



ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
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Assessment of utilization of modern family planning methods among women living with HIV/AIDS who are on chronic care follow up in Yirgalem public health facilities, Sidama Zone, SNNPR, Ethiopia

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Table of Contents

Acknowledgement	ii
Table of Contents	ii
List of Tables	iii
List of Figures	iv
Acronyms.....	v
Abstract.....	vi
1. INTRODUCTION	1
2. LITERATURE REVIEW	4
3. OBJECTIVES.....	11
3.1 General objective	11
3.2 Specific objectives.....	11
4. METHODS OF THE STUDY.....	12
4.1 Study area and period.....	12
4.2 Study design	12
4.3 Source population	12
4.4 Study population.....	12
4.5 Study Variables	13
4.6 Sample size.....	13
4.7 Sampling procedures.....	14
4.8 Data collection procedures	15
4.9 Operational definitions.....	15
4.10 Data Analysis procedures.....	16
4.11 Data quality management	16
4.12 Ethical consideration.....	17
4.13 Dissemination of results.....	17
5. RESULT	18
6. DISCUSSION	44
7. STRENGTH AND LIMITATION OF THE STUDY	47
8. CONCLUSION	48
9. RECOMMENDATION	49
10. REFERENCE	50
11. ANNEXES	53

List of Tables

Table 1: Socio demographic Characteristics of women living with HIV/AIDS who are on chronic care follow up in Yirgalem public health facilities, SNNPR Ethiopia, April, 2014.....	19
Table 2: Knowledge of modern FP among women living with HIV/AIDS who are on chronic care follow up in Yirgalem public health facilities, SNNPR Ethiopia, April, 2014.....	22
Table 3: Utilization of modern family planning methods among women living with HIV/AIDS who are on chronic care follow up in Yirgalem public health facilities, SNNPR Ethiopia, April 2014.....	24
Table 4: Pregnancy and child birth related characteristics among women living with HIV/AIDS who are on chronic care follow up in yirgalem health facilities, SNNPR Ethiopia, April 2014.....	28
Table 5: Knowledge of PMTCT of HIV/AIDS among women living with HIV/AIDS who are on chronic care follow up in Yirgalem public health facilities, SNNPR Ethiopia, April 2014.....	30
Table 6: Client and community related characteristics among women living with HIV/AIDS who are on chronic care follow up in Yirgalem public health facilities, SNNPR Ethiopia, April 2014.....	32
Table 7: Service delivery related factors for use of modern FP methods among women living with HIV/AIDS who are on chronic care follow up in Yirgalem public health facilities, SNNPR Ethiopia, April 2014.....	34
Table 8: HIV related characteristics among women living with HIV/AIDS who are on chronic care follow up, in Yirgalem public health facilities SNNPR Ethiopia, April 2014.....	36
Table 9: Bivariate and multivariate logistic analysis of variables associated with modern FP utilization among women living with HIV/AIDS who are on chronic care follow up in Yirgalem public health facilities, SNNPR Ethiopia, April 2014.....	38

List of Figures

Figure 1: Conceptual framework of the study.....	10
Figure 2: Schematic presentation of the sampling procedure used in the study, Yirgalem, SNNPR, Ethiopia, 2014.....	14
Figure 3: Reasons for not use modern FP methods among woman living with HIVAIDS who are on chronic care follow up in Yirgalem public health facilities, SNNPR, Ethiopia, April 2014.....	26

Acronyms

AAU	Addis Ababa University
AIDS	Acquired Immunoe Deficiency Syndrome
AOR	Adjusted Odds Ratio
ART	Anti Retroviral Therapy
CL	Confidence Level
CO	Crude Odds Ratio
FHI	Family Health International
FP	Family Planning
HIV	Human Immuno Deficiency Virus
IUCD	Intra Uterine Contraceptive Device
MDGs	Millennium Development Goals
NGO	Non Governmental Organization
PLHIV	People Living With HIV AIDS
PMTCT	Prevention of Mother to Child Transmission
SPSS	Statistical Package for Social Sciences
STI	Sexually Transmitted Infection
WHO	World Health Organization

Abstract

Introduction

Ethiopia is one of the countries' most severely hit by HIV pandemic. According to the 2007 single point HIV prevalence estimate of Ethiopia for the year 2010, 90,311 HIV positive pregnant women and there were 14,276 annual HIV positive births. Preventing unintended pregnancy among HIV-positive women constitutes a critical and cost-effective approach to primary prevention of mother-to-child transmission of HIV (PMTCT) and is a global public health priority for addressing the desperate state of maternal and child health in HIV hyper-endemic settings, yet few data exist on contraceptive use among women entering HIV care.

Objectives: To assess utilization of modern FP methods among women aged 18-49 years living with HIV/AIDS who are on chronic care follow up in Yirgalem public health facilities.

Methods: The study used quantitative study methods in the form of Facility based cross-sectional survey supplemented by qualitative approach during the months of February to April 2014. Four hundred HIV positive women aged 18-49 years having HIV chronic follow up care in Yirgalem public health facilities were included using systematic random sampling technique. Structured and pretested questionnaire was used to obtain information from the respondents and the analysis was performed using SPSS version 21. Following descriptive statistics, bivariate, and multivariate methods of data analysis were employed. Strength of associations and significance level were examined using Odds ratio and 95% confidence intervals respectively. Thematic analysis was used to analyze qualitative data.

Result: Three hundred ninety seven women on chronic care follow up participated in the study yielding a response rate of 99.3. Three hundred ninety seven (100%) of study participant were ever heard about modern family planning methods. More than half, 229 (57.7%), of the respondents were using modern FP methods at the time of the survey, of these, 111 (48%) were using dual contraceptive methods. Being secondary and above education (AOR: 4.63; 95% CI: (1.23-17.35), being married (AOR: 9.1; 95% CI: 3.81-25.58) and had peer support (AOR: 9.186; 95% CI: (3.29-25.62) were more likely to use modern FP methods.

Conclusion and recommendation: In this study result showed that most of respondents were using modern FP methods. Almost half of them were using dual FP methods. Out of current modern FP users only one fourth of the women get FP service from the ART unit. ART/FP integrated service and counseling on modern FP should be strengthened.

1. INTRODUCTION

Background

Family planning saves lives of women and children and improves the quality of life for all. It is one of the best investments that can be made to help ensure the health and well-being of women, children, and communities.(1) Adding family planning services to care and treatment might facilitate the uptake of contraception by HIV-positive individuals, helping to maintain their health, plan safer pregnancies, and reduce the rate of mother-to-child transmission of HIV. Contraceptive use among HIV-positive women might also contribute to fewer child deaths, avert orphan hood, and reduce maternal mortality. Including HIV services, particularly counseling and testing, in FP services would allow earlier diagnosis and referral to care and treatment. (2)

Prevention of unintended pregnancies among HIV-positive women is one of the four elements considered essential in a comprehensive strategy to prevent HIV infections in infants. Indeed, there is broad international consensus that the goal of preventing mother-to-child transmission of HIV cannot be met without increasing access to FP services.(2)

The elimination of new HIV infections among children and keeping their mothers alive contributes directly towards achieving four of the Millennium Development Goals (MDGs), Promote gender equality, reduce child mortality, improve maternal health and Combat HIV/AIDS, where HIV currently holds back progress. Similarly progress on achieving other MDGs contributes to HIV prevention and treatment for women and children. (3)

Family planning services must be comprehensive and address HIV prevention including, where appropriate, the benefits of abstinence, the risk associated with unprotected sex with multiple partners as well as the promotion and provision of dual protection. (4)

The utilization of family planning service among HIV positive women was seen to be different in different setups. In India 2011, only 28% of PLHIV reported using any contraceptive prior to their HIV diagnosis, 95% of PLHIV reported currently using a contraceptive. This increase, which was highly significant, was mainly due to condom use.(5) But study done in Tanzania showed that over half of HIV positive women (54.9%) stated that they wanted to have children in the future and they were not using any form of contraception.(6)

Statement of the problem

The emergence of HIV has increased the already heavy burden of disease and death among women and children in low- and middle-income countries. This epidemic is now affecting the modest gains made in the previous decades in maternal and child survival and has had devastating effects on families, households and communities.(7)

Ethiopia is among the countries most affected by the HIV pandemic with an estimated adult prevalence of 1.5. In 2011, Women have a higher HIV prevalence (1.9 %) than men (1%).(8) According to the 2007 single point HIV prevalence estimate of Ethiopia for the year 2010, 90,311 HIV positive pregnant women and there were 14,276 annual HIV positive births.(9)

Developing sexual and reproductive health services to meet the reproductive health care needs of people living with the HIV are growing concerns of HIV prevention. ART use is associated with significantly higher pregnancy rates among HIV positive women.(10) Three times as many infants are spared HIV infection by current contraceptive use compared to providing antiretroviral treatment to mothers during pregnancy, birth and breastfeeding.(11) However, little attention has been given to family planning for HIV positive women as critical components of HIV prevention, care and treatment services.

Despite the potential contribution of FP to the prevention of HIV infection and transmission, contraceptive use in sub-Saharan Africa, including condom use, remains low.(12) The most recent DHS data indicate that the percentage of married women aged 15-49 using modern method of contraception 11.1% in Mozambique, 25% Zambia, 26% Uganda and 27% in Ethiopia.(8, 13-15) This emphasizes the public health significance of providing effective FP services to PLHIV.

Rationale of the study

There is no research incited and essential data is not available on the magnitude of modern FP use among HIV positive woman in Yirgalem, Ethiopia. Hence the present study helped to assess the magnitude and identify factors that influence the use of modern family planning methods among HIV positive women in Yirgalem public health facilities. The study findings may help in developing strategies and intervention to increase use of modern family planning methods among

women living with HIV/AIDS. The recommendations made by this study may play a role towards improving effective use of modern family planning services, and thereby contribute towards increase contraceptive prevalence rate and reaching the millennium development goals by decreasing maternal and child mortality

2. LITERATURE REVIEW

2.1. Global, Regional and National context of HIV/AIDS

Globally, an estimated 35.3 (32.2–38.8) million people were living with HIV in 2012. There were 2.3 (1.9–2.7) million new HIV infections globally, showing a 33% decline in the number of new infections from 3.4 (3.1–3.7) million in 2001.(16) Sub-Saharan Africa remains most severely affected, with nearly 1 in every 20 adults (4.9%) living with HIV and accounting for 69% of the people living with HIV worldwide.(17) In 2009, an estimated 15.7 million women above the age of 15 were living with HIV globally, and 1.4 million of them became pregnant. Nearly 90% of these expectant mothers were living in 22 countries in sub-Saharan Africa and India.(3) Provision of quality HIV care including effective FP services in Africa remains a challenge and therefore this region presents peculiar needs for effective delivery of family planning services to PLHIV.(7) HIV prevalence in Ethiopia is 1.5 percent of the population age 15-49 HIV positive, of which Women have a higher HIV prevalence (1.9%).(8)

The contraceptive prevalence rate for all Ethiopian women age 15-49, is 20%.The total wanted Fertility rate is 3 children per woman, 1.8 fewer than the total fertility rate of 4.8 children per woman, suggesting that Ethiopian women have not been very successful in achieving their reproductive intentions.(8) In Ethiopia seventy percent of women living with HIV/AIDS desire to delay pregnancy, space their children, or stop child bearing for various reasons but do not use any FP method.(18) Among ART female clients in Ethiopia 28% use hormonal contraceptive and condom use also accounts only 33%.(19) Helping women living with HIV/AIDS to prevent unintended pregnancies is an important, though often neglected, approach to preventing HIV transmission to infant.(4)

2.2. Factors influencing utilization of modern FP methods

2.2.1. Socio demographic characteristics and modern FP use

i. Age and FP use

According to the 2011 Ethiopia demographic and health survey modern contraceptive use higher in 30-34 years age groups (27.7%) than the other age categories of reproductive age group (15-49) among contraceptive user.(8)

A study done in Uganda result showed that being within the age group below 20 years had negative association with family planning use than age group 20-29 years.(20) A study at Addis Ababa HIV positive women result showed that those who were age group (18-29 years) had a statistically significant association with family planning use.(21) A study from Northern Ethiopia, Tigray among HIV positive women result showed that the odds of using modern contraception were higher among women age less than 25years.(22) On the other hand in other studies age of respondent has no significant association with current family planning use, Hosanna, southern Ethiopia, Asela hospital, Oromia and Gimbie town, West Ethiopia. (23-25)

ii. Education level and FP use

Studies in different parts of the world have showed a positive linear relationship between education and modern FP use. Evidence showed that in Tigray, Northern Ethiopia, South western Uganda and East Gojjam Zone, Ethiopia, there was an association between educational attainment and modern FP use, where the more educated was more likely to use modern FP.(22, 26, 27)

Whereas study from Uganda, Lusaka Zambia, southern western Uganda and Gimbi town western Ethiopia among HIV positive women result revealed that Education level was not associated with FP use.(20, 25, 27, 28)

In Ethiopia according to the 2011DHS, contraceptive use differs significantly across educational categories. Current use increases three fold from 22% among women with no education to 68% among those with more than secondary level.(8)

iii. Marital status and FP use

A study on Contraceptive Use and Associated Factors among Women Enrolling into HIV Care in South western Uganda the odds of contraceptive use among married remained significantly higher than among single and previously married women.(27) A study from Hosanna Town, Southern Ethiopia and Lusaka Zambia, result showed that being married was significantly associated with current family planning use.(23, 28)

In contrary another study in Tanzania result revealed that being married has no statistically significant association with family planning use.(6) A study from Gimbi town western Ethiopia, and Mbarara, Uganda, marital status has no association with FP use.(25, 29)

2.2.2. Client related factors and FP use

i. Knowledge about FP methods and FP use

According to 2011 EDHS Knowledge of family planning is a prerequisite to obtaining access to and using a suitable contraceptive method in a timely and effective manner. Knowledge of at least one method of contraception is nearly universal among both women and men in Ethiopia, regardless of marital status and sexual experience.(8)

A study from Uganda among HIV positive women report showed that participants who had no knowledge about FP methods were less likely use of FP than those who had knowledge about FP methods.(20)

Study done in Nekemt East Wollega zone, Ethiopia result showed that participants who had knowledge of FP were using modern contraceptive than those who had not.(30) In northern Ethiopia, Tigray study among HIV positive women results revealed that even though all of the participant ever heard at least one modern contraceptive, less than half, 167 (46.3%), were currently using a modern contraceptive method. (22)

ii. Number of children and FP use

According to 2011 EDHS the proportion of women intending to use contraception increases from 52 percent for those with no child to peak at 65 percent for those with one child and declines subsequently to 50 percent for those with four or more children.(8)

Study done in Hossana southern Ethiopia, report showed that those who had three or more children 4.5 times more likely to use modern FP as compared to those women with no child.(23)

A study conducted in Southwestern Uganda among HIV positive women result showed that having three or more living biological children were independently associated with increased odds of contraception. (27) Another Study in Lusaka Zambia, among HIV positive women

report showed that women with one or more living children had a statistically significant association with modern contraception use than women with no living children.(28)

Study from Gonder university hospital Ethiopia, and Gimbi town western Ethiopia result revealed that number of children was not associated with use of contraception.(25, 31)

2.2.3. Community related factors

i. Spouse effect on FP use

A descriptive cross-sectional study conducted in Uganda among HIV positive women result showed that participants who reported approval of their spouse were 7 times more likely to use of FP than those who reported no approval of their spouse. (20)

In Tanzania, irrespective of their HIV status result showed that contraceptive methods use was significantly associated with husband or partner approval.(32) Study from Gimbi western Ethiopia, result revealed that out of 224 women those who are currently using modern FP 89.7% of them have partner support.(25)

A qualitative study from Uganda,2010, result identified that regardless of their HIV status the role of the partner is a key issue in the use of modern FP.(33) Another study done in Kisumu, Kenya, report showed that Spouse/partner approval were more likely associated with intention to use FP.(34)

ii. Influence of religion on FP use

In Tanzania study result irrespective of their HIV status showed that, out of those who were not using FP 78% of them reported that religious beliefs influence their use of contraceptive methods.(32)

In Ethiopia, Jijiga District of Somali National Regional State irrespective of their HIV status result revealed that Religion has no statistically significant differences on use of family planning.(35)

A national study that was conducted through the use of qualitative methods in Uganda 2010, regardless of their HIV status report showed that religious beliefs were highlighted as factor for not use FP.(33)

iii. Peer effect on FP use

A qualitative study from Makerere University Uganda regardless of their HIV status peer discourage is one of the key barriers to the use of FP.(33) Study done in Gonder town Northwest Ethiopia, irrespective of their HIV status report revealed that those women who had peer support were more likely to use modern FP.(36)

2.2.4. Health service delivery and FP use

i. Counseling and FP use

A qualitative study in India, result showed that most of the participants across different states reported that the focus of HIV and family planning counseling for PLHIV was exclusively on condoms, with very little discussion of other contraceptive methods.(5)

A study from Lusaka Zambia, report showed that counseling about contraceptive had a positive effect on desire to use of modern FP.(28)

In Addis Ababa study result showed that Sometimes HIV positive women face a number of problems attributed to providers' ignorance when these women requested to use family planning methods. Likewise, gaps were seen in the counseling of contraceptives especially the permanent methods.(37)

Another study in Uganda among HIV positive women result showed that FP counseling were more likely to be associated with use of FP.(20)

ii. Accessibility of modern FP for use of modern FP

All health institutions in Ethiopia, rural and urban, hospitals, health centers, health posts, and both government operated or private shall provide Family Planning services.(1) Study from Nepal, result revealed that the major reason for not using modern FP services was lack of

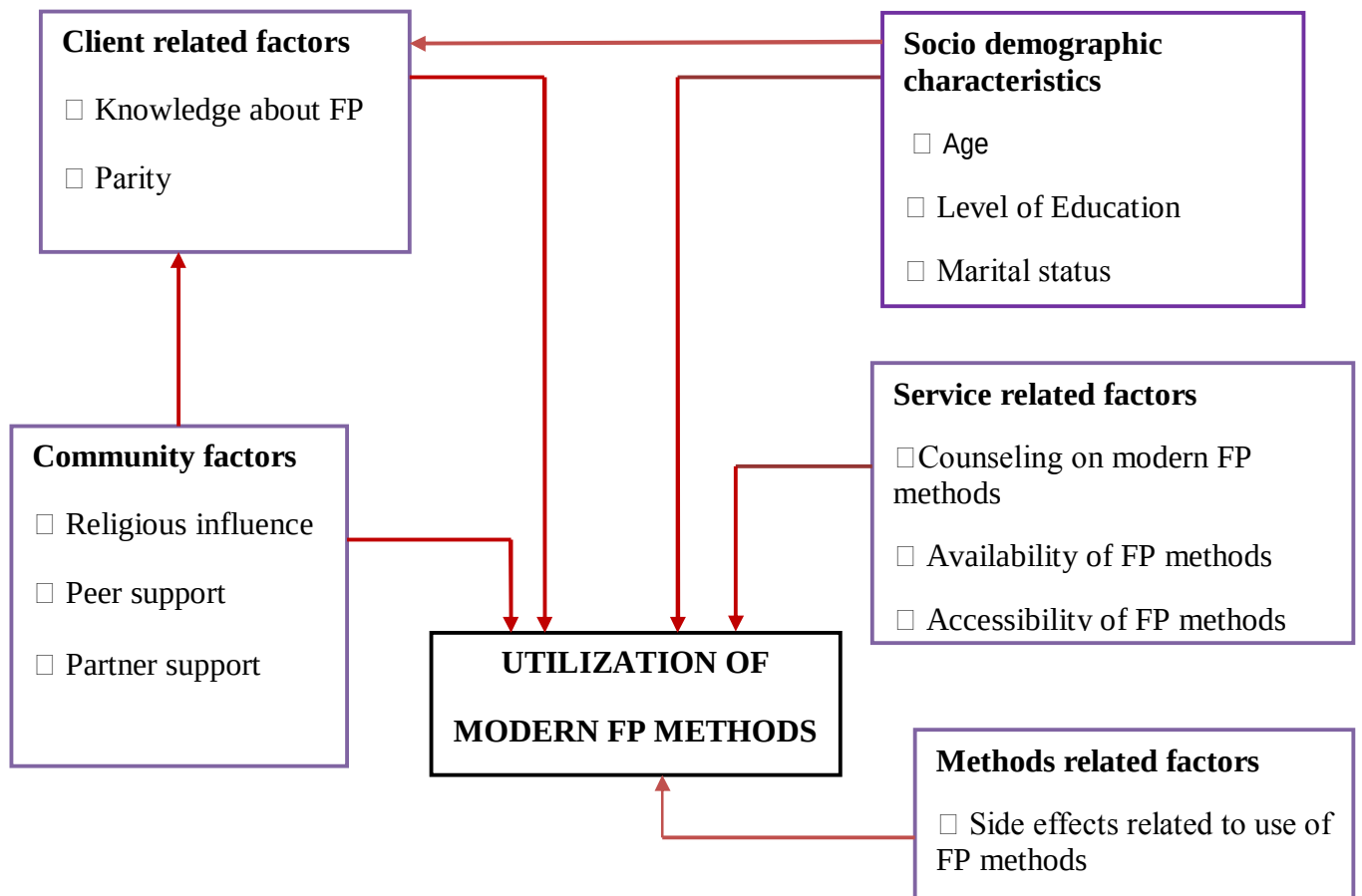
resources to access (8.6%). (38)The other study from Makerere University Uganda, access of modern FP was not significantly associated with use of modern FP methods.(20)

Study from Gimbi West Ethiopia, most of the FP users preferred site of family planning service delivery was ART clinic (75%) where they usually go for HIV care and follow up.(25) A qualitative study done in Kenya, result showed that the majority of women were preferred to access FP services in the HIV clinic.(39)

iii. Side effects related to use of FP methods

A study from Tigray result showed that, although not statistically significant, half of the women who have concern about side effects of methods were not utilizing contraceptives.(22) In Uganda study result revealed that FP side effects were less likely to influence FP use.(20) A qualitative study from makerere university, Uganda, result identified that the main factor hindering use of modern FP methods was fear of side effects.(33)

A qualitative Study from Kenya, result identified that Women's choice to use or not use a particular contraceptive was strongly influenced by perceptions of method side effects, regardless of whether the side effects had been experienced personally or heard about from others.(39)



Source: Adapted from: EGESSA JOHN JOSEPH 2010.

Figure: 1 Conceptual framework on utilization of modern family planning methods among Women living with HIV/AIDS who are on chronic care follow up in Yirgalem public health facilities, SNNPR Ethiopia, April 2014.

3. OBJECTIVES

3.1 General objective

To assess utilization of modern FP methods among women living with HIV/AIDS who are on chronic care follow up in Yirgalem public health facilities, sidama zone, SNNPR, Ethiopia.

3.2 Specific objectives

To determine the magnitude of current use of modern FP methods among women who are on chronic care follow up for HIV in Yirgalem public health facilities.

To assess the prevalence of dual FP methods use among women who are on chronic care follow up for HIV in Yirgalem public health facilities.

To identify factors that influences the use of modern FP methods among women who are on chronic care follow up for HIV in Yirgalem public health facilities.

4. METHODS

4.1 Study area and period

The data collection was undertaken from, February to April 2014, in public health facilities ART units in Yirgalem town. Yirgalem town is one of the two administrative towns in Sidama zone and it is located 317 km South of Addis Ababa. It covers an area of 11.8 square km, and has two sub city and six kebeles. The population of Yirgalem town was estimated to be 42,137, of which female accounts 48.7% (evidence from town administration Bureau, 2006 EC). Twenty three percent of the populations were women in the reproductive age group (15-49 years). The average household size was 5.0. Yirgalem town had a health infrastructure with health services delivery of 1 hospital, 1 health center, 1 Family Guidance Association clinic and, 5 private clinics. ART service is only provided by Yirgalem health center and hospital. The number of PLHIV ever enrolled in the health facilities was 5,738. During the study period, the total number of clients were 1,652 of which 925 where women above the age of 18 years. (Evidence from registration book)

4.2 Study design

The study used both quantitative and qualitative study methods in the form of facility based cross-sectional survey.

4.3 Source population

All HIV positive women aged 18-49 years who visited government health facilities for chronic care follow up in Yirgalem Town.

4.4 Study population

Sampled HIV positive women aged 18-49 years on chronic care follow up who were fulfilled the inclusion criteria.

Inclusion criteria:

- Women age groups (18-49 years) on chronic care follow up and had at least one visit in ART unit Yirgalem public health facilities.
- Women who were not pregnant during the survey.(Identified by history)

Exclusion criteria:

- Infertile or those who had history of hysterectomy.
- Too sick to give consent or to be interviewed.

4.5 Study Variables

Dependent variable: Utilization of modern family planning method

Independent Variables

- Socio-demographic characteristics such as age, educational status and marital status.
- Client related factors (knowledge about FP, No of children.)
- Community factors (religious influence, peer support, partner support)
- Methods related factors (side effects related to use of FP methods) and
- Service related factors (counseling of FP, availability and accessibility of FP service)

4.6 Sample size**Quantitative method:**

The sample size for the study was determined by assuming prevalence of modern contraceptive utilization (P) of 46.3% from another similar study conducted in Tigray, Ethiopia among HIV positive women.(22) The actual sample size was calculated using a single population proportion formula of:

$$n = \frac{(Z_{\alpha/2})^2 P (1-P)}{(d)^2} = \frac{(1.96)^2 .46(1-.46)}{(0.04)^2} = 596$$

Where

n =the required sample size

p =expected proportion of population practicing modern FP = 46% =0.46

$Z_{\alpha/2}$ =the critical value at 95% confidence level of certainty (1.96)

d =the margin of error was 4%. Non-response rate of 10% was considered. Thus, the total required sample was calculated to be 656 clients.

As the source population was less than 10,000, a population correction formula was used. Using open epi version 2.3 sample size was calculated to reach a final sample size of 400 respondents.

Qualitative methods: The sample size for the in-depth interview was continued until the saturation of the information. Finally ten participants consisting of seven HIV positive women and three health professionals were interviewed.

4.7 Sampling procedures

Quantitative methods

The study participants were HIV positive women aged 18-49 years those who were on chronic care follow up between February and April, 2014. The study was conducted in two ART units of public health facilities providing chronic care follow up services in Yirgalem town. The calculated sample size was proportionally allocated based on the client size of each ART unit. Systematic random sampling procedure was used to select eligible participants from each ARV units. Every “kth” women aged 18-49 years on chronic care follow-up was selected.” K” was calculated by dividing expected total number of women coming for chronic care follow up in each facility by the total sample size (by referring client’s registration book). Hence, every other woman waiting for chronic care follow up was selected for the interview.

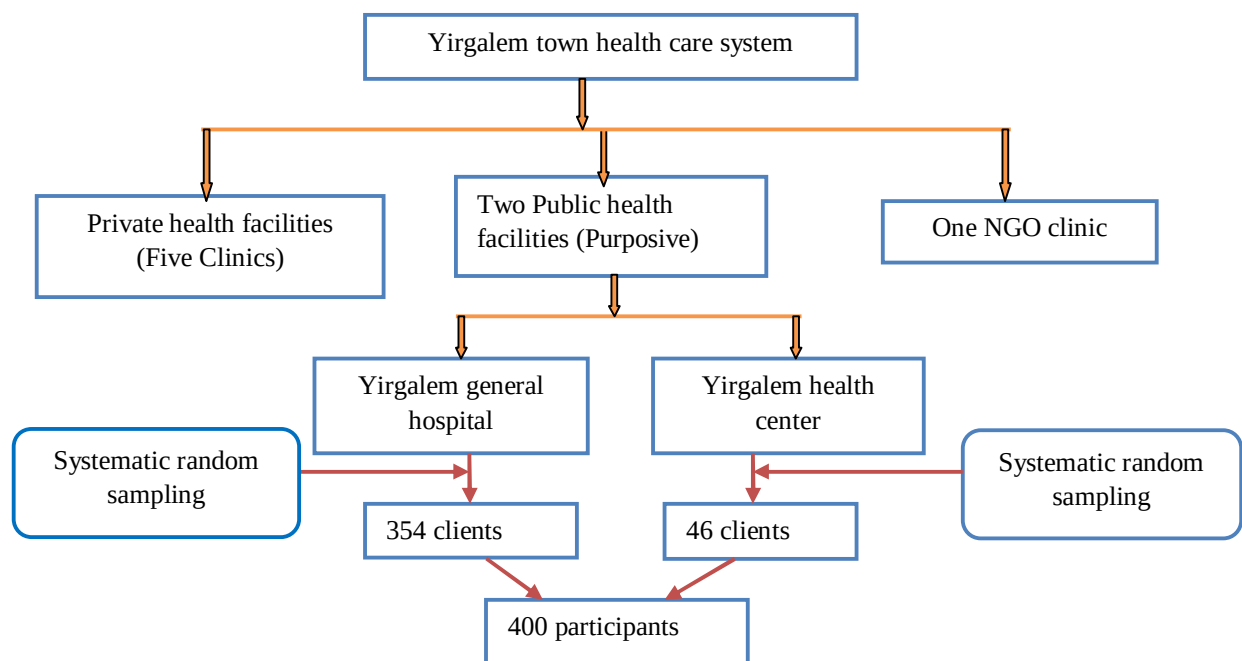


Figure 1: Schematic presentation of the sampling procedure, Yirgalem, SNNPR, Ethiopia, April, 2014.

Qualitative method

For in-depth interview, purposive sampling procedure were applied to select the study participants using different criteria such as, age, marital status, educational status and number of children and profession.

4.8 Data collection procedures

Quantitative data collection

The data was collected using structured questionnaire prepared in English and translated in to Amharic and then retranslated back in to English to check its consistency. The questionnaire was used to collect information on socio- demographic characteristics, use of modern family planning, MTCT of HIV, personal, community and service related factors influencing the use of modern family planning methods and HIV related characteristics of women living with HIV. Data was collected by four nurses from the respective health facilities.

Qualitative data collection

Semi-structured, open-ended interview guide was used for in-depth interview. The data was collected by the principal investigator and with one note taker. Note was taken both through writing and tape recorder in order to backup the written note. Finally, the principal investigator with the note taker transcribes the tape recorded information after each session then translated to English.

4.9 Operational definitions

Dual method use: Using two methods of contraception, a barrier method for protection against sexually transmitted infections (STIs) and another method for protection against unintended pregnancy.

Utilization of modern family planning: practice of using at least one type modern FP methods such as pills, injectables (Depo-Provera), condoms, implants, Intra uterine contraceptive devices, vasectomy and bilateral tubal ligation.

Women who are on chronic care follow up: Women who visit to the selected ART treatment unit for receiving Pre ART or ART service.

Knowledge of modern FP: a woman aware of at least four or more methods of modern FP.

4.10 Data Analysis procedures

Quantitative data

Data from the structured questionnaires was entered, frequency calculated and data cleaning was performed using Epi-Info version 3.5.4; the analysis was performed using SPSS version 21. Data was presented using frequency tables and cross tabulations. Important summary statistics was obtained and associations were examined using Odds ratio, confidence intervals, and *P* value. Significance level of 0.05 (i.e. $P < 0.05$) was used to determine the significance of associations being examined. A descriptive, bivariate, and multivariate method was used to analyze utilization of modern contraceptives and the factors associated with it.

Qualitative data: Thematic analysis was done for the qualitative data generated using OPEN code version 3.6 software. First the audio taped data and the detail notes were transcribed and translated into English by the principal investigator. The translated data was imported to open code to facilitate coding. Based on key concepts some codes were developed. Maximum care was taken so that codes capture the meaning of each respondent as accurate as possible. As part of the analysis categories were developed that showed the clear meaning of the findings. The data was reviewed and coded by themes.

4.11 Data quality management

Quantitative data

To ensure the quality of the data first training of the data collectors and their supervisor was undertaken for one day by the principal investigator on the objectives, relevance of the study, method of interviewing, confidentiality of information and informed consent. The structured questionnaire was pretested in 5 percent of the source population other than the sampled population before the beginning of the main research data collection, for its clarity, completeness and skips patterns. One supervisor who had first degree in health supervised the data collection. She also closely followed the data collection throughout the data collection period along with the principal investigator. All the questionnaires were checked each night on the same day, and inconsistencies and errors on skip pattern were corrected accordingly.

Qualitative data

For the qualitative data quality assurance training was given to note taker on data collection procedure, recording and note taking and through involving a guide in the preparation of the instrument, selecting silent and comfortable places so as to allow maximum concentration and interest on the topic. At the end of each discussion the note was cross checked with the recorded cassette together with the note taker and principal investigator for data completeness and missed data was recorded in a note book. The recorded information was transcribed as described by the interviewee and then translated in to English. The data was then categorized in to different codes and these codes was refined and categorized into major themes.

4.12 Ethical consideration

Ethical approval for the research was obtained from Addis Ababa University, School of Public Health Research and Ethical committee (REC). Furthermore during the data collection, written informed consent was obtained from each respondent by first explaining the objectives of the study. All interviews were conducted in a place that keeps privacy and time chosen by the respondents. To maintain anonymity identifiers like names or codes was not taken in the questionnaire. More over the same counselors working in the ART treatment unit was used as data collector; this was helpful in ensuring anonymity during data collection. Dissemination of the results of the study will not be in referent with specific respondent but to the general source population. Furthermore, facilitating referral for those with no method of choice was considered.

4.13 Dissemination of results

The findings of the study will be presented at the School of Public Health, College of Health Sciences Addis Ababa University. Besides, a copy of the research findings will be given for the sponsor, public health facilities in Yirgalem Town and Sidama Zone Health Bureau. Publication of the findings will also be considered.

5. RESULT

5.1. Quantitative result

5.1.1 Socio-demographic Characteristics of respondents

A total of 397 participants were included, 359(90.4%) from urban and 38(9.6%) from rural making the response rate, 99.3%. Three hundred fifty one (88.4%) and 46(11.6%) of the respondents were from Yirgalem General Hospital and Yirgalem Health Center ART treatment units respectively. The age distribution of the respondents showed that, 214 (53.9%) of the respondents were in the age group of 25-34 years with mean age and standard deviation of 31.99 and 5.78 years respectively. Two hundred twenty four (56.4%) of women were Orthodox by religion; while Protestant constituted 150 (37.8%). One hundred fifty two (38.3%) of the study participants were from the Amhara ethnicity and 92(23.2%) were Sidama. Education level of respondents showed that 176 (44.5%) had secondary and above education.

Regarding the marital status of the respondents, the majority 264(66.5%) of women were married or in relationship whereas 64(16.1%), 51(12.8), and 18(4.5) were widowed, divorced and never married respectively. One hundred forty six (36.7%) of the study participants were merchant/daily laborer while 137(34.5%), 88(22.2%) and 26(6.5) were housewives, government or privately employed and jobless respectively (Table1).

Table 1: Socio demographic Characteristics of women living with HIV/AIDS who are on chronic care follow up in Yirgalem public health facilities, SNNPR Ethiopia, April, 2014.

Variables	Frequency(n=397)	Percent
Age (years)		
<25	30	7.5
25-34	214	53.9
35-44	140	35.3
≥45	13	3.3
Mean ±SD 31.9±5.783		
Religion		
Orthodox	224	56.4
Muslim	18	4.5
Protestant	150	37.8
¹ other Christianity	5	1.3
Ethnicity		
Amhara	152	38.3
Oromo	52	13.1
Gurage	44	11.1
Tigre	12	3
Sidama	92	23.2
Wolayita	29	7.3
Other	16	4
Educational status		
² No education	61	15.4
Primary education(1-8 grade)	160	40.3
Secondary and above (≥9)	176	44.3
Marital status		
Never married	18	4.5
³ Married	264	66.4
⁴ Divorced/separated	51	12.8
Widowed	64	16.1

Variables	Frequency(n=397)	Percent
Occupation		
Unemployed	26	6.5
Governmental employed	52	13.1
Private employed	36	9.1
House wife	137	34.5
Daily laborer	41	10.3
Merchant	105	26.4
Residence		
Urban	359	90.4
Rural	38	9.6

¹ Other christianity = included catholic and Seventh Day Adventists

²No education = included those who can't read and write and those who can read and write but, did not attend formal education.

³Married: Included the “formal” (modern, traditional and church) and “informal” (cohabiting and considered themselves married)

⁴Separated/Divorced: This included those who were at the time of the interview separated from their spouses regardless of whether they re-united or intended to re-unite later.

5.1.2 Knowledge of modern FP

Three hundred ninety seven (100%) of study participant have ever heard about modern family planning. The most commonly mentioned source of information was health professionals (91.4%), Television (56.9%), and Radio (45.3%), respectively. Types of modern FP methods most repeatedly explained were; injectables, pills, condoms, IUCD and implant, 91.4 %, 89.9%, 77.8% , 70.3% and 64.5% respectively. (Table 2).

Table 2: Knowledge of modern FP methods among women living with HIV/AIDS who are on chronic care follow up in Yirgalem public health facilities, SNNPR Ethiopia, April, 2014.

Variables	Frequency (n= 397)	Percent
Ever heard of modern Contraceptive		
Yes	397	100
No	0	0
Source of information*		
Health worker	363	91.4
Radio	180	45.3
Newspaper	33	8.3
TV	226	56.9
Friends	38	9.6
Others	5	1.3
Type of method ever heard*		
Condom	309	77.8
Injectable	363	91.4
Pills	357	89.9
IUCD	279	70.3
Implant	256	64.5
Tubal ligation	51	12.8

*Multiple responses

5.1.3 Utilization of modern family planning methods.

Three hundred fifty six (89.7%) of participants ever used modern family planning before learning their HIV status of this 276(77.5%) were continuing the contraception after test. Two hundred twenty nine (57.7%) of the women who participated in the study were currently using at least one method of modern family planning. Almost half of the women used dual contraceptive as a method of contraception 111(48%). The other most frequently used method of contraception was condom only contraceptive 82(35.8). On the other hand, 20(8.7%), 4(1.75%), and 8(3.49%) of women were using injectable, pills, and implant respectively. IUCD 2(0.87) and tubal ligation 2(0.87) was the least used method of contraception. Out of the dual or condom only users 167 (87%) reported consistent use of condom.

Majority of the respondent reasons for condom use were fear of other STI 153(79.2%) and to prevent pregnancy 117 (60.6%). The other reasons were partner being HIV negative 27(14%), health worker advice 37(19.1%) and others 9(4.7%). Women in the study who had the knowledge of emergency contraception were found to be 183 (46.1%). Twenty two (12%) of the women who had the knowledge of emergency contraception had ever used it. Eighty eight (38.4%) of modern family planning users got the service from the family planning unit of the health facilities. The others women got the service with in ART clinic 53(23%), nearby health facility 49(21.3%), private clinic 21(9.2) and FGAE 18(7.9%).

One hundred sixty eight (42.3%) of women were not currently utilizing any modern family planning. More than half 112(66.6) of women were not using modern family planning since they were not married or in a relationship. The other reasons were want to get pregnant 27(16%), partner disapproval 19(11.3%) and others reason 10(5.6%). Out of non users, 58 (34.6%) of respondent had desire to use modern FP in the future. (Table: 3).

Table 3: Utilization of modern family planning methods among women living with HIV/AIDS who are on chronic care follow up in Yirgalem public health facilities, SNNPR Ethiopia, April 2014.

Variables	Frequency (n)	Percent
Ever used modern F/P (n=397)		
Yes	356	89.7
No	41	10.3
Type of modern FP ever used*		
Pills	149	41.9
Injectable	261	73.3
IUCD	33	9.3
Condom	216	60.7
Implant	47	13.2
Tubal ligation	5	1.4
Ever used modern FP after HIV positive(n=356)		
Yes	276	77.5
No	80	22.5
Currently using modern FP method (n=397)		
Yes	229	57.7
No	168	42.3
Type of method currently using (n=229)		
dual contraceptive	111	48.4
Condom	82	35.8
pills	4	1.8
Injectable	20	8.8
IUCD	2	0.8
Implant	8	3.5
Tubal ligation	2	0.8
Consistent condom use (n=193)		
Yes	167	87
No	26	13.5

Variables	Frequency (n)	Percent
Reason for condom use (n=193)*		
To prevent pregnancy	117	60.6
Partner HIV negative	27	14
Health worker advice	37	19.1
Fear of other STI	153	79.2
Others	9	4.7
knowledge about emergency contraceptive (n=397)		
Yes	183	46.1
No	214	53.9
Ever used emergency contraceptive (n=183)		
Yes	22	12
No	161	88
Out of current non user desire to use modern FP in the future (n=168)		
Yes	58	34.6
No	110	65.4
Place of current modern FP service (n=229)		
ART unit	53	23
FP unit the same facilities	88	38.4
Nearby health facilities	49	21.3
Private clinic	21	9.2
FGAE	18	7.9

*Multiple responses

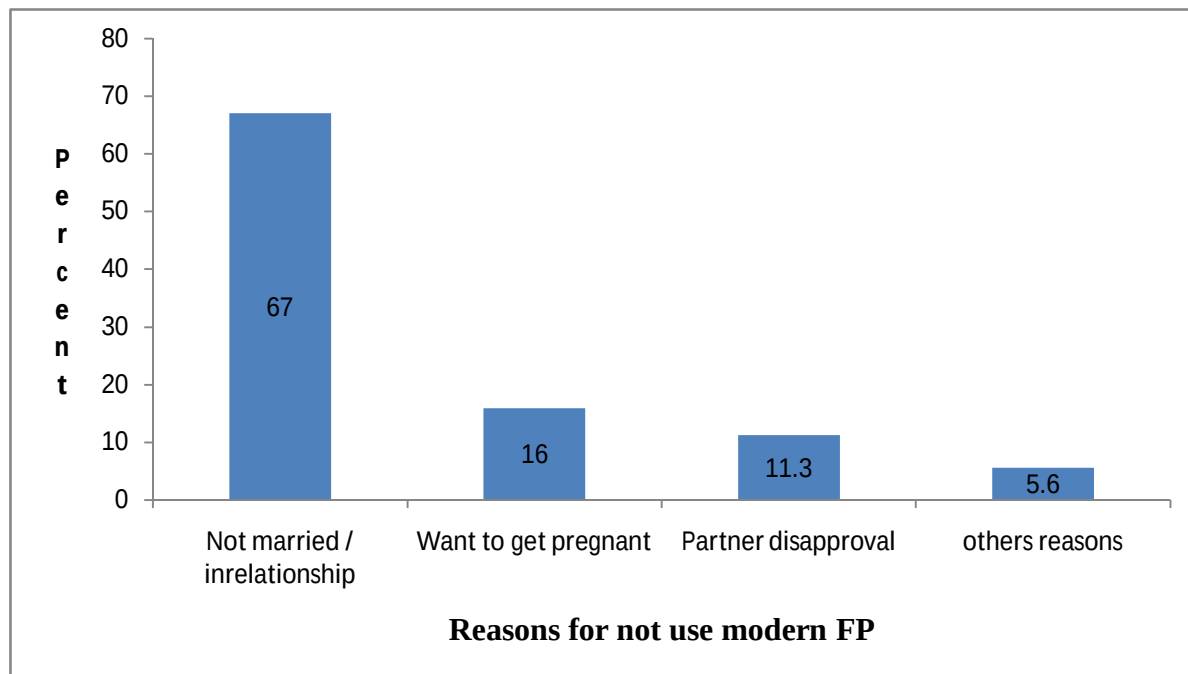


Figure 1: Reasons for not using modern family planning methods among woman living with HIV/AIDS who are on chronic care follow up in Yirgalem public health facilities, SNNPR Ethiopia, April 2014.

5.1.4 Pregnancy and child birth related characteristics

Almost one third of the respondents, 108 (27.2%) have been ever pregnant after being aware of their HIV status. Out of these pregnancies, 17(4.3%) were unintended. The most common reasons for failure to avoid unintended pregnancy were contraceptive failure 7(41.2%), lack of awareness of modern FP method 6(35.2%), and husband disapproval 4(23.5%). Of all unintended pregnancies, 9 had induced abortion after learning positive HIV status.

Two hundred eleven (53.1%) of the respondents had two or less children and 144(36.2%) of them had three or more children. The rest 42 (10.6%) of the respondent had no child. One hundred seventy nine (45.1%) of women expressed a desire to have more children, though 84(46.9%) did not know the time to have children. However, 52(29%) desired to have children soon and 43(24%) after two years. (Table 4).

Table 4: Pregnancy and child birth related characteristics among women living with HIV/AIDS who are on chronic care follow up in Yirgalem public health facilities, SNNPR Ethiopia, April, 2014.

Variables	Frequency	Percent
pregnancy after HIV positive(n=397)		
Yes	108	27.2
No	289	72.8
Was it wanted? (n=108)		
Yes now	64	59.2
Yes later	27	25
No	17	15.7
Reason for not avoid unintended pregnancy (n=17)		
lack awareness of contraception method	6	35.3
contraceptive failures	7	41.2
Husband or partner disapproval on contraceptive use	4	23.5
No of children Currently you have (n=397)		
No children	42	10.6
1-2 child/ren	211	53.1
≥ three	144	36.2
Desire to have more children (n=397)		
Yes	179	45.1
No	218	54.9
Time to have children (N=179)		
Soon	52	29
After two years	43	24
Do not know the time	84	46.9

5.1.5 Knowledge of PMTCT of HIV/AIDS

Three hundred seventy seven (95%) of women participated in the study had the knowledge of mother to child transmission of HIV/AIDS; of those who had knowledge on PMTCT, 250(66.3%), 296 (78.5%) and 258(68.4%) expressed the time of transmission as during pregnancy, delivery and breast feeding respectively. Three hundred fifty two (93.4%) women had knowledge of method that decreases the risk of mother to child transmission of HIV/AIDS. The three most frequently mentioned methods were: using ARVs drug, exclusive breast feeding up to six months after delivery and by not breast feeding: 304(86.4%), 126(33.8%) and 113(32.1%) respectively (Table 5).

Table 5: Knowledge of PMTCT of HIV/AIDS among women living with HIV/AIDS who are on chronic care follow up in Yirgalem public health facilities, SNNPR Ethiopia, April, 2014.

Variables	Frequency(n)	Percent
HIV transmitted from mother to child (n=397)		
Yes	377	95
No	20	5
When will the transmission occur?*		
During pregnancy	250	66.3
During delivery	296	78.5
During breast feeding	258	68.4
Know any method that decreases the risk of MTCT(n=377)		
Yes	352	93.4
No	25	6.6
Method that decreases the risk of MTCT*		
Using ARV drugs	304	86.4
Exclusive breast feeding after delivery	126	33.8
By not breast feeding	113	32.1
Preventing unintended pregnancy	30	8.5
Caesarean section during delivery	49	13.9

*Multiple responses

5.1.6 Client and community related characteristics among women living with HIV/AIDS

Three hundred eighty (95.7%) of respondents explained that their sero status did not affect the use of modern FP. More than half of the respondents 213(53.7%) had peer support to use modern FP. Three hundred eighty three (96.3%) of women participated in the study reported that their religion did not affect their use of modern FP. Out of 253 women in the study who were discussed about modern FP methods with their partners, 225(88.9%) were supported by their partner to use modern FP. (Table 6)

Table 6: Client and community related characteristics among women living with HIV/AIDS who are on chronic care follow up in Yirgalem public health facilities, SNNPR Ethiopia, April, 2014.

Variables	Frequency (n)	Percent
Does your sero status affect your FP use?		
(n=397)		
Yes	17	4.3
No	380	95.7
Peer support (N=397)		
Yes	213	53.7
No	184	46.3
Religious influence (N=397)		
Yes	14	3.5
No	383	96.5
Had discussion with partner about modern FP use?(n=285)		
Yes	253	88.8
No	32	11.2
Spousal approval (N=253)		
Yes	225	88.9
No	28	11.1

5.1.7 Service delivery related factors

Out of the total respondents, 339 (85.4%) received counseling for modern FP in the ART unit. Two hundred ninety two (73.6%) of women reported that availability of ART & PMTCT service did not affect their pregnancy desires. Out of 356 ever users of modern FP methods, 346(97.2%) had access to modern FP methods whenever they needed, 347 (97.5%) of women explained that health facilities met their need for modern FP and 314 (88.2%) explained that side effects of modern FP methods could not influence their choice of modern FP method (Table 7).

Table 7: Service delivery related factors for use of modern FP methods among women living with HIV/AIDS who are on chronic care follow up in Yirgalem public health facilities, SNNPR Ethiopia, April 2014.

Variables	Frequency (n)	Percent
Counseling received about modern FP method (n=397)		
Yes	339	85.4
No	58	14.6
Does availability of ART & PMTCT service affect your pregnancy desire?(n=397)		
Yes	105	26.4
No	292	73.6
Access to modern FP method (n=356)		
Yes	346	97.2
No	10	2.8
Do health facilities meet your need for modern FP method? (n=356)		
Yes	347	97.5
No	9	2.5
Does side effect of modern FP influence your method of choice? (n=356)		
Yes	314	88.2
No	42	11.8

5.1.8 HIV related characteristics among women living with HIV/AIDS

Two hundred twenty two (55.9%) have known their HIV status within the last five years while the remaining 175(44.1%) had this information for more than five years. Concerning ARV therapy, 358 (90.2%) of women were currently on antiretroviral treatment. The median time since first HIV diagnosis and ART start was 5 and 4 years respectively. Two hundred (50.4%) of the respondents reported that their recent CD4 count was >500cells/mm³. The remaining 172 (43.3%) and 25(6.3%) respectively had (200-500) and <200 cells/mm³.

Three hundred twenty three (81.4%) of respondents have disclosed their HIV serostatus to their partner. Concerning their partner's serostatus, 308 (77.6%) were aware of their partner's serostatus, of this 271 (87.9%) and 37 (12.1%) were seropositive and seronegative respectively. (Table 8).

Table 8: HIV related characteristics among women living with HIV/AIDS who are on chronic care follow up in Yirgalem public health facilities SNNPR Ethiopia, April 2014.

Variables	Frequency (n)	Percent
Years since HIV Diagnosis (n=397)		
<=5	222	55.9
>5	175	44.1
Currently taking antiretroviral therapy (n=397)		
Yes	358	90.2
No	39	9.8
Years since ART started (n=358)		
<=4	173	48.3
>4	185	51.7
Recent CD4 count (cells/mm3) (n=397)		
<200	25	6.3
200-500	172	43.3
>500	200	50.4
HIV status disclosure for their partner (n=397)		
Yes	323	81.4
No	74	18.6
Partner get tested (n=397)		
Yes	308	77.6
No	13	3.27
Do not know	66	16.62
No partner	10	2.5
Partner HIV test result (n=308)		
Positive	271	87.9
Negative	37	12.1

5.1.9 Factors associated with utilization of modern FP services

In the crude analysis, data have shown that educational status, marital status, knowledge of modern FP methods, partner's approval and peer support were significantly associated with the use of modern family planning methods. The odds of using modern FP were higher among women with secondary and above education (COR 3.99, 95% CI: 1.605-9.94). Respondents who were married (COR 11.2, 95% CI: 5.32-23.7) were more likely to use modern FP methods than single/divorced/widowed.

The odds of using modern FP were higher among women who had knowledge of modern FP (COR 1.98, 95% CI: 1.01-3.87). Participants who had spousal approval (COR 34.67, 95% CI: 9.13-131.58) and peer support (COR 10, 95% CI: 4.83-21.18) were more likely to use modern FP methods than who had not.

In the multivariate logistic analysis, educational status, marital status and peer support have showed significant association with modern family planning method use. Woman with secondary and above educational status more likely use modern family planning methods than participant with no education (Adjusted OR 3.79, 95%CI: 1.24-11.59). The odds of using modern FP were higher among married women (AOR 9.07, 95% CI: 3.813-21.58) than widowed/ divorced/ separated. Respondents who had peer support were also more likely to use modern FP than did not have peer support (AOR 7.67, 95% CI 3.4-17.3). While the other variables like age of respondent, no of live children, religious influence, counseling about modern FP, access to modern FP, and side effect of modern FP has no statistically significant association with modern FP use (Table 9).

Table 9: Bivariate and multivariate logistic regression analysis of variables associated with modern FP utilization among women living with HIV/AIDS who are on chronic care follow up in Yirgalem public health facilities, SNNPR Ethiopia, April, 2014.

Variables	Modern FP use		Crude OR (95% CI)	Adjusted OR (95% CI)
	Yes (%)	No (%)		
Age (year)				
≤ 32	136(83.43)	27(16.56)	1.083(0.57-2.05)	
>32	93(82.3)	20(17.7)	1	
Educational status				
No education	25 (69.4)	11(30.5)	1	1
Primary(1-8 grade)	86 (78.9)	23 (21.1)	1.64(0.706-3.83)	2.676(0.926-7.737)
Secondary and above (≥9)	118(90)	13(10)	3.99(1.605-9.937)	3.79(1.24-11.59)
Marital status				
Single/divorced/widowed	18	23	1	1
Married or cohabiting	211(89.7)	24(10.3)	11.2 (5.32-23.7)	9.07(3.813-21.58)
Knowledge of modern FP				
Yes	178(85.5)	30(14.5)	1.98(1.01-3.81)	2.14(0.89-5.082)
No	51(75)	17(25)	1	1
No of children current have				
No child	19(76)	6(24)	1	1
1-2 child/ren	115(81.9)	28(18.06)	1.297(0.779-6.833)	1.182(0.29-4.818)
Three or more children	95(86.4)	13(13.6)	2.31(0.779-6.833)	3.068(0.65-14.43)
Spouse approval				
Yes	208(94.5)	12(5.5)	34.6 (9.13-131.58)	
No	4(33.3)	8(66.4)	1	
Peer support				
Yes	179(95.7)	8(4.3)	10 (4.827-21.178)	7.67(3.4-17.3)
No	50(74.6)	17	1	1
Counseling about modern FP method				
Yes	204(83.26)	41(16.73)	1.19(0.46-3.09)	
No	25(80.6)	6(19.4)	1	
Side effect of modern FP				
Yes	34(87.2)	5(12.8)	1.46(0.54-3.96)	
No	195(82.3)	42(17.7)	1	

5.2 Qualitative result/ finding of in-depth interview

Ten respondents participated in the interview, seven HIV positive women and three health care providers working in the ART unit. Among seven HIV positive women three of them were women who were on ART follow up, the other two were mother support group and two adherence supporters in the ART unit. Concerning health care providers two diploma nurses and one BSc nurse were interviewed. The findings of in depth interview summarized according to the following themes.

5.2.1. Individual in-depth interview with HIV positive women

Knowledge about modern family planning

Participants have explained that they knew about different modern family planning methods. The types of modern FP methods mentioned by the respondents were the methods like, pills, injectables, condom, IUCD and implant. Though, some of the participants knew about tubal ligation. The participants explained that modern FP helps to limit number of children, space births and prevent unintended pregnancy. They added that family planning is suitable for the mother and her children's health.

Utilization of modern FP by women living with HIV/AIDS

Respondents expressed that utilization of modern FP is different in different aspects like place of residence, economic status, knowledge of modern FP, No of children, women with new partner and No partner. Those who lived in urban area, had knowledge about modern FP methods and had many children were using modern FP better than the other. One of the respondents expressed that some client's considering use of condom is like doing a sin especially those who lived in rural. Effect of new partner on utilization of modern FP methods:

“A women who had history of repeated abortion, was not using any type of FP. We advised her to use modern FP methods, however she refused for reason that she had no child with her new partner and she want to gave birth.”

A 30 years old mother support group from ART unit.

A 38 years old mother support group said that *“Some women need to have HIV positive child hoping to get support from funding agencies.”*

Regarding the methods of choice, they mentioned that various methods of contraceptives were available in the health facilities. Those women who were using contraceptives preferred the dual methods of FP, seeing that to prevent other STI and re-infection with new strain of HIV and unintended pregnancy.

Reasons influencing the utilization of modern FP method

Respondents reported that the main reason why women living with HIV/AIDS were not using modern FP was due to fear of side effects of modern FP like infertility, anemia, delays pregnancy, weight gain and weight loss.

“Some of clients complaining about the side effect of modern FP method and their economic status for example they said that if I used modern FP it needs additional food otherwise it would cause different health problems like anemia.”

A 30 years old adherence supporter from ART unit

The other factor influencing the utilization of modern FP methods were the desire to have children with different reasons. One of the participants explained that:

“When I was giving counseling for one client who came from Bale with two Wives, he had six children from his first wife and had no child from the other one, so he wanted to have child from her. His CD4 count was very low (fourteen), but his wife was better than him. He was eligible to start ART drug on the other hand she was on pre ART drug. But he refused to take any FP methods, assume that what will happen to her and her fetus.”

A 38 year’s old adherence supporter in ART unit

Concerning the availability of modern FP methods respondents reported that all types of modern FP methods were provided in the health facilities. But, occasionally HIV positive women faced some problem regarding method of choice.

One participant mentioned that:

“Yesterday when I was talking with one ART client here in ART clinic, when we are waiting for service, she told me that she had one year old baby and also she is pregnant now for reason that before pregnancy she was using injectable FP, after three months when she went to health facility to take her injection the health care providers asked her to use loop, but she refused and went to home without any FP methods for that reason she was exposed to unintended pregnancy. I think she had lack of awareness about modern FP methods.”

A 35 year’s old married women with one child

Other influencing factors forwarded by the participants were partner opposition, religious influence and lack of awareness about modern FP methods. Effect of religious influence on modern FP methods utilization described by one participant:

“Before the death of my husband, I lost my three children. When I was lactating my first child I was not using any FP methods, because I didn’t want to be against my religion and also I didn’t have knowledge about modern FP. At that time I faced unintended pregnancy due to religious influence and lack of awareness.”

A38 year’s old adherence supporter in ART unit

FP Counseling service and challenges in the ART unit to use modern FP.

The study participants explained that counseling about modern FP method was not raised in the ART unit. But some of them reported that FP counseling was provided routinely. Respondents described that there is no considerable problem to use modern FP methods in the ART unit. On the other hand, some of the participants mentioned that the major challenges for modern FP utilization were the provision of modern FP service out of ART unit.

5.2.2. Individual in-depth interview with health care providers

Utilization of modern FP methods and service delivery for HIV positive women

The health care providers reported that all types of modern FP methods (short and long acting including permanent) were available for women living with HIV /AIDS. Concerning the utilization of modern FP the health care provider expressed that the service was provided for all women living with HIV/AIDS who desired to use modern FP methods depending on their method of choice, whereas not all of them were using modern FP because, of lack of adequate knowledge on modern FP methods.

Regarding the health care providers approaches on the service delivery one respondent expressed that: *even though the health care providers working in the ART room, were busy counseling service about modern FP methods provided for some of the women visited ART unit.* In contrast the other provider mentioned that: *In our ART unit the number of health care providers was not comparable with client flow, for reason that counseling service about modern FP was overlooked.*

Pertaining to the service delivery one of respondents reported that: *“In relation to service delivery I think there is some problem that means previously the FP service was provided here in ART unit, whereas now in the FP unit along with other clients this may create some distress for women living with HIV/AIDS.”* The other participant again expressed that: *“In my opinion regarding the service delivery there is no significant problem, but the provision of modern FP service out of ART unit might have a negative effect on utilization of modern FP service.”*

Challenges to use modern FP and to provide counseling service

The health care providers reported that HIV positive women encountered so many problems to use modern FP methods. The main challenges to use modern FP methods were fear of side effects of FP methods, partner and religious opposition and desire to have more children. One health care provider expressed that: *“most of the time our clients were thinking about the side effects of FP methods than the advantages, for this reason they did not want to use modern FP methods.”* Some of the partner desired to have many children for that reason they were not support the use of FP.

Regarding the counseling service health care providers explained that unsatisfactory counseling service provided, because of shortage of health care providers in comparing with client flow. During counseling majority of women complaining about the side effect of modern FP and the others also did not want to use additional drugs, for reason that it might exacerbate the side effect of ART drug, these and the likes made the counseling challenging.

“One day when I was providing counseling service here in ART unit for a lactating woman with three children about modern FP methods surprisingly at that time she was pregnant again. I counseled her to use modern FP method after delivery, but she did not agree, because she was beggar and did not have regular partner so she didn’t want to use modern FP methods. In my opinion she will come again with unintended pregnancy”

A 45 years old male nurse from ART unit

The other challenges in the area of counseling service were the desire to have more children. One health care provider, said,

“A33 years old, women with one child, who had HIV negative partner. She was using contraception (implant and condom). She was frequently raised her desire to have more children, but we were discussed with her about partner HIV status and her current CD4 count. Now her CD4 count was 617 so that she decided to become pregnant and discontinue the FP methods. When we asked her about her partner risk of HIV infection, she said that God protected us till now again helped us the rest of our life.

A 28 years’ old female BSc nurse from ART unit

6. DISCUSSION

The study tried to assess utilization of modern FP service among women living with HIV/AIDS on chronic care follow up in Yirgalem public health facilities. Addressing modern FP issues among women living with HIV is vital for prevention of unwanted pregnancies and MTCT in the future. Modern Family planning use was assessed, the study indicated that 89.7% of respondents ever used at least one modern FP method before learning their HIV status. This figure has dropped to 69.5% and 57.7% after HIV diagnosis and during the course of study period respectively. This might be due to HIV positive result, immediate behavioral change and fear of drug interaction that might occur after HIV diagnosis. This finding is line with study done in Gimbi town, west Ethiopia (85.1%) ever and (56.7%) current used.(25)

In this study 229 (57.7%) of respondents currently use modern family planning methods. The most frequent family planning methods used among HIV positive women were condom and injectable. This is comparable with another study done in, Gimbie town, West Ethiopia (56.7%), East Gojjam Zone, Ethiopia (53.6%) and Addis Ababa, Ethiopia (53.5%). (21, 25, 26) Our finding was higher than study done in, Tigray, Ethiopia (46.3%), Hosanna town, southern Ethiopia (31.8%) and) Gonder university hospital, Ethiopia (25.7%).(22, 23, 31) This variation could be because of different study setting.

On the other hand a study finding indicated that HIV-positive women currently using modern FP in Soweto South Africa, (84%) and Mbarara, Uganda (85%).(29, 40) These findings were higher than our study finding which may be due to socio-demographic difference, different health care system and treatment conditions under which the populations go through.

Among modern FP methods provided by health facilities to HIV positive women seeking services 48% of respondent in the study were using dual contraceptive as a method of contraception. This finding was comparable with study done in Asela Hospital, Oromia, Ethiopia (48.4%).(24) On contrary this finding is relatively higher than studies from Nekemte East Wollega Zone, Ethiopia (33.7%) and Lusaka Zambia (17.7%).(28, 30) The possible justification for this difference might be due to the high prevalence of discordant in this study. The same issue was expressed in the qualitative result most of the participants use dual method.

Out of the dual or condom only users 87% of respondents were utilizing condom consistently, which is relatively higher than studies done in Lusaka, Zambia (73.5%), Tigray, Northern Ethiopia (70%) and Soweto, South Africa (64%).(22, 28, 40) Again the possible explanation for this difference might be due to high prevalence of discordant rate and availability of only condom in the ART unit in this study. Modern FP methods other than condom use were very low, the result showed injectables (8.7%), pills (1.75%), Implant (3.49%), IUCD (0.87%) and tubal ligation (0.87%), this is comparable with study from Tigray Ethiopia. The majority of the respondent reasons for condom use were to prevent other STIs, 150(78.1%) and pregnancy 117 (60.9%), this is in line with study done in Lusaka Zambia.(28)

Factor associated with utilization of modern FP identified in this study was respondent's educational status. Women attending secondary and above level of education were more likely to use modern FP methods than those who were not. This finding was also in line with study done in Tigray Ethiopia, Lusaka Zambia, East Gojam zone, Ethiopia.(22, 26, 28) On contrary study done in Addis Ababa, Ethiopia and Gimbi town west Ethiopia result indicated that educational status had no effect on modern FP use. (21, 25) Possible explanation for this finding is those women attending secondary and above level of education had high knowledge of modern FP methods, (51%) and knowledge of risk of mother to child transmission of HIV/AIDS (47%) in this study.

This study noted that married women had increased odds of contraceptive use. This might be due to married women had frequent sexual contact with their regular partner, so that it might predispose them to unintended pregnancy and other STIs, similar to findings reported from Hosanna Town, Southern Ethiopia, Lusaka, Zambia and Asella Hospital, Ethiopia.(23, 24, 28)

Women who had peer support were more likely to use modern FP, since they were in similar health status might discuss each other about modern FP methods. This finding was consistent with study from Gondar town, Northwest Ethiopia, and Makerere University Uganda irrespective of their HIV status.(33, 36)

In the multivariate analysis knowledge of modern FP were found to be not significantly associated with the use of modern family planning. Both in bivariate and multivariate analysis current No of children was not associated with use of modern FP. This finding is in line with

study result in Gondar university hospital and Gimbie town, West Ethiopia.(25, 31) On the other hand odds of using modern FP were higher among those who have three or more children in south western, Uganda and Rwanda.(27, 41) The possible justification for this difference might be due to socio-demographic deference between these countries and Ethiopia.

In this study age of respondent was not associated with use of contraception in both bivariate and multivariate analyses similar with studies done in Southwestern, Uganda, Gimbie town, West Ethiopia and Asella Hospital, Ethiopia.(24, 25, 27)

About 35% of respondents who were not using modern FP desired to use modern FP in the future. This was relatively lower than finding reported from Asela hospital, Arise zone, Ethiopia (39.3%) and Gonder University hospital (42.9%). (24, 31)The possible justification for this difference might be that most of women who did not desire to use modern FP in the future were widowed / divorced/ separated (75%). Even though 100% of study participant have ever heard about modern family planning, knowledge of emergency contraception was still low (46%).

In our study out of currently modern FP users, 23% of the women get family planning service from the ART unit, yet at least 57.7% of them should have received this service from the unit. This could show the need to integrate family planning services with the general ART service and may be one of the problems to meet FP needs of these women. The need for integrating FP and ART services was also demonstrated in the qualitative method as seen from the side of the challenges in the ART room to use modern FP methods.

7. STRENGTH AND LIMITATION OF THE STUDY

Strength

- ❖ In this study qualitative and quantitative methods were used. These methods enrich the research outcomes as qualitative study complement and strengthen the quantitative study.

Limitation

- ❖ The sample taken from health facilities, hence study result may not be generalized to all HIV positive women.
- ❖ Despite that the data collectors were trained on participants' confidentiality and respondents' right and to read the consent before they start the interview and explained to the participants as it has no link to service given, the respondents might have given a desired answer by the counselor or health care providers.
- ❖ Even if systematic random sampling was used to select participant women for the study, data collectors may recruit women consecutively when they came in the ART treatment units.
- ❖ Since it was a cross sectional study design, it couldn't tell temporal relation between exposure and outcome.
- ❖ Sample size was not calculated using influencing factors; however one of the objectives of the study was identifying factors that influence the use of modern FP.

8. CONCLUSION

- ❖ This study showed that most of women living with HIV/AIDS were currently using modern FP. Among those using modern FP, almost half of participants were using dual methods of modern FP.
- ❖ Out of currently modern FP users only one fourth of the women get family planning service from the ART unit, however at least all of current users should have received this service from the unit. This could show the need to integrate family planning services with the general ART service.
- ❖ The three major reasons for not using modern family planning services were not being married or in relationship, want to get pregnant and partner disapproval.
- ❖ Important factor which had strong association with modern FP use were increase in education level, being married and having peer support.

9. RECOMMENDATION

The followings are recommended based on this study:

9.1. Government and stake holders in the study area

- ❖ Policy-makers and donors should reinforce the delivery of modern FP methods in the ART units.
- ❖ The health institutions should strengthen an integrated service of ART and FP for effective and sustainable use of the FP service.

9.2. Health care providers in the research setting

- ❖ FP counseling should be provided on a regular basis there after once women enrolled in chronic care follow up. There is need to improve method specific knowledge on a wide range of contraceptives.
- ❖ Women living with HIV/AIDS and those who were effectively used modern FP methods can be involved in education and counseling about FP.
- ❖ Targeting spouses of women living with HIV/AIDS through counseling sessions (discussing couple negotiation skills for FP use, encouraging couple FP counseling sessions) to address partner related barriers may encourage FP use.

9.3. Researchers

- ❖ Further studies should be conducted in the health facilities and outside the health facilities set-up and in different parts of the country to come up with more representative findings.

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11. ANNEXES

11.1 Information sheet

Addis Ababa University

School of public health

Study on “Assessment of utilization of modern family planning methods among women living with HIV/AIDS on chronic care follow up in yirgalem public health facilities”

Greeting

First of all I would like to thank you for your time.

Good morning /Good afternoon, I am.....working as data collector in this study. Dear respondents here are lists of questions with different sections, which are designed for research work to be conducted in partial fulfillment of master Degree in public health by Likelesh Lemma with collaboration of Addis Ababa university school of public Health. The main purpose of the study is to assess utilization of modern family planning among women living with HIV/AIDS on chronic care follow up. We are inviting HIV positive women on chronic care follow up between the ages of 18 and 49 years to contribute for the study. The study will not cause any harm to you except giving the information.

So I would like to ask you some questions related to the subject. I am asking you for about 30 min to help us in this study. Your responses will help us to design appropriate service delivery strategy and program implementation to improve your family planning service needs and access.

Your name will not be recorded and all the information you give will be kept strictly confidential and is to be used only for the purpose of this study. Your participation is voluntary and you have the right not to respond any question you would prefer not to answer.

Your participation or refuse to respond to the questions will have no effect now or in the future, on services that you may receive from any service provider. You have also the right to ask any thing which is not clear. If you want to know more information you can contact Likelesh Lemma at 0911333730 or likeleshlema@yahoo.com.

Consent form

I have read or have been read the information or there is a witness when the information is read (for those who cannot read or write). I understand the information given fully. So I am willing to participate in the study.

1, Yes; continue to the consent form

2, NO; skip to the next participant

Participant signature/ finger print _____

Name of health facilities _____

Interviewer name _____ signature _____

Date of interview _____ Time started _____ time finished _____

Supervisor name _____ signature _____

11.2 English Questionnaire

Questionnaire for “Assessment of utilization of modern family planning methods among women living with HIV/AIDS on chronic care follow up in Yirgalem public health facilities”,2014.

Site of service delivery _____

PART 1 SOCIO DEMOGRAPHIC CHARACTERISTICS

Serial No	Question	Response	Skip
101	How old were you at your last birthday?	-----years. (Age in completed years)	
102	What is your current religion?	1.Orthodox 2. Muslim 3. Catholic 4. Protestant 5.Other specify-----88	
103	What is your ethnicity?	1. Amhara 2. Oromo 3. Guraghe 4. Tigray 5 .Sidama 5. Other specify----88	
104	Can you read and write?	1.Yes 2.No	If no skip to Q106
105	What is the highest level of education you attend?	1.Informal 2.Grade _____	
106	What is your current marital status?	1.Married 2.Single 3.Widowed 4.Divorced 5.Separated 6.Cohabiting Partner	

107	What is your main occupation?	1.Unemployed 2.Goverment employ 3.Private organization employ 4.House wife 5.Daily laborer 6.Merchant 7.Comercial sex worker 8.Student 9.Other specify-----88	
108	Where is your place of residence?	1. urban 2. rural	
109	Do you do something to earn an income?	1.Yes 2.No	If no skip to Q111
110	What is your total monthly household income?	-----Eth. Birr	

PART 2 Information on utilization of modern family planning methods.

111	Have you ever heard of modern family planning method?	1.Yes 2.No	If No skip to Q 125															
112	If yes, what is the Source of information for modern F/P?	1.Health Worker 2.Redio 3. News Papers 4. TV 5. Friends 6. Other specify																
113	What type of modern family planning methods do you know? (more than one answer is possible)	<table><tr><td></td><td>Yes</td><td>No</td></tr><tr><td>1.Condom</td><td>1</td><td>2</td></tr><tr><td>2.Injectable</td><td>1</td><td>2</td></tr><tr><td>3.Pills</td><td>1</td><td>2</td></tr><tr><td>4.IUCD</td><td>1</td><td>2</td></tr></table>		Yes	No	1.Condom	1	2	2.Injectable	1	2	3.Pills	1	2	4.IUCD	1	2	
	Yes	No																
1.Condom	1	2																
2.Injectable	1	2																
3.Pills	1	2																
4.IUCD	1	2																

		5.Impant 1 2 6.Tubal ligation 1 2 7.Others specify-----	
114	Have you ever used modern family planning methods?	1. Yes 2.No	If No skip to Q 125
115	If yes, what was the method? (more than one Answer is possible)	Yes No 1.Pill 1 2 2.Injectables 1 2 3.IUD 1 2 4.Condom 1 2 5.Implant 1 2 6. Tubal legation 1 2 7.Other----88	
116	Have you ever used modern family planning method after you learn your HIV status?	1.Yes 2.No	If No skip to Q 125
117	Are you currently using modern family planning method to delay or avoid getting pregnancy (during the study period)?	1.yes 2. No	If No skip to Q 124
118	If the answer to Q117 is yes, which method are you using? (more than one Answer is possible)	Yes No 1.Condom 1 2 2.Pill 1 2 3.Injectables 1 2 4.IUD 1 2 5.Tubal legation 1 2 6.Other specify---88	
119	What is the primary reason for condom use? (applies if participant uses condoms) (more than one Answer is possible)	1.To prevent pregnancy 2.My partner is HIV negative 3.Advice by the health care provider 4.Fear of other STIs 5.Other (specify)---88	

120	Do you use condom consistently? (for every sexual act)	1.Yes 2.No	
121	Do you know about emergency Contraception?	1.Yes 2.I don't know	
122	If the answer to Q 121 is yes, have you ever used emergency contraceptive?	1.Yes 2.No	
123	From where do you get modern family planning method? (more than one Answer is possible)	1.At the ART treatment unit 2.From the family planning unit after being referred 3. Private facility 4. FGAE 5.other specify---88	
124	If your answer to Q117 is no, Why don't you use modern family planning method currently? (more than one Answer is possible)	1.I am not married or in a relation ship 2.I am infertile 3.I want to give birth 4.My partner doesn't agree 5.Fear of stigma and discrimination	
125	Do you desire to use modern family planning in future?	1.Yes 2.No	

PART 3; INFORMATION ON PREGNANCY AND CHILD BIRTH

126	Have you ever been pregnant after you learn your HIV status?	1.yes 2.No	If No Skip to Q 132
127	When you got pregnant, did you want to get pregnant at that time?	1.Yes now----- 2.Yes later----- 3.No	→ To Q 132 → To Q 132
128	How many pregnancies were mistimed or unwanted?	Enter the number-----	

129	What was the reason you could not delay or avoid becoming pregnant? (more than one Answer is possible)	1.lack awareness of contraception method 2.poor access to contraception 3.contraceptive failures 4.husband or partner disapproval on contraceptive use 5.fear of method related side effects 6. fear of ARV interaction with the contraceptive method 7.others specify----88	
130	Have you ever had induced abortion after being HIV positive?	1.Yes 2.No—————→	To Q 132
131	How many induced abortions do you have after knowing your HIV status?	Enter the number-----	
132	Do you have live child/ren?	1.Yes 2.No—————→	To Q 134
133	How many live children do you have now?	1.Enter the number-----	
134	Do you have a desire to have children in the future?	1.Yes 2.No—————→ 3.do not know---88—————→	To Q 136 To Q 136
135	If yes to 134, when do you want to have a child?	1.Soon 2.atleast after 2 years 3.Idon't know	

PART 4: INFORMATION ON PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV (PMTCT)

136	Can HIV be transmitted from mother to child?	1.yes 2.no → 140 3. I don't know---88 → 140	
137	If the answer to Q136 is yes, when will the transmission occur? (you can give more than one answer)	1.during pregnancy 2.during delivery 3.during breast feeding 4.I don't know---88	
138	Do you know any method that decreases the risk of MTCT?	1.yes 2.No → 140	
139	If yes, what do you think is it? (they can give more than one response)	1.preventing unintended pregnancy 2.using ARVs 3.c/s delivery 4.exclusive breast feeding up to six months after delivery 5.by not breast feeding 6.other specify----88	

PART 4 INFORMATION ON COMMUNITY/PATIENT FACTORS

140	Does your serostatus affect your modern family planning use?	1.Yes 2.No	
141	Do you openly discuss FP use with your sexual partner?	1.Yes 2.No	
142	Does your spouse support the use of modern FP services?	1. Yes 2. No	
143	Do your peers support the use of modern FP services?	1.Yes 2.No	
144	Does faith (religion) influence your use of modern FP services?	1. Yes 2. No	

PART 5 INFORMATION ON SERVICES DELIVERY FACTORS

145	Do you have access to modern FP methods whenever you need them?	1. Yes 2. No	
146	Do you receive counseling for modern FP as part of the counseling that you receive ART unit?	1. Yes 2.No	
147	Do health facilities meet your needs for FP?	1. Yes 2.No	
148	Does availability of ART & PMTCT service affect your pregnancy desires?	1. Yes 2.No	
149	Do you have any concerns about side effects of modern FP methods that could influence your choice of method?	1. Yes 2.No	

PART 6 INFORMATION ON HIV TESTING AND COUNSELING

150	How long since you did with your HIV diagnosis?	1. Write the time----- 2. Do not remember	
151	Are you currently taking antiretroviral therapy medicine?	1. Yes 2.No	
152	How long has it been since you start your ART treatment?	1. Enter the time----- 2. Do not remember	
153	How much is your recent CD4 count?	1. Enter the number-----	
154	Have you disclosed your HIV status to your husband or partner?	1. Yes 2 .No	
155	Did your husband/ partner get tested?	1. yes 2. No 3. I don't know ---88	
156	If yes to Q155, what is the HIV status of your partner?	1 Positive 2. Negative	

Addis Ababa University

School of public health

11.3 Oral informed consent for in depth interview

Introduction

Greeting: Welcome and thank you for coming today. My name is _____ I am from Addis Ababa University School of public health. Dear respondents here are lists of questions which are designed for research work to be conducted in partial fulfillment of master degree in public health, to carry out this study here in Yirgalem Town health facilities. The main purpose of the study is to assess utilization of modern family planning methods among women aged (18-49) living with HIV/AIDS on chronic care follow up. Your responses will help us to design appropriate service delivery strategy and program implementation to improve your family planning service needs and access. We would like to know what you think about reproductive health and family planning concern. Every one of you should participate freely, and all your views, whatever they are, are welcome. If you don't mind, we shall record the discussions on tape and on paper to ensure that all that is said is captured. No one will be identified by name. We shall treat the entire discussion confidentially, and we request all of you the same. Before we begin the discussion, I would like you to sign the consent form given to you when you came in. The consent form will be our record that you agreed to participate in the focus group and that you agreed to the taping.

Are you willing to participate? Yes ☐ No ☐

Participant signature _____

Code _____

Age of respondents _____

Marital status _____

Educational level _____

Number of children _____

11.4 Topic guide for in depth interview

10.4.1 Participant in depth interview guide

Well come to the discussion.

1. Could you explain/list me reproductive health concerns for women living with HIV? Among those you listed, in your opinion, which of these reproductive problems are considered as the most important ones? Put them in their order.

2. (If not mentioned above) do you believe unintended pregnancy is a serious problem for Women living with HIV?

- ☐ Would you list me the reasons not to avoid occurrence of unintended pregnancy?
- ☐ Would it be possible to avoid an unintended pregnancy? If “yes” how? If “No” why not?

3. Now, let’s talk about family planning. How do you understand the concept family planning for you?

- Could you list modern FP methods you have known or heard about?
- Do you believe modern family planning methods are accepted by women living with HIV/AIDS?

Probe -would you explain further, you give me an example, Is there anything else.

- Are you currently using modern FP?

4. In your opinion, what do you think are the reasons for not using modern family planning methods, for HIV positive women in fact they want to use them?

Probe- Opposition from husbands about modern F/P use,

-Lack of knowledge/information

-lack of access to contraception,

-health providers approach (interaction), lack of confidentiality and counseling

-fear of side effects,

-opposition from religion, opposition from peer....)

Q5. Could you list me challenges of HIV positive women in the ART units to use modern family planning methods?

Q6.How do you see the counseling about modern family planning issues with your provider?

Probe the

- Interpersonal communication
- Follow up care. giving appointments
- Information given to them

(Probe, quality of the counseling, feels at ease when discussing those issues, the frequency of discussion,)

Q7. Anything you would like to say or think remained?

11.4.2 Health care providers in depth interview guide

I am a student at Addis Ababa University School of Public Health, am carrying out a research about utilization of FP services among women living with HIV/AIDS. Your feedback will help the health institutions in future to develop better modern FP services so as to improve the quality of life of women living with HIV/AIDS. If you agree to participate I would like to rise important points in regard to utilization of modern FP. Feel free to ask any question in relation to the study.

1. Could you let me know FP services women living with HIV/AIDS get from you as a service provider?
2. Would you comment on modern FP services delivery rendered in your health institution for women living with HIV/AIDS in terms of? (probe by saying what else)
 - Availability and need
 - Current utilization
 - Service delivery and FP methods
 - -health care provider related
3. What challenges are faced by women living with HIV/AIDS towards modern FP utilization in the perspectives of
 - Client
 - House hold
 - Partner
 - Community
4. Could you list me challenges during counseling about modern family planning issues with your ART and pre ART client?
5. Could you list me hindrances to effective modern FP service delivery for women living with HIV/AIDS? And put them in their order of importance
6. Would you let me know your suggestion towards strengthening utilization of modern FP services among women living with HIV/AIDS?

THANK YOU!!

11.5 የግንዛቤ እና ፈቃደኝነት መጠየቂያ ቅፅ

በአዲስ አበባ ዩኒቨርሲቲ ህክምና ፋኩልቲ የህብረተሰብ ጤና ሳይንስ ትምህርት ቤት የጥናቱ ተሳታፊዎች በግንዛቤ ላይ የተመሰረተ ፈቃደኝነት መጠይቅ ቅፅ፡፡

ጤና ይስጥልኝ ስሜ-----ይባላል፡፡ በዚህ ጥናት ላይ መረጃ ሰብሳቢ አባል ነኝ፡፡ የጥናቱ ርዕስ ኤች አይ ቪ በደማቸው ውስጥ ያለባቸውና የፀረ ኤች አይ ቪ እና የቅድመ ፀረ ኤች አይ ቪ መድሐኒት ክትትል በማድረግ ላይ ባሉ ሴቶች ላይ ስለ ዘመናዊ የቤተሰብ ምጣኔ ዘዴዎች አጠቃቀም መዳሰስ ነው፡፡ ላይ ይህ ጥናት የሚካሄደው በልኬለሽ ለማ በአ/አ ዩኒቨርሲቲ የህብረተሰብ ጤና ክፍል የድህረ ምረቃ ኘሮግራም ማሟያ የሚሆን ነው፡፡

በመጀመሪያ ጊዜዎን ስጥተው ስላናገሩኝ ላመሰግንዎ እወዳለሁ፡፡ የዚህ ጥናት ዋና አላማ ኤች አይ ቪ በደማቸው ውስጥ ያለባቸውንና የቅድመ ፀረ ኤች አይ ቪ እና የፀረ ኤች አይ ቪ መድኃኒት ክትትል በማድረግ ላይ ባሉ ሴቶች ስለ ዘመናዊ የቤተሰብ ምጣኔ አገልግሎት አጠቃቀም ለመዳሰስ ነው፡፡ ጥናቱ ተሳታፊ የሚያደርገው የፀረ ኤች አይ ቪ እና የቅድመ ፀረ ኤች አይ ቪ መድሐኒት በመውሰድ ላይ ያሉ እና ዕድሜያቸው 18-49 የሆኑ ሴቶችን ነው፡፡ የተወሰነ መረጃ ከመውሰድ ውጭ ጥናቱ በተሳታፊዎች ላይ የሚያደርሰው ምንም አይነት ጉዳት የለም፡፡

ስለዚህ ከጥናቱ ጋር የተያያዘ የተወሰኑ ጥያቄዎችን ልጠይቅዎ እወዳለሁ፡፡ ለዚህ ጥናት ድጋፍ ለማድረግ ለ 30 ደቂቃ ያህል ከእኛ ጋር ቆይታ ያደርጋሉ፡፡ እርሶዎ የሚሰጡት መረጃ የጥናቱን አላማ ለማሳካትና በዘመናዊ የቤተሰብ ምጣኔ አገልግሎት ላይ አዲስ ተገቢነት ያለው የስራ አፈጻጸም በመቅረፅ እና ፕሮግራም አፈፃፀም ማሻሻያ በማድረግ ከሻይረሱ ጋር የሚኖሩ ሴቶችን ተጠቃሚ ለማድረግ በጣም ጠቃሚ ነው፡፡

ከዚህም ሌላ ላረጋግጥልዎት የምፈልገው እርስዎ የሚሰጡት ማንኛውም መረጃ ሚስጥራዊነቱ የተጠበቀና ለዚህ ጥናት አላማ ብቻ የሚውል መሆኑን ነው፡፡ ስምዎም አይፃፍም፡፡ በጥናቱ የመሳተፍ እና ያለመሳተፍ ወይም የማይፈልጉትን ጥያቄ ያለመመለስ መብትዎ የተጠበቀ ነው፡፡ በጥናቱ በመሳተፍዎ ወይም ባለመሳተፍዎ አሁንም ይሁን ወደፊት በሚያገኙት አገልግሎት ላይ ተፅዕኖ አያመጣም፡፡ ሌላው ደግሞ ግልፅ ያልሆነልዎ ነገር ካለ የመጠየቅ መብትዎ የተጠበቀ ነው፡፡

የበለጠ መረጃ ከፈለጉ የተመራማሪው አድራሻ ስም ልክለሽ ለማ

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አሁን በጥናቱ ላይ ለመሳተፍ በቅድሚያ ፍቃደኝነትዎን ይግለፁልኛ::

ፍቃደኛ ነኝ ☐

ፍቃደኛ አይደለሁም ☐

ፍቃደኛ ከሆኑ አመስግኖ በስምምነታቸው እንዲፈርሙ ማድረግ:: ፍቃደኛ ካልሆኑም ማመስገን

የስምምነት ማስፈረሚያ ቅፅ

ከላይ ያለው መረጃ ተነቦልኝና ተረድቼ በጥናቱ ላይ ለመሳተፍ ፍቃደኝነቴን በፊርማዬ አረጋግጣለሁ::

የተሳታፊው ፊርማ -----

የጤና ተቋሙ ስም -----

የጠያቂው ስም..... ፊርማ

መጠይቅ የተካሄደበት ቀን.....

የተቆጣጣሪው ስም..... ፊርማ.....

የተረጋገጠበት ቀን.....

11.6 መጠይቅ በአማርኛ

ኤች አይ ቪ በደማቸው ውስጥ ያለባቸውንና የቅድመ ፀረ ኤች አይ ቪ እና የፀረ ኤች አይ ቪ መድኃኒት ክትትል በማድረግ ላይ ባሉ ሴቶች ስለ ዘመናዊ የቤተሰብ ምጣኔ ዘዴዎች አጠቃቀም ለመዳሰስ ነው

ክፍል1. ማህበራዊና ኢኮኖሚያዊ ሁኔታን የሚዳስሱ መጠይቆች

ተ.ቁ	ጥያቄ	መልስ ኮዶች	ይለፉ
101	ዕድሜዎ ስንት ነው?	ዓመት	
102	ሀይማኖትዎ ምንድን ነው?	1.ኦርቶዶክስ 2.ሙስሊም 3.ካቶሊክ 4.ፕሮቴስታንት 5.ሌላ ካለ ይጥቀሱ	
103	ብሔርዎት ምንድን ነው?	1.አማራ 2.ኦሮሞ 3.ጉራጌ 4.ትግራይ 5.ሲዳማ 6.ሌላ ካለ ይጥቀሱ.....	
104	ማንበብ እና መጻፍ ይችላሉ?	1. እችላለው 2. አልችልም →	ጥ.ቁ 106
105	ከፍተኛ የትምህርት ደረጃዎ ምን ያህል ነው?	1. መደበኛ ያልሆነ 2. የክፍል ደረጃ -----	
106	የጋብቻ ሁኔታዎ ምን ይመስላል?	1.የገባች 2.ያላገባች 3.ባል የሞተባት 4.የፈታች 5.የተለያየች 6.ሳይጋቡ አብረው የሚኖሩ	
107	በአሁኑ ጊዜ የሚተዳደሩበት የስራ አይነት?	1.ስራ አጥ 2.የመንግስት ሰራተኛ 3.የግል ስራ ተቀጣሪ 4.የቤት እመቤት 5.የቀን ሰራተኛ 6.ነጋዴ 7.ሴተኛ አዳሪ 8.ተማሪ 9.ሌላ ካለ ይጥቀሱ	
108	የመኖሪያ ስፍራዎ የት ነው	1. ከተማ 2. ገጠር	
109	የወር ገቢ አለዎት?	1.አዎን 2.የለኝም →	ጥ.ቁ 111
110	ጠቅላላ የቤተሰብዎ የወር ገቢ	1.....የኢት.ብር	

	ምን ያህል ነው?	2.አላውቀውም.....	
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ክፍል 2 ዘመናዊ የቤተሰብ ምጣኔ አገልግሎትን የተመለከቱ መጠይቆች

111	ስለ ዘመናዊ የቤተሰብ ምጣኔ ዘዴዎች ሰምተው ያውቃሉ?	1.አውቃለው 2.አላውቅም—————→	ጥ.ቁ 125																								
112	መልሶ አውቃለው ከሆነ መረጃውን ከየት አገኙ?	1.ከጤና ባለሙያ 2.ከሬድዮ 3.ከጋዜጣ 4.ከቴሌቪዥን 5.ከጓደኞች 6.ሌላ ካለ ይገለፅ																									
113	ከዘመናዊ የቤተሰብ ምጣኔ ዘዴዎች የትኞቹን ያውቃሉ? (ከአንድ በላይ መልስ መስጠት ይችላሉ)	<table><thead><tr><th></th><th>አውቃለሁ</th><th>አላውቅም</th></tr></thead><tbody><tr><td>1.ኮንዶም</td><td>1</td><td>2</td></tr><tr><td>2.መርፌ</td><td>1</td><td>2</td></tr><tr><td>3.እንክብል(ፒልስ)</td><td>1</td><td>2</td></tr><tr><td>4.ሉፕ</td><td>1</td><td>2</td></tr><tr><td>5.በክንድ ስር የሚቀበር</td><td>1</td><td>2</td></tr><tr><td>6.ማዕፀን ማስቋጠር</td><td>1</td><td>2</td></tr><tr><td>7.ሌላ ካለ ይጥቀሱ.....</td><td></td><td></td></tr></tbody></table>		አውቃለሁ	አላውቅም	1.ኮንዶም	1	2	2.መርፌ	1	2	3.እንክብል(ፒልስ)	1	2	4.ሉፕ	1	2	5.በክንድ ስር የሚቀበር	1	2	6.ማዕፀን ማስቋጠር	1	2	7.ሌላ ካለ ይጥቀሱ.....			
	አውቃለሁ	አላውቅም																									
1.ኮንዶም	1	2																									
2.መርፌ	1	2																									
3.እንክብል(ፒልስ)	1	2																									
4.ሉፕ	1	2																									
5.በክንድ ስር የሚቀበር	1	2																									
6.ማዕፀን ማስቋጠር	1	2																									
7.ሌላ ካለ ይጥቀሱ.....																											
114	ዘመናዊ የቤተሰብ ምጣኔ ዘዴዎችን ተጠቅመው ያውቃሉ?	1.አውቃለሁ 2.አላውቅም—————→	ጥ.ቁ 125																								
115	አውቃለው ከሆነ ምን ዓይነት ዘዴ ነበር? (ከአንድ በላይ መልስ መስጠት ይችላሉ)	<table><thead><tr><th></th><th>አውቃለሁ</th><th>አላውቅም</th></tr></thead><tbody><tr><td>1. እንክብል(ፒልስ)</td><td>1</td><td>2</td></tr><tr><td>2.መርፌ</td><td>1</td><td>2</td></tr><tr><td>3. ሉፕ</td><td>1</td><td>2</td></tr><tr><td>4. ኮንዶም</td><td>1</td><td>2</td></tr><tr><td>5.በክንድ ስር የሚቀበር</td><td>1</td><td>2</td></tr><tr><td>6.ማዕፀን ማስቋጠር</td><td>1</td><td>2</td></tr><tr><td>7.ሌላ ካለ ይጥቀሱ.....</td><td></td><td></td></tr></tbody></table>		አውቃለሁ	አላውቅም	1. እንክብል(ፒልስ)	1	2	2.መርፌ	1	2	3. ሉፕ	1	2	4. ኮንዶም	1	2	5.በክንድ ስር የሚቀበር	1	2	6.ማዕፀን ማስቋጠር	1	2	7.ሌላ ካለ ይጥቀሱ.....			
	አውቃለሁ	አላውቅም																									
1. እንክብል(ፒልስ)	1	2																									
2.መርፌ	1	2																									
3. ሉፕ	1	2																									
4. ኮንዶም	1	2																									
5.በክንድ ስር የሚቀበር	1	2																									
6.ማዕፀን ማስቋጠር	1	2																									
7.ሌላ ካለ ይጥቀሱ.....																											
116	ኤች አይ ቪ ፖዘቲቪ መሆንዎን ካወቁ በኋላ የዘመናዊ የቤተሰብ ምጣኔ ተጠቅመው ያውቃሉ?	1.አውቃለሁ 2.አላውቅም—————→	ጥ.ቁ 125																								
117	እርገዝናን ለመከላከል ወይም ለማዘግየት በአሁኑ ወቅት ዘመናዊ የቤተሰብ ምጣኔ ዘዴ እየተጠቀሙ ነው ?	1.አዎን 2.አይደለም—————→	ጥ.ቁ 124																								

118	ለ117 አዎን ከሆነ የሚጠቀሙት ምን አይነት ዘዴ ነው? (ከአንድ በላይ መልስ መስጠት ይችላሉ)	አዎን የለም 1.ኮንዶም 1 2 2.እንክብል(ፒልስ) 1 2 3.መርፌ 1 2 4.ሉፕ 1 2 5.በአንድ ስር የሚቀበር 1 2 6.ማዕፀን ማስቋጠር 1 2 7.ሌላ ካለ ይጥቀሱ.....	
119	ኮንዶምን የመረጡበት ዋነኛ ምክንያትዎ ምንድን ነው? (ኮንዶም የሚጠቀሙ ከሆነ)	1.እርግዝናን ለመከላከል 2.የትዳር ጓደኛዬ ከቫይረሱ ነፃ ስለሆነ ነው 3.የጤና ባለሙያ ስለመረጠው 4.ሌላ የአባላዘር በሽታ ለመከላከል 5.ሌላ ካለ ይጥቀሱ.....	
120	ኮንዶም ያለማቋረጥ ይጠቀማሉ? (ለእያንዳንዱ የግብረ ስጋ ግንኙነት)	1.እጠቀማለሁ 2.አልጠቀምም	
121	ስለድንገተኛ የወሊድ መቆጣጠሪያ ያውቃሉ?	1.አውቃለሁ 2.አላውቅም	
122	ለ121 መልስዎ አውቃለሁ ከሆነ፤ ድንገተኛ የወሊድ መቆጣጠሪያ ተጠቅመው ያውቃሉ?	1.አውቃለሁ 2.አላውቅም	
123	ዘመናዊ የቤተሰብ ምጣኔ ሽገልግሎት የሚያገኙት ክየት ነው?	1.ፀረ ኤች አይ ቪ መድሐኒት ከሚሰጥበት ቦታ 2.ከዚህ የህክምና ተቋም የቤተሰብ ምጣኔ ክፍል 3.ከግል ጤና ተቋም 4.ከቤተሰብ መምሪያ 5.ሌላ ካለ ይጥቀሱ.....	
124	ለጥ.ቁ 117 መልስዎ አይደለም ከሆነ በአሁኑ ወቅት ዘመናዊ የቤተሰብ ምጣኔ የማይጠቀሙት ለምንድን ነው?	1.ስላላገባሁ ወይም የፍቅር ጓደኛ ስለሌለኝ 2.ስለማልወልደ ወይም መሆን ስለሆንኩኝ 3.መውለድ ስለምፈልግ 4.ባሌ ወይም ጓደኛዬ ስላልተስማማ 5.መገለል እና አድሎን በመፍራት	
125	ወደ ፊት ዘመናዊ የቤተሰብ ምጣኔ ዘዴ መጠቀም ይፈልጋሉ?	1.እፈልጋለሁ 2.አልፈልግም	

ክፍል 3 እርግዝናና መውለድን የተመለከቱ መጠይቆች

126	ኤች አይ ቪ በደምዎ ውስጥ መኖሩን ካወቁ በኋላ እርግዝና አጋጥሞዎት ያውቃል?	1. አዎን 2. የለም →	ጥ.ቁ 132
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127	እርግዝናው ሲከሰት በጊዜው እርግዝናውን ይፈልጉት ነበር?	1.መጀመሪያም እፈልገው ነበር → 2.ከሆነ በኋላ ፈለግኩት → 3.አልፈልገውም ነበር	ጥ.ቁ 132 ጥ.ቁ 132
128	ሳይፈልጉ ወይም ባልፈለጉት ጊዜ ምን ያህል እርግዝና አጋጥምዎታል?	ቁጥሩን ይፃፉ.....	
129	እርግዝናን ለመከላከል ወይም ለማዘግየት ያልቻሉበት ምክንያት ምንድን ነው?	1.ስለወሊድ መቆጣጠሪያ አጠቃቀም እውቀት ስላልነበረኝ ነው 2.የወሊድ መቆጣጠሪያ ለማግኘት ባለመቻሌ ነበር 3.የተጠቀምኩት የወሊድ መቆጣጠሪያ አገልግሎቱን ባለመስጠቱ ነበር 4.ባለቤቴ ወይም ንደኛዬ የወሊድ መቆጣጠሪያ እንድወስድ ባለመስማማቱ ነበር 5.የወሊድ መከላከያውን የጎንዮሽ ጉዳት በመፈራት 6.ከፀረ ኤች አይ ቪ መድሐኒት ጋር ያለውን ተፅዕኖ በመፍራት 7.ሌላ ካለ ይጥቀሱ.....	
130	ኤች አይ ቪ በደምዎ ውስጥ መኖሩን ካወቁ በኋላ ውርጃ/የፅንሰ ማቋረጥ አድርገው ያውቃሉ ?	1 አዎን 2.የለም →	ጥ.ቁ 132
131	ምን ያህል ውርጃ/የፅንሰ ማቋረጥ አድርገዋል?	ቁጥሩን ይፃፉ.....	
132	ልጅ(ልጆች) አለዎት?	1.አዎን 2.የለኝም →	ጥ.ቁ 134
133	አዎን ከሆነ በህይወት ስንት ልጅ አለዎት?	ቁጥሩን ይፃፍ.....	
134	ወደ ፊት ልጅ እንዲኖርዎት ይፈልጋሉ?	1.እፈልጋለሁ 2.አልፈልግም →	ጥ.ቁ 136
135	ልጅ ለመውለድ ያለቡት መቸ ነው?	1.አሁኑኑ 2.ቢያንስ ሁለት አመት ቆይቼ 3.አላውቅም	

ክፍል 4 ኤች አይ ቪ ከአናት ወደ ልጅ እንዳይተላለፍ መከላከልን የተመለከቱ መጠይቆች

136	ኤች አይ ቪ ከአናት ወደ ልጅ ይተላለፋልን?	1.አዎን 2.አይተላለፍም → 3.አላውቅም →	ጥ.ቁ 140 ጥ.ቁ 140
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137	ለ136 መልስዎ አዎን ከሆነ የሚተላለፈው መች ይመስልዎታል? (ከአንድበላይ መልስ መስጠት ይቻላል)	1.በእርግዝና ጊዜ 2.በወሊድ ጊዜ 3.በጡት ማጥባት ጊዜ 4. አላውቅም	
138	ኤች አይ ቪ ከእናት ወደ ልጅ መተላለፍን የሚቀንሱ መንገዶች እንዳሉ ያውቃሉ?	1.አዎን 2.አላውቅም →	ጥ.ቁ 140
139	መልስዎ አዎን ከሆነ የትኛው መንገድ ይመስልዎታል? (ከአንድ በላይ መልስ መስጠት ይቻላል)	1.እርግዝና እንዳይከሰት ማድረግ 2.ፀረ ኤች አይ ቪ መድሐኒት መጠቀም 3.በቀዶ ጥገና መውለድ 4.እስከ 6 ወር ጡት ብቻ ማጥባት 5.ጡት ባለማጥባት 6.ሌላ ካለ ይጥቀሱ.....	

ክፍል.5 ማህበረሰቡንና ደንበኛን የተመለከቱ መጠይቆች

140	ኤች አይ ቪ በደምዎ ውስጥ መኖር ዘመናዊ የቤተሰብ ምጣኔ ዘዴ አጠቃቀም ላይ ተፅዕኖ አድርጎታል?	1.አዎን 2.የለም	
141	ስለ ቤተሰብ ምጣኔ አገልግሎት ከትዳር ጓደኛዎ ጋር በግልፅ ተወያይተዋል?	1.አዎን 2.የለም	
142	ባለቤትዎ ዘመናዊ የቤተሰብ ምጣኔ አገልግሎት እንዲጠቀሙ ይረድዎታል?	1.አዎን 2.የለም	
143	የዘመናዊ የቤተሰብ ምጣኔ አገልግሎት እንዲጠቀሙ የአቻ አነሳሽነት/እርዳታ ነበርዎት?	1.አዎን 2.የለም	
144	ዘመናዊ የቤተሰብ ምጣኔ አገልግሎት በመጠቀም የሀይማኖት ተፅዕኖ አለው?	1.አዎን 2.የለም	

ክፍል 6. አገልግሎት አሰጣጥን የተመለከቱ መጠይቆች

145	ዘመናዊ የቤተሰብ ምጣኔ አገልግሎት በፈለጉ ጊዜ ያገኛሉ?	1.አዎን 2.የለም	
146	በፀረ ኤች አይ ቪ ክፍል ስለ ዘመናዊ የቤተሰብ ምጣኔ የምክር አገልግሎት ያገኛሉ?	1.አዎን 2.የለም	
147	ጤና ተቋማቱ የቤተሰብ ምጣኔ ፍላጎትዎን ያሟላሉ?	1.አዎን 2.የለም	
148	የፀረ ኤች አይ ቪ መድሐኒት እና ኤች አይ ቪ ከእናት ወደ ልጅ እንዳይተላልፈ መከላከል አገልግሎት መኖር የእርግዝና ፍላጎት ላይ ተፅዕኖ አድርጎአል?	1.አዎን 2.የለም	
149	በዘመናዊ የቤተሰብ ምጣኔ ምርጫ ላይ የዘመናዊ የቤተሰብ ምጣኔ ዘዴዎች የጎንዮሽ ጉዳት ተፅዕኖ አድርጎቦታል?	1.አዎን 2.የለም	

ክፍል 6 በፍቃድኝነት ላይ የተመሰረተ የምክር አገልግሎትና የደም ምርመራ እንዲሁም የፀረ ኤች አይ ቪ ህክምናን የተመለከቱ መጠይቆች

150	ኤች አይ ቪ በደም ውስጥ መኖሩን ካወቁ ምን ያህል ጊዜ ይሆንዎታል?	1.ጊዜውን ይፃፉ----- 2.አላስታውስም	
151	በአሁኑ ወቅት የፀረ ኤች አይ ቪ መድሐኒት ይጠቀማሉ?	1.አዎን 2.የለም	
152	የፀረ ኤች አይ ቪ መድሀኒት መውሰድ ከጀመሩ ምን ያህል ጊዜ ሆኖዎታል?	1.ጊዜው ይጠቀስ----- 2.አላስታውስም	
153	የቅርብ ጊዜ የCD ₄ ቁጥርዎ ስንት ደርሷል?	ቁጥሩን ይፃፉ-----	
154	ኤች አይ ቪ የደም ምርመራ ውጤትዎን ለባለቤትዎ/ለጓደኛዎ አሳውቀዎልዎ?	1.አዎን 2.አላሳውቅኩም	
155	ባለቤትዎ/ጓደኛዎ የኤች አይ ቪ ምርመራ አድርገዎልዎ?	1.አዎን 2.የለም 3.አላውቅም	
156	ለ155 መልስዎ አዎን ከሆነ የባለቤትዎ/ጓደኛዎ የHIV ደም ምርመራ ውጤት ምን ነበር?	1.ፖዘቲቭ 2.ኔጌቲቭ	

አዲስ አበባ ዩኒቨርሲቲ ህክምና ፋኩልቲ

የህብረተሰብ ጤና ሳይንስ ትምህርት ቤት

11.7 የጥልቅ መጠይቅ መመሪያ ነጥቦች በአማርኛ መግቢያ

ጤና ይስጥልኝ

እንኳን ደህና መጡ! በቅድሚያ በውይይታችን ላይ ስለተገኙ እናመሰግናለን!

ስሜ-----ይባላል። የመጣሁት ከአዲስ አበባ ዩኒቨርሲቲ ህክምና ፋኩልቲ የህብረተሰብ ጤና ሳይንስ ትምህርት ቤት ለድህረ ምረቃ ኘሮግራም ማሟያ የሚሆን የመመረቂያ ጥናቴን ለመስራት ነው። የዚህ ጥናት ዋና አላማ ኤች አይ ቪ በደማቸው ውስጥ ያለባቸውን የቅድመ ፀረ ኤች አይ ቪ እና የፀረ ኤች አይ ቪ መድኃኒት ክትትል በማድረግ ላይ ባሉ ሴቶች ዕድሜያቸው(18-49) ስለ ዘመናዊ የቤተሰብ ምጣኔ ዘዴዎች አጠቃቀም ለመዳሰስ ነው። እርስዎ የሚሰጡን መረጃ በቤተሰብ ምጣኔ ላይ አዲስ ተገቢነት ያለው የስራ አፈጻጸም በመቅረብ እና ፕሮግራም አፈፃፀም ማሻሻያ በማድረግ ከሻይረሱ ጋር የሚኖሩ ሴቶችን ተጠቃሚ ለማድረግ በጣም ጠቃሚ ነው። ውይይታችን በተዋልዶ ጤናና ቤተሰብ ምጣኔ ላይ ያለዎትን ግንዛቤ ለማወቅ ስለሚረዳን ያለዎትን ሀሳብ ምንም ይሁን ምንም በነፃነት እንዲገልፁልን በአክብሮት እንጠይቃለን። ፍቃደኛ ከሆኑ ለማስታወስ ይረዳን ዘንድ በቴፕ እንቀዳለን። የተሳታፊ ስም አይገለፅም ። የውይይታችን ምስጢር የተጠበቀ መሆኑን ከወዲሁ እንገልፃለን። ውይይታችንን ከመጀመራችን በፊት ፍቃደኝነትዎን ገልፀው የስምምነት ውሉን እንዲሞሉልን እንጠይቃለን።

ፍቃደኛ ነኝ ☐

☐ ፍቃደኛ አይደለሁም

የተሳታፊ ፊርማ _____

መለያ _____

ዕድሜ _____

የጋብቻ ሁኔታ _____

የትምህርት ደረጃ _____

የልጆች ብዛት _____

የተሳታፊዎች ጥልቅ መጠይቅ መመሪያ ነጥቦች

በድጋሚ ወደ ውይይታችን እንኳን በደህና መጡ!

1. ከኤች አይ ቪ ጋር ለሚኖሩ ሴቶች የስነ ተዋልዶ ጤና ትኩረት የሆኑትን ሊዘረዝሩልኝ ይችላሉ? በእርስዎ አመለካከት አሁን ከገለፁት የስነ ተዋልዶ ጤና ችግሮች ውስጥ የትኞቹ ችግሮች ከፍተኛ ትኩረት ያስፈልጋቸዋል ይላሉ?

2. ከኤች አይ ቪ ጋር ለሚኖሩ ሴቶች ያልታሰበ እርግዝናን እንዴት ይመለከቱታል (ከላይ ከተገለፁት ውስጥ ካልተገለፀ)

- ኤች አይ ቪ ፖዘቲቭ በሆኑ ሴቶች ላይ ያልታሰበ እርግዝናን ክስተት ጋር ተያይዞ ሊነሱ የሚችሉ ምክንያቶችን ሊገልፁልኝ ይችላሉ?
- ከኤች አይ ቪ ጋር የሚኖሩ ሴቶች ያልታሰበ እርግዝናን ለመከላከል/ ለማስወገድ ምን ማድረግ አለባቸው በለው ያስባሉ?
- ያልታሰበ እርግዝናን መከላከል/ ማስወገድ ይቻላል? “ይቻላል” ከሆነ እንዴት? “አይቻልም” ከሆነ ለምን?

3. አሁን ስለ ዘመናዊ የቤተሰብ ዕቅድ አገልግሎት እንነጋገር :: ዘመናዊ የቤተሰብ ዕቅድ የሚለውን ሀሳብ እንዴት ይረዱታል?

- ስለ ዘመናዊ የቤተሰብ ዕቅድ ዘዴዎች የሚያውቁትን ወይም የሰሙትን ሊገልፁልኝ ይችላሉ?
- ከኤች አይ ቪ ጋር የሚኖሩ ሴቶች የዘመናዊ የቤተሰብ ዕቅድ ዘዴዎችን ይቀበሉታል ብለው ያምናሉ? የበለጠ ሊያብራሩልን ይችላሉ? ምሳሌስ ሊሰጡን ይችላሉ? ሌላ የቀረ ካለ ይግለፁልን?
- በአሁኑ ሰዓት እርስዎ ዘመናዊ የቤተሰብ ዕቅድ አገልግሎት እየተጠቀሙ ነው
- አሁን ለምንድን ነው ዘመናዊ የቤተሰብ ዕቅድ አገልግሎት የማይጠቀሙት

4. በእርስዎ አመለካከት ኤች አይ ቪ ፖዘቲቭ የሆኑ ሴቶች ዘመናዊ የቤተሰብ ዕቅድ ዘዴዎች መጠቀም እየፈለጉ የማይጠቀሙበት ምክንያቶች ምን ይመስልዎታል?

- ከትዳር አጋር/ከባለቤታቸው ጋር አለመስማማት
- ስለ ዘመናዊ የቤተሰብ ዕቅድ ዘዴዎች የመረጃ/ የዕውቀት ማነስ
- የዘመናዊ የቤተሰብ ዕቅድ ዘዴዎች አቅርቦት
- ከጤና ባለሙያዎች ጋር ባለው ሁኔታ
- የዘመናዊ የቤተሰብ ዕቅድ ዘዴዎች የጎንዮሽ ጉዳት

- የሀይማኖት ተቃውሞ/ የእኛ ተቃውሞ

5. ኤች አይ ቪ ፖዘቲቭ የሆኑ ሴቶች ዘመናዊ የቤተሰብ ዕቅድ ዘዴዎች ለመጠቀም በፀረ ኤች አይ ቪ ህክምና ክፍል ምን ምን ችግሮች ያጋጥሟቸዋል?

6. በፀረ ኤች አይ ቪ ህክምና ክፍል ስለ ዘመናዊ የቤተሰብ ዕቅድ ዘዴዎች የሚደረገውን የምክር አገልግሎት እንዴት ያዩታል?

(ግንኙነታቸው በተመለከተ፡ የክትትል ሁኔታ፡ የሚሰጣቸው መረጃ ፡ የምክር አገልግሎቱ ጥራት፡ ይህን ጉዳይ በነፃነት ይወያያሉ፡ የባለሙያዎች ምስጢር ጠባቂነት)

7. ሌላ መጨመር ወይም ማለት የሚፈልጉት ነገር ካለ ይግለፁልን።

አዲስ አበባ ዩኒቨርሲቲ ህክምና ፋኩልቲ

የህብረተሰብ ጤና ሳይንስ ትምህርት ቤት

መግቢያ

ጤና ይስጥልኝ

ስሜ-----ይባላል። የመጣሁት ከአዲስ አበባ ዩኒቨርሲቲ ህክምና ፋኩልቲ የህብረተሰብ ጤና ሳይንስ ትምህርት ቤት ለድህረ ምረቃ ንግግራም ማሟያ የሚሆን የመመረቂያ ጥናቴን ለመስራት ነው። የዚህ ጥናት ዋና አላማ ኤች አይ ቪ በደማቸው ውስጥ ያለባቸውንና የቅድመ ፀረ ኤች አይ ቪ እና የፀረ ኤች አይ ቪ መድኃኒት ክትትል በማድረግ ላይ ባሉ ሴቶች ዕድሜያቸው(18-49) ስለ ዘመናዊ የቤተሰብ ምጣኔ ዘዴዎች አጠቃቀም ለመዳሰስ ነው። እርስዎ የሚሰጡን መረጃ ከኤች አይ ቪ ጋር ለሚኖሩ ሴቶች ለወደፊቱ የዘመናዊ የቤተሰብ ምጣኔ አገልግሎት በተሻለ መልኩ እንዲሰጥ ከፍተኛ ድጋፍ ያደርጋል። ስለዚህ ለመሳተፍ ፍቃደኛ ከሆኑ ከዘመናዊ የቤተሰብ ምጣኔ አገልግሎት ጋር የተያያዙ ጠቃሚ የሆኑ የመወያያ ነጥቦችን በማንሳት እንወያያለን። ከጥናቱ ጋር የተያያዙ ጥያቄዎችን በነፃነት የመጠየቅ መብት አለዎት።

ፍቃደኛ ነኝ ☐

☐ ፍቃደኛ አይደለሁም

የተሳታፊ ፊርማ _____

መለያ _____

ዕድሜ _____

የትምህርት ደረጃ _____

ሙያ _____

ለጤና ባለሙያ የጥልቅ መጠይቅ መመሪያ ነጥቦች

1. ከኤች አይ ቪ ጋር የሚኖሩ ሴቶች ከእናንተ ጤና ተቋም የሚያገኙትን የዘመናዊ የቤተሰብ ምጣኔ አገልግሎት ሊገልፁልኝ ይችላሉ?
2. ከኤች አይ ቪ ጋር ለሚኖሩ ሴቶች በምትሰጡት የዘመናዊ የቤተሰብ ምጣኔ አገልግሎት ላይ ያለዎት አስተያየት ሊሰጡኝ ይችላሉ? ለምሳሌ
 - ከአቅርቦትና ፍላጎት ጋር በተያያዘ
 - የአጠቃቀም ሁኔታ ጋር በተያያዘ
 - ከአገልግሎት አሰጣጥ ጋር በተያያዘ
 - ከባለሙያው ጋር በተያያዘ
3. ከኤች አይ ቪ ጋር የሚኖሩ ሴቶች የዘመናዊ የቤተሰብ ምጣኔ ለመጠቀም የሚያጋጥማቸው ችግሮች ምንድን ናቸው ለምሳሌ
 - ከደንበኛ እይታ
 - ከትዳር ጓደኛ እይታ
 - ከቤተሰብ
 - ከማህበረሰብ
4. ከኤች አይ ቪ ጋር ለሚኖሩ ሴቶች ስለዘመናዊ የቤተሰብ ምጣኔ የምክር አገልግሎት በሚሰጡበት ጊዜ የሚያጋጥምዎትን ችግር ሊገልፁልኝ ይችላሉ
5. ከኤች አይ ቪ ጋር ለሚኖሩ ሴቶች የዘመናዊ የቤተሰብ ምጣኔ አገልግሎትን ለመስጠት ዋነኛ እንቅፋት የሆኑ ችግሮች ሊዘረዝሩልኝ ይችላሉ
6. ከኤች አይ ቪ ጋር ለሚኖሩ ሴቶች የዘመናዊ የቤተሰብ ምጣኔ አገልግሎትን ለማጠናከር ያለዎትን አስተያየት ሊሰጡኝ ይችላሉ ?

ጊዜዎን ሰጥተው ስላናገሩኝ አመሰግናለሁ!!