ADDIS ABABA UNIVERSITY
COLLEGE OF DEVELOPMENT STUDIES
CENTER FOR POPULATION STUDIES

DEMOGRAPHIC AND SOCIOECONOMIC DETERMINANTS OF FERTILITY INTENTION AMONG REPRODUCTIVE AGE WOMEN IN SABATA DISTRICT, OROMIA REGION, ETHIOPIA

BY: WUBISHET TEMESGEN (BSc)

A THESIS SUBMITTED TO THE CENTER FOR POPULATION STUDIES OF ADDIS ABABA UNIVERSITY FOR THE PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER'S IN POPULATION STUDIES (REPRODUCTIVE HEALTH)

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BY: WUBISHET TEMESGEN (BSc)

ADVISOR: MR. CHALACHEW AREGA (MSc)

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Declaration

This thesis is my original work and has not been presented for a degree award in any other university.

Name: **Wubishet Temesgen** ID No **GSE/1033/12** Signature_____ Date_____

This thesis has been presented for examination with my approval as university supervisor.

_____	_____	_____
Advisor (Name)	Signature	Date

This is to certify that the thesis prepared by Wubishet Temesgen Abera entitled: ***"Demographic and socioeconomic determinants of fertility intention among reproductive age women in Sabata District, Oromia region, Ethiopia"*** and submitted in partial fulfillment of the requirements for the degree of master of science in population studies (Reproductive Health) complies with the regulations of the university and meets the accepted standards with respect to the originality and quality.

Signed by the Examining Board

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External Examiner (Name)	Signature	Date

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List of acronyms and abbreviations

AAU	**Addis Ababa University**
AOR	**Adjusted Odds Ratio**
CEB	**Children Ever Born**
CI	**Confidence Interval**
CPR	**Contraceptive Prevalence Rate**
CSA	**Central Statistical Agency**
COR	**Crude Odds Ratio**
ETB	**Ethiopian Birr**
EMDHS	**Ethiopian Mini Demographic and Health Survey**
EPHI	**Ethiopian Public Health Institute**
FGD	**Focus Group Discussion**
FI	**Fertility intention**
ICPD	**International Conference on Population and Development**
KM	**Kilo-meter**
MCH	**Maternal and Child Health**
MMR	**Maternal Mortality Ratio**
MoH	**Ministry of Health**
MSc.	**Master of Science**
NB	**Nota bene**
No.	**Number**
NGO	**Non-Governmental Organization**
PI	**Principal Investigator**
RH	**Reproductive Health**
SPSS	**Statistical Package for Social Sciences**
STI	**Sexually Transmitted Infections**
TFR	**Total Fertility Rate**
VIF	**Variance Inflation Factor**
WHO	**World Health Organization**
WoHO	**Woreda Health Office**

Abstract

Background: *Fertility intention is an important indicator for future fertility trends and to improve health status of the population particularly through reducing maternal mortality rate (MMR). The fertility rate in Ethiopia is quite different across different customs, cultures and practices of people living in different regions. Additionally, there is a dearth of studies to understand demographic and socioeconomic determinants of fertility intention among women of reproductive age in our country.*

Objective: *To assess demographic and socioeconomic determinants of fertility intention among women in reproductive age of Sabata District, Oromia Region, Ethiopia.*

Method and Materials: *A community based cross-sectional study was conducted using both qualitative and quantitative methods among 587 women of reproductive age in Sabata District. Data was collected using face to face interviews using standard questionnaire by trained data collectors. The collected data was entered into Epi-data version 3.1 and exported to statistical package for social sciences (SPSS) version 23 for data cleaning and analysis. In the analysis process, frequency distribution of variables was calculated. Binary and multiple logistic regression analyses were computed to indicate the association between the study variables. Factors influencing fertility intentions were assessed by computing adjusted odds ratios at 95% confidence interval (CI) with statistical significant p-value <0.05.*

Result: *Participants who are 15-24 years were about twelve times more (AOR, 11.91; 95% CI: 4.85, 29.23) likely to have fertility intention compared to those who are 35 and above years old. Those who are unable to read and write were less (AOR, 0.15; 95% CI: 0.03, 0.67) likely to have fertility intention compared to those who have higher than college or university educational status. Similarly those participants who are richer were less (AOR, 0.28; 95% CI: 0.12, 0.65) likely to have fertility intentions compared to those who are poorer.*

Conclusion and Recommendations: *Age of the participants in years, the wealth index, and educational status were factors significantly associated with the fertility intentions. Fertility intention is higher among younger, poorer, and more educated than older, richer, and less educated women respectively. Therefore it is recommended that, multi-sectorial coordination should be strengthened and all stakeholders should work on fertility intention for program development, implementation and evaluation.*

Keywords: *Intention, contraceptives, fertility, women.*

CHAPTER ONE: INTRODUCTION

1.1. Background

Fertility intention is usually defined as a precise plan to have a child in a given timeframe. It is shaped by an individual's desires, preferences, or attitudes but also influenced by a person's resources and abilities: it is a product of what a person wants to do and what he or she feels capable of doing (Zuzanna and Monika 2017). The population is one of the complex multidimensional issues of human societies, affected by economic, social, cultural, and political factors (Elham, Saeede et al. 2019).

One of the focuses of demographic research in the present is the difference between the intended and the actual number of children (Caplescu 2014). The literature on determinants of fertility intentions has been rapidly growing in recent decades. Researchers have investigated how childbearing plans depend on age, union status or parity (Zuzanna and Monika 2017).

Fertility patterns in the world have changed dramatically over the last two decades since the international conference on population and development (ICPD) in 1994, producing a world with very diverse childbearing patterns (Ayele, Dinberu et al. 2019).

Several demographic studies have indicated the relationship between fertility rate and economic, social, and cultural factors. The fertility rate was significantly associated with a couple's age, age at marriage, religion, and educational level among the women of reproductive age (Elham, Saeede et al. 2019). Though women of high socio-economic status are less likely to desire more children, those belonging to the Islamic religious sect tend to desire more children (Bright, Abdul-Aziz et al. 2021).

Although several studies that examined determinants of fertility intentions are available worldwide, such studies are not yet extensively done in Ethiopia. Additionally, the fertility rate is quite different across different customs, cultures, and practices of people living in different regions of Ethiopia. Therefore, this study was done to improve our understanding of conditions that facilitate or hamper fertility plans to have children and explore different perspectives of women in the reproductive age group.

1.2. Statement of the problem

Understanding fertility behaviors and what factors lead couple's to have more or fewer children whether economic, social or cultural is very important and must be analyzed in terms of fertility intentions and realizations (Arnaud and Daniele 2012). With the increasing availability of effective contraception couples are gaining more and more control over their fertility. However, even though it can be assumed that nowadays parenthood is a result of a reasoned decision, this decision remains "imperfect" (Zuzanna and Monika 2017). Fertility intentions can help us to understand and better project future fertility trends (Kerry and MacQuarrie 2021).

Fertility decline is a largely rational process driven by individual intentions for smaller families (Jennifer 2007). Few studies to date have focused on the link between intentions and realization, mainly due to the lack of suitable data, although several longitudinal surveys have been conducted in recent years (Arnaud and Daniele 2012).

Though global population has increased by 2.9 billion over the past 35 years, from 4.4 billion in 1980 to 8 billion in 2022, currently, more than 214 million women worldwide still have an unmet need for family planning leading to 81 million people population growth each year (United Nations Economic Commission for Africa 2016). Although they want to limit or space their pregnancies, they are not using modern contraceptives (Nancy and Charlotte 2018). The timing of the first birth influences the number of children a woman bears throughout her reproductive period in the absence of any active fertility control, and a woman who starts giving the first birth very early in life tends to have a large number of children than those who start late (Ayele, Dinberu et al. 2019).

In 2012, 222 million women who want to avoid pregnancy are not using contraceptives in developing countries (Agumasie, Kwasi et al. 2018). African countries still have relatively high fertility. Fertility demand in sub-Saharan Africa was markedly higher than fertility demand in other parts of the world (Casterline and Agyei-Mensah 2017). The majority of women want another child soon or in the future, indicating the ongoing potential for rapid population growth in sub-Saharan Africa (Nancy and Charlotte 2018).

Understanding women's desire to have more children is critical for planning future reproductive health (RH) behavior interventions (Bright, Abdul-Aziz et al. 2021). Additionally, understanding the fertility intentions of young people before and as they are entering active reproductive years can also help us better design services and programs to meet their needs. Actual fertility is not only the outcome of preferences for the number, timing, and spacing of children, but depends on the ability

of individuals to act on their preferences, a crucial component of empowerment (Kerry and MacQuarrie 2021).

Although population growth rates have slowed, Africa is contributing significantly to the world's population which is still growing by 81 million people each year. The average total fertility rate in all regions of Africa has decreased by about two. However, the pace and magnitude of the decrease in fertility rate vary considerably across the continent (United Nations Economic Commission for Africa 2016). Most countries in sub-Saharan Africa are still experiencing relatively higher fertility rates (Ayele, Dinberu et al. 2019). On the other hand, a falling fertility rate will lead to population aging, followed by a reduced workforce and compromised health levels (Elham, Saeede et al. 2019).

Ethiopia is the second most populous country in Africa next to Nigeria with estimated 123,379,924 population size in 2022. Its population is projected to increase to 125,044,000 and 188,455,000 by 2025 and 2050 respectively. Its annual population growth rate is very high, at 2.5 per cent over the period 1980-2015 along with the scarcity of resources (United Nations Economic Commission for Africa 2016). Uncontrolled fertility has adversely influenced the socio-economic, demographic, and environmental development of the country. Poverty, war, and famine, associated with low levels of education and health, a weak infrastructure, and low agricultural and industrial production have aggravated the problem of overpopulation (Ayele, Dinberu et al. 2019).

The plans to have children and when are not always realized. They may also change as new circumstances unfold indicating, that repeated measures of intentions and information on reproductive behavior are necessary (Zuzanna and Monika 2017). Declining reproductive rates are the result of changing fertility intentions, allowing for some variance due to contraceptive availability, pathological sterility, and other mitigating factors (Jennifer 2007).

There is a dearth of studies to understand demographic and socioeconomic determinants of fertility intention among women of reproductive age in Ethiopia. Furthermore, there is no any study done concerning determinants of fertility intention in Sabata District of Oromia Region. This study was aimed to improve the local evidence and forward appropriate recommendations for consideration by academicians, policymakers, program planners and implementers. Therefore, the primary objective of this study is to assess demographic and socioeconomic determinants of fertility intention among women of reproductive age of Sabata District in the Oromia Region of Ethiopia.

1.3. Research questions

Three specific research questions were answered in this research. These are;

- What are the socio-demographic differentials in fertility intention and total demand for children in Sabata District?
- What are the determinants of fertility intention among reproductive age women of Sabata District?
- What are the key predictors of total demand for children among women of reproductive age in Sabata District?

1.4. Research objectives

1.4.1. General objective

- To assess demographic and socioeconomic determinants of fertility intention among women in reproductive age of Sabata District, Oromia Region, Ethiopia

1.4.2. Specific objectives

The Specific objectives of the study were to:

- Assess the socio-demographic differentials of fertility intention among women of reproductive age in Sabata District
- Examine the key predictors of fertility intention among women of reproductive age in Sabata District
- Examine the main predictors of total demand for children among women of reproductive age in Sabata District

1.5. Significance of the study

Though there are many fertility related studies in the study area, there is no specific research that is concerned with demographic and socioeconomic determinants of fertility intention among reproductive-age women of the Sabata District. Understanding women's fertility intentions specially, ideal family size and desire for additional children are the keys to addressing the unmet needs and expanding access to voluntary family planning services for all women.

Fertility intention is an important driver for future fertility trends and to reduce maternal mortality rate (MMR) including for health development. It also provides an immense contribution to bringing demographic dividends and economic development. But there is a big gap between the Ethiopian

health sector transformation plans and performances on fertility; which indicates the country is off-track to achieving its global and national commitments.

Therefore, researching the determinants of fertility intention primarily helps to know the reason behind not using the contraceptive services effectively while they are engaged in sexual practices leading to unwanted pregnancies. Additionally, it is important to know and minimize the RH risks faced by unwanted pregnancies, to have proper guidance, and to inform all decision-makers and stakeholders such as the Ministry of Health (MoH) and Non-Governmental Organizations (NGOs) who work on RH services about the issue. Furthermore, the study will be useful to providing baseline information, and used for planning and monitoring of RH programs in the study area.

1.6. Scope and limitations of the study

Social desirability bias due to sensitive questions related to private sexual behaviors and experiences. Due to shyness and taboos attached to sex and fertility intentions, some participants were reluctant to respond and discuss openly. Due to the cross sectional nature of the study it might not be possible to ascertain the direction of cause and effect relationship between the dependent and independent variables. Additionally, the study is delimited to examining only fertility intention of women in the reproductive age living in Sabata District.

To minimize desirability bias adequately trained data collectors gave a clear explanations to the respondents on the objectives of the study before the interviews, and the respondents gave their response in private place. Qualitative and quantitative data collection methods were also used to complement each other.

CHAPTER TWO: LITERATURE REVIEW

2.1. Conceptual literature

Fertility is seen as the result of rationally taken decisions, based on the assessment of costs and benefits (Raluca Caplescu 2014). Fertility intentions involve a specific decision to pursue an actionable goal, with an associated commitment and, commonly, a plan for implementing the decision (Warren 2011).

Fertility outcomes are seen as depending directly on fertility intentions, which in turn depend directly on attitudes, subjective norms, and perceived behavioral control (Letizia, Daniele et al. 2015). The link between fertility intentions and outcomes is itself a social product (Jennifer 2007).

Studies show that in three out of four groups, child-number desires during the 1979-82 period directly predict the actual number of children born by 2002 (Warren 2011). The search is underway for effective policies to reduce excessive fertility to affect a decline in the rates of population growth. The design and implementation of such policies would greatly benefit from a detailed understanding of the socioeconomic, cultural, biological, and environmental factors that determine fertility (John, Odile et al. 1984).

2.2. Theoretical literature

Proceptive and contraceptive behaviors which decide fertility events were the results of the three types of intentions: child number intentions, child timing intentions, and childbearing intentions (Warren 2011). Possible constraints can intervene from the time the fertility intention was formed and the subsequent behavior. This multi-factor paradigm is expected to depend on several background factors such as socioeconomic and demographic factors (Letizia, Daniele et al. 2015). Fertility intentions vary by age, sex, and other factors and can change fluidly over the life course (Nancy and Charlotte 2018).

2.3. Empirical literature

Improving maternal health conditions is a critical global health concern (Agumasie, Kwasi et al. 2018). About 885 million women worldwide wish to avoid or delay pregnancy, and almost three-quarters are currently using a modern contraceptive method (Nancy and Charlotte 2018).

The demographic characteristics of sub-Saharan Africa are unique because the population's rate of growth and its birth and death rates are all higher than in any other continent or major region (John, Odile et al. 1984). Childbearing decision-making is a complex process involving many social,

economic, political, and individual factors. These include the availability of qualified and affordable childcare support, cultural norms, individual beliefs, and partner suitability (Mozhgan, Mohammad et al. 2021).

The study conducted in eastern Ethiopia shows that participants' age, educational status, and having live children were the factors associated with their contraceptive use and fertility intention (Agumasie, Kwasi et al. 2018). Fertility is higher in rural compared to urban areas in Ethiopia (Wubegzier and Alemayehu 2011).

Though family planning services are available in almost all public health facilities in Ethiopia, in 2019, 41% of married Ethiopian women were using contraception, compared to just 29% in 2011 and 36% in 2016. These proportions are far below the targets for 2020 (55% for contraceptive prevalence rate (CPR)). In addition, there is still a high unmet need (22% in 2016, compared to a target of 10%) (CSA and ICF 2016).

2.4. Synthesis

2.4.1. Demographic factors

Demographic characteristics such as age, marital status, children ever born, age at marriage, and household size are important determinants of fertility intentions. Age affects fertility intention both in men and women. Undoubtedly, the age of the woman has an essential role in fertility intentions (Mozhgan, Mohammad et al. 2021). Age and the number of children already born are important in determining women's fertility intentions (Raluca Caplescu 2014). Younger women are having sex later, getting married later, having births later, and starting contraceptive use earlier than older women (Ministry of Health Ethiopia 2021).

2.4.2. Socioeconomic factors

Studies of the causes of fertility levels and their changes often seek to measure directly the impact of socioeconomic factors on fertility (John 1978). Birth requires access to financial resources. Better career prospects increase childbearing desire in both men and women Household income plays a key role in childbearing intentions (Mozhgan, Mohammad et al. 2021). The overall net effect of a socioeconomic variable on fertility can be positive, negative, or insignificant (John, Odile et al. 1984).

An analysis of determinants of fertility variables greatly clarifies the relationships between socioeconomic indicators and fertility (John 1978). Fertility intention is likely to be allied to

employment stability. Employment stability has a significant impact on the lower probability of remaining childless than a higher probability of preferring a child (Shah 2018).

Women with low levels of education generally have higher levels of fertility than women with no education (John, Odile et al. 1984). Education might also have impacts to bring about change in the knowledge and attitude toward low fertility (Wubegzier and Alemayehu 2011). On average, rural women give birth to two children before starting contraception for the first time, while urban women start contraception after their first birth (Ministry of Health Ethiopia 2021).

2.4.3. Behavioral factors

Women's fertility intentions were associated with fertility behavior (Anne, Elena et al. 2014). Fertility intentions are considered an important determinant of behavior (Raluca Caplescu 2014). The motivational forces driving the fertility-related behaviors of individuals and couples unfold in a sequential process that begins with non-conscious motivational dispositions (traits) to have or not have children, which lead to conscious desires to have children or not, which in turn lead to conscious intentions to have children or not, which finally lead to the performance of behaviors that are instrumental in the achievement or avoidance of the childbearing (Warren 2011).

Happier men and women prefer to become parents sooner. Happiness has different effects on childbearing intentions. Women's happiness seems to matter more for second child decision-making (Mozhgan, Mohammad et al. 2021). Women who did not know the time at which they could be pregnant had higher fertility as compared to those who knew it (Agumasie, Kwasi et al. 2018). The following traits are important to examine in terms of fertility decision-making: family support for having a child, the importance of motherhood, the number of children currently living with the woman, and being in a romantic relationship or not (Anne, Elena et al. 2014).

2.4.4. Reproductive health-related factors

Health concerns can seriously affect the second child's intentions among couples. Having a negative birth experience could adversely affect women's fertility intentions (Mozhgan, Mohammad et al. 2021). Determinants such as the proportion of women married or in sexual union, frequency of intercourse, postpartum abstinence, lactational amenorrhea, contraception, induced abortion, spontaneous intrauterine mortality, natural sterility, pathological sterility have positive and negative effects on fertility (John, Odile et al. 1984). Though the use of contraception plays an important role in women's fertility intentions, its impact is complex (Raluca Caplescu 2014). Time-to-first birth after the marriage has a significant role in the future life of each woman, and has a direct

relationship with fertility. Women having younger age at first marriage, urban women, and contraceptive users had prolonged time to the first birth interval (Ayele, Dinberu et al. 2019).

The number of children ever born (CEB) among women at the end of the reproductive period ranges from 0 to 14 or more (John, Odile et al. 1984). While marriage, contraception, lactation, and induced abortion have a direct influence on fertility, the biological and behavioral factors through which socioeconomic, cultural, and environmental variables, income, or education are indirect determinants (John 1978).

There are large fertility differences between nations, geographic regions, and ethnic and socioeconomic groups within the countries (John, Odile et al. 1984). There is a significant variation in total fertility rate (TFR), desired family size, and contraceptive prevalence among regions and different socioeconomic groups (Ministry of Health Ethiopia 2021).

2.5. Conceptual framework of the study

The conceptual framework of the study tries to show demographic and socioeconomic determinants affecting fertility intention among reproductive age women (socio-economic variables, demographic variables, behavioral factors, and RH related factors). These variables and factors affect the fertility intentions of reproductive age women which in turn affect fertility decision-making and RH behaviors (Fig. 1). Similarly it effects on reproductive wellbeing or poor health outcome of women of reproductive age.

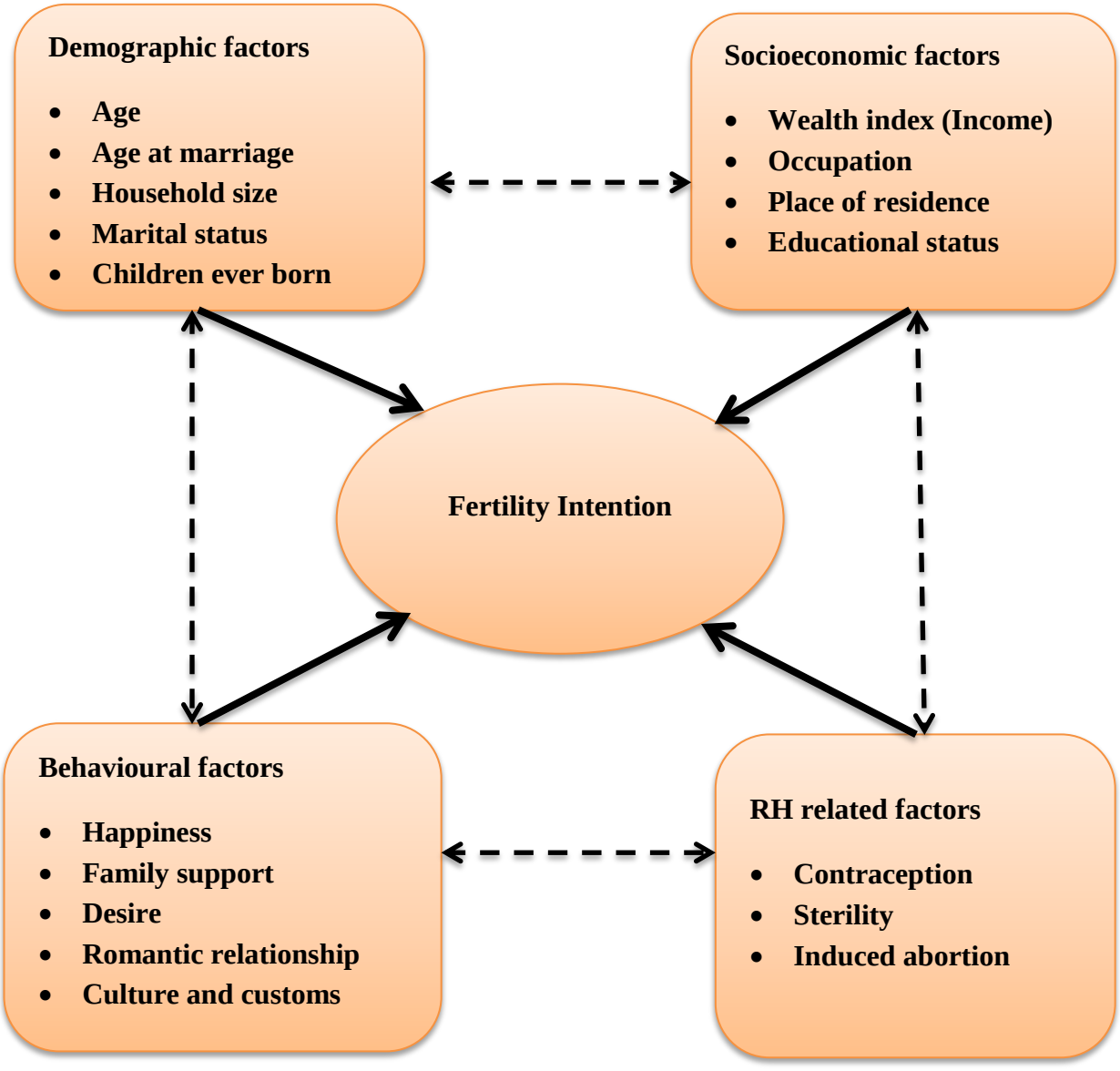

Fig 1: Demographic and socioeconomic determinants of Fertility Intention conceptual framework of the study developed by Principal Investigator after literature review.

CHAPTER THREE: METHODS AND MATERIALS

3.1. Study area and period

The study area for this research paper is Sabata town and Sabata Hawas Woreda. It is found in Oromia special zone around Finfine of the Oromia Region. It is found 27km to South West of Addis Ababa City which is the capital city of Ethiopia. Since there is no any study done concerning determinants of fertility intention in Sabata District of Oromia Region, it becomes my interest to study in the area.

Based on figures published by the Central Statistical Agency (CSA) in 2005, Sabata Hawas Woreda has an estimated total population of 171,827, of whom 85,493 are men and 86,334 are women; 41,598 or 24.21% of its population are urban dwellers, with an estimated area of 875.32 square kilometers. Majority of the inhabitants said they practiced Ethiopian Orthodox Christianity, with 87.44% of the population reporting they observed this belief, while 5.37% of the population were Muslim, 4.57% observed traditional beliefs, and 2.44% were Protestant.

The 2007 national census reported a total population for Sabata town of 49,331, of whom 24,356 were men and 24,975 were women. Majority of the inhabitants said they practiced Ethiopian Orthodox Christianity, with 71.1% of the population reporting they observed this belief, while 16.87% of the populations were Muslim, and 11.18% were Protestant.

3.2. Study design

This study was based on cross-sectional study designs to address the objectives. To determine the demographic and socio-economic factors associated with fertility intentions of reproductive-age women, the study was utilized community-based cross-sectional study designs with both quantitative and qualitative research methods.

3.3. Population

3.3.1. Source population

All reproductive-age women of Sabata town and Sabata Hawas Woreda were the source population.

3.3.2. Study population

All reproductive-age women who fulfilled the inclusion criteria and live in selected kebeles of Sabata town and Sabata Hawas Woreda were the study population.

3.3.3. Inclusion and exclusion criteria

Inclusion: All reproductive-age women (15-49 years) of Sabata town and Sabata Hawas Woreda available at home during the day at the time of data collection and who are willing to participate were included in the study.

Exclusion: Pregnant women, sick women of reproductive-age, women who are unable to communicate and have a hearing loss and those who are unavailable at home during the time of data collection or refused to participate were excluded from this study.

3.4. Sample size determination and sampling procedure

3.4.1. Sample size determination

The sample size was calculated using a single proportion method with the assumption of a 95% confidence level and a 5% margin of error. Based on this assumption and the proportion of women of reproductive-age in Ghana who desired more children were found to be 60% and the total sample size calculated was 609.

The required sample size (n) is determined using the following formula.

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

Where,

n= sample size

z= the reliability confidence for the desired CI (95%)

p= proportion of women of reproductive age desired for more children [60%] (Bright, Abdul-Aziz et al. 2021).

d= margin of error (0.05)

So, $n = \frac{(1.96)^2 *(0.6)* (1-0.6)}{(0.05)^2}$

$= \frac{3.8416 *(0.6)* (0.4)}{0.0025}$

$= \frac{0.921984}{0.0025}$

= 369 adding 10% of non-response rate (406) and multiplying by 1.5 design effect (609);

Therefore, the final sample size was **609.** This sample size, of 609 is the total number of reproductive-age women (15-49 years) that the Principal Investigator (PI) was studied.

3.4.2. Sampling procedures

3.4.2.1. Quantitative survey sampling procedure

In a multi-stage sampling, initially women were stratified by rural-urban kebeles, which were from Sabata Town and Sabata Hawas Woreda (Fig. 2). From each Sabata Town and Sabata Hawas Woreda; Kebeles were selected by lottery method. To determine the number of women of Reproductive age of 15-49 years from each selected kebele, proportionate allocation to their size were used. Systematic random sampling method was used to select the households from each kebele. Then the sampling interval was the total number of households in each kebele divided by the corresponding number of households to be interviewed in each kebele.

The first household interviewed was determined from the kebele house number register using simple random sampling method. The next household was identified by systematically adding the number of interval to it. If more than one eligible respondent were found in the selected household, only one respondent was chosen by simple random sampling (lottery method). In cases where no eligible is identified in the selected household, the interviewer was moving to the next household. Finally, 587 women from 15-49 years (293 women selected from Sabata Town Kebeles and 294 women selected from Sabata Hawas Woreda Kebeles) were selected using systematic random sampling and interviewed based on their willingness. When a woman was not willing to participate in the study, a woman from the next household was interviewed.

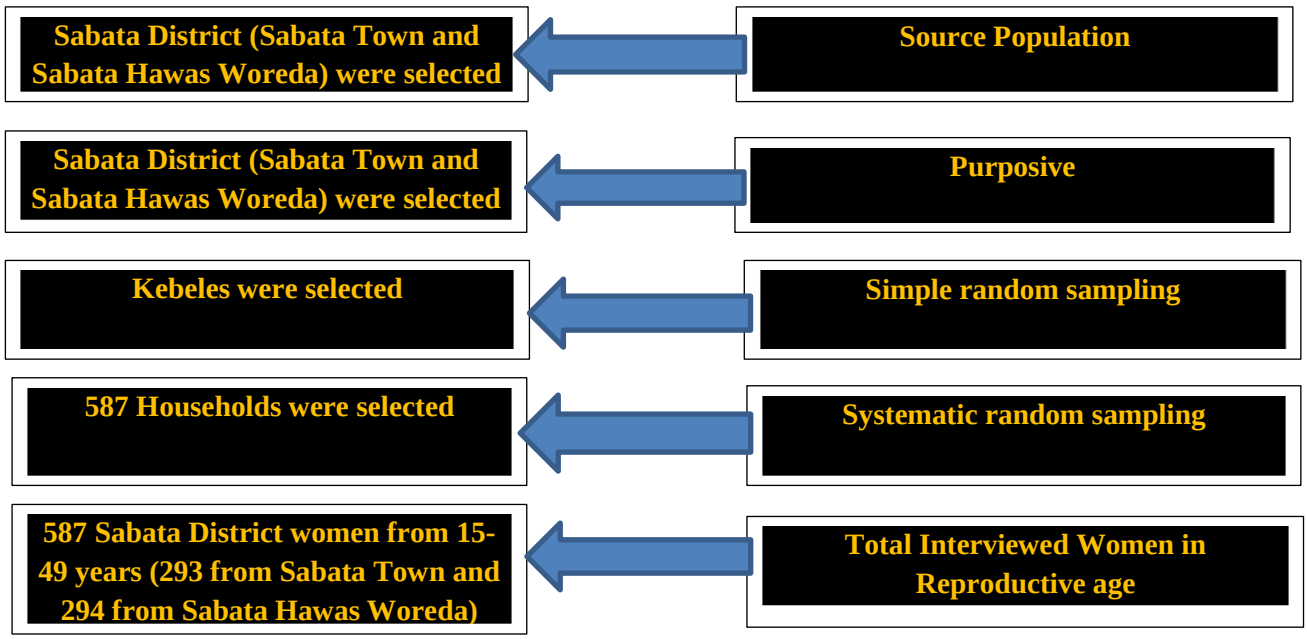

Figure 2: Schematic presentation of the sampling procedure

3.4.2.2. Qualitative survey sampling procedure

Focus group discussion

The main purpose of the Focus Group Discussion (FGD) was to complement the data that were generated by the quantitative survey and elaborate issues that would not be reflected in the survey findings.

A total of four FGDs were conducted. There were two groups of young people disaggregated by sex, and one group from community leaders, religious leaders and the elderly. The remaining group was from authority figures (administrators, teachers, health workers, and Women's Affairs).
Each group consists of from eight to ten participants who were selected purposively. The necessary precautions were made to carry out the discussions in a quiet place. The place was chosen by the participants so that they could discuss freely without being affected by the surrounding conditions.

3.5. Data collection

3.5.1. Quantitative data collection instruments

The data collection instruments were anonymous structured close-ended interviewer-administered questions filled by the data collectors. Several questions that could address the objective of the study were gathered and adapted from previous similar studies and other materials.

3.5.2. Qualitative data collection instruments

The trained female data collector moderated the female group, while the male trained data collector with the PI guided the male FGD group. Two female assistant were trained to organize the FGD and handle tape recording and note-taking during discussion. The discussion was conducted using semi-structured open-ended questions to provide the discussants more room for discussion on the complex patterns of fertility intentions and practice. Each session was taped and the PI together with moderators and note-takers were translated the tape after each session.

3.5.3. Training of data collectors

Six adult public health officers fluent in English, Amharic and Afaan Oromo were assigned for data collection. Five days training were given to them including preparation days. The training included a briefing on the general objective of the study; discussing the content of the questionnaires one by one, the methodology about reaching the intended goals, and more importantly how to keep confidentiality and privacy.

3.5.4. Data collection procedures

The data collectors were asked the respondents the questions on the questionnaire and filled out the paper-based self-administered questionnaire. After checking the filled-out data for consistency, completeness, editing, and suspicion of irregularity, they were thank you them for participating in the study and proceeded to the next participants.

As a PI and supervisor, I was responsible in leading the whole situation of the data collection process, checking the data collected for consistency, completeness, editing, and suspicion of irregularity.

3.5.5. Data quality control

The quality of the data was assured through careful design, translation and pretesting of the questionnaire, proper training of the data collectors, close supervision, and proper handling of the data. The final version of the questionnaire was translated in to Amharic and Afan Oromo and again back to English to ensure its validity and consistency. A pre-test of the questionnaire was carried out in a similar setting on women of reproductive age who have similar socio-demographic characteristics by considering 5% of the total sample size and appropriate modifications were made pursue.

The data collection process was monitored frequently in the field. All collected questionnaires were examined for completeness and consistency during the interview and at the end of each day. The PI was entered the data after careful cleaning and editing.

3.6. Variables and their operational definitions

3.6.1. Dependent variable

Fertility Intention: It is a plan or desire or intent to have a certain number of children and the desired or intended spacing between births during the next three years. It is shaped by an individual's desires, preferences, or attitudes but also influenced by a person's resources and abilities. It was computed from the likert scale response from the question of which the completely disagree, disagree and neutral were leveled as not intended to have fertility (0), and those who agree and completely agree were leveled as intended to have fertility (1).

Total demand for children: it is a total number of children a woman wish to have in her reproductive life including the one she already has.

3.6.2. Independent variables

Age of a woman: it is the completed age of a woman at the time of the survey.

Place of residence: it is a woman`s usual place of residence (urban/rural) at the time of the survey.

Ethnicity: it is a group of people having a common culture, tradition or ancestor categorized as, Oromo, Amhara, Tigre, etc.

Education: it is the highest level of education attended by a woman under investigation.

Marital Status: marital status of a woman categorized as; currently married, divorced, separated, or widowed.

Age at first marriage: refers to the age in years when a woman married for the first time.

Women's occupation: refers to the working status of a woman categorized as; farmer, trader, civil servant, self-employee, housewife, etc.

Household wealth status: The wealth index is used to measure household characteristics in the use of health, other services and health outcomes.

Religion: it is the belief in supernatural power categorized as; Orthodox, Protestant, Muslim, etc.

Children Ever Born (CEB): CEB to women in a particular age group is the mean number of children born alive to women in that age group. The number of children ever born to a particular woman is a measure of her lifetime fertility experience up to the moment at which the data were collected.

Contraceptive use: refers to whether or not sexually active non pregnant women have been using contraception during the interview time.

Knowledge of fertility intentions: Knowledge of the women on RH information, specifically on contraceptives and the decision to have a child. Women of reproductive-age who will be responded to the given question below the mean score were considered as having poor knowledge, whereas those who scored above the mean were considered as having good knowledge.

Attitude: Attitude index was built from the answers to attitude questions on fertility intentions with Likert scale (agree, neutral and disagree) responses. After computing the mean score of attitude

questions, those who scored above the mean was considered as having favorable attitude, whereas those who scored below the mean score was considered as having unfavorable attitude.

3.7. Data processing and analysis

3.7.1. Quantitative data

The completeness of data collected were checked every day before data entry and data entry were done using Epi-data version 3.1 and exported to statistical package for social sciences (SPSS) version 23 for analysis. Inconsistent data was crosschecked with the hardcopy questioner and coding of different variables was carried out before analysis. Frequencies and percentage of different categories were reported in tables. Binary logistic regression model was used to find the association between independent and dependent variable. Odds ratio with its 95% confidence interval (CI) was calculated. Those variables having p-value less than 0.25 at bivariate analyses was taken for multivariable analysis.

Factors influencing fertility intention was assessed by computing adjusted odds ratios at 95% CI with statistical significant p-value <0.05 at final model. Assumptions like normality of continuous variables were checked using histogram and normal curve. The multi-collinearity between independent variables was also checked by variance inflation factor (VIF). Those independent variables having the value of VIF 10 and above were entered in to the model one after the other. The model fit was checked using Hosmer and Lemshow and if the p-value found >0.05 it was best fit.

3.7.2. Qualitative data

Qualitative data were compiled and analyzed as the qualitative information was utilized to supplement statistical findings from the quantitative data. In this research the results of qualitative analyses were used to explain the reasons for the effects of independent variables on an ideal number of children, preferred birth spacing and the desire for more children. Responses of the respondents were recorded using tape recorder followed by transcription and categorization of data. The compiled data were grouped into thematic areas using open code qualitative data analysis software and finally thematic content analysis was used to explain the results.

3.8. Ethical considerations

Participants were briefed about the purpose and objectives of the study. Participant's privacy and confidentiality of the information was maintained. Written formal consent was obtained from each participant to ensure their voluntariness to participate in the study. All participants have a right to

withdraw at any time or skip a single question or segment of questions they didn't want to answer or refuse to participate at all with no negative repercussion.

The study proposal was approved by Addis Ababa University College of Developmental Studies, Center for Population Studies and then by the ethical clearance committee of AAU. Permission letters and letter of co-operations were obtained from Oromia Regional Health Bureau, Sabata Town Health Office and Sabata Hawas WoHOs. Confidentiality of data gained was seriously respected and the reason why this research is conducted was explained to the participants.

3.9. Dissemination of the results

A final thesis will be submitted to AAU College of Developmental Studies, the Centre for Population Studies and other concerned bodies. Then, it will be presented at conferences and finally, it will be published in scientific journals.

CHAPTER FOUR: RESULTS

A total of 609 women aged 15-49 years were approached and consented to participate in the study. Out of which 22 respondents were involved partially and could not be obtained to complete the information, they were discarded due to missing data, resulting in 587 (96.4%) valid questionnaires for analysis. Four focus group discussions comprising of women and men groups each separately were conducted with a total of 38 participants to complement the data that were generated by the quantitative survey and elaborate issues that would not be reflected in the survey findings.

4.1. Socio-demographic characteristics

The mean age of the respondents was 27.89 years (±8.21 SD) that ranged from 15-49 years. Two hundred nineteen (37.3%) were in the age range of 15-24 years while the majority, 234(39.9%) were between 25-34 years (Table 1). Regarding marital status, majorities 322(54.9%) were married while 205(34.9%) were never married. The majority 318(54.2%) had attended primary and secondary level of education while those who had no formal education constitute 88(15.0%). Regarding ethnicity and religion, the study participants were predominantly Oromo, 440(75.0%); followed by Amhara 92(15.7%) while the rest constitute 55(9.4%) and 375(63.9%), 103(17.5%), 100(17.0%) and 9(1.5%) were Orthodox, Protestant, Muslim, and others, respectively. The median household monthly income was calculated to be 6700 ETB. Majorities 239(40.7%) of the participants household were earning between 5000-10000 ETB, while 164(27.9%) and 174(29.6%) earns less than 5000, and above 10000 ETB respectively.

Table 4.1: Socio-demographic characteristics of the study participants, Sabata District, June 2022

Variables	Response category	No.	Percentage
Age in years	**15-24**	**219**	**37.3**
	25-34	**234**	**39.9**
	35 and above	**134**	**22.8**
Marital status	**Never married**	**205**	**34.9**
	Married	**322**	**54.9**
	Divorced/widowed/separated	**60**	**10.2**
Educational status	**Unable to read and write**	**88**	**15**
	Read and write	**62**	**10.6**
	Primary(1-8 Grade)	**146**	**24.9**
	Secondary(9-12 Grade)	**172**	**29.3**
	College or higher	**119**	**20.3**
Religion	**Orthodox**	**375**	**63.9**
	Muslim	**100**	**17**
	Protestant	**103**	**17.5**
	Others*	**9**	**1.5**
Ethnicity	**Oromoo**	**440**	**75**
	Amhara	**92**	**15.7**
	Others**	**55**	**9.4**
Occupation	**House wife**	**151**	**25.7**
	Farmer	**73**	**12.4**
	Government employee	**43**	**7.3**
	Private employee	**74**	**12.6**
	Self-employee	**73**	**12.4**
	Student	**140**	**23.9**
	Others***	**33**	**5.6**
Household monthly income in ETB	**Less than 5000**	**164**	**27.9**
	5000-10000	**239**	**40.7**
	10000 and above	**174**	**29.6**
Household wealth index	**Lower**	**195**	**33.2**
	Middle	**196**	**33.4**
	Higher	**196**	**33.4**
Total		**587**	**100**

**Wakefata, Apostle, and Jova; **Gurage, Silte, Tigre, Wolaita, Sodo, and Not intersted to tell; ***House maid, Daily laborer, and unemployed*

4.2. Reproductive health characteristics

Currently majorities of the respondents are not using any type of contraceptives 308(52.5%), while 279(47.5%) are using it. Minority of them has no pregnancy history 215(36.6%), while 372(63.4%) have the history with 1208 number of pregnancies (with 3.25 mean number of pregnancies) and 1119 deliveries (with 3.12 mean number of deliveries). Out of those in lesser proportion 13(3.5%) did not gave birth, while 359(96.5%) had given birth with 1081 live births (with 3.01 mean number of live births) and 1058 currently living children (with 2.95 mean currently living children). Similarly 340(91.6%) have no still birth history, while 31(8.4%) have the history with 37 number of

still births from 31 women (with 1.19 mean number of still births). Majority of the respondents 306(82.3%) have no abortion history, while 66(17.7%) have the history with 77 number of abortions from 66 women (with 1.17 mean number of abortions).

Table 4.2: Reproductive health characteristics of the study participants, Sabata District, June 2022

Variables	Response Category	Frequency	Percentage/ Mean
Current user of contraceptives (n= 587)	**No**	**308**	**52.5**
	Yes	**279**	**47.5**
Have pregnancy history (n= 587)	**No**	**215**	**36.6**
	Yes	**372**	**63.4**
Have ever given birth (n= 372)	**No**	**13**	**3.5**
	Yes	**359**	**96.5**
Have stillbirth history (n= 372)	**No**	**340**	**91.6**
	Yes	**31**	**8.4**
Have history of abortion (n= 372)	**No**	**306**	**82.3**
	Yes	**66**	**17.7**
Number of pregnancies (n= 372)	**No.**	**1208**	**3.25**
Number of deliveries (n= 359)	**No.**	**1119**	**3.12**
Number of live births (n= 359)	**No.**	**1081**	**3.01**
Number of still births (n= 31)	**No.**	**37**	**1.19**
Number of abortions (n= 66)	**No.**	**77**	**1.17**
Number of living children (n= 359)	**No.**	**1058**	**2.95**

4.3. Knowledge of contraceptives

The participants were asked whether they have ever heard of contraceptives and 556(94.7%) responded that they heard about it, while 31(5.3%) of the respondents never heard about contraceptives before (Table 3). Majorities of the respondents received information about contraceptives for the first time from health professionals 359(61.2%), followed by friends/family 328(55.9%), media 298(50.8%) and in lesser proportion 19(3.2%) from teachers at school.

Table 4.3: Contraceptive knowledge of the study participants, Sabata District, June 2022

Variables	Response category	Frequency	Percentage
Ever heard of contraceptives (n= 587)	**No**	**31**	**5.3**
	Yes	**556**	**94.7**
Source of information for contraceptives (n= 587)*	**Health professionals**	**359**	**61.2**
	Media (TV, Radio, etc.)	**298**	**50.8**
	Friends, Family, etc.	**328**	**55.9**
	Teachers	**19**	**3.2**

NB! ** Percentage will not add up to 100 as multiple responses are possible*.

4.4. Fertility intentions and attitude towards getting pregnant

The participants were asked whether they have favorable attitude or not towards fertility intentions and majority of them have favorable attitudes. The highest scores 86.9% and the lowest one is 72.4% of the respondents believe that having a child increases their self-esteem, and makes the community happy respectively; as indicated in the table 4 which shows that the degree of fertility intention and attitude towards getting pregnant scores of all respondents.

Table 4.4: Degree of fertility intention and attitude towards getting pregnant scores of all respondents, Sabata District, June 2022

Statement	Agreed		Neutral		Disagreed	
	No.	%	No.	%	No.	%
Having a child strengthen marriage/relationship	**479**	**81.6**	**65**	**11.1**	**43**	**7.3**
Having a child makes more complete as a woman	**497**	**84.7**	**66**	**11.2**	**24**	**4.1**
Having a child increases self esteem	**510**	**86.9**	**57**	**9.7**	**20**	**3.4**
Having a child makes the community happy	**425**	**72.4**	**94**	**16**	**68**	**11.6**
Comfortable to share concerns about achild with partner	**484**	**82.5**	**60**	**10.2**	**43**	**7.3**
Want to have a child	**444**	**75.6**	**52**	**8.9**	**91**	**15.5**
Like to become a mother in the future	**438**	**74.6**	**47**	**8**	**102**	**17.4**

4.5. Factors associated with fertility intentions

At bivariate level nine variables where associated with fertility intentions (P<0.25). Those associated variables were: Sex of household head, Age of the participants in years, Residence, Marital status, Educational status, Religion, Ethnicity, Occupation, and Attitude towards fertility intentions (FI) (Table 5).

Table 4.5: Factors associated with fertility intentions of the study participants using bivariable analysis, Sabata District, June 2022.

Variables	Fertility intention		COR (95% CI)	P Value
	Low, n (%)	High, n (%)		
Sex of household head				
Male	**91 (19.7)**	**370 (80.3)**	**2.03(1.32, 3.14)**	**0.001**
Female	**42 (33.3)**	**84 (18.5)**	**1:00**	
Age (in years)				
15-24	**16 (7.3)**	**203 (92.7)**	**11.6(6.29,21.3)**	**<0.001**
25-34	**53 (22.6)**	**181(77.4)**	**3.12(1.98,4.93)**	
35-49	**64 (77.8)**	**70 (52.2)**	**1:00**	
Residence				
Urban	**58 (19.6)**	**235 (80.2)**	**1.38(0.94,2.05)**	**0.099**
Rural	**75 (25.5)**	**219 (74.5)**	**1:00**	
Marital status				
Never married	**186(90.7)**	**19(9.3)**	**1:00**	**<0.001**
Married	**249(77.3)**	**73(22.7)**	**0.35(0.20,0.60)**	
Divorced/widowed/separated	**19(31.7)**	**41(68.3)**	**0.05(0.02,0.10)**	
Educational status				
Unable to read and write	**58(65.9)**	**30(34.1)**	**0.32(0.10,1.01)**	**<0.001**
Read and write	**38(61.3)**	**24(38.7)**	**0.26(0.08,0.86)**	
Primary(1-8 Grade)	**113(77.4)**	**33(22.6)**	**0.57(0.19,1.76)**	
Secondary(9-12 Grade)	**140(81.4)**	**32(18.6)**	**0.73(0.24,2.25)**	
College or university	**81(89.0)**	**10(11.0)**	**1.35(0.39,4.69)**	
Higher than college/university	**24(85.7)**	**4(14.3)**	**1:00**	
Religion				
Orthodox	**274(73.1)**	**101(26.9)**	**1:00**	**0.01**
Muslim	**82(82.0)**	**18(18.0)**	**1.68(0.96,2.94)**	
Protestant	**90(87.4)**	**13(12.6)**	**2.55(1.37,4.77)**	
Others	**8(88.9)**	**1(11.1)**	**2.95(0.36,23.87)**	
Ethnicity				
Oromo	**350(79.5)**	**90(20.5)**	**1:00**	**0.01**
Amhara	**59(64.1)**	**33(35.9)**	**0.46(0.28,0.75)**	
Gurage	**24(77.4)**	**7(22.6)**	**0.88(0.37,2.11)**	
Others	**21(87.5)**	**3(12.5)**	**1.80(0.53,6.17)**	
Occupation				
Housewife	**113(74.8)**	**38(25.2)**	**1:00**	**<0.001**
Farmer	**53(72.6)**	**20(27.4)**	**0.89(0.47,1.68)**	
Government employee	**36(83.7)**	**7(16.3)**	**1.73(0.71,4.21)**	
Private employee	**55(74.3)**	**19(25.7)**	**0.97(0.51,1.84)**	
Self-employee	**45(61.6)**	**28(38.4)**	**0.54(0.30,0.98)**	
Student	**130(92.9)**	**10(7.1)**	**4.37(2.08,9.17)**	
Others	**22(66.7)**	**11(33.3)**	**0.67(0.30,1.51)**	
Wealth index				
Lower	**42(21.5)**	**153(78.5)**	**1:00**	**0.244**
Middle	**47(24.0)**	**149(76.0)**	**0.87(0.54,1.40)**	
Higher	**44(22.4)**	**152(77.6)**	**0.95(0.59,1.53)**	
Knowledge score				
Poor knowledge	**170(78.0)**	**48(22.0)**	**1:00**	**0.776**
Good knowledge	**284(77.0)**	**85(23.0)**	**0.94(0.63,1.41)**	
Attitude towards FIs				
Favorable	**200(68.7)**	**91(31.3)**	**0.36(0.24,0.55)**	**<0.001**
Unfavorable	**254(85.8)**	**42(14.2)**	**1:00**	

**COR-Crude Odds Ratio, CI=Confidence Interval*

However, after adjusting for the variables in the model only five variables were found statistically significant assertion with fertility intention (P<0.05). Those associated variables were; age of the participants in years, marital status, the wealth index, educational status, and attitude towards fertility intentions. Different bivariate and multivariate logistic regression model was employed to evaluate associations between factors and dichotomous variables designed to measure fertility intentions and coefficients were expressed as Adjusted Odds Ratio (AOR) relative to reference category and the results of final models (Table 6).

Accordingly, those participants who are 15-24 years were about twelve times more (AOR, 11.91; 95% CI: 4.85, 29.23) likely to have fertility intention compared to those who are 35 and above years old (Table 6). Those participants who are widowed, divorced, or separated were less (AOR, 0.13; 95% CI: 0.05, 0.38) likely to have fertility intentions compared to those who are never married. Also participants who are unable to read and write were less (AOR, 0.15; 95% CI: 0.03, 0.67) likely to have fertility intention compared to those who have higher than college or university educational status. Those participants who are richer were less (AOR, 0.28; 95% CI: 0.12, 0.65) likely to have fertility intention compared to those who are poorer. In the same manner, those participants who have favorable attitude towards fertility intentions were less (AOR, 0.32; 95% CI: 0.19, 0.53) likely to have fertility intention compared to those who have unfavorable attitude towards fertility intentions.

Table 4.6: Multivariable logistic regression analysis of factors associated with fertility intentions of the study participants, Sabata District, June 2022.

Variables	Fertility intention		AOR 95% CI*	P-value
	Low, n (%)	High, n (%)		
Sex of household head				
Male	**91(19.7)**	**370(80.3)**	**0.92(0.43,1.97)**	**0.83**
Female	**42(33.3)**	**84(66.7)**	**1:00**	
Age (in years)				
15-24	**16(7.3)**	**203(92.7)**	**11.91(4.85,29.23)**	**<0.001**
25-34	**53(22.6)**	**181(77.4)**	**2.55(1.43,4.56)**	
35-49	**64(77.8)**	**70(52.2)**	**1:00**	
Residence				
Urban	**58 (19.6)**	**235 (80.2)**	**1.57(0.91,2.70)**	**0.106**
Rural	**75 (25.5)**	**219 (74.5)**	**1:00**	
Marital status				
Never married	**186(90.7)**	**19(9.3)**	**1:00**	**<0.001**
Married	**249(77.3)**	**73(22.7)**	**1.04(0.44,2.45)**	
Divorced/widowed/separated	**19(31.7)**	**41(68.3)**	**0.13(0.05,0.38)**	
Educational status				
Unable to read and write	**58(65.9)**	**30(34.1)**	**0.15(0.03,0.67)**	**0.016**
Read and write	**38(61.3)**	**24(38.7)**	**0.15(0.03,0.71)**	
Primary(1-8 Grade)	**113(77.4)**	**33(22.6)**	**0.18(0.04,0.72)**	
Secondary(9-12 Grade)	**140(81.4)**	**32(18.6)**	**0.31(0.08,1.17)**	
College or university	**81(89.0)**	**10(11.0)**	**1.02(0.25,4.16)**	
Higher than college/university	**24(85.7)**	**4(14.3)**	**1:00**	
Religion				
Orthodox	**274(73.1)**	**101(26.9)**	**1:00**	**0.053**
Muslim	**82(82.0)**	**18(18.0)**	**1.99(0.93,4.25)**	
Protestant	**90(87.4)**	**13(12.6)**	**2.21(1.06,4.63)**	
Others	**8(88.9)**	**1(11.1)**	**3.71(0.42,32.82)**	
Ethnicity				
Oromo	**350(79.5)**	**90(20.5)**	**1:00**	**0.155**
Amhara	**59(64.1)**	**33(35.9)**	**0.57(0.30,1.07)**	
Gurage	**24(77.4)**	**7(22.6)**	**0.59(0.20,1.734)**	
Others	**21(87.5)**	**3(12.5)**	**2.09(0.50,8.70)**	
Occupation				
Housewife	**113(74.8)**	**38(25.2)**	**1:00**	**0.719**
Farmer	**53(72.6)**	**20(27.4)**	**1.31(0.56,3.07)**	
Government employee	**36(83.7)**	**7(16.3)**	**0.77(0.38,1.58)**	
Private employee	**55(74.3)**	**19(25.7)**	**0.87(0.26,2.91)**	
Self-employee	**45(61.6)**	**28(38.4)**	**1.22(0.56,2.67)**	
Student	**130(92.9)**	**10(7.1)**	**0.65(0.28,1.55)**	
Others	**22(66.7)**	**11(33.3)**	**2.01**	
Wealth index				
Lower	**153(78.5)**	**42(21.5)**	**1:00**	**0.005**
Middle	**149(76.0)**	**47(24.0)**	**0.77(0.39,1.54)**	
Higher	**152(77.6)**	**44(22.4)**	**0.28(0.12,0.65)**	
Attitude towards FIs				
Favorable	**200(68.7)**	**91(31.3)**	**0.32(0.19,0.53)**	**<0.001**
Unfavorable	**254(85.8)**	**42(14.2)**	**1:00**	

**AOR=Adjusted Odds Ratio; CI=Confidence Interval*

4.6. Qualitative findings

4.6.1. Characteristics of study participants

The focus group discussions comprising of women and men groups each separately, was used to complement the data that were generated by the quantitative survey and elaborate issues that would not be reflected in the survey findings. From a total of four FGDs, there were two groups of young people disaggregated by sex, and one group from community leaders, religious leaders and the elderly. The remaining group was from authority figures (administrators, teachers, health workers, and women's affairs). Each group consists of from eight to ten participants who were selected purposively. Similar topics were discussed in all FGDs with a total of 38 participants.

Both males and females FGD participant were very open and forthcoming with their beliefs and attitudes on multiple issues related to fertility intentions. Generally, regardless of age and sex differences, common themes were emerged from the FGD.

4.6.2. Age

The FGD participants were asked whether current age of women affects their decision in their fertility intentions or not. Overall, contrary to the quantitative result, most of the focus group discussants mentioned that *"young age women have less fertility intention than the older one. The reason behind is that the younger women are more utilizes technology and information than the older one".*

4.6.3. Religion

Consistent with the quantitative findings majorities of the focus group discussants were mentioned that *"the Muslim women have more fertility intention than the Christian one. This is as a result of majority of Muslim women has miss information about contraceptive methods, which were not written in the 'Kuran or Haddis'".*

4.6.4. Educational status

Considering educational level of women, contrary to the quantitative findings majorities of focus group discussants mentioned that, *"uneducated women have more fertility intention than the educated one. The reason behind is that the educated women are more utilizes technology and information than uneducated one. Therefore they know very well the pros and cons of getting the child. That is why most of the time an educated women get a few child with plan".*

4.6.5. Place of residence

Regarding place of their residence among rural and urban dwellers, most of the focus group discussants mentioned that *"the rural dwellers have high fertility intention than the urban dwellers. The reason behind is that; in rural areas there is no need to looking for the nursing mothers; because there is strong social connection in rural areas which gave high trust with in the community. As a result of this almost all the communities are aware to care for all children's. But this is not seen and it is contrary to this culture in the urban areas where urban dwellers search for nursing mothers for their children."*

4.6.6. Contraceptive use

Whether contraceptive use matters in determining women`s fertility intentions or not most of the focus group discussants mentioned that *"generally, the contraceptive users have lesser fertility intention than the non-users".* This finding is similar to the quantitative results.

The FGD participants were asked who they think of women intend to have large number of children and almost all of the focus group discussants further mentioned that, *"generally, all women have high fertility intention; but what matters is the house hold wealth. The richer have more demand for fertility intention than the poor one. Because the poorer can't afford the child's need, while the richer can fulfill all necessary needs both for the baby and for the mother."* This finding is contrary with the above quantitative findings.

> *"'daa'imniif qabeenyi hin quufamu!' meaning you will never saturated with wealth and children"(Female FGD)*

Findings from the quantitative study shows that, the mean average of women wish to have children in their life are 4.08 children. Similarly, majority of the participants of the focus group discussants mentioned that they want to have four children in average in their life mentioning that they need two boys and two girls in average.

CHAPTER FIVE: DISCUSSIONS

This study used community based cross sectional study among reproductive age women to assess demographic and socio-economic determinants of fertility intentions using quantitative and qualitative approaches.

Majorities of the respondents are currently not using any type of contraceptives 308(52.5%), while 279(47.5%) are using it. It is well known that contraceptive played a role in delaying the preferred waiting time. According to study findings done in Oromia region women who were using contraception were less likely to prefer to wait shorter period of time (less than or equal to 2 years) as they were supported by the use of family planning methods. The reason is straightforward. Women using contraception are aimed at either limiting child bearing or to space births (Bulto 2018). But the results of this study finding shows that contraceptive users are very low when compared with study done in Kenya which shows that 63% of respondents were currently using some form of contraception (Moon, Okoth et al. 2021). Poor contraceptive knowledge was one of the primary bottlenecks to use contraceptives in addition to the desirability of a large family (Bekele, Surur et al. 2021). However, this finding is slightly higher than Ethiopian mini demographic and health survey (EMDHS) 2019 report, which is stating that 41% were currently using contraceptives (EPHI and ICF 2019). Additionally, the findings of this study is more higher than the results of 2020 surveys done by Performance Monitoring for Action Ethiopia which indicates that, contraceptive prevalence rate is 26.5% in Ethiopia and 26.3% in Oromia and its results further shows that only 13% of women receive "high-quality" contraceptive counseling from a provider or a health extension worker nationally (Performance Monitoring for Action Ethiopia 2020).

Majorities of the participants have ever heard about contraceptives 556(94.7%), while 31(5.3%) of the respondents never heard about contraceptives before. Though having good knowledge is a prerequisite to having a favorable attitude and fertility intentions, this result is lower when compared to EMDHS report of 96% of women heard of at least one modern method (EPHI and ICF 2019). However this finding is much higher than the study done in least developed regions of Ethiopia characterized by poor level of infrastructure and services which were known as emerging regions of Ethiopia (Somali, Afar, Benishangul Gumuz, and Gambela). The findings were showed that 82.8% of the participants had knowledge of at least one contraceptive method (Bekele, Surur et al. 2021).

Majorities of the participants have favorable attitudes towards fertility intentions. The highest score 86.9% and the lowest one is 72.4% of the respondents believe that having a child increases their self-esteem, and makes the community happy respectively. Similarly this result is consistent with study conducted in Israel, one of developed country with high birth rates; which shows that raising a large family is held in high esteem and contributes to the woman's happiness and self-fulfillment, while not having children, causes great distress (Preis, Tovim et al. 2020).

Similarly, this study result was supported by a study done in emerging regions of Ethiopia, which shows that more than half (52.3%) of the respondents had a favorable attitude (> mean score) (Bekele, Surur et al. 2021). Additionally this study finding is concordant with our communities' culture having a positive attitude towards high fertility; which indicates that they have a favorable attitude towards fertility intentions (EPHI and ICF 2019). Study done in Iran was also further strengthen this result stating that it is more likely that a person will form an intention to have a child, if there are more favorable attitudes and subjective norms with respect to having a child, and there is greater perceived control over the factors that may constrain the person from having a child (Erfani 2016).

These participants who are 15-24 years were about twelve times more (AOR, 11.91; 95% CI: 4.85, 29.23) likely to have fertility intention compared to those who are 35 and above years old. This study finding is in line with a finding from Addis Ababa city, which shows that fertility intention is higher among younger age <35 years old (Selam 2014). The study done in Oromia region of Ethiopia is also complies with this finding, revealing that; since the youth are not satisfied with current size of children as it is lower than the size they want to have in their life, younger women intended to have more children than the older one. Additionally, the young women expect child loss to occur and want to give more births if some of the live births may die to assure child. Additionally, the younger women strongly believe that children are important for consolidating husband and wife together (Bulto 2018).

These participants who are widowed, divorced, or separated were less (AOR, 0.13; 95% CI: 0.05, 0.38) likely to have fertility intentions when compared to those who are never married. This finding is similar with John Bongaart's finding which says in most societies, childbearing is largely confined to women in formal unions (Bongaarts and Casterline 2022). However the finding of this study is inconsistent with study done in Latin America which shows that, fertility, as a component of population change, is becoming less and less related to marriage and more and more associated with consensual union in the Latin American region (Laplante, Castro-Martín et al. 2016).

Religion was also found to be an important predictor of fertility intention. These participants who are Muslim were about two times more (AOR, 1.99; 95% CI: 0.93, 4.25) likely to have fertility intention compared to those who are Orthodox Christians. This finding is concordant with studies done in emerging regions of Ethiopia, which shows that the Muslims have higher needs to have children with no gaps. This is because of the Muslim religion encourages its followers to have more children. Additionally, most of the Muslim women believe that Allah feeds for all, including their children and they don't want to use contraceptives (Bekele, Surur et al. 2021).
This finding is also consistent with study done in Oromia region of Ethiopia, which shows that the Muslim women were more likely to desire more children than Orthodox Christians. It is related to the nature of Muslim religion, but others oppose the argument stating that there was nothing mentioned in the Holly Kuran that forces women to rear children without intervention but it is peoples` perception that is making them to link it with the religion (Bulto 2018).

This study shows that participants who are unable to read and write were less (AOR, 0.15; 95% CI: 0.03, 0.67) likely to have fertility intention compared to those who have higher than college or university educational status. The finding which has been seen in this study was deviated from the known theories. It may be attributed to the differences in culture, geographic location, and scope of the study including study setting, sample size and scale of the studies. But this finding is in line with a research finding which shows that, Education has a positive effect both at the individual and country level. This is further explained that the share of highly educated women in a European country is positively associated with women's lifetime fertility intentions. This is because highly educated women have more opportunities to marry and have a better educated partner which leads them to plan to have larger families (Testa 2014). Similarly this result is consistent with study conducted in Israel, which shows that women who were more educated were less likely to report a lower number of desired for children. This is explained that, positive association between education and intentions to reach normative family size and it may be related to the greater human capital that more educated women may have. This might help them preserve their initial fertility intentions when faced with the reality and burden which might be associated with having a child (Preis, Tovim et al. 2020). A meta-analysis of European fertility intention studies also shows that higher education level is positively associated with higher fertility intention, which could be due to a lack of resources among those with lower education as well as higher advantageous positions among high level educated ones (Hashemzadeh, Shariati et al. 2021). However the finding of this study is inconsistent with study done in Oromia region which reveals that educated women tended to have smaller family sizes than uneducated women. This is because of uneducated women do not have awareness about the disadvantage of large number of children can have on parents and themselves

(Bulto 2018). Additionally, this finding contradicts with theories available indicating that rising level of education leads parents to desire for smaller number of children and actual fertility. This is because of higher level of women`s education leads to less available time for fertility thus reducing potential time for reproduction (Bongaarts and Casterline 2013).

Those participants who are richer were less (AOR, 0.28; 95% CI: 0.12, 0.65) likely to have fertility intentions compared to those who are poorer. This finding is concordant with EMDHS reports which shows that women in the lowest wealth quintile have 2.4 more children than women in the highest wealth quintile (5.5 versus 3.1 children) (EPHI and ICF 2019). Study in West Africa of Ghana was also consistent with this finding. It reveals that considerations of feeding, clothing and educating an additional child would drive the desire to quit childbearing. Perceptions of worsening household economic welfare were positively associated with the desire to limit births (Kodzi, Johnson et al. 2014). Additionall, this study result was supported by a study done in Egypt which shows that the socio-demographic transition, more specifically; fertility transition is more accelerated in urban areas than rural areas. One of the reasons for this result is; urban women are more educated than the rural one and other different associated factors (Vignoli 2006). But this study result contradicts with a study done in Iran which reveals that living in wealthy northern rather than poor southern districts is associated with higher social pressure for having a/another child. It shows that higher household income and living in wealthier northern districts are associated with higher perceived behavioral control (Erfani 2016).

Both the qualitative and quantitative findings on women's wish to have children in their life are similar and their mean average to have children in their life is 4.08 children. This finding is in line with John Bongaart's findings in Sub-Saharan countries. The finding states that most of sub-Saharan African societies at present have high demand for children with mean ideal ranges between 3.0 and 5.0. This is as a result of lack of adoption of deliberate and effective family limitation practices in the region (Casterline and Agyei-Mensah 2017).

This study is delimited to examining only fertility intention of women in the reproductive age living in Sabata District because of limited resources which resulted in scope of the study including study setting, small sample size and scale of the studies. Additionally, the study might not show the causal relationship since it used cross-sectional design.

CHAPTER SIX: CONCLUSION AND RECOMMENDATIONS

6.1. Conclusion

Understanding fertility intentions are the strongest predictor of a woman's subsequent fertility behavior to childbearing. Fertility intentions are influenced by different demographic and socioeconomic factors. Most of the findings gotten from this study were found to be harmonious with other studies undertaken worldwide, while a few of them are inconsistent with different findings and theories available; which indicates us the need for further study.

A high proportion of women in reproductive age of Sabata District were not using contraceptives and they are intended to give birth. Though majority of them know about contraceptives, a few of the Sabata District women didn't know about contraceptives. Majority of them have favorable attitude towards fertility intentions.

Age of the participants in years, the wealth index, and educational status were factors significantly associated with the fertility intentions. Fertility intention is higher among younger, poorer, Muslim and more educated women than older, richer, Orthodox Christian and less educated women respectively.

6.2. Recommendations

Since, most of the factors which affects the fertility intention can be improved through behavioral change, depending on the above findings it is recommended that;

- The Ministry of Health, Ethiopia, should continue to work on teaching the community by improving mass communication through media outlets about contraceptives and fertility intentions
- The Ministry of education should incorporate fertility intention agenda into the curriculum to address the younger early
- All stakeholders including policy makers should work on fertility intention for innovative program development, implementation and evaluation
- Discussing with religious leaders, all local stakeholders, community representatives, and elders to address the women, especially, Muslim women to have a reasonable number of children to protect the health of mothers and children's is important issue
- All health professionals including health extension workers should strengthen the health education and community dialogue program leaving no one behind

- Multi-sectorial coordination for fertility intention should be established and strengthened with in developmental sectors
- More research is needed using both quantitative and qualitative methods to complement each other on determinants of fertility intention among different population groups.

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Annex 1: Consent form and questionnaire

Greetings! My name is _____I am here on behalf of Wubishet Temesgen MSc. student at AAU working on the research title "demographic and socioeconomic determinants of fertility intention among reproductive age women (15-49)" for the partial fulfillment of second degree. Since you are not pregnant now, you are chosen to participate in this study by chance. Before you decide whether to participate or not in this study, I would like to explain to you the objective of the study, any risks, benefits, procedure & what is expected from you.

If you have any question to this study you can contact the principal investigator Mr. Wubishet Temesgen, Phone no. ***+251-961-304080***, E-mail: mymailiswubishet@gmail.com

Would you want to take part in the study?

1- Yes (say thank you and continue) 2- No (say thank you and stop)

The objective, benefits, harms, procedures and confidentially of the study has been read and explained to me in the language I comprehend. I further understand that, taking part in this study and withdraw from participating in any time without having reason is purely voluntary. I agree to participate in this study.

Participant:

Sign (signature or thumb print)..... Date.....

i. Identification

District	
Kebele	
Environmental zone	
Household number	
Name of household head	

ii. Interviewer's visit

Interviewer's	Name			
	Signature			
	Time taken to complete			
	Date(dd/mm/yyyy)			2014EC
	Call No			
Result	Completed			
	Household locked			
	Refused			
	Other(specify)			
Supervisor's	Name	***Wubishet Temesgen***		
	Date(dd/mm/yyyy)			2014EC
	Signature			

Section 1: Socio-demographic related factors.

S.No	Questions	Response category	Skip to
101	Sex of household head	1. Male 2. Female	
102	For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	1. City 2. Town 3. Countryside	
103	How long have you been living continuously in ***(this Sabata woreda or town)?***	_____years	105, If >1Year
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	1. City 2. Town 3. Countryside	
105	Age in year	_____years	
106	Marital status	1. Never married 2. Currently married 3. Divorced 4. Widowed 5. Separated	108, If Not 2
107	Is your husband/partner living with you now or is he staying elsewhere?	1. Living with me 2. Staying elsewhere	
108	Educational status	1. Unable to read and write 2. Read & write 3. Primary(1-8 Grade) 4. Secondary(9-12Grade) 5. College or university 6. Higher than College or university	
109	What is your religion?	1. Orthodox 2. Muslim 3. Protestant 4. Other specify_____	
110	To which ethnic group do you belong?	1. Oromo 2. Amhara 3. Other specify_____	
111	What is your main occupation? ***(please select one)***	1. House wife 2. Farmer 3. Gov't Employee 4. Private Employee 5. Trader 6. House Maid 7. Student 8. Self-employee 9. Daily laborer 10. Other specify_____	
112	Size of your household	_____members	
113	Estimated household monthly income ***(Remark! Convert income in kind to cash income)***	_____ETB	
114	Do you have a separate room for kitchen?	0. No 1. Yes	
115	Number of rooms for sleeping ***(including the living room and others in the household)***	_____Rooms	

116	Does the household currently own the assets listed? a. Own the house it is living in? b. Have crop land? c. Grow cash crops? d. Have cattle/camels? e. Have sheep/goats? f. Have horse/mule/donkey? g. Horse or mule for human transport only? h. Cart (hand or animal pushed)? i. Bicycle? j. Motor bicycle or motor scooter? k. A car or truck? l. Electricity? m. A radio? n. A television? o. A mobile/telephone? p. A computer? q. A refrigerator? r. A bed with cotton/sponge/spring/mattress s. An electric mitad (i.e local baking stove) t. A kerosene lamp/pressure lamp?	 a. 0. No 1. Yes b. 0. No 1. Yes c. 0. No 1. Yes d. 0. No 1. Yes e. 0. No 1. Yes f. 0. No 1. Yes g. 0. No 1. Yes h. 0. No 1. Yes i. 0. No 1. Yes j. 0. No 1. Yes k. 0. No 1. Yes l. 0. No 1. Yes m. 0. No 1. Yes n. 0. No 1. Yes o. 0. No 1. Yes p. 0. No 1. Yes q. 0. No 1. Yes r. 0. No 1. Yes s. 0. No 1. Yes t. 0. No 1. Yes	

Section 2: Contraceptive and reproduction related factors.

S.No	**Questions**	**Response category**	**Skip to**
201	Have you ever heard of contraceptives?	0. No 1. Yes	204, If 0
202	Types of contraceptives ever heard ***(Multiple answer possible)***	1. Pills 2. Injectables 3. Implants 4. IUCD 5. Traditional 6. Other Specify_____	
203	Source of information ***(Multiple answer possible)***	1. Health Professional 2. Media (TV, Radio, …) 3. Friends, Family 4. Others specify_____	
204	Are you currently using any method of contraceptives?	0. No 1. Yes	206, If 0
205	Which method are you using?	1. Pills 2. Injectables 3. Implants 4. IUCD 5. Traditional 6. Other Specify_____	
206	Have you ever been pregnant?	0. No 1. Yes	Section3, If 0
207	Number of pregnancy	_____	
208	Have you ever given birth?	0. No 1. Yes	213, If 0
209	Number of deliveries	_____	
210	Number of live births	_____	
211	Number of living children	_____	

212	Number of died children	_____	
213	Have you ever had stillbirth (a child born dead after 28 weeks of gestation)	0. No 1. Yes	215, If 0
214	Number of still births	_____	
215	Do you have a history of abortion?	0. No 1. Yes	Section3, If 0
216	How many abortions?	_____	

Section 3: Attitude towards getting pregnant and related factors.

S.No	Question	Response category	Skip to
301	A baby should move and kick inside you	1. Completely agree 2. Agree 3. Neutral 4. Disagree 5. Completely disagree	
302	You should hold and cuddle a baby	1. Completely agree 2. Agree 3. Neutral 4. Disagree 5. Completely disagree	
303	You should strengthen your marriage (relationship) through a child	1. Completely agree 2. Agree 3. Neutral 4. Disagree 5. Completely disagree	
304	You should play with your child	1. Completely agree 2. Agree 3. Neutral 4. Disagree 5. Completely disagree	
305	You should teach your child	1. Completely agree 2. Agree 3. Neutral 4. Disagree 5. Completely disagree	
306	You are more complete as a woman	1. Completely agree 2. Agree 3. Neutral 4. Disagree 5. Completely disagree	
307	You are happy with your life without children	1. Completely agree 2. Agree 3. Neutral 4. Disagree 5. Completely disagree	
308	You should experience the discomforts of pregnancy and childbirth	1. Completely agree 2. Agree 3. Neutral 4. Disagree 5. Completely disagree	
309	You have to put up with a needy and demanding baby	1. Completely agree 2. Agree	

		3. Neutral 4. Disagree 5. Completely disagree	
310	You have no stable marriage (relationship) for raising a baby	1. Completely agree 2. Agree 3. Neutral 4. Disagree 5. Completely disagree	
311	You are not being able to do some of the other things you want to do, like working, going to school, or travelling	1. Completely agree 2. Agree 3. Neutral 4. Disagree 5. Completely disagree	
312	You are worrying that you are not being a good parent	1. Completely agree 2. Agree 3. Neutral 4. Disagree 5. Completely disagree	
313	You are afraid that there would not be enough money to take good care of a child	1. Completely agree 2. Agree 3. Neutral 4. Disagree 5. Completely disagree	
314	Your feelings on your general health status (Would you say your health in general is)	1. Excellent 2. Very good 3. Good 4. Fair 5. Poor	
315	Being a mother would increase your self-esteem	1. Completely agree 2. Agree 3. Neutral 4. Disagree 5. Completely disagree	
316	Your community wants you to have a child	1. Completely agree 2. Agree 3. Neutral 4. Disagree 5. Completely disagree	
317	Having a child, will make your community happy	1. Completely agree 2. Agree 3. Neutral 4. Disagree 5. Completely disagree	
318	You are comfortable sharing your concerns about becoming a mother with your partner/family	1. Completely agree 2. Agree 3. Neutral 4. Disagree 5. Completely disagree	

Section 4: Fertility intentions related factors.

S.No	Questions	Response category	Skip to
401	You definitely want to have a(nother) child	1. Completely agree 2. Agree 3. Neutral 4. Disagree 5. Completely disagree	
402	You mostly want to have a(nother) child	1. Completely agree 2. Agree 3. Neutral 4. Disagree 5. Completely disagree	
403	You want to have a(nother)child	1. Completely agree 2. Agree 3. Neutral 4. Disagree 5. Completely disagree	
404	You are not sure whether or not to have a(nother) child	1. Completely agree 2. Agree 3. Neutral 4. Disagree 5. Completely disagree	
405	You mostly want **not** to have a(nother) child	1. Completely agree 2. Agree 3. Neutral 4. Disagree 5. Completely disagree	
406	You definitely want **not** to have a(nother) child	1. Completely agree 2. Agree 3. Neutral 4. Disagree 5. Completely disagree	
407	You would like to become a mother in the future	1. Completely agree 2. Agree 3. Neutral 4. Disagree 5. Completely disagree	
408	How many children would you wish to have in total in your life ***(including the one you already have)?***	_____	
409	For Q408 above, how many of these should be boys and girls	Boys_____ Girls_____	

Closing! ***Those are all our questions for now. Thank you so much for your cooperation.***

የስምምነት ቅፅና መጠይቅ /Consent form and questionnaire/

ጤና ይስጥልን! ስሜ ..... ነው፤ ውብሸት ተመስገን የኤም.ኤስ.ሲ ተማሪ ወክዬ መጥቻለሁ በመውለድ ዕድሜ ላይ ባሉ ሴቶች መካከል ያለው ፍላጎት (15-49 አመት) ለሁለተኛ ዲግሪ በከፊል ለማሟላት እንዲቻል አሁን እርጉዝ ስላልሆኑ፣ በዚህ ጥናት ውስጥ በአጋጣሚ ለመሳተፍ ተመርጠዋል። በዚህ ጥናት ለመሳተፍ ወይም ላለመሳተፍ ከመወሰንዎ በፊት፣ የጥናቱን አላማ፣ ማንኛቸውም አደጋዎች፣ ጥቅማ ጥቅሞች፣ ሂደቶች እና ከእርስዎ የሚጠበቀውን ልገልጽልዎት እፈልጋለሁ። ለዚህ ጥናት ማንኛውም አይነት ጥያቄ ካሎት ዋናውን የጥናቱ ባለቤት አቶ ውብሸት ተመስገንን በስልክ ቁጥር +251-961-304080 ማነጋገር ይችላሉ።

ከዚህ በተጨማሪም በ E-mail: mymailiswubishet@gmail.com መገናኘት ይችላሉ።

በጥናቱ ውስጥ መሳተፍ ይፈልጋሉ? (1) አዎ (አመሰግናለሁ በማለት መቀጠል) (2) አይ ካሉ (አመሰግናለሁ በማለት ማቋረጥ)

የጥናቱ አላማ፣ ጥቅማጥቅሞች፣ ጉዳቶች፣ ሂደቶች እና በሚስጥር ተነቦ በተረዳሁት ቋንቋ ተብራርቶልኛል። በተጨማሪ በዚህ ጥናት መሳተፍ እና በማንኛውም ጊዜ ያለምክንያት ከመሳተፍ ማግለል የሚቻል መሆኑና በፍፁም ፍቃደኝነት የተመሰረተ መሆኑ ተረድቻለሁ። በዚህ ጥናት ለመሳተፍ ተስማምቻለሁ።

የጥናቱ ተሳታፊ፡-

ፊርማ (ፊርማ ወይም የጣት አሻራ) _____ ቀን____/__/2014 ዓ.ም

i. **የተጠያቂው ልየታ**

ወረዳ	
ቀበሌ	
ንዑስ ቀበሌ	
የቤት ቁጥር	
የቤተሰብ አስተዳዳሪ ስም	

ii. **የጠያቂው ጉብኝት**

ጠያቂ	**ስም**			
	ፊርማ			
	ለማጠናቀቅ ጊዜ ወስዷል			
	ቀን(ቀን/ወር/ዓም)			2014 ዓ.ም
	የስልክ ቁጥር			
ውጤት	**የተጠናቀቀ**			
	የተቆለፈ ቤት			
	እምቢ አሉ/ለ			
	ሌላ (ይግለጹ)			
ተቆጣጣሪ	**ስም**	***ውብሸት ተመስገን***		
	ቀን(ቀን/ወር/ዓም)			2014 ዓ.ም
	ፊርማ			

ክፍል 1፡ ማህበራዊ-ስነ-ሕዝብ ተዛማጅ ምክንያቶች

ተ.ቁ	ጥያቄዎች/መጠይቅ	የምላሽ ምድብ	ይዝለሉ
101	የቤተሰብ አስተዳዳሪ ፆታ	1. ወንድ 2. ሴት	
102	አብዛኛውን ጊዜ እስከ 12 አመትሽ ድረስ የኖርሺው በከተማ ውስጥ፤ ወይም በገጠር ውስጥ ነው?	1. በሀገሪቷ ዋና ከተማ 2. በከተማ 3. በገጠር	
103	በዚህ ሰበታ ወረዳ ወይም ከተማ ውስጥ ያለማቋረጥ ለስንት/ለምን ያህል ጊዜ ነው የኖርሺው?	_____ አመት	ከ 1 አመት በላይ ከሆነ ወደ 105
104	ወደዚህ ከመምጣትሽ በፊት በከተማ ወይም በገጠር ትኖሪ ነበር?	1. በሀገሪቷ ዋና ከተማ 2. በከተማ 3. በገጠር	
105	ዕድሜ	_____ አመት	
106	የጋብቻ ሁኔታ	1. ያላገባች 2. አሁን ያገባች 3. የፈታች 4. ትዳር የሌላት 5. ከትዳር የተለያየች	መልሱ 2 ቁጥር ካልሆነ ወደ ጥያቄ 108 ይቀጥሉ
107	አሁን ባለቤትሽ ከአንቺ ጋር ነው የሚኖ ረው ወይስ ልላ ቦታነው?	1. ከኔ ጋር ነው የሚኖረው 2. ሌላ ቦታ ነው የሚኖረው	
108	የትምህርት ደረጃ	1. ማንበብና መፃፍ የማትችል 2. ማንበብና መፃፍ የምትችል 3. የመጀመሪያ ደረጃ (1- 8 ኛ ክፍል) 4. የሁለተኛ ደረጃ (9 -12 ክፍል) 5. ኮሌጅ /ዩነቨረሲቲ 6. ከኮሌጅ/ከዩንቨረሲት በላይ	
109	ኃይማኖትሽ ምንድ ነው ?	1. ኦርቶዶክስ 2. ሙስሊም 3. ፕሮቴስታንት 4. ሌላ ከሆነ ይጥቀሱ_____	
110	የየትኛው ብሄር አባል ነሽ?	1. ኦሮሞ 2. አማራ 3. ሌላ ከሆነ ይጥቀሱ____	
111	ዋናው ስራሽ ምንድ ነው?	1. የቤት እመቤት 2. አርሶ አደር 3. የመንግስት ሰራተኛ 4. የግል ሰራተኛ 5. የንግድ ስራ 6. የቤት ሰራተኛ	

		7. ተማሪ 8. የራስ-ተቀጣሪ 9. የቀን ሰራተኛ 10.ሌላ ይግለጹ_____	
112	የቤተሰብዎ ቤተሰብ መጠን	_____ አባላት	
113	የሚገመተው የቤተሰብ ወርሃዊ ገቢ (አስተውል! ገቢን በአይነት ወደ ገንዘብ ገቢ ይለውጡ)	_____ ብር	
114	ለማእድ ቤት የተለየ ክፍል አለህ?	0. የለም 1. አዎ	
115	ለመኝታ ክፍሎች ብዛት (ሳሎን እና ሌሎች በቤተሰብ ውስጥ ጨምሮ)	_____ ክፍል	
116	ቤተሰቡ በአሁኑ ጊዜ የተዘረዘሩት ንብረቶች ባለቤት ናቸው? ሀ. የሚኖርበት ቤት ባለቤት ነው? ለ. የሰብል መሬት አለህ? ሐ. የጥሬ ገንዘብ ሰብሎች ይበቅላሉ? መ. ከብቶች/ግመሎች አሉዎት? ሠ. በጎች/ፍየሎች አሉዎት? ረ. ፈረስ/በቅሎ/አህያ አለህ? ሰ. ፈረስ ወይም በቅሎ ለሰው ማጓጓዣ ብቻ? ቀ. ጋሪ (በእጅ ወይም በእንስሳት የተገፋ)? በ. ብስክሌት? ተ. ሞተር ብስክሌት ወይም ሞተር ስኩተር? ቸ. መኪና ወይም የጭነት መኪና? ነ. ኤሌክትሪክ? ኘ. ሬዲዮ? አ. ቴሌቪዥን? ከ. ሞባይል/ስልክ? ወ. ኮምፒውተር? ደ. ማቀዝቀዣ? ገ. አልጋ በጥጥ / ስፖንጅ / ጸደይ / ፍራሽ ጠ. የኤሌክትሪክ ሚጣድ (ማለትም የአካባቢ መጋገሪያ ምድጃ) ጨ. የኬሮሴን መብራት /የግፊት መብራት?	ሀ. 0. አይ 1. አዎ ለ. 0. አይ 1. አዎ ሐ. 0. አይ 1. አዎ መ. 0. አይ 1. አዎ ሠ. 0. አይ 1. አዎ ረ. 0. አይ 1. አዎ ሰ. 0. አይ 1. አዎ ቀ. 0. አይ 1. አዎ በ. 0. አይ 1. አዎ ተ. 0. አይ 1. አዎ ቸ. 0. አይ 1. አዎ ነ. 0. አይ 1. አዎ ኘ. 0. አይ 1. አዎ አ. 0. አይ 1. አዎ ከ. 0. አይ 1. አዎ ወ. 0. አይ 1. አዎ ደ. 0. አይ 1. አዎ ገ. 0. አይ 1. አዎ ጠ. 0. አይ 1. አዎ ጨ. 0. አይ 1. አዎ	

ክፍል 2፡ የወሊድ መከላከያ እና የመራባት ተዛማጅ ምክንያቶች

ተ.ቀ	ጥያቄዎች	የምላሽ ምድብ	ይዝለሉ
201	ስለ የወሊድ መከላከያ ሰምተሽ ታውቂያለሽ?	0. አላውቅም 1. አዎ	መልሱ አላውቅም ከ ሆነ ወደ 204 ይለፉ
202	እስካሁን የተሰሙ የወሊድ መከላከያ	1. እንክብሎች	

	ዓይነቶች (ብዙ መልስ መመለስ ይቻላል)	2. መርፌዎች 3. ቆዳ ስረ የሚቀበር 4. ማህጸን ውስጥ የሚገባ 5. ባህላዊ 6. ሌላ ይግለጹ _____	
203	የመረጃ ምንጭ (ብዙ መልስ መመለስ ይቻላል)	1. የጤና ባለሙያ 2. ሚዲያ (ቲቪ፣ ሬዲዮ፣...) 3. ጓደኞች, ቤተሰብ 4. ሌሎች ይገልጻሉ_____	
204	በአሁኑ ጊዜ ማንኛውንም የእርግዝና መከላከያ ዘዴ እየተጠቀሙ ነው?	0. አይ 1. አዎ	መልሱ 0 ከሆነ ወደ 206 ይለፉ
205	የትኛውን ዘዴ ነው የምትጠቀመው?	1. እንክብል 2. መርፌ 3. ቆዳ ስረ የሚቀበር 4. ማህጸን ውስጥ የሚገባ 5. ባህላዊ 6. ሌላ ይግለጹ_____	
206	ነፍሰ ጡር ሆነሽ ታውቅያለሽ?	0. አይ 1. አዎ	መልሱ 0 ከሆነ ወደ 208 ይለፉ
207	የእርግዝና ብዛት	_____	
208	ወልደሽ ታውቂያለሽ?	0. አይ 1. አዎ	መልሱ 0 ከሆነ ወደ 213 ይለፉ
209	የወሊድ ብዛት	_____	
210	በህወት የተወለዱ ብዛት	_____	
211	በህወት ያሉ ልጆች	_____	
212	የሞቱ ህፃናት ብዛት	_____	
213	ሞቶ የተወለደ አጋጥሞት ያውቃል (ከ 28 ሳምንታት እርግዝና በኋላ ሞቶ የተወለደ ልጅ)	0. አይ 1. አዎ	መልሱ 0 ከሆነ ወደ 215 ይለፉ
214	ሞቶ የተወለዱ ብዛት	_____	
215	የፅንስ ማቋረጥ ታሪክ አለሽ?	0. አይ 1. አዎ	መልሱ 0 ከሆነ ወደ ክፍል 3 ይለፉ
216	ስንት ውርጃዎች?	_____	

ክፍል 3፡ ለማርገዝ እና ልጅ ለመውለድ ያለው አመለካከት እና ተያያዥ ምክንያቶች።

ተ.ቀ	ጥያቄዎች	የምላሽ ምድብ	ይዝለሉ
301	ሕፃን በማህፀን ውስጥ እያለ መንቀሳቀስ እና መምታት አለበት።	1. ሙሉ በሙሉ እስማማለሁ 2. እስማማለሁ 3. እስማማለሁ ወይም አልስማማም አልልም 4. አልስማማም	

		5. ሙሉ በሙሉ አልስማማም	
302	ህጻን መያዝ እና ማቀፍ አለብዎት	1. ሙሉ በሙሉ እስማማለሁ 2. እስማማለሁ 3. እስማማለሁ ወይም አልስማማም አልልም 4. አልስማማም 5. ሙሉ በሙሉ አልስማማም	
303	በልጅ በኩል ትዳራችሁን (ግንኙነታችሁን) ማጠናከር አለባችሁ	1. ሙሉ በሙሉ እስማማለሁ 2. እስማማለሁ 3. እስማማለሁ ወይም አልስማማም አልልም 4. አልስማማም 5. ሙሉ በሙሉ አልስማማም	
304	ከልጅዎ ጋር መጫወት አለብዎት	1. ሙሉ በሙሉ እስማማለሁ 2. እስማማለሁ 3. እስማማለሁ ወይም አልስማማም አልልም 4. አልስማማም 5. ሙሉ በሙሉ አልስማማም	
305	ልጅዎን ማስተማር አለብዎት	1. ሙሉ በሙሉ እስማማለሁ 2. እስማማለሁ 3. እስማማለሁ ወይም አልስማማም አልልም 4. አልስማማም 5. ሙሉ በሙሉ አልስማማም	
306	እንደ ሴት የበለጠ ሙሉ ነዎት	1. ሙሉ በሙሉ እስማማለሁ 2. እስማማለሁ 3. እስማማለሁ ወይም አልስማማም አልልም 4. አልስማማም 5. ሙሉ በሙሉ አልስማማም	
307	ልጆች በሌሉበት በሕይወትዎ ደስተኛ ነዎት	1. ሙሉ በሙሉ እስማማለሁ 2. እስማማለሁ 3. እስማማለሁ ወይም አልስማማም አልልም 4. አልስማማም 5. ሙሉ በሙሉ አልስማማም	
308	የእርግዝና እና ልጅ መውለድ ምኞት ማጣት አለብዎት	1. ሙሉ በሙሉ እስማማለሁ 2. እስማማለሁ 3. እስማማለሁ ወይም አልስማማም አልልም 4. አልስማማም 5. ሙሉ በሙሉ አልስማማም	
309	ብዙ ፍላጎት ላለው ህፃን ፍላጎቱን ለመሟላት ብዙ መታገል አለቦት	1. ሙሉ በሙሉ እስማማለሁ 2. እስማማለሁ 3. እስማማለሁ ወይም አልስማማም አልልም 4. አልስማማም	

		5. ሙሉ በሙሉ አልስማማም	
310	ልጅን ለማሳደግ የተረጋጋ ትዳር (ግንኙነት) የለዎትም።	1. ሙሉ በሙሉ እስማማለሁ 2. እስማማለሁ 3. እስማማለሁ ወይም አልስማማም አልልም 4. አልስማማም 5. ሙሉ በሙሉ አልስማማም	
311	እንደ ሥራ፣ ትምህርት ቤት ወይም ጉዞ ካሉ ሌሎች ማድረግ የሚፈልጓቸውን አንዳንድ ነገሮች ማድረግ አይችሉም።	1. ሙሉ በሙሉ እስማማለሁ 2. እስማማለሁ 3. እስማማለሁ ወይም አልስማማም አልልም 4. አልስማማም 5. ሙሉ በሙሉ አልስማማም	
312	ጥሩ ወላጅ እንዳልሆንሽ ትጨነቂያለሽ	1. ሙሉ በሙሉ እስማማለሁ 2. እስማማለሁ 3. እስማማለሁ ወይም አልስማማም አልልም 4. አልስማማም 5. ሙሉ በሙሉ አልስማማም	
313	ልጅን በጥሩ ሁኔታ ለመንከባከብ በቂ ገንዘብ እንደማይኖር ትፈሪያለሽ	1. ሙሉ በሙሉ እስማማለሁ 2. እስማማለሁ 3. እስማማለሁ ወይም አልስማማም አልልም 4. አልስማማም 5. ሙሉ በሙሉ አልስማማም	
314	በአጠቃላይ የጤና ሁኔታዎ ላይ ያለዎት ስሜት (በአጠቃላይ ስለጤናዎ ምን ይላሉ?)	1. እጅግ በጣም ጥሩ ነው 2. በጣም ጥሩ ነው 3. ጥሩ ነው 4. ደህና ነው/መጠነኛ ነው 5. ዝቅተኛ ነው	
315	እናት መሆን ለራስሽ ያለሽን ግምት ይጨምራል	1. ሙሉ በሙሉ እስማማለሁ 2. እስማማለሁ 3. እስማማለሁ ወይም አልስማማም አልልም 4. አልስማማም 5. ሙሉ በሙሉ አልስማማም	
316	ማህበረሰብሽ ልጅ እንድትወልጂ ይፈልጋሉ	1. ሙሉ በሙሉ እስማማለሁ 2. እስማማለሁ 3. እስማማለሁ ወይም አልስማማም አልልም 4. አልስማማም 5. ሙሉ በሙሉ አልስማማም	
317	ልጅ መውለድ ማህበረሰብዎን ያስደስታል።	1. ሙሉ በሙሉ እስማማለሁ 2. እስማማለሁ 3. እስማማለሁ ወይም አልስማማም አልልም 4. አልስማማም 5. ሙሉ በሙሉ አልስማማም	

318	እናት ስለመሆን ያለዎትን ስጋት ከባልደረባዎ/ቤተሰብዎ ጋር ለማካፈል ይመችሻል።	1. ሙሉ በሙሉ እስማማለሁ 2. እስማማለሁ 3. እስማማለሁ ወይም አልስማማም አልልም 4. አልስማማም 5. ሙሉ በሙሉ አልስማማም	

ክፍል 4፡ የመራባት ዓላማዎች ተዛማጅ ምክንያቶች።

ተ.ቀ	ጥያቄዎች	የምላሽ ምድብ	ይዝለሉ
401	በእርግጠኝነት ሌላ ልጅ መውለድ ትፈልጊያለሽ	1. ሙሉ በሙሉ እስማማለሁ 2. እስማማለሁ 3. እስማማለሁ ወይም አልስማማም አልልም 4. አልስማማም 5. ሙሉ በሙሉ አልስማማም	
402	ብዙውን ጊዜ ሌላ ልጅ መውለድ ትፈልጊያለሽ	1. ሙሉ በሙሉ እስማማለሁ 2. እስማማለሁ 3. እስማማለሁ ወይም አልስማማም አልልም 4. አልስማማም 5. ሙሉ በሙሉ አልስማማም	
403	ሌላ ልጅ መውለድ ትፈልጊያለሽ	1. ሙሉ በሙሉ እስማማለሁ 2. እስማማለሁ 3. እስማማለሁ ወይም አልስማማም አልልም 4. አልስማማም 5. ሙሉ በሙሉ አልስማማም	
404	ሌላ ልጅ መውለድ ወይም አለመውለድ እርግጠኛ አይደለሽም	1. ሙሉ በሙሉ እስማማለሁ 2. እስማማለሁ 3. እስማማለሁ ወይም አልስማማም አልልም 4. አልስማማም 5. ሙሉ በሙሉ አልስማማም	
405	አብዛኛውን ጊዜ ሌላ ልጅ እንዳይወለድ ትፈልጊያለሽ	1. ሙሉ በሙሉ እስማማለሁ 2. እስማማለሁ 3. እስማማለሁ ወይም አልስማማም አልልም 4. አልስማማም 5. ሙሉ በሙሉ አልስማማም	
406	በእርግጠኝነት ሌላ ልጅ እንዳይወለድ ትፈልጊያለሽ	1. ሙሉ በሙሉ እስማማለሁ 2. እስማማለሁ 3. እስማማለሁ ወይም አልስማማም አልልም 4. አልስማማም 5. ሙሉ በሙሉ አልስማማም	
407	ወደፊት እናት መሆን ትፈልጊያለሽ	1. ሙሉ በሙሉ እስማማለሁ	

		2. እስማማለሁ 3. እስማማለሁ ወይም አልስማማም አልልም 4. አልስማማም 5. ሙሉ በሙሉ አልስማማም	
408	በህይወትም ውስጥ በአጠቃላይ ስንት ልጆች እንዲወልዱ ይፈልጋሉ (ያለዎትን ጨምሮ)?	_____	
409	ከላይ ለ ጥያቄ 408፣ ከእነዚህ ውስጥ ምን ያህሉ ወንድ እና ሴት ልጆች መሆን አለባቸው	ወንዶች _____ ሴት ልጆች _____ ምንም የጸታ ምርጫ የለኝም _____	

መዝጊያ ላይ! ለአሁኑ ጥያቄዎቻችን እነኝህ ናቸው። ስለ ትብብርዎ እናመሰግናለን።

Unka walii galtee fi gaaffilee

Nagumaa! Ani _____ garee qorannoo barataa obbo Wubisheet Tamasgeen kan digrii lammaffa yunversiitii Finfinnee irraa, mata-duree "ragaaleen bu'uuraa hawaasummaaf diinagdee karoora fedhii mucaa godhachuu dubartoota umrii da'umsaa keessa jiran (15-49 akkamiin murteessuu akka danda'an" irratti qorannoo geggeesuuti. Wayita ammaa kanatti ati ulfa waan hin taaneef, qorannoo kanarratti akka hirmaattuuf kan filamte carraadhaani. Qorannoo kanarratti hirmaachuuf dhiisuuf murteessuukeen dura, Kaayyoo, adeemsa, faayidaaf miidhaa qorannoo kanaa, akkasumas waan sirraa eegamun siif ibsa.

Qorannoo kanarratti gaaffii yoo qabaatteef, geggeessaa qorannoo kanaa kan ta'e obbo Wubisheet Tamasgeeniin quunnamuu nii dandeessa. Lak. Bilbilaa: ***+251-961-304080***, E-mail: mymailiswubishet@gmail.com

Qorannoo kanarratti hirmaachuu ni feetaa?

1. Eeyyee (Galateeffadhuu itti fufi) 2. Lakkii (Galateeffadhuu addaan kuti)

Kaayyoo, adeemsa, faayidaaf miidhaan qorannoo kanaa, Afaan an hubachuu danda'uun naaf ibsameera. Gaaffiin barbaade irra darbuu ykn iddoon fedhetti dhaabuu akkan danda'u hubadhee qorannoo kana keessatti hirmaachuuf eyyamamaa ta'uuko nan mirkaneessa.

Mallattoo(milikkita qubaa) Hirmaataa_____ Guyyaa_____/____/2014ALH

i. Odeeffannoo waliigalaa

Aanaa	
Ganda	
Zoonii/Garee Misoomaa	
Lakkofsa manaa	
Maqaa Abbaa/Haadha warraa	

ii. Haala daawwii

Gaafataa	Maqaa			
	Mallattoo			
	Yeroo guutuuf fudhate			
	Guyyaa(gg/jj/bbbb)			2014ALH
	Lak. Bilbilaa			
Bu'aa	Xumurameera			
	Manni Cufaa dha			
	Nii didan			
	Kan biroo(ibsi)			
Supervaayizera	Maqaa	***Wubisheet Tamasgeen***		
	Guyyaa(gg/jj/bbbb)			2014 ALH
	Mallattoo			

Kutaa 1: Gaaffiiwwan ragaalee bu'uuraaf hawaasummaan walqabatan.

Lak.	Gaaffii	Deebii	__ttiDarbi
101	Koorniyaa Abbaa/Haadha warraa	3. Dhiira 4. Dubartii	
102	Umriinke hanga waggaa 12 guututti yeroo dheeraaf eessa jiraatte?	4. Magaalaa guddoo 5. Magaalaa 6. Baadiyyaa	
103	Walitti fufiinsaan hagamiif as jiraatte? ***(Magaalaa ykn aanaa Sabbataa kana)***	Waggaa_____f	105, yoo waggaa 1 ol ta'e
104	Gara kana dhufuukeen dura, eessa jiraatte?	4. Magaalaa guddoo 5. Magaalaa 6. Baadiyyaa	
105	Umrii	Waggaa_____	
106	Haala gaa'elaa	6. Hinheerumne 7. Heerumeen jira 8. Hiikeera 9. Najalaa du'ee jira 10. Gar-gar baanee jirra	108, yoo2 ta'uu baate
107	Abbaan warraake amma si waliin jiraachaa jiraa?	3. Nawaliin jiraata 4. Bakka biraa jiraata	
108	Sadarkaa barumsaa	7. Hinbaranne 8. Barreessuuf dubbisuu 9. Sadarkaa 1ffaa (kutaa 1-8) 10. Sadarkaa 2faa (kutaa 9-12) 11. Kolleejjii ykn Yunversiitii 12. Kolleejjii ykn Yunversiitii ol	
109	Amantaan kee maali?	5. Ortodooksii 6. Musliima 7. Protestaantii 8. Kan biroo (ibsi) _____	
110	Sabni kee maali?	4. Oromoo 5. Amaara 6. Kan biroo (ibsi) _____	
111	Hojiin ke ijoo maalidha? ***(maaloo tokko qofaa fili)***	11. Haadha manaa 12. Qonnaan bulaa 13. Hojjettuu mootummaa 14. Hojjettuu dhuunfaa 15. Daldaltuu 16. Hajjettuu mana namaa 17. Barattuu 18. Kan dhuunfaa ofii 19. Hojjettuu humnaa 20. Kan biroo (ibsi) _____	
112	Miseensi maatii si waliin jiraatan meeqa?	Namoota_____	
113	Galiin miseensa maatii keessanii ka ji'aa tilmaamaan qarshii meeqa ta'a? ***(Hub! Qabeenya meeshaa gara qarshiitti jijjiiri)***	Qarshii_____	
114	Kutaa nyaata itti qopheessan qofaatti qabdaa?	2. Lakki 3. Eeyyee	
115	Lakkoofsa kutaawwan ciisichaaf oolan ***(miseensi***	Kutaa_____	

	maatii kutaa keessa jiraatuuf kan biroo dabalatee)		
116	Yeroo ammaa kana miseensi maatii qabeenyota armaan gaditti tarreeffaman qabaa? a. Manni keessa jiraattu keetii? b. Lafa midhaan nyaataa oomishuuf oolu qabdaa? c. Lafa midhaan gurgurtaa oomishuuf oolu qabdaa? d. Loon/gaala qabdaa? e. Hoolaa/re'ee qabdaa? f. Farda/gaangee/harree qabdaa? g. Farda/Gaangee nama qofa fe'uuf oolu qabdaa? h. Gaarii (harkaan ykn bineeldaan oofamu) qabdaa? i. Bikileettii qabdaa? j. Doqdoqqee qabdaa? k. Konkolaataa qabdaa? l. Ibsaa? m. Hafuursaa (Raadiyoo)? n. Dhage-ilaalii (Televizhiinii)? o. Bilbila/Bilbila manaa? p. Kompiiwutara? q. Riifriijireetara (firiijii)? r. Siree firaashiin isaa jirbii/ispoonjii/spring/ ta'e s. Eelee sibiilaa kan elektrikii(bidden tolchuuf oolu) t. Faanosii/Maashoo?	 a. 0. Lakki 1. Eeyyee b. 0. Lakki 1. Eeyyee c. 0. Lakki 1. Eeyyee d. 0. Lakki 1. Eeyyee e. 0. Lakki 1. Eeyyee f. 0. Lakki 1. Eeyyee g. 0. Lakki 1. Eeyyee h. 0. Lakki 1. Eeyyee i. 0. Lakki 1. Eeyyee j. 0. Lakki 1. Eeyyee k. 0. Lakki 1. Eeyyee l. 0. Lakki 1. Eeyyee m. 0. Lakki 1. Eeyyee n. 0. Lakki 1. Eeyyee o. 0. Lakki 1. Eeyyee p. 0. Lakki 1. Eeyyee q. 0. Lakki 1. Eeyyee r. 0. Lakki 1. Eeyyee s. 0. Lakki 1. Eeyyee t. 0. Lakki 1. Eeyyee	

Kutaa 2: Gaaffiiwwan qusannoo maatiif wal-hormaataan walqabatan.

Lak.	**Gaaffii**	**Deebii**	**__ttiDarbi**
201	Waa'ee qusannoo maatii dhageessee beektaa?	2. Lakki 3. Eeyyee	204, yoo 0 ta'e
202	Gosa qusannoo maatii keessaa isa kam dhageessee beekta? ***(deebiin tokkoo ol nii danda'ama)***	u. Kiniina (kanliqinfamu) v. Kan lilmoon waraanamu w. Kan irree keessa taa'u x. Kan gadameessa keessa taa'u y. Kan aadaa z. Kan biroo (ibsi) _____	
203	Maddi odeeffannooke kami ***(deebiin tokkoo ol nii danda'ama)***	5. Ogeeyyii fayyaa 6. Miidiyaa (TV, Radio, …) 7. Hiriyaa, Maatii 8. Kan biroo (ibsi) _____	
204	Yeroo ammaa kanatti qusannoo maatii fayyadamaa jirtaa?	2. Lakki 3. Eeyyee	206, yoo 0 ta'e
205	Yeroo ammaa kanatti gosa qusannoo maatii isa kam fayyadamaa jirtaa?	7. Kiniina (kanliqinfamu) 8. Kan lilmoon waraanamu 9. Kan irree keessa taa'u 10. Kan gadameessa keessa taa'u 11. Kan aadaa 12. Kan biroo (ibsi) _____	
206	Ulfa taatee beektaa?	2. Lakki 3. Eeyyee	Kutaa3, yoo 0 ta'e
207	Hanga ammaa meeqa ulfoofte?	_____	
208	Daa'ima deessee beektaa?	2. Lakki 3. Eeyyee	213, yoo 0 ta'e
209	Daa'ima meeqa deesse?	_____	

210	Kan lubbuun dhalatan meeqa?	_____	
211	Kan amma lubbuun jiran meeqa?	_____	
212	Daa'imman du'an meeqa?	_____	
213	Daa'ima du'aa deessee beektaa? ***(Daa'ima torban 28 booda akkuma dhalateen du'e)***	2. Lakki 3. Eeyyee	215, yoo 0 ta'e
214	Daa'imman du'aa dhalatan meeqa?	_____	
215	Ulfi sirraa ba'ee beekaa?	2. Lakki 3. Eeyyee	Kutaa3, yoo 0 ta'e
216	Ulfi si'a meeqa sirraa ba'ee?	_____	

Kutaa 3: Gaaffiiwwan ilaalcha ulfaa'uuf mucaa godhachuun walqabatan.

Lak.	**Gaaffii**	**Deebii**	**__ttiDarbi**
301	Daa'imni garaa ke keessatti ni taphatti	6. Jabeesseen walii gala 7. Waliingala 8. Waliingalas walii hin galus hin jedhu 9. Walii hin galu 10. Jabeesseen walii hin galu	
302	Daa'ima baattee ni hammatta	6. Jabeesseen walii gala 7. Waliingala 8. Waliingalas walii hin galus hin jedhu 9. Walii hin galu 10. Jabeesseen walii hin galu	
303	Daa'ima yoo godhatte hariiroon gaa'ilake nii jabaata	6. Jabeesseen walii gala 7. Waliingala 8. Waliingalas walii hin galus hin jedhu 9. Walii hin galu 10. Jabeesseen walii hin galu	
304	Daa'ima ke waliin nii taphatta	6. Jabeesseen walii gala 7. Waliingala 8. Waliingalas walii hin galus hin jedhu 9. Walii hin galu 10. Jabeesseen walii hin galu	
305	Daa'ima ke nii barsiifta	6. Jabeesseen walii gala 7. Waliingala 8. Waliingalas walii hin galus hin jedhu 9. Walii hin galu 10. Jabeesseen walii hin galu	
306	Akka dubartiitti daa'ima godhachuun caalaatti guutuu si taasisa	6. Jabeesseen walii gala 7. Waliingala 8. Waliingalas walii hin galus hin jedhu 9. Walii hin galu 10. Jabeesseen walii hin galu	
307	Daa'ima malee jireenyike gammadaa ni ta'a	6. Jabeesseen walii gala 7. Waliingala 8. Waliingalas walii hin galus hin jedhu 9. Walii hin galu 10. Jabeesseen walii hin galu	
308	Ulfaa'uuf daa'ima godhachuun nagaake nii booressa	6. Jabeesseen walii gala 7. Waliingala 8. Waliingalas walii hin galus hin jedhu 9. Walii hin galu 10. Jabeesseen walii hin galu	

309	Fedhiif wanneen daa'imaaf barbaachisoo ta'an guutuuf bay'ee of qopheessuun sirraa eegama	6. Jabeesseen walii gala 7. Waliingala 8. Waliingalas walii hin galus hin jedhu 9. Walii hin galu 10. Jabeesseen walii hin galu	
310	Daa'ima guddisuun hariiroo gaa'ilake ni jeeqa	6. Jabeesseen walii gala 7. Waliingala 8. Waliingalas walii hin galus hin jedhu 9. Walii hin galu 10. Jabeesseen walii hin galu	
311	Wanneen hojjechuu feetu kanneen akka hojii hojjechuu, mana barnootaa deemuu ykn karaa deemuu irraa si danqa	6. Jabeesseen walii gala 7. Waliingala 8. Waliingalas walii hin galus hin jedhu 9. Walii hin galu 10. Jabeesseen walii hin galu	
312	Maatii gaarii ta'uu waan hin dandeenyef ni dhiphatta	6. Jabeesseen walii gala 7. Waliingala 8. Waliingalas walii hin galus hin jedhu 9. Walii hin galu 10. Jabeesseen walii hin galu	
313	Daa'ima haalaan kunuunsuuf qarshii gahaa ta'e waan hin qabneef ni sodaatta	6. Jabeesseen walii gala 7. Waliingala 8. Waliingalas walii hin galus hin jedhu 9. Walii hin galu 10. Jabeesseen walii hin galu	
314	Akka waliigalaatti haala fayyaake irratti miira sitti dhagahamu (akka waliigalaatti haala fayyaake maal jechuu dandeessa)	6. Baay'ee bayeessa 7. Bayeessa 8. Gaariidha 9. Gahaadha 10. badaadha	
315	Haadha ta'uun ofitti amanamummaake nii dabala	6. Jabeesseen walii gala 7. Waliingala 8. Waliingalas walii hin galus hin jedhu 9. Walii hin galu 10. Jabeesseen walii hin galu	
316	Hawaasnike daa'ima akka godhattu ni fedha	6. Jabeesseen walii gala 7. Waliingala 8. Waliingalas walii hin galus hin jedhu 9. Walii hin galu 10. Jabeesseen walii hin galu	
317	Daa'ima godhachuunke hawaasake ni gammachiisa	6. Jabeesseen walii gala 7. Waliingala 8. Waliingalas walii hin galus hin jedhu 9. Walii hin galu 10. Jabeesseen walii hin galu	
318	Waa'ee haadha ta'uu irratti wanneen sidhiphisan abbaa warraakeef ykn maatiikeef qooduun sitti tola	6. Jabeesseen walii gala 7. Waliingala 8. Waliingalas walii hin galus hin jedhu 9. Walii hin galu 10. Jabeesseen walii hin galu	

Kutaa 4: Gaaffiiwwan karoora fayyaa fedhii daa'ima godhachuun walqabatan.

Lak.	Gaaffii	Deebii	_ttiDarbi
401	Mucaa godhachuu baay'ee baay'ee barbaadda	6. Jabeesseen walii gala 7. Waliingala 8. Waliingalas walii hin galus hin jedhu 9. Walii hin galu 10. Jabeesseen walii hin galu	
402	Mucaa godhachuu baay'ee barbaadda	6. Jabeesseen walii gala 7. Waliingala 8. Waliingalas walii hin galus hin jedhu 9. Walii hin galu 10. Jabeesseen walii hin galu	
403	Mucaa godhachuu ni barbaadda	6. Jabeesseen walii gala 7. Waliingala 8. Waliingalas walii hin galus hin jedhu 9. Walii hin galu 10. Jabeesseen walii hin galu	
404	Mucaa godhachuuf godhachuu dhiisuu hagam akka barbaaddu hin beektu	6. Jabeesseen walii gala 7. Waliingala 8. Waliingalas walii hin galus hin jedhu 9. Walii hin galu 10. Jabeesseen walii hin galu	
405	Mucaa godhachuu baay'ee **hin** barbaaddu	6. Jabeesseen walii gala 7. Waliingala 8. Waliingalas walii hin galus hin jedhu 9. Walii hin galu 10. Jabeesseen walii hin galu	
406	Mucaa godhachuu baay'ee baay'ee **hin** barbaaddu	1. Jabeesseen walii gala 2. Waliingala 3. Waliingalas walii hin galus hin jedhu 4. Walii hin galu 5. Jabeesseen walii hin galu	
407	Gara fuulduraaf haadha ta'uu ni feeta	6. Jabeesseen walii gala 7. Waliingala 8. Waliingalas walii hin galus hin jedhu 9. Walii hin galu 10. Jabeesseen walii hin galu	
408	Bara jireenyake keessatti waliigalaan daa'imman meeqa godhachuu feeta?***(kan amma qabdu dabalatee)***	_____	
409	G408 armaan olii keessaa dhiira meeqaaf durba meeqa godhachuu qabda?	Dhiira_____ Durba_____ Koorniyaa adda hin baasu_____	

Cufiinsa! ***Gaaffiiwwan ammaaf qabnu kanuma. Tumsakeef guddaa galatoomi.***

Qualitative Questionnaire

Focus Group Discussion (FGD)

My name is _____I am collecting data on fertility intentions among women in reproductive age in Sabata District. You are the person/s who fit/s to respond questions about fertility intentions in the Woreda. The data will be utilized for the partial fulfilment of MSc. in population studies and in turn used by policy makers, planers and will be a base for other researchers. Hence, I request your willingness to be involved in providing genuine responses concerning the following questions lasting a maximum of one hour.

Do we have your permission to continue?

1= Yes 2= No

Thank you so much for your support.

1. Do you think current age of women affects their decision in their fertility intentions? Why?
2. Which category of religious group (mention) of women would you think like to have large number of children? Why?
3. Considering level of education of women, who would you think of women like to bear large number of children? Why?
4. Who do you think of women intend to have large number of children regarding place of their residence among rural and urban? Why?
5. Does contraceptive use matters in determining women`s fertility intentions? How?
6. Generally, who do you think of women intend to have large number of children? Why?

Closing! ***Those are all our questions for now. Thank you so much for your cooperation.***

የቡድን ውይይት (FGD)

ስሜ _____ እባላለሁ በሰበታ ወረዳ ውስጥ በመውለድ እድሜ ላይ ያሉ ሴቶች ልጅ የመውለድ ፍላጎታቸው ላይ መረጃ እየሰበሰብኩ ነው። በወረዳው/ከተማው ውስጥ ስላለው ልጅ የመውለድ ፍላጎት ጥያቄዎችን ለመመለስ ብቁ/ሰዎች ነዎት። መረጃው በኤምኤስሲ ለመመረቅ እንደ ቅድመ ማሟያ ጥቅም ላይ ይውላል። በሕዝብ ጥናት እና በተራው ደግሞ በፖሊሲ አውጪዎች፣ ፕላነሮች ጥቅም ላይ ይውላል እና ለሌሎች ተመራማሪዎች መሠረት ይሆናል።

ስለዚህ፣ ለሚከተሉት ጥያቄዎች ቢበዛ ለአንድ ሰዓት የሚቆይ ትክክለኛ ምላሽ በመስጠት ለመሳተፍ ፈቃደኛ መሆንዎን እጠይቃለሁ።

አሁን መቀጠል እንችላለን

1 አዎ 2 አይ

ለትብብርዎ አመሰግናለሁኝ

1. አሁን ያሉት የሴቶች እድሜ ልጅ ለመውለድ ፍላጎት ውሳኔ ላይ ተጽዕኖ ያሳድራል ብለው ያስባሉ? ለምን?
2. ብዙ ቁጥር ያላቸው ልጆች እንዲወልዱ የሚያስቡት የትኛው የሃይማኖት ቡድን (የተጠቀሰ) የሴቶች ምድብ ነው? ለምን?
3. የሴቶችን የትምህርት ደረጃ ከግምት ውስጥ በማስገባት ብዙ ልጆችን መውለድ የሚፈልጉት የትኞቹ ሴቶች ናቸው ብለው ያስባሉ? ለምን?
4. በገጠር እና በከተማ ውስጥ የሚኖሩበትን ቦታ በተመለከተ ብዙ ልጆችን መውለድ የሚፈልጉት የትኞቹ ሴቶች ናቸው ብለው ያስባሉ? ለምን?
5. የወሊድ መከላከያ መጠቀም የሴቶችን የመውለድ ፍላጎት ለመወሰን ላይ የሚያሳድረው ተጽዕኖ ይኖረዋልን? እንዴት?
6. ባጠቃላይ፣ ከሴቶች ብዙ ልጆች የመውለድ ፍላጎት ያላቸው እነ ማን ናቸው ብለው ያስባሉ? ለምን?

መዝጊያ ላይ! ለአሁኑ ጥያቄዎቻችን እነኝህ ናቸው። ስለ ትብብርዎ እናመሰግናለን።

Marii Garee

Maqaanko_____ jedhama. An karoora fedhii daa'ima godhacuu dubartoota Sabbataa kan umrii da'umsaa keessa jiran irrattin ragaa sassaabaa jira. Aanaa/Magaala kana keessaa isin namoota karoora fedhii daa'ima godhachuu dubartootaa kanarratti deebii naaf deebisuu danda'anidha. Ragaan kun qorannoo xumuraa digrii lammaffaa kan qo'annoo uummataa yeroo ta'u, kanneen imaammata baasan, kan karoora qopheessaniif kan qorannoo geggeessaniif ni oola. Yoo baay'ate sa'aa tokkoof marii turu kanarratti deebii dhugaaf kan itti amantan deebisuun akka marii kanarratti hirmaattaniif fedha keessanin gaafadha.

Amma itti fufuu ni dandeenyaa?

1= Eeyyee 2= Lakki

Tumsa keessaniif guddaa galatoomaa.

1. Karoora fedhii daa'ima godhachuu dubartootaa irratti umriin isaanii ammaa kun dhiibbaa ni geessisa jettanii yaadduu? Maaliif?
2. Daa'ima baay'ee godhachuu kan fedhu garee amantii warra kamiidha jettanii yaaddu (tarreessaa)? Maaliif?
3. Sadarkaa barnoota dubartootaa yoo ilaalle, Daa'ima baay'ee godhachuu kan fedhu dubartoota warra kamidha jettanii yaadduu? Maaliif?
4. Bakka jireenya isaanii yeroo ilaallu warra baadiyyaa jiraataniif kan magaalaa jiraatan keessaa daa'ima baay'ee godhachuu kan fedhan warreen kam jettanii yaaddu? Maaliif?
5. Qusannoo maatii fayyadamuun karoora fayyaa wal-hormaata dubartootaa murteessuu keessatti dhiibbaa fidu qabaa? Akkamiin?
6. Akka walii galaatti, daa'ima baay'ee godhachuu kan fedhan dubartoota warreen kam jettanii yaadduu? Maaliif?

<u>Cufiinsa!</u> ***Gaaffiiwwan ammaaf qabnu kanuma. Tumsa keessaniif guddaa galatoomaa.***