበር 2. በማህጸ ዉስጥ የሚቀመጥ ሉፕ 3. የሴቶችን ማህጽን ቱቦ መቋጠር 4. የወንዶችን የዘር ማስተላለፊያ ቱቦ መቋጠር	
129	ለጥያቄ ቁጥር ''127 ''መልሰወ ''አወ'' ከሆነ የትኛዉን የመከላከያ ጥቅምያዉቃሉ?	1. ያልተፈለገ እርግዝናን ይከላከላል 2. የእናቶችን እና ህጻናትን ሞት ይከላከላል 3. የቤተሰብ ብዛትን ለማደብ 4. አራራቆ ለመዉለድ 5. ሌላ ------------	

130	በማህጸን ወስጥ ስለሚቀመጥ ሉፕ ምን ያዉቃሉ?(የ ጠቀሱትን አክብባቸዉ)	1. በጣም አስተማማኝ ነዉ 2. ለረጅሙ አመት ያገለግላል 3. ጡት ማጥባት ላይ ተጽኖ የለዉም 4. ማስገባትና ማዉጣት ትንሽየ ቆዳ መቀደድ ይጠይቃል 5. ለአባላዘር በሽታ ተጋላች ለሆኑ ሴቶች አይመከርም 6. የግብረ ስጋ ግንኙነ ት ላት ተጽኖ የለዉም 7. እንደወጣ ወዲያዉኑ ማርገዝ ይቻላል 8. የጎንዮሽ ጉዳቱ ዝቅተኛ ነዉ	
131	በክንድ ከቆዳ ስር ስለሚቀበር ኢፕላንት ምን ያዉቃሉ?(የ ጠቀሱትን አክብባቸዉ)	1. በጣም አስተማማኝ ነዉ 2. ለረጅሙ አመት ያገለግላል 3. ጡት ማጥባት ላይ ተጽኖ የለዉም 4. ማስገባትና ማዉጣት ትንሽየ ቆዳ መቀደድ ይጠይቃል 5. የእልት ክንዉኖች ላይ ተጸኖ የለዉም 6. እንደወጣ ወዲያዉኑ ማርገዝ ይቻላል 7. የጎንዮሽ ጉዳቱ ዝቅተኛ ነዉ	
132	የወንዶችን የዘር ፍሬ ማስትላለፊያ ቱቦ መቋጠር ምን ያዉቃሉ?	1. በጣም አስተማማኝ ነዉ 2. ዘለቄታዊ ነዉ 3. በጣም የሚመች ነዉ 4. ተደጋጋሚ ወደክሊኒክ መሄድን ያስቀራል 5. የግብረ ስጋ ግንኙነ ት ላይ ተጽኖ የለዉም 6. የጎንዮሽ ጉዳት የለዉም 7. የስምምነ ት ወል ያስፈልጋል	

		8. ምንምአላቅም	
133	የሴቶችን የማህጽን ቱቦ ስመቋትር ምን ያወቃሉ?	1. በጣምአስተማማኝ ነዉ 2. ዘለቄታዊ ነዉ 3. በጣምየሚምች ነዉ 4. ተደጋጋሚወደክሊኒክ ሜድን ያስቀራል 5. የግብረ ስጋ ግንኙነ ት ላይ ተጽኖ የለወም 6. የጎንዮሽ ጉዳት የለወም 7. የስምምነ ት ወል ያስፈልጋል 8. ምንምአላቅም	

ክፍል አራት ፡ -የተሳታፊወቹን ስለረጅምጊዜና ዘለቄታዊ ማላከያ ያላቸዉን አማካከት ማኪያወች

ጥ.ቁጥር	ማኪያወች	ምርጫ	ወደ ቀጣዩ እለፍ
134	ከባለቤተወ ጋር ስለረጅምጊዜና ዘለቄታዊ ማላከያ መወያየት ጠቃሚነ ዉ::	1.በሀይ ለኛ አልስማማ 2. አልስማማ 3.እርግጠኛ አይደለሁም 4. እስማማለሁ 5. በሀይለኛዉ እስማማለሁ	
135	የረጅምጊዜና ዘለቄታዊ ማላከያ ማጠቀምን አደግፋለሁ::	1.በሀይ ለኛ አልስማማ 2. አልስማማ 3.እርግጠኛ አይደለሁም 4. እስማማለሁ 5. በሀይለኛዉእስማማለሁ	
136	የረጅምጊዜና ዘለቄታዊ ማላያ ማጠቀምጥርሩ ነ ዉ::	1.በሀይ ለኛ አልስማማ 2. አልስማማ 3.እርግጠኛ አይደለሁም 4. እስማማለሁ 5. በሀይለኛዉ እስማማለሁ	
137	ባለቤተወየረጅምጊዜና ዘለቄታዊ ማላከያ ማጠቀምን ይደግፋል::	1.በሀይ ለኛ አልስማማ 2. አልስማማ	

		3.እርግጠኛ አይደለሁም 4. እስማማለሁ 5. በሀይለኛዉ እስማማለሁ	
138	የረጅምጊዜና ዘለቄታዊ ማካላከያ ማጠቀም እለታዊ ከንዉን አይገድብም፡ ፡	1.በሀይ ለኛ አልስማማም 2. አልስማማም 3.እርግጠኛ አይደለሁም 4. እስማማለሁ 5. በሀይለኛዉ እስማማለሁ	
139	የረጅምጊዜና ዘለቄታዊ ማካላከያ የሴቶችን ጠና አይጎዳም፡ ፡	1.በሀይ ለኛ አልስማማም 2. አልስማማም 3.እርግጠኛ አይደለሁም 4. እስማማለሁ 5. በሀይለኛዉ እስማማለሁ	
140	ባለቤተወ ማካላከያ የማጠቀምሀላፊነት አለበት፡ ፡	1.በሀይ ለኛ አልስማማም 2. አልስማማም 3.እርግጠኛ አይደለሁም 4. እስማማለሁ 5. በሀይለኛዉ እስማማለሁ	
141	የቤተሰብ ቁጠር መበዛት ኢኮኖሚን ይጎዳል፡ ፡	1.በሀይ ለኛ አልስማማም 2. አልስማማም 3.እርግጠኛ አይደለሁም 4. እስማማለሁ 5. በሀይለኛዉ እስማማለሁ	
142	አራርቆ መዉለድ የእናቶችን እና የ\ህጻናትን ሞት ይከላከላል፡ ፡	1.በሀይ ለኛ አልስማማም 2. አልስማማም 3.እርግጠኛ አይደለሁም 4. እስማማለሁ 5. በሀይለኛዉ እስማማለሁ	

ክፍል አምስት፡ - የተሳታፊወች ከዚህ በፊት ስለ እረጅምጊዜና ዘለቄታዊ የወሊድ ማካላከያ ያላቸዉተሞክሮ እና ወደፊት የማጠቀምሀሳብ/ፍላጎት ማለኪያ ጥያቄወች

143	ከአሁን በፊት የረጅምጊዜና ዘለቄታዊ ማካላከያ ተጠቅመዉያዉቃሉ	1. አወ 2. የለም	ሚለሰወ ‘’የለም’’

			ከሆነ ወደ ጥያቄ''150'' እለፍ
144	ለጥያቄ ቁጥር ''143'' ሚሰጠዉ ''አዎ'' ከሆነ የትኛዉን መካላከያ	1. በክንድ ቆዳ ስር የሚቀበር 2. በማህጸን ዉስጥ የሚቀመጥ ሉፕ 3. የሴቶች የማህጸን ቱቦ መቋጠር 4. የወንዶችን የዘር ፍሬ ማስተላለፊያ ቱቦ መቋጠር	
145	ለስንት ጊዜ ትጠቅመዋል(ለሉፕ እና ኢፕላት ተጠቃሚዎች)	___________	
146	አገልግሎቱን የትነዉያገኙት	1. የመንግስት ተቋም 2. መንግስታዊ ካልሆነ ድርጅት 3. የግል ተቋም	
147	ከአንድየወሊድ መካላከያ ወደሌላ መካላኪያ ቀይረዉያወቃሉ	1.አወ 2.የለም	ሚሰጠዉ ''የለም'' ከሆነ ወደ ጥያቄ ቁጥር''150'' እለፍ
148	ለጥያቄ ቁጥር ''147'' ሚሰጠዉ ''አዎ'' ከሆነ ከየት ወደት	ከ______________ወደ_______	
149	ለጥያቄ ቁጥር ''147'' ሚሰጠዉ ''አዎ'' ከሆነ የቀየሩበት ምክንያት ምን ነበር	1. የባለፈዉስላልተመቸኝ 2. አዲሱን ስለፈለኩ 3. የባለፈዉአቅርቦት ስለሌለዉ 4. የጎንዮሽ ጉዳቱ 5. የረጅም ጊዜ መካላከያ	

		ስለፈለኩ 6. በባለሞያወች ምክር 7. የጓደኛ ተጽኖ	
150	ለጥያቄ ቁጥር 143 መልሰዎ ''የለም'' ከሆነ ያልተጠቀሙት ለምንድን ነዉ	1. እዉቀት ስለሌለን 2. አቅርቦቱ ስለሌለ 3. ማርገዝ ፈልጌ 4. መካንነትን ፈርቸ 5. ባለቤቴ ስለሚይፈልግ 6. ያን ጊዜ አልወልድምነበር 7. ጎንዮሽ ጉዳት ፈርቸ 8. ሀጢያት ሲለሆነ 9. በባህል ስለሚይፈቀድ	
151	ወደፊት የረጅምጊዜና ዘለቄታዊ መከላከያ የማጠቀምሃሳብ ወይምፍላጎት አለወት	1. አወ 1. የለም	መልሰወ ''አወ'' ከሆነ ወደ ጥያቄ ቁጥር 153 እለፍ
152	ለጥያቄ ቁጥር 151 መልሰወ ''የለም'' ከሆነ ምክንያቱ ምን ሊሆን ይችላል	1. እዉቀት ስለሌለን 2. አቅርቦቱ ስለሌለ 3. ማርገዝ ፈልጌ 4. መካንነትን ፈርቸ 5. ባለቤቴ ስለሚይፈልግ 6. በዛን ጊዜ አልወልድምነበር 7. ጎንዮሽ ጉዳት ፈርቸ 8. ሀጢያት ሲለሆነ	

		9. በባህል ስለሚይፈቀድ	
153	ለጥያቄ ቁጥር 151 መልሰወ ‘’አወ’’ ከሆነ የትኛወን መከላከያ ማጠቀም ይፍለጋሉ	1. በማህጸንወስጥየ ሚቀመጥ ለፕ 2. በክንድ ቆዳ ስር የሚቀበር 3. የሴቶች የማህጽን ቱቦ መቋጠር 4. የወንዶችን የዘር ፍሬ ማስጠላለፊያ ቱቦመቋጠር	

<u>Training manual and guideline for data collectors</u>

Topic: women’s intention to use LAPMs and associated factors among family planning users in Addis Ababa public health centers.

Introductions; This training manual helps the research team to be familiar with words and sentences used in the questionnaire, in adopting data collection techniques, how to perform interviews, and help to get experience for correctly recording the response of study subjects. It also helps with how to perform supervision and how to control data quality.

Objectives of the research; To assess the magnitude of women’s intention to use long-acting and permanent contraceptive methods and associating factors among family planning users in Addis Ababa public health centers, Addis Ababa, Ethiopia, 2020

Purpose of the training

- To familiarize the data collectors & supervisors with unfamiliar words and sentences used in the questionnaire.
- To adopt data collectors & supervisors with techniques to be followed in data collection supervision procedures
- To enable data collectors& supervisors in resolving problems in case of inconveniences

Methods of training

- ✓ Discussion of data collection tool
- ✓ Mock interview
- ✓ Filed practice/pre-testing

Responsibility of research team members

Principal investigators – control the overall activities of the study

Supervisors – monitor for the correctness of data collations at the spot in the filed

- Monitor for constancy and completeness of data at the spot of data collection
- Monitor for the availability of necessary supplies for the Data collection
- Handle and manage non-respondents and incomplete responses
- Ensure data quality at the spot of data collection

Data collectors/enumerators

- ❖ handle necessary supplies to perform the study
- ❖ perform the Data collection and enumerate correctly
- ❖ handle and manage any inconveniences properly
- ❖ communicate with supervisors and principal investigator for solving problems which are beyond their capacity, and for information which needs more clarifications
- ❖ check for completeness of questionnaire at the site

Description on interviewing skills

- The principal investigator clears the ethical issue for Addis Ababa health bureau administration staff by receiving supportive latter from AAU school of nursing and midwifery, and deliver the name of the data collector and supervisor: then after the data collector & supervisor
- Gaining access to the establishment
- Greeting

- Introducing yourself and from where you come and the purpose of coming.
- Read the consent form and describe it for the respondent and keep confidentiality and approach friendly, and ask there voluntary to respond for the question(do not pressure very much that do not want respond, but describe the objective of the study and confidentiality

Interviewing process

- handle your questionnaire and pencil
- give clear instruction to the respondent
- Directly read the question/interview neutrally and do not imply your understanding-be straight in communication.
- Do not show agreement or disagreement
- listen carefully to the response and record it without interrupting the respondent's response from the pre-coded response
- probe for un- clarities
- manage nonrespondents and reluctant respondents
- do not late the respondent to see the questionnaire
- answer if any questions from the respondents

Ending the interview: - Check completeness

Thank the respondents

Concepts and definition

LAPMs - Implant, IUCD, Female sterilization and vasectomy (male sterilization).

Intention to use LAPMs: woman's who are not currently using LAPMs but want to use any of the LAPMs in the future.

No intention to use LAPMs: women's who are not currently using LAPMs and stating no intention to use LAPMs or unsure of their intentions are classified as not intending to use LAPMs

Part two How to fill the questionnaire

- Supplies- each interviewer should check he/she has pencils, questionnaire to be filled and clipboard before starting
- Marking the response;

- Must be done without interrupting response of respondents
- be neutral and friendly in managing respondents (Don't incorporate your personal, judgment, exactly the responses of the respondent.

Problems prioritizing criteria table

1. women's intention to use long-acting and permanent contraceptive methods and factors affecting it among family planning users in Addis Ababa public health institution
2. adherence status and associated factors of iron and folic acid supplementation among pregnant women attending antenatal care service in Addis Ababa public health institutions
3. knowledge and attitude towards human papillomavirus vaccination and associated factor among female Addis Ababa university students

PROBLEM	**CRITERIA**							
	R	**A**	**F**	**P**	**APPL**	**U**	**E**	**T**
1	**5**	**3**	**5**	**5**	**5**	**3**	**5**	**31**
2	**4**	**3**	**4**	**5**	**5**	**3**	**5**	**29**
3	**5**	**5**	**3**	**4**	**3**	**4**	**4**	**28**

R- Relevance U – Urgency

A- Avoid duplication F- Feasibility P- Political acceptance

APPLI – Applicability E – Ethical acceptance T – Total

DECLARATION OF THE PRINCIPAL INVESTIGATOR

I undersigned here agrees to accept responsibility for the scientific ethical and technical conduct of the research proposal and for the provision of required progress reports as per terms and the condition of the research publication office in effect at the time of the grant is forwarded as the result of this application.

Name: Berihun Demeke Tegegne (BSc)

Signature ________________________________

This research thesis were submitted for examination with my approval as a university advisors and examiners.

Name of Major Advisor: Mesfin Abebe (MSc,Assist prof)

Signature: ___________________________________

Name of co-Advisor:Jembere Tesfaye (BSc, MSc)

Signature: ____________________________________

Name of Examiner: ___________________________

Signature: ____________________________________