

Addis Ababa University
College of Health Science
Department of Nursing

ASSESSMENT OF FACTORS AFFECTING CONTRACEPTIVE USE AMONG
PREPARATORY SCHOOL ADOLESCENTS IN ADDIS ABABA, 2010.

BY
TANGUTE DEMAS (*RN, BSc*)

A thesis submitted to the school of Graduate Studies of Addis Ababa University in
partial fulfillment of the requirements for the Degree of Masters in Nursing.

JUNE, 2010

ADDIS ABABA, ETHIOPIA

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Advisor

ERDAW TACHBELE (BSc, MSc)

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APPROVAL BY THE BOARD OF EXAMINERS:

This thesis by Tangute Demas is accepted in its present form by the board of examiners as satisfying thesis requirement for the degree of Masters of Science in Adult Health Nursing

Internal examiner

_____	_____	_____	_____
Full name	Rank	Sign.	Date

Research Advisor/Supervisor

_____	_____	_____	_____
Full name	Rank	Sign.	Date

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ACRONYMS

AAU: Addis Ababa University

AIDS - Acquired Immunodeficiency Syndrome

ARH-Adolescent Reproductive Health

CP- Contraceptive

DHS -Demographic and Health Survey

EPHA -Ethiopian Public Health Association

FDRECSA –Federal Democratic Republic of Ethiopia Central Statistical Agency

FGD -Focus Group Discussion

FGAE -Family Guidance Association Ethiopian

FP : Family Planning

HAPCO - HIV/AIDS Prevention and Control Office

HIV - Human Immunodeficiency Virus

IEC -Information Education Communication

IUCD: Intra Uterine Contraceptive Device

MOH - Ministry of health

NGOs-Non Government Organizations

RH -Reproductive Health

STDs -Sexual Transmitted Diseases

STIs -Sexual Transmitted Infections

UNFPA - United Nations Population Fund

UNICEF -United Nation Children’s Fund

WHO -World Health Organization

Abstract

Background: Adolescents in Ethiopia are exposed to various risks, such as human immunodeficiency virus (HIV), other sexually transmitted infections (STIs), unwanted pregnancy and unsafe abortion due to unprotected sex while they have high knowledge of contraceptive use.

Objective: To assess the factors affecting modern contraceptives utilization among preparatory school adolescents

Methods: A cross sectional school based study was conducted on April to May 2010 in Addis Ababa Administration using multistage stage sampling technique .A total of 830 students in five government and three non government schools were included in the study. A pre tested structured questionnaire complemented with focus group discussion were used for data collection. The data entered cleaned and analyzed using SPSS version 15 software. Frequencies, cross- tabulations and logistic regression were used

Result Overall from 830 preparatory school adolescents 159(19.2) % were sexually active .Of which 69(43.4 %) had used modern contraceptive methods. Most of the respondents used condom 52 (75.4%). Significantly higher proportion of male adolescents 55(79.7%) than females 14(20.3%) used contraceptives. In the binary logistic regression sex, living with friends, living alone, having pocket money, discuss sexual related issue with friends, condom, shops and affordable service were found to be significant predictors of contraceptive use.

Conclusion The prevalence of contraceptive use was low this showed that sexually active adolescents are highly exposed to the consequences of unprotected sex

Adolescents who discuss sexual related issues with their close friends were more likely to use contraceptive than who don't

Adolescents who had pocket money were more likely to use contraceptives than who had no

Religious prohibition, ashamed to buy, emotional and unplanned sexual practice, fear of being seen by some one who knows them and trust their partner were the most frequently reported reasons for not to use contraceptives by school adolescents

The most preferred method for future use was condom and the most preferred source for future use was shop

Recommendation Establish Parents- teachers - students relationship to have free discussion time in order to decrease their fear and ashamed about sexuality to bring behavioral change

Since the most affecting factor to use contraceptive by sexually active school adolescents were ashamed to buy and emotional unplanned sexual practice, other strategies like getting the service every where when they need by using modern technology should be considered

Most of the adolescents preferred to use condom with affordable service from the shop, considering this training to the shopkeepers about the storage and supplying of condom is mandatory since condom can be easily affected by heat

Key words are:

Adolescents, contraceptive use and factors affecting to the use of contraceptive

1. INTRODUCTION

1.1. Background

Adolescence is defined as transition period of life between childhood and adulthood.

World Health Organization (WHO) defines adolescent people as those between the ages of 10 to 19 years. (1) During which young people experience changes following puberty. Sexual activities among adolescents have been reported to be increasing world wide. Several studies in sub-Saharan Africa have also documented high and increasing premarital sexual activities among adolescents (2)

Sexual and reproductive health of adolescents has been a major international concern and it had been very clearly indicated in the 1994 International Conference on Population and Development (ICPD) in Cairo (3).

Young people have special sexual and reproductive health needs because of their relatively high risk of being exposed to inaccurate or incomplete information; acquiring human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs), and experiencing unintended pregnancies and maternal complications.(4)

On the other hand; young people often face enormous pressure to engage in sex, especially from peers, exposure to unlicensed video films and the desire for economic gain. (4) As the result of this, significant numbers of adolescents are involved in sexual activities at an early age .

Adolescents in Ethiopia are also exposed to various risks such as unprotected sex, early marriage, early pregnancy and STIs/ including HIV/AIDS. Studies have shown that in Ethiopia 60% of adolescent pregnancies are unwanted or unintended (5)

In Ethiopia unsafe abortion as part of maternal mortality is 33%. Because unsafe abortion causes one-third of maternal mortality even the Ethiopian government reformed its abortion laws in 2005, making the procedure legal in cases of rape and incest, to save the life or health of the mother, and for minors. Safe abortion remains largely inaccessible, however, particularly in rural areas (6).

Studies about STIs in adolescents show that the incidence is increasing. Today, each year, one in 20 adolescents suffers from an STI other than HIV/AIDS. Moreover, half of new HIV cases are observed in the 15-24 age groups (3) In Ethiopia the HIV prevalence currently is 2.1%. It is common among 15-19 year old and is Seven times higher among young women than men. (6).

The sexual and reproductive health behavior of this age-group will critically affect global population growth patterns. Eighty-five percent of the 1.2 billion adolescents (10-19 years) worldwide live in developing countries and comprise of over quarter of its population (3.) Ethiopia is the third most populated country in Africa, with a population of approximately 79 million people. The majorities of its population are Adolescent constitute one fourth of the total population of the country. (7)

The material, social, general health, and reproductive health needs of Ethiopian adolescents have not been given attention until very recently. Government policies and programs so far have tried to address the needs of adolescents along with the general population.

Presently there is a greater concern and recognition by the Government that adolescent has special needs that require policy and programs effort. On this line the federal Ministry of Health began to work to wards the development of a youth policy to address adolescent reproductive health (ARH) needs in 1996. It has organized an ARH steering committee and has identified HIV/AIDS infection, abortion and its complication, early marriage and motherhood and high-risk pregnancies as critical ARH issues (8) In addition to government effort, many NGOs operating in Ethiopia have taken the initiative to organize ARH programs in the country. Among the programs the youth clinics organized by family guidance association of Ethiopia(FGAE) and Marie Stopes international Ethiopia runs reproductive health counseling and services including provision of contraceptives (cp).(9)

Though, the return is not satisfactory there are continuing efforts to increase contraceptive Prevalence rate of the country through different service delivery outlets such as public facilities community based distribution, commercial marketing and private sector channels.

Despite the efforts, the contraceptive prevalence rate of the country is at its crawling pace for many years reaching only 14 % and unmet need for family planning, 15-24 year olds: 30% (6).Previous studies indicated that adolescents in the city has high knowledge but low level of contraceptive use, and high rates of unwanted pregnancy and unsafe abortion while contraceptive methods that can prevent both were provided free of charges (9, 10).

1.2. Statement of the Problem

Unprotected sexual activities results not only expose to HIV and AIDS including STDs, but also unwanted pregnancy for females, which is a major reproductive health, social and economic problem. In addition, unwanted pregnancy among female students may lead to school dropout and a failure to complete their education. The situation is serious for those who are not physically matured. Hence, unwanted pregnancies may end up with illegal and unsafe abortion, which may lead to death (11)

Different studies conducted among adolescents in the city of Addis Ababa revealed that vast majority of (93-98 %) adolescent has knowledge of at least one method of contraceptives. Despite the high knowledge and high potential coverage, less than one in third (27.5%) sexually active adolescents ever used contraceptive (9) A study conducted among school adolescents in Injibara town, Awi zone shows that 20.2 *percent* of school adolescent had experienced premarital sex. Among sexually active school adolescents only (38 percent) had ever used contraceptive, while (23 percent) used condom at first sexual intercourse .The findings of this study show that adolescents were involved in sex at early ages and most of them did not use contraceptive methods (12)

Previous studies have assessed the discrepancy between knowledge and practice and the consequences of the discrepancies but do not address the factors that affect contraceptives use which makes it important to assess.

This study assessed factors that affect utilization of contraceptives in preparatory school adolescents, to potentiate previous findings and came up with new findings to fill the gap.

Hence, the study attempts to answer the following basic questions,

1. What is the status of modern contraceptive use by preparatory school adolescents?
2. What are the choices of contraceptive methods by preparatory school adolescents?
3. Where is the preference source of contraceptives by preparatory school adolescents?
4. What are the factors that affect the use of modern contraceptive method among preparatory school adolescents?

1.3. Significance of the Study

This study was assessed the prevalence of contraceptive use, choices of adolescents toward contraceptive method and factors affecting contraceptive use among preparatory students. It is with the hope that the result of this study will help to reduce unwanted pregnancy, unsafe abortion, STIs including HIV/AIDS, to give recommendation for policy maker, to design methods for intervention and to promote utilization of contraception.

2. LITERATURE REVIEW

2.1. Sexual Practice of Adolescents

According to the Office of Sustainable Development for Africa, adolescence is a time of choices of gaining autonomy, assuming responsibility, and making choice. Numerous pressures arise for girls and boys to engage in sexual activity, not only being their emerging sexual desire, but also biological, social and economic pressures may enforce young people to engage in sexual activity. (13)

Sexuality is seen as a taboo; because of cultural taboos adolescents in many developing countries rarely discuss sexual matters explicitly with their parents. Most of the information comes from peers of the same sex who may themselves lack adequate information or are incorrectly informed (2) especially among girls, several parents continue to hold traditional belief in regard to their relationship with adolescents and do not talk about sex with their children despite different socio-economic levels, and traditional beliefs commonly prevail. The tradition of silence continues for those going to school adolescents are unable to acquire adequate information during their formal education. As a consequence, they may resort to different sources of information and may be misled and get wrong information.(3) On the other hand, on the contrary of the traditional attitude, different patterns of attitudes and behaviors about pre-marital sex can be present especially among young people at universities in big cities.(3)

Fall in the age of menarche, increasing age at first marriage, increased participation of women in the labor force, wide spread migration to urban towns, weakening of traditional norms and values and transmission of new ideas through films, music, book and mass media are believed to be contributory to this observed increase in premarital sexual activity (14)

Unprotected sexual activities results not only expose to HIV and AIDS including STDs, but also unwanted pregnancy for females, which is a major reproductive health, social and economic problem. In addition, unwanted pregnancy among female students may lead to school dropout and a failure to complete their education. The situation is serious for those who are not physically matured. Hence, unwanted pregnancies may end up with illegal and unsafe abortion, which may lead to death (11)

Ethiopia is a developing country with a demographic profile dominated by a young population. Due to biological, socio-cultural and economic factors, young people, particularly those aged 14-19 years, are generally at a high risk of HIV/AIDS and other reproductive health problems (15).

Data from ministry of labor and social affairs (MOLSA) showed that 22.9% of males and 19.7% of females in the 15-19 years age group, and 53.4% of males and 19.7% of females in the 18-19 years age group had had sexual intercourse before marriage. (14)

A cross sectional study was conducted to assess the magnitude of pre marital sexual practices and factors related to it among randomly selected sample of Ambo high school students from Jan. 2006 to Feb. 2006. A total of 813 students were participated in the study. About 19.4% of the respondents had experienced sexual intercourse(16). Another study revealed that 52.8% of high school students in North Western Ethiopia to be sexually active with mean age at first sexual contact being 16 years of age. (11)

2.2. Unwanted Pregnancy and Abortion

Fifteen millions of adolescents experience pregnancy each year. Since most of these pregnancies are unwanted, young women tend to have induced abortions, whether legal or not. According to WHO projections, nearly half of the induced abortions occur under unsafe conditions (3).

Unintended pregnancy may lead to an induced abortion, which in the case of an experienced or ashamed adolescent is likely to take place later in the pregnancy and involve greater risks to life, health and future fertility.

The proportion of adolescents who seek abortion has been increasing, especially among younger adolescents (15-17years). About 10.0% of pregnancies each year occur among teenagers. UNFPA reported that 10-14% of young unmarried women around the world have unwanted pregnancies and at least 2.0- 4.4 million abortions occur among adolescent women in developing countries each year.

Adolescents may more often delay seeking care for abortion-related complications due to lack of transportation, lack of knowledge about where post abortion care can be obtained, fears of censure from their parents and health-care providers, fear of legal repercussions, or lack of money to pay for services. (17)

Multisided hospital based abortion survey in Addis Ababa also showed that 38.9% of the admission for abortion complications were adolescents under the age of 20 and 78% and 69.2% of aborted pregnancies were unplanned and unwanted respectively (18)

A study on gender differentials in adolescent sexual activity and reproductive health risks in Bahirdar town Shows that among 58.8 percent pregnant adolescents, 34 .8 percent of them already became a teenage mother. This indicates that female adolescents are at a higher risk in sexual and reproductive health problems. (15)

2.3. Sexually Transmitted Disease and HIV/AIDs

Studying sexual behavior and its associated problems have increasingly been on national agenda of many researches today. This is mainly because many adolescents and young adults are highly affected by sexual related problems and the prevalence of HIV and AIDS, early child bearing, early onset of sexual activity among people in different countries of the world (19)

Studies shown that students highly affected by HIV and AIDS, because most of them are among the young age group who start sex early, which are more likely to have sex with high risk partners or multiple partners and less likely to use condom (20) Recent studies conducted in developing countries indicate that unprotected sexual behavior among unmarried young is on the rise and therefore the risk of unwanted pregnancy, unsafe abortion, and STIs including HIV/AIDS is very high for adolescents (21)

The percentage of adolescents who reported having a sexually transmitted disease during the previous years among adolescents currently aged 14-19, who were sexually experienced, 35.5 percent of female and 41.1 percent of male adolescents reported having a sexually transmitted disease during the previous year and of these, 57.3 percent of females and 61.8 percent of males reported having had a sexually transmitted disease during the last one year (15)

2.4 Contraceptives Knowledge and Use of Adolescents

Modern contraceptive methods are the prominent fertility regulation strategies that play crucial role in prevention of STIs including HIV/ADS, unwanted pregnancy and unsafe abortion, reducing maternal, infant and child mortalities. They contribute a lot in poverty reduction and have substantial impact on social, economic, political, and environmental issues. How ever

Studies have shown that a significant proportion of the young people have knowledge of contraceptive methods, but in terms of use especially in less developed countries, it is very low.

The situation is more pronounced among adolescents and young unmarried segments of the population than the adult people, (19)

A cross sectional comparative survey was conducted to assess barriers to the use of contraceptive among adolescents, in a randomly selected samples of in and out of school adolescents in Addis Ababa city administration. Of the 1591 respondents 733 (92.1%) out of school and 778 (97.6%) in school adolescents have heard about contraceptives. but, only 28.6% of out of school and 49.3% of in school ever users consistently used contraceptive(22).

The level of Knowledge of contraceptives was quite high however; knowledge of adolescents about sources of contraceptive was inadequate and majority of adolescent ever users used modern contraceptive and most of ever users used condom, the level of consistent use was very low thus, sexually active adolescents are highly exposed to consequences of unprotected sex. (22)

A study in Ambo high school revealed that about 19.4% of the respondents had experienced sexual intercourse, Eighty eight (56.4%) of the sexually active respondents claimed to have more than one sexual partners. About 16.5% of sexually active male adolescents visited female commercial sex workers of which only 27.6% reported consistent condom use and 44.8% never used condom during sexual intercourse with female commercial sex workers. (16). Despite the high HIV prevalence rate and unmet need for contraception, the rate of condom use in Ethiopia is extremely low. A recent study found that just half of young men used a condom as last high-risk sex. (10)

2.5. Factors Influencing Contraceptive Use

There was evidence of an association between women educational attainment and modern contraception use in Malawi and Tanzania, where the more educated were more likely to use modern methods (23)

Study done in east Africa has shown that an individual woman attitudes, beliefs or religion can also influences her contraceptive use directly or indirectly through her desire for children. More traditional beliefs can support the demand for large families and limit the up take of contraception, particularly non traditional method. Clearly, a variation in knowledge and attitudes could potentially create variation in modern contraceptive use (23)

The study showed that adolescents lack of adequate information and knowledge about sexual and RH leads to initiate to perform risky sexual practices that exposed them to RH problem and they were not capable to take action to protect themselves from various sexual risk exposures (15).

Study done in Kamise Zone Amhara Region indicated that the odds of modern contraceptive usage significantly increased as the educational level of women increase and married women are about two times more likely to practice modern contraception as compared to unmarried, widowed and divorced women and this difference is statistically significant. Contraceptive use increased with increasing level of average monthly income of a family. Women with income of 500 and above significantly use modern contraceptive than women whose income is lower than 150 (24)

Studies conducted in Mareka woreda, revealed that educational status at high school level and above is positively associated with current contraceptive utilization (25). The reported reasons for not using contraceptives are lack of knowledge, lack of support from the community and cultural, religious and traditional objections (11). Perceived negative consequences are among the most frequently reported reasons for nonuse in Ethiopia. Fear of reduced sexual pleasure and perceived unreliability of condoms because of presumed susceptibility to tearing and slipping off during intercourse have often been cited (26, 27, and 28)

A study conducted in Dembia District, Kolla Diba town has shown that a total of 144 (46.6%) women who had ever used contraceptives discontinued taking contraceptives, the two most important reasons for discontinuing were perceived side effects of the contraceptives by 62 (43.1%) and wanting to have more children by 50 (34.7%) women (29).

Though adolescents are considered by the societies like Ethiopia relatively disease free, they are at greater risk of various reproductive health problems as a consequence of unprotected sexual practice and low utilization of contraceptives. STIs including HIV/AIDS, unwanted pregnancy and unsafe abortion were found to be more severe among these age groups. By considering these background information there is a need to fill the gap by answering questions like what are the factors that affect utilization of contraceptive or reason for non-use, and assess the future preferences of preparatory school adolescents in Addis Ababa Town, that might be important in designing programs to address the affecting factors and for better future use.

2.6. Conceptual Framework

From the literatures reviewed, the factors that affect modern contraceptive utilization can be categorized as socio-demographic characteristics, family background, access to contraceptives, and attitude as indicated below.

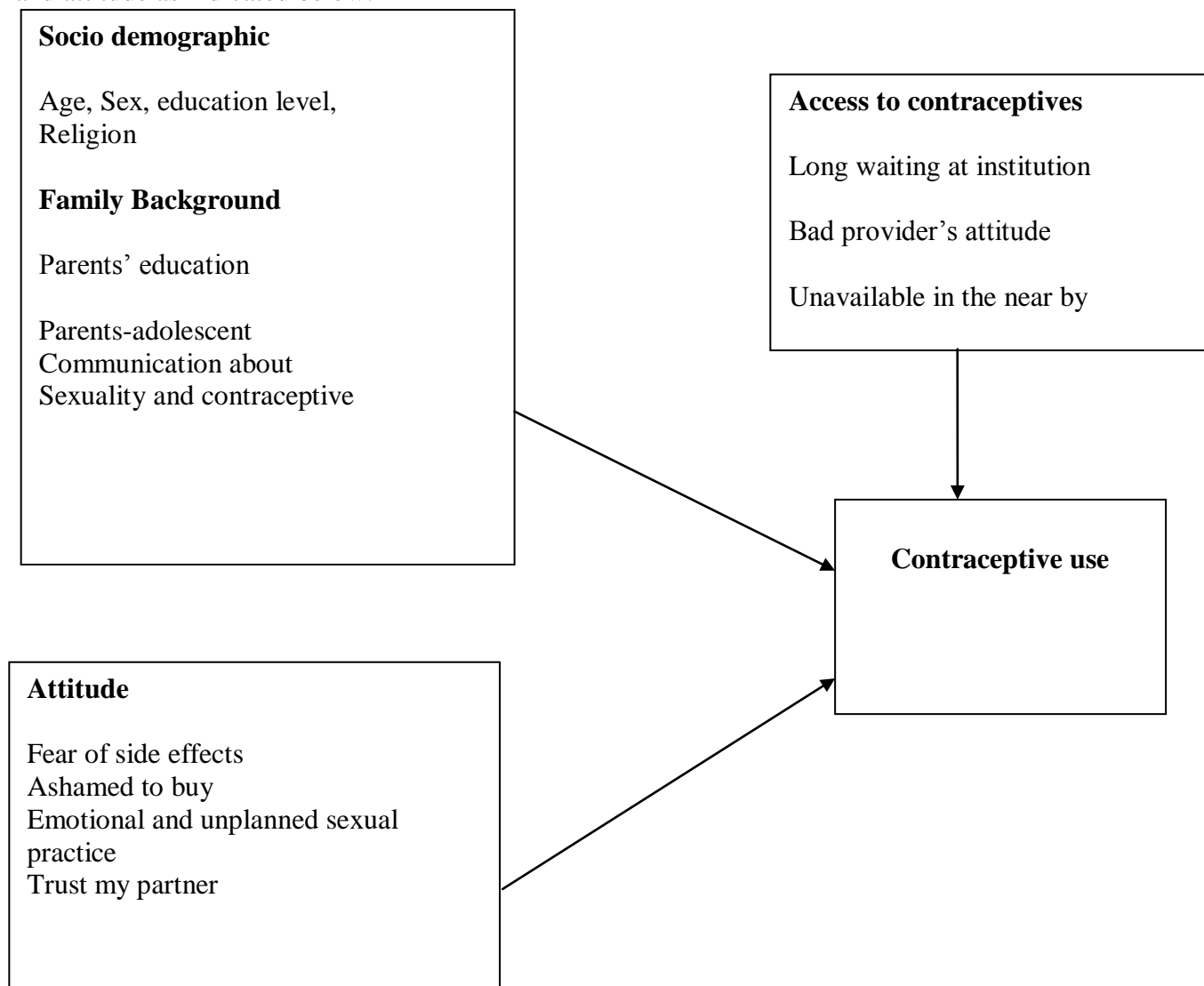


Figure 1 Conceptual framework of the study

3. OBJECTIVE OF THE STUDY

3.1 General Objectives

To assess factors affecting contraceptive use and choice of contraceptive methods among preparatory school adolescents in Addis Ababa, Ethiopia, 2010

3.2 Specific Objectives

1. To identify the prevalence of contraceptive use in preparatory school adolescents
2. To assess the contraceptive choice of preparatory school adolescents
3. To assess preferred sources of contraception by preparatory school adolescent
4. To identify factors affecting the use of modern contraceptives among school adolescents

4. METHODOLOGY

4.1 Study area and period

This study was conducted at eight preparatory schools in Addis Ababa between Oct.2009 and March 2010. Addis Ababa is the capital city of Ethiopia. According to Federal Democratic Republic of Ethiopia Central Statistics Agency (FDRECSA) of 2007 population Census, the population is 3,147,000 .Out of this 23.3% are Adolescents (10---19 years)

The predominant Ethnic composition of the population of the city revealed that 47.05% Amhara, 19.51% Oromo, 16.34% Guragie and 6.18 % Tigre. Regarding to religion; 74.7% Orthodox, 16.2% Muslim, 7.8% Protestant, 0.5% Catholic and 0.8% others. It comprises of ten sub-cities and 99 kebeles. (30) It has 33 hospitals (5 MOH and 28 other), 28 health centers (24 MOH and 4 other) and, Private clinics of different capacity 442 (94 lower, 99 medium, 146 higher, and 103 special) (31)

There are 68 preparatory schools, out of which 11 are government schools with 20,470 students and 57 Non government schools with 8,946 students. The total number of preparatory students in 2009 academic year was 29,416 out of which 15,687 were boys and 13,729 were girls. The gross enrollment ratio of both sexes in Addis Ababa preparatory schools estimated to be 20.4% (32). The study was conducted in the selected government and Non government Preparatory schools found in Addis Ababa

4.2 Study design

A school based cross sectional study was conducted to assess the factors affecting contraceptive use among preparatory school adolescents in Addis Ababa.

4.3. Source population

The source population was all preparatory school students in Addis Ababa whose age was below 20years and enrolled in grades 11 and12 for the 2009/2010 academic year.

4.4. Study population

The study population was selected from the source population who were all preparatory day time students in the 8 selected schools

4.4.1. Inclusion Criteria

Preparatory school students in the selected schools whose age was below 20 years and volunteers

4.4.2 Exclusion Criteria

Schools with the following categories were excluded due to their peculiar nature.

1. Schools with special student population such as prison.
2. Foreign community schools.
3. Individual students who were not able to complete the questionnaire without assistance such as (students with special educational like visually impaired, physically impaired hearing impaired).

4. Evening class students.
5. Religion based schools.
6. Boarding schools.
7. Homogeneous schools (only female or male schools)

4.5. Sample size

The sample size for the study was calculated based on the following assumptions.

The level of significance was taken to be 95 %, ($Z_{\alpha/2}=1.96$), design effect 2, margin of error 5%, Even though different studies conducted among adolescents in the city of Addis Ababa the exact prevalence of contraceptive use among preparatory school adolescents was unknown except in one unpublished MPH thesis 2004 (“**barriers to the use of contraceptive among in and out of school adolescents**”, which revealed that 49.3% of in school ever users consistently used contraceptives). So, to get the largest sample size an estimate of 50% prevalence was taken. In addition, 10% allowance was considered for non-response rate.

$$n = \frac{(z_{\alpha/2})^2 * P(1-P)}{(d)^2} = \frac{(1.96)^2 * 0.5(1-0.5)}{(0.05)^2} = 384$$

Where:

P= prevalence of contraceptive use 50%

d =the margin of error between the sample and the population 0.05

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

The calculated sample size=384

10% non response rate=77

Design effect=2

Since multi stage sampling technique was used by considering the design effect 2, the required sample size was $384*2=768+77=\underline{845}$

4.6. Sampling procedure

Multi stage random sampling technique was used for selection of schools and students.

1. All preparatory schools were identified by name and stratified as government and non government.
2. The total population size was calculated to get the representative (total) sample size using single population proportion formula. This sample size was divided into government and non government based on probability proportionate to sample size. Based on this representative sample schools were selected. i.e., five schools from government and three schools from non government preparatory schools selected by lottery method as the number of government students were too large than non government students.
3. The sample size assigned to government and non government preparatory schools was further divided to the sample schools respectively considering proportion.
4. The number of respondents calculated for each school was divided in to grade 11 and 12.
5. The same procedure was used to make proportional sampling of male and female students in each sample school.
6. Respondents who were selected randomly based on the method described above were assembled in a room and made to fill out the questionnaire in the presence of data collectors.

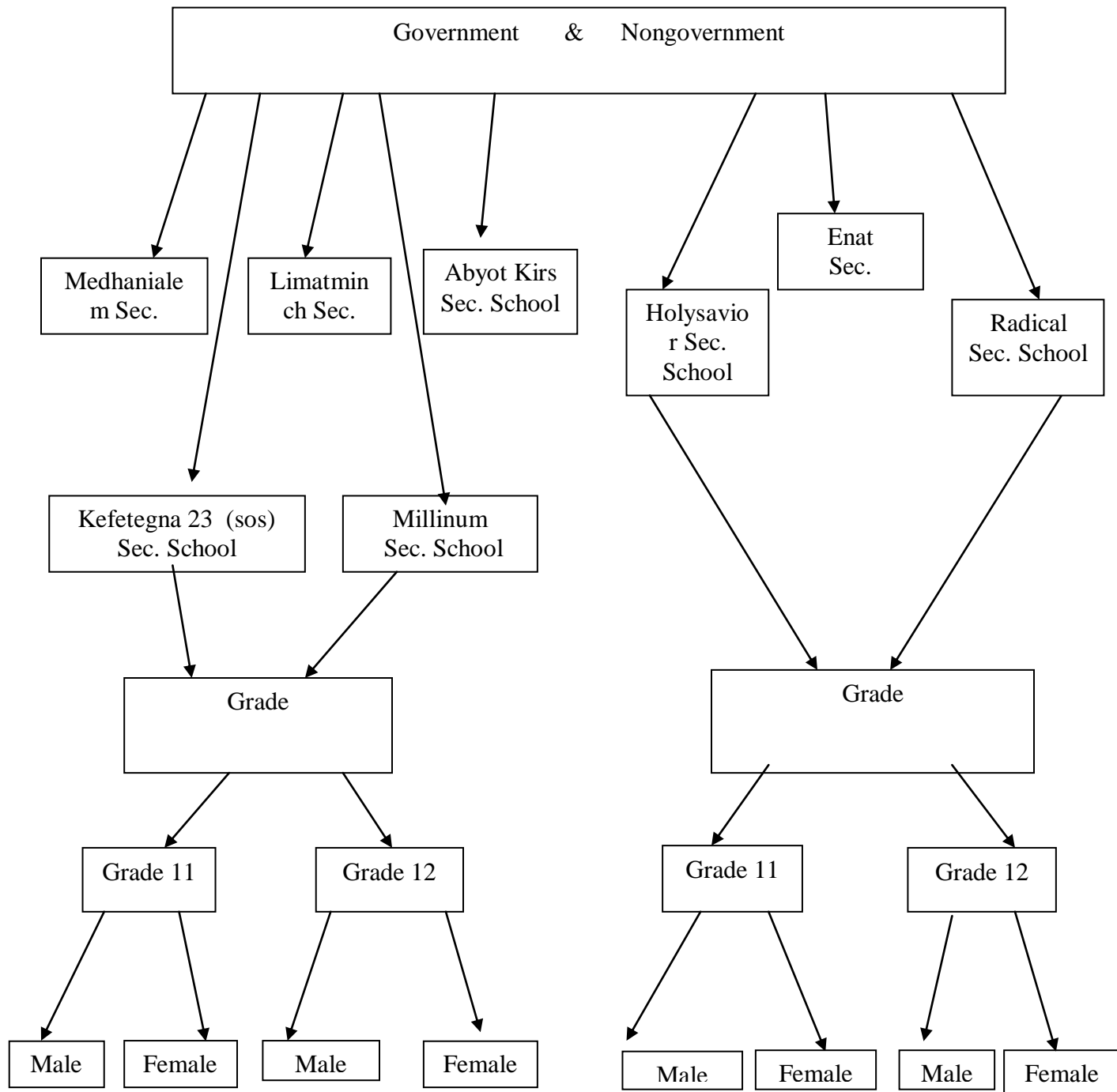


Figure 2 schematic presentation of sampling procedure

Table.1 Calculated sample size for each school using proportional sampling according to the population size of each school Addis Ababa, Ethiopia 2010

Sr no	Name of the school	Population size				sample size				Owner of the school
		Grade	Male	Female	Total	Grade	Male	Female	Total	
1	Kefitegna 11/23	11	520	400	920	11	47	36	83	Government
		12	500	386	886	12	45	35	80	
2	Abyot kirs	11	700	532	1232	11	63	48	111	Government
		12	610	500	1110	12	55	45	100	
3	Medhaniale m	11	760	636	1396	11	68	57	125	Government
		12	650	500	1150	12	58	45	103	
4	Lemat minchi	11	315	230	545	11	28	21	49	Government
		12	300	211	511	12	27	19	46	
5	Milinium	11	216	172	388	11	19	15	34	Government
		12	190	140	330	12	17	13	30	
6	Holysavior	11	65	75	140	11	6	7	13	Private
		12	55	70	125	12	5	6	11	
7	Enat	11	85	98	183	11	8	9	17	Private
		12	70	97	167	12	6	9	15	
8	Radical	11	94	76	170	11	8	7	15	Private
		12	86	51	137	12	8	5	13	
	total				9393				845	

4.8. Data collection

Quantitative Structured questionnaire was developed based on published literatures and then adapted to the local situation. Data were collected by four diploma graduate nurses and supervised by two Bsc graduate nurses. A one-day training regarding objectives of the study and ways of administering the questionnaire was given to the data collectors as well as the supervisors by the investigator before the day of data collection.

Qualitative Four sessions of focus group discussion were taken. Each FGD comprised of 8 members. In selecting the FGD participants, sex and grade level were considered. The FGD was conducted by clustering near by preparatory schools. Individuals of the same sex and grade level were included in the same group. The members of each FGD were selected by the supervising nurses and all discussions were guided by the principal investigator with the assistance of one trained recorder.

Semi-structured, open-ended questions were used to initiate the discussions. Note was taken both through writing and tape recorder. The purpose of the FGD was to complement the finding of the quantitative survey.

4.9. Data quality assurance

The quality of data was assured through careful design, translation and retranslation, pretest of the questionnaire, proper training of the data collectors and supervisors, close supervision of the data collecting procedures, proper categorization and coding of the data. Questionnaire was pre-tested in similar settings which were not the sample schools. The data collection instrument was an anonymous structured and close-ended questionnaire, which was prepared in English. The English version of the questionnaire was translated to Amharic by linguistic graduate health worker to assure its consistency. The result of the pre test was helpful to know the time needed to fill the questionnaire and to make some corrections and changes on the questionnaire.. Supervisors and principal investigator checked the collected data in order to maintain its accuracy and completeness on daily basis.

Any error, related to clarity, ambiguity incompleteness, misunderstanding, etc were solved on the following day before the beginning of next day activities. In addition, data cleaning and checking were done before analysis and a unique code number was labeled for each individual questionnaire.

For the qualitative data note was taken both through writing and tape recorder.

4.10. Measurement variables

Independent variables

Socio demographic characteristics

Discussion with parents and friends about sexuality and contraceptive

Attitude towards contraceptive use

Access to contraceptives

Dependent variable

Contraceptive use

4.11. Operational definitions

Modern contraceptive methods - which includes oral contraceptive pills, injectables, condoms, implants, IUDS, diaphragm, vaginal foam and male and female sterilization techniques

Current contraceptive user - adolescent using any one of the modern methods currently.

Ever contraceptive user- adolescent who have ever used any of the modern methods

Knowledge of contraceptive methods- adolescents aware of at least one method of contraceptive

Unintended pregnancy- includes both unwanted and unplanned pregnancies.

Multiple sexual partners: More than one sexual partner

Sexuality: the feelings and activities connected with a person's sexual desires.

Attitude - Is the study subjects opinions, or ideas towards contraceptive use

4.12. Data analysis

Quantitative data: The data were entered, cleaned and analyzed using SPSS version 15. During analysis frequencies and cross- tabulations of the different variables were used for descriptive data- Value <0.05 indicate statistical significance; logistic regression analysis was carried out to assess the relative effect of selected variables on modern contraceptive utilization.

Qualitative data

All focus group discussions were taped and transcribed .The material was reorganized and analyzed according to the predetermined themes.

4.13. Ethical consideration

Ethical approval and clearance was granted from AAU, Faculty of Medicine Institutional Review Board (IRB). There were no potential risks that may cause any harm in any form on the study subjects. Letter of cooperation was given and secured at all levels to the respective organizations. After obtaining permission from the Addis Ababa City Administration Education Bureau, schools directors and teachers, participants were provided with information about the objectives and expected outcomes of the study. Informed written & verbal consent was obtained from the study subjects and assent from their parents for those ages less than 18 years before the questionnaires were distributed. All information which was communicated with individual subjects or organizations was kept private and confidential. Questionnaires were distributed to students while they were in the school. Codes were used to eliminate respondents' identification and ensure anonymity.

4.14. Dissemination and utilization of results

The thesis will be presented to Addis Ababa University School of Nursing as partial fulfillment of master's degree in nursing. The result of the study was communicated to the Ministry of Education, Addis Ababa Health Bureau, and all preparatory schools in Addis Ababa.

The findings will be presented in different seminars, meetings and workshops and published in a scientific journal. Hard and soft copy will be available in the library of AAU, for graduate students as well as for other concerned readers.

5. RESULTS

5.1 Quantitative data result

A total of the calculated 845 sample of school adolescents, 830 completed the self administered questionnaire while 15 were excluded for incompleteness and inconsistency. Analyses were based on the 830 respondents making the overall response rate of 98.2%. Out of the total 830 respondents 746 (89.9) government and 84(10.1) were private school adolescents .461 (55.5%) male and 369 (44.5%) were females. Two hundred (24.1%) of respondents were under the age range of 16-17 and the rest 630 (75.9%) were in the age range of 18-19 yrs.

The majority 826 (99.5%) were never married and the ethnic and religion composition of the students indicates that 307(37%) were Amhara, 217(26.1%) were Gurage, 169(20.4%) were Oromo, 84 (10.1%) were Tigrie and 53 (6.4%) were others. 565(68.1 %) were Orthodox , 177 (21.3%) were Muslim, 76(9.2%) were Protestant,7(0.8%) were Catholic, and others 5(0.6%). 436 (52.5%) were grade 11th and 394(47.5%) were grade 12th. A higher proportion of respondents 547 (65.9%) live with their family While 101(12.2%) with their mother's only, 35(4.2%) with their father's only, 128(15.4%) with their friends, 10(1.1%) with their relatives and 9(1.1%) with others (alone), 335(40.4) of the respondents have pocket money while 495(59.6%) don't.(Table2)

Table 2 Socio demographic characteristics of preparatory school students, in Addis Ababa, Ethiopia, May 2010

Characteristics		Number	Percent	n=830(100%)
Sex	Male	461	55.5	
	Female	369	44.5	
Age group	16_17	200	24.1	
	18_19	630	5.9	
Grade	11 th	436	52.5	
	12 th	394	47.5	
Religion	Orthodox	565	68.1	
	Protestant	76	9.2	
	Catholic	7	.8	
	Muslim	177	21.3	
	Others	5	.6	
School	Government	746	89.9	
	Private	84	10.1	
Ethnicity	Amhara	307	37.0	
	Oromo	169	20.4	
	Tigre	84	10.1	
	Guragie	217	26.1	
	Others	53	6.4	
Live with	Family	547	65.9	
	Mother only	101	12.2	
	Father only	35	4.2	
	Friends	128	15.4	
	Relatives	10	1.1	
Marital status	Never married	826	99.5	
	Married	4	.5	
Pocket money	Yes	335	40.4	
	No	495	59.6	

Parental characteristics of preparatory school adolescents in Addis Ababa, Ethiopia, May 2010

Regarding to the parental characteristics, father's educational level 48 (5.8%) were illiterate, 127 (15.3%) were read and write, 162 (19.5%) were primary, 208 (25.1%) were secondary and 285(34.3) were learnt higher education level. Mother's educational level, 132 (15.9%) were illiterates, 173 (20.8%) were read and write, 203 (24.5%) were primary, 201 (24.2%) were secondary and 121(14.6) were learnt higher education level. (Table 3)

Table 3 Parental characteristics of preparatory school adolescents in Addis Ababa, Ethiopia, May 2010

Variables	Number	percent	n=830(100%)
Father's Education: Illiterate	48	5.8	
Read and write	127	15.3	
Primary (1-8)	162	19.5	
Secondary (9-12)	208	25.1	
Higher education level	285	34.3	
Mother's Education: Illiterate	132	15.9	
Read and write	173	20.8	
Primary (1-8)	203	24.5	
Secondary (9-12)	201	24.2	
Higher education level	121	14.6	

Sexual behavior of preparatory school adolescents in Addis Ababa, Ethiopia, May 2010
(table 4)

Concerning Sexual behavior of respondents 227(27.3%) had sexual partner, 159(19.2%) had sexual contact, from these sexually active respondents 20(12.6%) were pregnant, 16(10.1%) had abortion, 4(2.5%) had life birth. and 69 (43.4%) were used different types of contraceptives.

Table 4 Sexual behaviors of preparatory school adolescents in Addis Ababa, Ethiopia, May 2010

Variables		Number	percent	n=830(100%)
Had sexual partner	Yes	227	27.3	
	No	603	72.7	
Sexual contact	Yes	159	19.2	
	No	671	80.8	
Have been pregnant	Yes	20	12.6	
	No	139	87.4	
Abortion	Yes	16	10.1	
	No	143	89.9	
Life birth	Yes	4	2.5	
	No	155	97.5	
Contraceptive use	Yes	69	43.4	
	No	90	56.6	

Types of Contraceptives used by sexual active preparatory school adolescents in Addis Ababa May 2010

From 159(19.2%) currently sexually active school adolescents 69(43.4%) were used modern CP. Condom was the most frequently used method by the majority of users 52(75.4%) while injectable and emergency contraceptive were the least 2 (2.9%),1(1.4%) respectively(Table 5)

Table 5 Types of Contraceptives used by sexual active preparatory school adolescents in Addis Ababa May 2010

Variable	number	percent	n=69(100%)
Condom	52	75.4	
Pills	8	11.6	
Injectable	2	2.9	
Natural	6	8.7	
Emergency contraceptive	1	1.4	

Logistic regressions for contraceptives use and selected socio demographic characteristics among preparatory school adolescents Addis Ababa may 2010

159(19.2%) of respondents were sexually active and 69(43.4%) were used contraceptive. In the bivariate analysis sex, religion, school status, living with friends, living alone, discussing sexual related issue with close friends and having pocket money were found to be significantly associated with the usage of modern contraceptives

In the multivariate analysis, socio-demographic variables like sex, living with friends, living alone, having pocket money and discussing sexual related issue with close friends were found to be significantly associated with the usage of contraceptives

Male school adolescents were 3.5 times more likely to use contraceptives as compared to the female adolescents. [AOR=3.532(1.857, 6.718)], Living with friends were 5.5 times more likely to use contraceptive as compared to those who live with their parents and relatives [AOR=5.508(1.339, 22.663)], living alone were found to be 15 times more likely to use contraceptive as compared to those who live with their parents and relatives[AOR=15.193(3.190, 72.355)]. Respondents who have pocket money were significantly associated with cp use than who have no pocket money [AOR=.524(.300, .916)]. Discussing sexual related issue with close friends were significantly associated with cp use than those who don't [AOR=.185(.054, .628)]

While the other variables like religion, grade, school status, living with both parents and relatives and discussing sexual related matter with parents has no statistically significant (Table 6).

Table 6 logistic regressions for contraceptives use & selected socio demographic characteristics among preparatory school adolescent Addis Ababa, Ethiopia, May 2010

Variable	Contraceptive use		Crude OR (95%CI)	Adjusted OR (95%CI)
	yes (%)	no (%)		
Sex				
Male	55(11.9)	406(88.1)	3.435(1.878, 6.283)*	3.532(1.857, 6.718)*
Female	14(3.8)	355(96.2)	1.00	1.00
Age group				
16-17	10(5.0)	190(95.0)	1.00	1.00
18-19	59(9.4)	571(90.6)	.509(.255, 1.016)	1.770 (.830, 3.776)
Religion				
Orthodox	44(7.8)	521(92.2)	.127 (.021, .778) *	.200(.029, 1.388)
Muslim	16(9.0)	161(91.0)	.149 (.023, .959) *	.204(.028, 1.503)
Protestant	7(9.2)	69(90.8)	.152(.022, 1.070)	.186 (.023, 1.480)
Catholic	0(.0)	7(100.0)	.000 (.000,)	.000 (.000,)
Others	2(40.0)	3(60.0)	1.00	1.00
Grade				
11	37(8.5)	399(91.5)	.953 (.582, 1.562)	.852(.491, 1.478)
12	32(8.1)	362(91.9)	1.00	1.00
Schooling Status				
Private	12(14.3)	72(85.7)	2.015(1.033, 3.930)*	1.713(.812, 3.610)
Government	57(7.6)	689(92.4)	1.00	1.00
Live with				
Family	38(6.9)	509(93.1)	1.00	1.00
Mother only	11(10.9)	90(89.1)	.093 (.024, .362)*	1.935(.914, 4.096)
Father only	4(11.4)	31(88.6)	.153(.036, .655)*	2.115(.661, 6.772)
Relatives	4(40.0)	6(60)	.161(.030, .863)*	.931(.407, 2.131)
Friend	8(6.3)	120(93.8)	.083 (.019, .372)*	5.508(1.339, 22.663)*
Others(alone)	4(44.4)	5(55.6)	833(.134, 5.167)	15.193(3.190, 72.355)*
Pocket money				
No	26(5.3)	469(94.7)	1.00	
Yes	43(12.8)	292(87.2)	2.656(1.598, 4.416)*	.524(.300, .916) *
Discussion of sex related matter with parents				
No	40(8.2)	445(91.8)	1.00	
Yes	29(8.4)	316(91.6)	.979 (.594, 1.614)	1.021(.592, 1.761)
. Discussion of sex related Matter with close friends				
No	3(1.9)	155(98.1)	1.00	
Yes	66(9.8)	606(90.2)	5.627(1.746, 18.137)*	.185(.054, .628) *

NB * statistical significance when OR does not cross one

Relationship between attitude of selected variables and CP use among preparatory school adolescents Addis Ababa Ethiopia May 2010 (Table 7)

In the bivariate analysis most of the variables were found to be significantly associated with contraceptive use. Approved use of contraceptive by school adolescents, male partner should be responsible to use contraceptive, both partner should be responsible to use contraceptive, contraceptives causes loose of confidence between partners and contraceptives decreased sexual satisfaction were found to be significantly associated with the usage of modern contraceptives.

In the multivariate analysis responsibility to use contraceptive by male partner [AOR=3.204(1.009, 10.176)], Approved use of contraceptives by school adolescents [AOR=3.186(1.685, 6.022)] and contraceptives decrease sexual satisfaction [AOR=2.559(1.464, 4.470)] were found to be significantly associated with the usage of modern contraceptives while the other variables has no statistically significant.

Table 7 Relationship between attitude of selected variables and cp use among preparatory school adolescents Addis Ababa ,Ethiopia May 2010

Variable	Contraceptive use			Crude OR (95%CI)
	Yes n (%)	No n (%)	Adjusted OR (95%CI)	
Approved use of CP by adolescents				
No	3(3.5)	360(96.5)	1.00	
Yes	56(12.3)	401(87.7)	.259 (.139, .481) *	3.186(1.685, 6.022)*
Who should be responsible to use CP?				
Female partner	5(26.3)	14(73.7)	1.00	
Male partner	5(5.4)	87(94.6)	.161 (.041, .628) *	3.204(1.009, 10.176)*
Both partners	59(8.2)	660(91.8)	.250 (.087, .719)*	.627(.239, 1.644)
CP use loose confidence between partner,				
No	51(7.4)	635(92.6)	1.00	
Yes	18(12.5)	126(87.5)	1.779(1.006, 3.146) *	1.331(.727, 2.437)
CP use Cause infertility				
No	53(7.4)	661(92.6)	1.00	
Yes	16(13.8)	100(86.2)	1.995(1.098, 3.626)	.579(.308, 1.091)
CP use decrease sexual satisfaction				
No	42(6.1)	644(93.9)	1.00	
Yes	27(18.8)	117(81.3)	3.538(2.099, 5.964) *	2.559(1.464, 4.470)*
CP use CP use Protect themselves or their partner from STIs				
No	30(6.0)	467(94.0)	1.00	
Yes	39(11.7)	294(88.3)	2.065(1.255, 3.397)	1.547(912, 2.626)

NB * statistical significance when OR does not cross one

**Reasons for not to use contraceptives by preparatory school adolescents Addis Ababa
Ethiopia, May 2010**

Reasons for not use modern contraceptives by the school adolescents revealed that ashamed to buy, parent disapproval, Religious prohibition, Rumors they are not good, unavailable in the near by, expensive, didn't like it, decrease satisfaction, Ashamed to ask my partner, trust my partner, fear of side effect, partner disapproval, don't know where to find, emotional and unplanned sexual practice and fear of being seen by some one who knows me

Religious prohibition , ashamed to buy , emotional and unplanned sexual practice ,fear of being seen by some one who knows me and trust my partner were the most frequently reported reasons for ever-non-use of contraceptives in their respective orders (table 8).

Table 8 Reason for not to use contraceptive by school adolescents Addis Ababa Ethiopia, May 2010

Reason	Number	percent
Religious prohibition	215	25.9
Ashamed to buy	110	13.3
Emotional and Unplanned sexual practice	68	8.2
Fear of being seen by some one who knows me	55	6.6
Trust my partner	38	4.6
Not available in the near by	32	3.9
Decrease sexual satisfaction	31	3.7
Don't know its use	30	3.6
Parent disapproval	24	2.9
Fear of side effect	23	2.8
Didn't like it	23	2.8
Rumors they are not good	18	2.2
Lack of money	12	1.4
Ashamed to ask my partner	7	0.8
Do not know where to find	3	0.4

Relationship between future plan to use Cp of selected variables and cp use among preparatory school adolescents Addis Ababa May 2010

In the bivariate analysis among future plan to use Cp, Condom was found to be significantly associated with Cp use. Even after controlling for possible confounding variables condom was found to be significantly associated with Cp use [AOR=.330(.168, .648], While the other variables has no statistically significant (table 9)

Table 9 Relationship between future plan to use Cp of selected variables and cp use among preparatory school adolescents Addis Ababa Ethiopia, May 2010

Variable		Contraceptive use			
		Yes	No	Crude OR (95%CI)	Adjusted OR (95%CI)
Preferred future plan to use Cp		n (%)	n (%)		
Condom	No	11(3.9)	273(96.1)	1.00	
	Yes	58(10.6)	488(89.4)	2.950(1.522, 5.715)*	.330(.168, .648)*
Pill	No	53(8.1)	598(91.9)	1.00	
	Yes	16(8.9)	163(91.1)	1.108(.617, 1.989)	.887(.481, 1.637)
Injectable	No	49(8.9)	503(91.1)	1.00	
	Yes	20(7.2)	258(92.8)	1.257(.731, 2.159)	1.260(.720, 2.202)
Natural	No	54(8.4)	592(91.6)	1.00	
	Yes	15(8.2)	169(91.8)	1.028(.566, 1.867)	1.079(.582, 2.000)
Norplant	No	58(8.5)	624(91.5)	1.00	
	Yes	11(7.4)	137(92.6)	.864(.442, 1.689)	1.110(.553, 2.225)
IUD	No	64(8.1)	725(91.9)	1.00	
	Yes	5(12.2)	36(87.8)	1.573(.597, 4.149)	.653(.234, 1.822)
Spermicidal	No	67(8.3)	738(91.7)	1.00	
	Yes	2(8)	23(92.0)	1.044(.241, 4.524)	2.163(.369, 12.690)
Vasectomy	No	65(8.1)	742(91.9)	1.00	
	Yes	4(17.4)	19(82.6)	.416 (.137, 1.260)	.601(.151, 2.387)
Tubal ligation	No	65(8.0)	751(92.0)	1.00	
	Yes	4(28.6)	10(71.4)	.216(.066, 1.709)	.627(.062, 20.151)

NB * statistical significance when OR does not cross one

Relationship between preferred sources of contraceptive for future use of selected variables and Cp use among preparatory school adolescents Addis Ababa May 2010

In the bivariate analysis among future plan to use cp the preferred sources of Cp, shops were associated with Cp use. In the multivariate analysis also shops were found to be strongly associated with Cp use [AOR=.400(.237, .673)] other sources had no association (table 10)

Table 10 Relationship between preferred sources of contraceptive for future use of selected variables and Cp use among preparatory school adolescents Addis Ababa Ethiopia May 2010

Source		Contraceptive use		Crude OR (95% CI)	Adjusted OR (95% CI)
		Yes	No		
		n (%)	n (%)		
Shops	No	32(5.7)	526(94.3)	1.00	
	Yes	37(13.6)	235(86.4)	2.588(1.574, 4.256)*	.400(.237, .673)*
Pharmacy	No	27(9.9)	245(90.1)	1.00	
	Yes	42(7.5)	516(92.5)	.739(.445, 1.226)	1.636(.969, 2.765)
Youth center	No	44(7.9)	515(92.1)	1.00	
	Yes	25(9.2)	246(90.8)	1.189(.712, 1.988)	.982(.577, 1.671)
Government hospital	No	59(9.3)	573(90.7)	1.00	
	Yes	10(5.1)	188(94.9)	.517 (.259, 1.030)	1.877(.867, 4.061)
Private hospital/clinic	No	57(8.7)	596(91.3)	1.00	
	Yes	12(6.8)	165(93.2)	1.315(.689, 2.509)	.883(.439, 1.778)
Health center	No	58(8.8)	598(91.2)	1.00	
	Yes	11(6.3)	163(93.7)	1.437(.737, 2.801)	1.182(.561, 2.490)
Health station	No	60(8.2)	672(91.8)	1.00	
	Yes	9(9.2)	89(90.8)	.883(.424, 1.841)	.652(.283, 1.505)
Any office	No	65(8.2)	725(91.8)	1.00	
	Yes	4(10.0)	36(90.0)	.807 (.279, 2.338)	1.040(.331, 3.269)
Any open market	No	60(7.8)	707(92.2)	1.00	
	Yes	9(14.3)	54(85.7)	.509 (.240, 1.082)	.682(.304, 1.528)

NB * statistical significance when OR does not cross one

Relationship between preferred criteria to improve future contraceptive use of selected variables and Cp use among preparatory school adolescents Addis Ababa May 2010

The preferred criteria to improve future contraceptive use were associated with Cp use. Affordable services were found to be strongly associated with Cp use [AOR=2.353(1.200, 4.615)] others had no association (table 11)

Table 11 Relationship between preferred criteria to improve future contraceptive use of selected variables and Cp use among preparatory school adolescents Addis Ababa May 2010

Variable	Contraceptive use		Crude OR (95%CI)	Adjusted OR (95%CI)
	Yes n (%)	No n (%)		
Affordable services				
No	56(10.1)	496(89.9)	1.00	
Yes	13(4.7)	265(95.3)	2.301(1.236, 4.285)*	2.353(1.200, 4.615)*
No Registration				
No	57(8.4)	621(91.6)	1.00	
Yes	12(7.9)	140(92.1)	1.071(.560, 2.049)	1.091(.534, 2.228)
Does not need prescription				
No	53(7.7)	636(92.3)	1.00	
Yes	16(11.3)	125(88.7)	1.536(.851, 2.774)	.641(.348, 1.180)
Short waiting time				
No	53(8.4)	579(91.6)	1.00	
Yes	16(8.1)	182(91.9)	1.041(.581, 1.866)	1.001(.520, 1.924)
Friendly staff				
No	33(7.3)	420(92.7)	1.00	
Yes	36(9.5)	341(90.5)	1.344(.820, 2.201)	.749(.446, 1.257)
Short distance from my residence /available in the near by				
No	19(8.5)	204(91.5)	1.00	
Yes	50(8.2)	557(91.8)	1.038(.597, 1.802)	1.063(.596, 1.896)
Free service				
No	151(6.1)	230(93.9)	1.00	
Yes	54(9.2)	531(90.8)	.641 (.355, 1.160)	.809(.425, 1.540)
Have special place for adolescent				
No	47(7.9)	548(92.1)	1.00	
Yes	22(9.4)	213(90.6)	.830 (.489, 1.411)	.713(.391, 1.300)
Special hour services for adolescents				
No	55(8.4)	597(91.6)	1.00	
Yes	14(7.9)	164(92.1)	1.079 (.585, 1.989)	1.164(.586, 2.309)

NB * statistical significance when OR does not cross one

5.2 Qualitative data result

Focus group discussion (FGD)

Based on the checklist that was developed to guide the discussion relevant information was obtained. Four focus group discussions were held. Participants were groups of male, female, Grade 11 and Grade 12 government and private school students. Each group consisted of 8 members which add up to a total of 32 members.

The findings of FGDs are summarized according to the following themes.

1. Do you know about modern contraceptive methods and their use?

Most of the participants have explained that they know about different types of modern contraceptives. The discussants agreed that modern contraceptives help to prevent unwanted pregnancy, sexually transmitted diseases including HIV/AIDs and to space births and to monitor fast population growth.

Almost all of the participants mentioned different types of contraceptive methods like pills, condom, Norplant, IUCD, Diaphragm, injectable, spermicidal, tubal ligation and vasectomy.

Two of the discussants among female students from government school mentioned that never heard of about spermicidal contraceptive methods.

2. Do you know where to get modern contraceptive methods?

Most of the participants have awareness about modern contraceptive methods where to find by mentioning the place like hospital, health center, FGAE, private clinic, pharmacy in general in different government and non government health organizations.

3. What is your Perception toward contraceptive use?

Most of the participants suggested that previously our parents take as grace while delivering too many children but nowadays as we have seen that uncontrolled (fast) population growth, life style, maternal and child health problem as a result of too many deliveries become

a major problem and we understood that using modern contraceptive methods is essential to solve these problems. Because modern contraceptives help to control fast growth population, to decrease maternal and child mortality, to prevent sexually transmitted disease including HIV/AIDS, to prevent unwanted pregnancy and spacing birth and also to have freedom on sexual intercourse as we need.

Few female participants on the other hand said modern contraceptives specially pills and injectable causes discoloration on the face, infertility, overweight and other health problems. They suggested that it is better to avoid using modern contraceptive except natural or calendar method.

4. Why school adolescents are engaged in sexual activity before marriage?

The participants explained various factors that contribute for pre marriage sexual activity. They perceive as if they are physically and psychologically matured, and capable to begin their own life. Peer pressure, fire age, natural factors which are occurring during this age also motivated them for sexual activity.

One of the participant said that, although she is not willing to have sex at this age, pressure from a boy friend forced her to have sex. If she is not accepting his request, he may consider her as if she does not love him, and she is also worried not to lose him. Some of the participants mentioned alcohol, pornography, and other romantic films. One lady mentioned a story from Hollywood film that, one of female character in the film who was a virgin at 18th was considered as an ignored woman for sexual partner. She added that, in our country also if a woman is a virgin, she might be considered as unsmart, and neglected women for sexual partner. As a result she is motivated to have pre marriage sex. Nowadays adolescents assumed pre marriage sex at early age as a normal event.

Close relation between opposite sexes also indicated as a factor for pre marriage sex. In addition, they assumed that everything is pleasurable at this age. They are also interested to practice sex before marriage in order to avoid sexual problem which might happen during marriage. In our society although pre marital sex is considered as a taboo, due to human nature there is a tendency to practice something which is forbidden.

Having sex with a virgin women also considered as a proud, furthermore available contraceptives also considered as a guarantee to avoid unwanted pregnancy and protection from STIs. Some of the participants mentioned pre marital sex as a source of income generation.

5. Are you discussing sexual related issues with your parents?

Although there is variation among the students due to their family situation, most of them said that there is no open discussion about sexual issues in the family.

One of the participant said that parents give priority to their personal issue and they don't have time for them.

The students mentioned that most of the families are not interested and willing to discuss sexual issues with their children. As a result they aren't expecting positive reply from their parents. Another participant mentioned that, let alone to talk about sexual issues, she never discuss about reproductive health with her parents, because they consider sexual issues as a shame. Even sometimes some families considered this as a reason for academic failure.

One of the participants said that rather than talking sexual issues with her family, she prefers to discuss it with peer. She also said that, even elder brother who has a girl friend is not willing to discuss sexual issues and share his experience with her. The participant said that due to these factors, they hide what they are doing from their families.

Few of the participants disclosed the openness of their families; however they are shy to discuss sexual issues with their families.

One of the male participant said that the tradition of our society which is not open about sexual issues, contribute for lack of open discussion about sexual issues within family.

6. How is the practice of school adolescents toward modern contraceptive?

Although as most of the participants mentioned that large number of the participants are having sex, only few of them are using modern contraceptives.

Among the contraceptives they mentioned pills, injectable and condom.

During the discussion they were asked about their view about pills and injectable which can be used for unwanted pregnancy, but never prevent STIs and HIV/AIDS.

Mainly female participants replied that most of the time they are worried about unwanted pregnancy, but not HIV/AIDS. They bother about unwanted pregnancy which may force them to terminate their education, and rejection by families and the society. They also indicated that, they trust their sexual partner and enable them not to bother about STIs and HIV/AIDS.

7. Is there any factor that affects adolescents to use modern contraceptives?

Most of the participants mentioned that:-

- They are performing sex without planning, when they are unable to control themselves.
- Due to alcohol they forget to use modern contraceptives including condom.
- Because of social pressure, this considers male/female student who use modern contraceptive as an immoral.
- Fear Side effect of modern contraceptives.
- Shame to use modern contraceptives. E.g. shopping condom. Discussants explained that 'ashamed to buy' as an important problem faced by almost all adolescent users of cp. This was because asking for cp means sharing one's being sexually active with a third person knowing it is not socially accepted. This might challenge the decision of many adolescents to win the fear and shame of exposing his/her secret in order to get cp

- Perception of loss of confidence and trust between sexual partners.
- Inaccessibility of modern contraceptives when they need to have sex.
- Wrong perception e.g. condom affect sexual pleasure. One of the male and female participant said that using condom is consider as eating banana with its cover and sucking candy with its cover respectively

8. What are the preference methods of contraceptives for adolescents?

Most of the participants mentioned condom due to its cheap price and availability in shops and pharmacy. They also indicated that it can prevent unwanted pregnancy and STIs including HIV/AIDS. Few of the participants said that, if their sexual partner is faithful they prefer to use injectable. They prefer injectable due to its long lasting effect (three month), unlike pills it is not forgettable, reliable compared to condom which might be tired during sexual intercourse.

9. Where do adolescents prefer to get modern contraceptive services?

The participants indicated various places such as school, reproductive health club, anti AIDS club; in groceries and recreation areas, Youth centers and other methods such as buying condom using a machine at any places.

10. What do you think to be done to improve contraceptive use among school adolescents who have sexual intercourse practice?

The following Solutions were suggested by discussion participants

- Open discussion between students and teachers.
- Open discussion within family.
- Training should be offered in the school about modern contraceptives.
- Adequate supply of modern contraceptives.
- Supply of modern contraceptive at low price/ free of charge.
- Behavioural change of the society.
- Due attention by government in solving the problems based on study findings.

In general most of the participants in the FGD have explained that they know about different types of modern contraceptives. Most of them engaged in sexual activity due to Peer pressure, fire age, natural factors. Alcohol, pornography, and other romantic films

There is no open discussion about sexual issues in the family however there is discussion between close friends

Even though large numbers of participants are having sex, only few of them are using modern contraceptives. Among the contraceptives they used condom, Injectable and pills were most frequently used in their respective order

Most of them used condom due to its cheap price and availability in shops and pharmacy. They also indicated that it can prevent unwanted pregnancy and STIs including HIV/AIDS.

Reasons for not to use contraceptive by sexually active adolescents were performing sex without planning when they are unable to control themselves. Alcohol, social pressure, fears of Side effect of modern contraceptives, ashamed to buy contraceptives, trust between sexual partners and wrong perception e.g. condom affect sexual pleasure

The most preferred source of contraceptives mentioned were schools, reproductive health club, anti AIDS club, groceries and recreation areas, Youth centers and other methods such as buying condom using a machine at any places.

6. DISCUSSIONS

In our study 830 of the total study populations 159 (19.2) % of respondents were sexually active. which is almost similar to the previous studies from Ambo high school students 19.4% of the respondents were sexually active (16)and A study conducted among school adolescents in Injibara town, Awi zone also shows that 20.2 percent of school adolescent had experienced premarital sex.(12)

In our study of these sexually active respondents higher among boys than girls 122 (76.7%) versus 37 (23.3%) it is similar with the reports of previous study from Addis Ababa even though the percent is vary, reported that less female adolescents than male (10.9% versus 21.9% among in school, and (28.8% versus 42.2% among out of school respectively) were sexually active.(22)

Differences in engagements in sexual activity between male and female could be due to the double standard norm that most Ethiopian society follows regarding the adolescents as involvements in premarital sexual activity that consider premarital sexual activity of male normal but strictly disapprove female involvements in the same activity.

In our study from 159(19.2%) sexually active school adolescents 69(43.4%) were used modern contraceptive. 57(35.9%) government and12 (7.5%) private school adolescents. A significantly higher proportion of male 55(34.6%) adolescents than females14 (8.8%) used contraceptive.

This finding was lesser than previous studies conducted in school adolescents of Addis Ababa 49.3% of sexually active in school adolescents consistently used contraceptive (22).Also the proportion of males to females contraceptive use was similar, higher proportion of males than females used contraceptive in Kenyan high school students 49% and 42% respectively(36)

In our study one in two sexually active adolescents practice cp use, the fact that the rate of use of contraceptive in sexually active adolescents was low, Such a low level of use of contraceptive among sexually active respondents indicates that adolescents were more exposed to the risk of unprotected sex .It also could be an indication to give information about protected sex before the age adolescents start to engage in sexual activity

Condom was most frequently used method52 (75.4) while pill8 (11.6) Natural 6(8.7) and Inject able 2(2.9) were the least. This finding is in agreements with the result of our qualitative finding and study conducted among Kenyan high school students (36).Most of users use condom52 (75.4%).The relative high rate of use of condom indicates that most adolescent users of contraceptive are not only protected from risk of pregnancy but also from STIs fits quite well with the main purposes mentioned for taking contraceptive during intercourse. It could also be an indication for adolescents' relative preference for condom.

The relative rate of condom use is higher than reports of previous studies among high school students in Gondar, Northwest Ethiopia, which were 58.5% of those who practice sex used condoms (35)

The fact that majority of users used condom during intercourse, condoms are available in most shops, shops are available every where and no need of prescription or registration to buy condom from shops could explain why shops were the source for higher proportion of contraceptive users. This is in agreement with the qualitative finding of this study & also in agreement with school-based study in Addis Ababa (9)

Considering the reasons for non use especially ashamed to buy, fear of side effects could imply that even if adolescents have knowledge and wants to use contraceptive factors like fear of sharing sensitive personal matters where it face social disapproval that might lead to being rejected or humiliated by providers.

Fear of facing side effect and trust partner leads them to unprotected sexual practice. Emotional and unplanned sexual practice is also one of the major factors as adolescent age, peer pressure, physiological impact, alcohol, pornography and other romantic films that challenge adolescent's decision to use contraceptive. These findings are in agreement with reports of previous similar studies as a reason for non use (9, 22) and our qualitative findings. Moreover our study depicted adolescents aged 16-17 were less likely to use contraceptive than those aged 18-19, adolescents 10(6.3%) and 59(37.1%) respectively.

Adolescents who discuss sex related issue with their friends 66(41.5%) and adolescents who approve use of contraceptive by adolescents56 (35.2%) were more likely to use contraceptive. Since contraceptive use asks lifetime experience, considering the younger adolescents had shorter experience. This explains why younger adolescents were less likely to use contraceptive and could also imply the need to provide information and guidance at an early age. The associations between use of contraceptive and adolescents views and discussion about contraceptive with friends explains the positive influence of adolescents' views and exchange of information with friends though discussions on contraceptive use. It could also indicate the importance of peer in providing information about contraceptive and clearing the negative rumors about contraceptive. It could also imply important role of friends in decision to use contraceptive. These findings are in agreement with reports of similar local studies that showed knowledge and attitude to wards contraceptive as determinants of contraceptive use (22) and our qualitative findings

Use of contraceptive is an important indicator of the level of protection from the consequences of unprotected adolescent sexuality. Thus what determine the use of contraceptive among adolescents could be important issues for health planners and policy makers to identify areas of intervention and design a program that aims to protect sexually active adolescents from consequences of unprotected sex.

In this study discussion of sex related issues with their parents had shown a negative association with the contraceptive use which could be opposite to the logical thinking that

discussing sex related issues with the parents would help to protect adolescents from consequences of unprotected sex. This could indicate the negative attitudes of parents towards contraceptive, it could also imply the fear of parents that contraceptive encourage permissiveness and promiscuity. It might also be part of the negative perception of parents towards adolescent sexuality. These findings are in agreement with reports of similar studies that showed discussion on sexual related issue with the mother showed negative association to contraceptive use (22) and with our qualitative result.

Our result also revealed that adolescents who had pocket money have positive association with contraceptive use

Service arrangement planned by public health planners did not result in better utilization of preventive services such as contraceptive. Thus involvement of adolescents in identifying which methods they prefer to use, from which sources they prefer to use and what to do to improve the utilization of contraceptive will help to provide information bases to design services for better future use.

Our finding has indicated higher proportion of respondents who planned to use different types of modern contraceptive methods. Condom was the most preferred method which was associated to future contraceptive use by school adolescents. The most preferences to condom indicate adolescents' knowledge about it's the double protection (for both pregnancy and STIS), easily accessible, no need of registration or prescription, and cheap as compared to other methods.

This could be helpful for making appropriate method available to meet the needs of adolescents in order to improve the future use rate. These findings are in agreement with our qualitative result and previous reports of similar studies (22)

In addition our result indicated variation in preferred sources of contraceptive for future use to school adolescents. Shops were the most preferred sources of contraceptive which had association with contraceptive use by school adolescents. In our study one of the main reason for not to use contraceptive was ashamed to buy , explained by fear of being easily identified as sexually active while using other sources They also mentioned that adolescents preferred shops because they can buy easily as other materials with out fear of being seen by some one. The choose of shop in the preferred source is in agreement with the findings of our qualitative results and studies on services preferences for reproductive health problems (9).

Furthermore our finding has indicated variation in preferred criteria to improve future utilization of contraceptive for school adolescents. How ever affordable service was found to be significantly associated with contraceptive use and similar studies were difficult to find to compare our result.

7. STRENGTHS AND LIMITATIONS OF THE STUDY

7.1 Strengths

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

Employment of probability sampling technique to select both government and private school respondents to achieve fairly representative samples, and achievement of high response rate

The study included both male and female school adolescents in their sensitive age, and elicited important information on factors affecting to the use of contraceptive and adolescents' preferences for better future use. It has also depicted the determinants of use of contraceptive that might have implications for intervention to protect adolescents from the consequences of unprotected sex.

7.2 Limitations

Cross- sectional study design was used in the present study. This type of study design shows the exposure and outcome at the same point in time, so that we cannot formulate a cause and effect relationship.

8. CONCLUSION

The survey was conducted in Addis Ababa both private and government preparatory school adolescents to assess the factors affecting contraceptive utilization among the adolescent age and has come up with the following conclusions:

The prevalence of contraceptive use was low this showed that sexually active adolescents are highly exposed to the consequences of unprotected sex and the presence of factors affecting contraceptive use

Adolescents who discuss sexual related issues with their close friends were more likely to use contraceptive than who don't

Adolescents who had pocket money were more likely to use contraceptives than who had no. Males were more likely to use contraceptive than females. Adolescents age 16-17 were less likely to use contraceptive than 18-19. Majority of contraceptive user adolescent were used condom

Religious prohibition, ashamed to buy, emotional and unplanned sexual practice, fear of being seen by some one who knows them and trust their partner were the most frequently reported reasons for not to use contraceptives by school adolescents

Majority of adolescents have planned to use contraceptive in the future. The most preferred method for future use was condom and had significant association with contraceptive use

Most of adolescents showed varied preferences to sources of contraceptive for future use. The most preferred source for future use was shop and had significant association with contraceptive use

Adolescents also showed various preferences to improve the utilization, the most preferred criteria was affordable service which had significant association with contraceptive use

9. RECOMMENDATION

Based on the findings of the study, the following recommendations are made:

Adolescents should be given basic knowledge of sexuality and contraception before the age they likely to engage in sexual activities at elementary school level and effective channels of communication should be encouraged.

A great effort should be exerted to increase the number of contraceptive users by educating and motivating the sexually active adolescents in order to reduce the consequence of unprotected sex and there by to alleviate the socio-economic problems it poses.

Organization of ARH services should consider appropriate method and source for better future contraceptive use and client satisfaction through choices

Since the most affecting factor to use contraceptive by school adolescents were ashamed to buy and emotional unplanned sexual practice other strategies like getting the service every where when they need by using modern technology should be considered.

Adolescents preferred to use condom and choose the source from shops considering this training to the shopkeepers about the storage and supplying of condom is mandatory since condom can easily be affected by heat

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11. ANNEXES

1. Participant information sheet English Version

Addis Ababa University

Faculty of Medicine

Centralized school of Nursing

Participant Information Sheet

You have been chosen to participate in this study which is assessment of factors affecting contraceptive use among Preparatory school adolescents in Addis Ababa

. Please read the following statements and ask any unclear questions before you agree to participate.

1. **Topic:** Factors affecting contraceptive use among female and male Preparatory school adolescents in Addis Ababa
2. **Objective of the study:** The objective of this study is to assess the prevalence of contraceptive use among female and male preparatory school students in Addis Ababa. The information you provide will be helpful to students, their parents, school authorities, the community and government to provide policy on contraceptive utilization.

3. Participation Procedure and Guide lines:

The information you provide will be kept completely anonymous. Your name will not write on the questioners form. Your answers are completely confidential.

The questions are prepared in Amharic and it is a self administered question students from foreign community schools and those who are not able to complete the questioners without assistance such as the visually impaired are not illegible for this study.

It will take about 40 minute to complete the survey .if you don't want to participate in the study.

Please leave the format up side down on the table and remain in your seat until others finish feeling questions

4. participant Benefit and risk :

Your participant in the study does not involve risks. You might feel some mild discomfort from reading and responding to some items on the questionnaires, but the risk of discomfort is not greater than other normal activities you have in the class.

You also may experience some benefits from participating in this study. Your response will assist to get information on factors affecting utilization of modern contraceptive in the community and students to protect from the consequence of unprotected sex and health related problems

5. Rights to Refuse or Withdraw:

- a. You don't have to answer any question that you don't want to answer.
- b. You may end to participate in the study at any time you want.

6. Right as a participant

You have a right to ask any question or if you need clarification on the study

Please contact: Tangute Demas

Addis Ababa University, Medical Faculty School of Nursing

Cell phone: 0911983988

For additional information, please contact the Addis Ababa University, Medical faculty,

Institutional Review Board office at: Tell. 251-11-5-53-87-34

Po.Box. 9086, Addis Ababa, Ethiopia

Email aaumf_irb@yahoo.com

. Thank you

Consent form for participants in English

Addis Ababa University, Medical Faculty

School of Nursing Survey Questionnaire on factors affecting contraceptive use among Preparatory school adolescents in Addis Ababa

Introduction:

I'm working for a thesis research project conducted in collaboration with Addis Ababa University. I am asking response of students in Addis Ababa preparatory schools about contraceptive use. This study is conducted in order to determine the magnitude of contraceptive use and to detect the factors that affect utilization of modern contraceptive

Confidentiality and consent:

I am going to give you some very personal questions that some people find it difficult to answer. Your name will not be written on this questionnaire, and will never be used in connection with any of the information you tell me. You do not have to answer any questions that you do not want to answer, and you may end to participate in the study at any time you want to. However, your honest answers are highly important for real aim of the study. The survey will take about 40 minutes to answer the questions. Would you be willing to participate?

(Indicate by ticking the appropriate response)

Yes_____

No_____

Assent form for parents or guardians for their children less than 18 years' old in English

Addis Ababa University, Medical Faculty

School of Nursing Survey Questionnaire on factors affecting contraceptive use among Preparatory school adolescents in Addis Ababa

Introduction:

I'm working for a thesis research project conducted in collaboration with Addis Ababa University. I am asking response of students in Addis Ababa preparatory schools about contraceptive use. This study is conducted in order to determine the magnitude of contraceptive use and to detect the factors that affect utilization of modern contraceptives

Confidentiality and consent:

I am going to give some very personal questions to your child. His/her name will not be written on this questionnaire, her/his answers are completely confidential and will never be used in connection with any of the information He/she tells me. He/she does not have to answer any questions that He/she does not want to answer, and He/she may end to participate in the study at any time. However, His/her honest answers are highly important for real aim of the study. Your child participation will be based on your agreement since your child's age is below 18 years. The survey will take about 40 minutes to answer the questions.

Hence, I kindly request your consent to agree on your child's participation on the study.

(Indicate by ticking the appropriate response)

Agree

Disagree

Signature_____

Date_____

You have a right to ask any question or if you need clarification on the study

Please contact: Tangute Demas

Cell phone: 0911983988

Addis Ababa University, Medical faculty, School of Nursing

For additional information, please contact Addis Ababa University, Medical faculty,

Institutional Review Board office at: Tell. 251-11-5-53-87-34

Po.Box. 9086, Addis Ababa, Ethiopia

Email aaumf_irb@yahoo.com

11. Questionnaires English version

Addis Ababa University, Faculty of Medicine, School of Nursing

Addis Ababa Preparatory School adolescents' contraceptive utilization Survey

This questionnaire has two parts: Part one is about your personal information, part two is about sexual behavior, views, practice and factors affecting to the use of contraceptive among preparatory school adolescents in Addis Ababa. On this questionnaire there is no need to write the name or the Addresses of the respondent. Each part has its own instruction. Please read each item carefully and give your honest response to each item. If you overlook any item without giving response, it will invalidate the study. So, please check that you have given your response to all items.

Instruction: Please circle the number of your choice.

Part One: Socio-demographic information

No	Questions/Statements	Coding categories
1.01	Sex	Male-----1 Female----- 2
1.02	Age in years	16-17-----1 18-19-----2
1.03	What is your religion?	Orthodox -----1

		Islam----- 2 Protestant -----3 Catholic -----4 Other (specify) -----5
1.04	What is your ethnic group?	Amahara-----1 Oromo -----2 Tigere-----3 Gurage -----4 Other(specify)-----5
1.05	What is your grade?	Grade 11 -----1 Grade12 -----2
1.06	What is the owner ship the school you attend?	Government-----1 Private-----2
1.07.	With whom do you usually live?	with my father and mother-----1 with my mother only-----2 with my father only-----3 with my relatives -----4 with my friends-----5 others -----6
10.8	. What is your marital status?	Never married -----1

		married-----2 others-----3
1.09	. What is your mother educational level?	Illiterate-----1 Read and write-----2 Primary(1-8)-----3 Secondary (9-12)-----4 Higher education level-----5
1.10	. What is your mother occupation?	House wife-----1 Daily laborer-----2 Government employ-----3 Private employ-----4 Other (specify)-----5
1.11	. What is your father educational level?	Illiterate-----1 Read and write-----2 Primary (1-8)-----3 Secondary(9-12)-----4 Higher education level -----5
1.12	. What is your father occupation?	Daily laborer-----1 Government employ-----2 Private employ-----3 Other (specify)-----4
1.13	. What is the estimated average monthly income of your parents?	Less than 500 Birr-----1 500-----1000 Birr-----2

		1001----2000 Birr-----3 greater than 2000 Birr-----4
1.14	Do you have pocket money?	Yes-----1 No-----2

Part -two Sexual history of the respondent's

2.01	Do you have sexual partner	Yes-----1 No-----2
2.02	Have you ever had sexual intercourse?	Yes-----1 No-----2
2.03	If the answer for question 2.02 is yes, how old were you when you had sexual intercourse for the first time?	Age in years-----
2.04	a. Have you ever been pregnant (girls only?) b. Have you ever impregnated? (Boys only)	Yes-----1 No-----2
2.05	If the answer for question 2.04 is yes What was the out come of the pregnancy?	Currently pregnant-----1 Abortion-----2 Life birth-----3 Life birth and abortion-----4
2.06	Have you ever discuss sexual related issues with your parents?	Yes-----1 No-----2
2.07	If the answer for question 2.06 is yes, how often do you discuss sex related issues with your parents?	Often-----1 Occasionally-----2

		Never-----3 Other(specify)-----4 NO answer-----5
2.08	Did you ever discuss sexual related issues with close friends?	Yes-----1 No-----2

Part. Three Modern contraceptives Knowledge of respondents

3.01	Have you ever heard of modern contraception?	Yes-----1 No-----2 No response-----3 I don't remember-----4
3.02	If the answer for question3.01 is yes .what type of contraceptive methods do you know? (Multiple answers is possible)	Pill-----1 IUCD-----2 Inject able-----3 Implants/Norplant-----4 Spermicidal-----5 Condom-----6 Female sterilization-----7 Male sterilization-----8 Natural method-----9 Emergency contraceptives-----10 Others-----11
3.03	Which advantage of modern contraceptive form do you know? (Multiple answers is possible)	Prevention of unwanted pregnancy---1 Child spacing-----2 For medication-----3 Prevention of STIs including HIV/AD-----4 Others, specify-----5

3.04	Where is the main place that you or other adolescents are able to get modern contraceptives?	Hospital-----1 Health center-----2 Health Station-----3 Health post-----4 FGAE clinic-----5 Privet clinic-----6 . Other-----7
3.05	Time taken to travel to the source of contraceptive method	___minutes-----1 I don't know-----2 No response-----3

Part four. Modern contraceptive Practice of respondents

4.01	Did you use any contraceptive methods in the last time you had sex?	Yes-----1 No-----2
4.02	If the answer for question 4.01 is yes, Which type of contraceptive method did you use in the last time you had sex? (Multiple answers is possible)	Pill-----1 Inject able-----2 . IUCD-----3 Norplant-----4 Spermicidal-----5 Condom-----6 Female sterilization-----7 (tubal ligation) Male sterilization-----8 (vasectomy) Natural method-----9 Emergency contraceptives-----10 Others-----11
4.03	If ever used any contraceptive, what was the main reasons that you stopped using contraceptive methods? (Multiple answers is possible)	Fear of side effects-----1 Religious prohibition-----2 Ashamed to buy-----3 preferred method not available-----4 Rumors-----5

		Long waiting at institutions-----6 Shortage of money-----7 Bad providers attitude-----8 Partner disapproval -----9 Others, specify -----10
4.04	If never used any contraceptive, what were the reasons? (Multiple answers is possible)	I don't know what Contraceptives are--1 Religious prohibition-----2 Rumors they are not good-----3 Unavailable in the near by-----4 expensive-----5 ashamed to buy-----6 didn't like it-----7 decrease satisfaction-----8 Ashamed to ask my partner-----9 trust my partner-----10 fear of side effect to health-----11 partner disapproval-----12 don't know where to find-----13 Emotional and Unplanned sexual practice -----14 Fear of being seen by some one who knows me-----15 other, specify -----16

Part five. Attitudes of respondents toward modern contraceptives

5.01	Do you approve use of modern contraceptive methods by school adolescents?	Yes----- 1 No----- 2 Others/ specify-----3
5.02	Who do you think should take responsibility to practice modern contraceptive?	Female partner-----1 Male partner----- 2 Both partners-----3
5.03	Contraceptives help to prevent STIs including HIV/AIDS.	no-----1 yes-----2
5.04	Contraceptive practices cause a loss of confidence between partners.	no-----1 yes-----2
5.05	Contraceptive use may cause infertility in women	no-----1 yes-----2
5.06	Contraceptive use decreases sexual satisfaction?	no-----1 yes-----2

No	Questions/Statements	Coding categories
5.07	Where do you prefer to get contraceptives?	Government Hospital -----1 Government Health Center --2 Private hospital/ Clinic-----3 Health post-----4 Youth Centers-----5 Any office-----6 Any open Market-----7 Shops-----8 Pharmacy-----9 Other specify-----10
5.08	What are the most important criteria you want to be on utilization of the service? (More than one answer is possible)	No Registration-----1 Does not need prescription--2 Short waiting time-----3 Friendly staff-----4 Short distance from my residence-----5 Affordable services-----6 Free service-----7 Have special place for adolescent-----8

		Give special hour services for Adolescents-----9 Other/specify-----10
5.09	Which one is your preference choice of contraceptive methods	Pill-----1 Inject able-----2 IUCD-----3 Norplant-----4 Spermicidal-----5 Condom-----6 Female sterilization-----7 Male sterilization-----8 Natural method-----9 Others/specify -----10

III. Consent form and focus group discussion guide questions in English

You are invited to participate for focus group discussion which is on assessment of factors affecting contraceptive use among Preparatory school adolescents in Addis Ababa. Would you be willing to participate in the study?

Yes

No

Obtain consent (verbal)

Group name/type:

Date:

Start time:

Location

Facilitator name:

Interpreter name:

Note-taker(s) name(s):

Number of participants

Greetings!

We would like to improve the attitude of school adolescents to ward contraceptives use.

We hope that discussion with you would be very helpful to identify the factors affecting contraceptives use and to promote the general wellbeing of Adolescents. Hence, I would like to raise a question for discussion about the general concept of contraceptives and utilization of modern contraceptive methods in the school adolescents. Before the beginning of the discussion, I wish to express my appreciation to all of you for your voluntary participation.

Questions

1. Do you know about modern contraceptive methods and what kinds of modern

Contraceptive do you know?

Probe-would you explain further

-would you give me an example

-Is there any thing else

2. How far are you aware of the family planning service in your area?

Probe-would you explain further

-would you give me an example

-Is there any thing else

.3. How do you think about contraception use?

Method free discussion

4. Why adolescents are engaged in sexual activity before marriage?

Method free discussions

5. Discuss about adolescents opinion towards contraceptive use

Probe-would you explain further

-would you give me an example

-Is there any thing else

6 How do you perceive the level of knowledge and use of contraceptive among adolescents?

Method: free discussion

7. Why do school adolescents not using modern contraceptives?

Probe-would you explain further

-would you give me an example

-Is there any thing else

8 Is there any factors that affect contraceptive use in the area?

Probing question related to acceptability, culture, religion, belief etc.

Does your belief or religion influence the use of contraceptive?

Probe-would you explain further

-would you give me an example

-Is there any thing else

9. Where do adolescents prefer to get contraceptives services?

Method: Free listing and then comparison among groups

10. What do you think should be done to improve contraceptive use in school adolescents?

Source The questionnaire adapted and modified from literatures (24, 34)

4.አዲስ አበባ ዩኒቨርሲቲ ሜዲካል ፋኪሊቲ

አጠቃላይ ነርስ ት/ቤት

የተማሪዎች የተሳታፊነት መረጃ ፎርም

አንተ /አንቺ በአዲስ አበባ ከተማ ዉስጥ በሚገኙ መሰናዶ ት/ቤቶች በወንድ እና በሴት ተማሪዎች መካከል ዘመናዊ የወሊድ መቆጣጠሪያ አጠቃቀም ምን ያህል እንደሆነ በሚደረገው ጥናት ላይ እንድትሳተፍ/ፊ ተመርጠህል/ሻል :: ከታችየተዘረዘሩትን ሀሣቦች ካነበብክ/ሽ በኃ ላ ያልገባህ/ሽ ነገር ካለ ከመስማማትህ/ሽ በፊት እንድትጠይቅ/ቂ በትህትና እጠይቃለሁ::

1 ርእስ: በአዲስ አበባ ከተማ ዉስጥ በሚገኙ መሰናዶ ት/ቤቶች በወንድ እና በሴት ተማሪዎች መካከል ዘመናዊ የወሊድ መቆጣጠሪያ አጠቃቀም ምን ያህል እንደሆነ የሚደረግ ጥናት::

2 የጥናቱ አ ላማ: በአዲስ አበባ ከተማ ዉስጥ በሚገኙ መሰናዶ ት/ቤቶች በወንድ እና በሴት ተማሪዎች መካከል ዘመናዊ የወሊድ መቆጣጠሪያ አጠቃቀም ምን ያህል እየተስፋፋ እንደሆነ እና ላለመጠቀም እንቅፋት ሊሆኑ በሚችሉ ምክንያቶች ላይ የሚደረግ ጥናት ሲሆንአንተ/አንቺ የምትሰጡን ተሞክሮ ለተማሪዎች ለት/ቤት ባለስልጣናት ለወላጆች ለህብረተሰቡ ለመንግስትና ለህግ አካላት በጣም ጠቃሚ ሲሆን ዘመናዊ የወሊድ መቆጣጠሪያ ላይም ትኩረት እንዲሰጠው ይረዳል::

3 ለተሳታፊዎችመመሪያ:

አንተ/አንቺ የምትሰጡን ተሞክሮ ለማንም ሳይነገር ሚስጢራዊነቱ የተጠበቀ ይሆናል::

ስም በዚህ መጠይቅ ላይ አይጻፍም ወይም አይሞላም::

መጠይቁ የተዘጋጀው በአማርኛ ፤ና በተሳታፊዎች የሚሞላ ሲሆን አማርኛ ማንበብና መጻፍ

የማይችሉ የውጭ ዜጋ ተማሪዎች እንዲሁም ጥያቄውን ለመሙላት እርዳታ የሚያስፈልጋቸው

እንደ ማየት የተሳናቸው ያሉትን አያካትትም::

መጠይቁን ለመመለስ 40 ደቂቃ ይወስዳል ስለሆነም መሣተፍ ካልፈለግህ/ሽ የጥያቄውን ወረቀት ገልብጠህ/ሽ በማስቀመጥ ሌሎች ሞልተው እስኪጨርሱ ድረስ ተቀምጠህ/ሽ እንድትቆይ/ዩ በትህትና እጠይቃለሁ።

4. የተሳታፊዎች ጉዳት ና ጥቅም

በዚህ ጥናት ላይ መሳተፍህ/ሽ የሚያስከትለው ጉዳት የለም።

ጥያቄውን በምታነብ/ቢ ና መልስ በምትሰጥ/ጪ ጊዜ ትንሽ ምቹትህ/ንሽን ሊነካ ይችላል ይሁንና ሌላ ጊዜ በት/ቤት ውስጥ ከምትሠራው/ሪው የክፍል ውስጥ ስራ በላይ ሊሆን አይችልም።

በዚህ ጥናት ላይ በመሳተፍህ/ሽ የምትሰጠን/ጭን ታማኝነትን የተሞላ መልስ ዘመናዊ የወሊድ መቆጣጠሪያ ዘዴ በተማሪዎች ዘንድ ምን ያህል እየተለመደ እንደሆነና አለመጠቀም በህብረተሰቡ እና በተማሪዎች ላይ የሚያስከትለውን የጤና ጉዳት ለመከላከል ይጠቅማል።

5. በጥናት ላይ መሳተፍ ያለመፈለግ

መመለስ የማትፈልገውን/የማትፈልገውን የግድ መመለስ የለብህም/ሽም።

በማንኛውም ጊዜ ጥያቄውን መመለስ ካልፈለግህ/ሽ መተወ ትችያለሽ/ላለህ።

6. የተሳታፊው/ዋ መብት

ጥናቱን በተመለከተ ተጨማሪ ማብራሪያ ወይም ጥያቄ ካለህ/ሽ በሚከተለው አድራሻ መጠየቅ ትችላለህ/ያለሽ።

ታንጉቴ ደማስ ስልክ ቁጥር 0911983988

አዲስ አበባ ዩኒቨርሲቲ ሜዲካል ፋካልቲ ነርሲንግ ትምህርት ቤት

ለተጨማሪ መረጃ የአዲስ አበባ ዩኒቨርሲቲ ሜዲካል ፋካልቲ ኢንሰትትዩሽናል ሪቪው ቦርድ ቢሮን በሚከተለው አድራሻ ማነጋገር ይችላሉ

ስልክ 251-11-5-53-87-34 የመልእክት ሳፕን ቁጥር 9086

አዲስ አበባ ኢትዮጵያ

ኢሜል aaumfirb@yahoo.com ማድረግ ይችላሉ።

አመሰግናለሁ።

መሪያ እና የስምምነት/ፊቃደኝነት

መግቢያ

እኔ ከአዲስ አበባ ዩኒቨርሲቲ ጋር በመተባበር በአዲስ አበባ መሰናዶ ት/ቤቶች ባሉ

በወንድ እና በሴት ተማሪዎች መካከል ዘመናዊ የወሊድ መቆጣጠሪያ አጠቃቀም ምን ያህል እንደሆነ ለማወቅ እና የመፍትሄ ሀሳቦችን ለመጠቀም ይረዳ ዘንድ ይህንን ጥናት እያካሄድኩ ነዉ።

ስለ አንቺ/ስለ አንተ አንዳንድ መጠይቅዎችን እጠይቅሻለሁ/እጠይቅሀለሁ ይህም ጥያቄ ለአንድ አንድ ሰዎች ለአመላለስ አስቸጋሪ ሊሆን ይችላል ይሁን እና ስም በዚህ መጠይቅ ላይ አይጻፍም ወይም

አይሞላም መመለስ የማትፈልገውን/የማትፈልገውን የግድ መመለስ የለብኸም/ህም መተዉ

ትችያለሽ/ላለህ በማንኛውም ጊዜ ጥያቄዉን መመለስ ካልፈለግህ/ሽ መተዉ ትችላለህ/ያለሽ ነገር ግን

አንተ/አንች የምተሰጠን/ጭን ቅንና ትክክለኛ መልስ የተማሪዎችን ዘመናዊ የወሊድ መቆጣጠሪያ

አጠቃቀም ምን ያህል እንደሆነ እንድንረዳ እና የጥናቱን አላማ ግብ እንዲያገኝ ይረዳናል ጥያቄዉን

ለመመለስ 40 ደቂቃ ያህል ይወስዳል በዚህ ጥናት ላይ ለመሳተፍ ፍቃደኛ ነህ/ሽ?

1.ፈቃደኛ ነኝ

2.ፈቃደኛ አይደለሁም

እድሜያቸው ከ18አመት በታችለሆኑ ተጠያቂ ተማሪዎች ወላጅ ወይም አሳዳጊ የስምምነት መጠየቂያ ፎርም

እኔ ከአዲስ አበባ ዩኒቨርሲቲ ጋር በመተባበር በአዲስ አበባ መሰናዶ ት/ቤቶች ባሉ በወንድ እና በሴት ተማሪዎች መካከል ዘመናዊ የወሊድ መቆጣጠሪያ አጠቃቀም ምን ያህል እንደሆነ ለማወቅ እና የመፍትሄ ሀሳቦችን ለመጠቀም ይረዳ ዘንድ ይህንን ጥናት እያካሄድኩ ነዉ።

መመሪያ እና የስምምነት/ፊቃደኝነት

ልጅዎን አንዳንድ መጠይቅዎችን እጠይቀዋለሁ/ቃታለሁ ስም በዚህ መጠይቅ ላይ አይጻፍም ወይም አይሞላም መመለስ የማይፈልገውን/የማትፈልገውን የግድ መመለስ የለበትም/ባትም መተዉ ትችላለች/ይችላል በማንኛውም ጊዜ ጥያቄዉን መመለስ ካልፈለገ/ች መተዉ ይችላል/ትችላለች ነገር ግን እሱ/ እሷ የሚሰጠን/የምትሰጠን ቅንና ትክክለኛ መልስ የተማሪዎችን ዘመናዊ የወሊድ መቆጣጠሪያ አጠቃቀም ምን ያህል እንደሆነ እንድንረዳ እና የጥናቱን አላማ ግብ እንዲያገኝ ይረዳናል።ልጅዎ በዚህ ጥናት እንዲሳተፍ/እንድትሳተፍ የሚወስኑለት/ላት እርስዎ ነዎት ምክንያቱም የልጅዎ እድሜ ከ18 አመት በታች ስለሆነ ራሷ/ሱ መወሰን አትችልም/አይችልም።ጥያቄዉን ለመመለስ 40 ደቂቃ ያህል ይወስዳል። ስለዚህ ልጅዎ በዚህ ጥናት ላይ ተሳታፊ እንዲሆን/እንድትሆን በትህትና እጠይቃለሁ መልስዎን በተዘጋጀዉ ቦታ ላይ ምልክት ያድርጉበት።

1.ፊቃደኛ ነኝ

2.ፊቃደኛ አይደለሁም

የወላጅ ወይም አሳዳጊ ፊ`ማ----- ቀን-----

ጥናቱንበተመለከተተጨማሪ ማብራሪያወይም ጥያቄ ካለዎት እባክዎትን በሚከተለው አድራሻ ይላኩልኝ

አዲስ አበባ ዩኒቨርሲቲ ሜዲካል ፋካልቲ ነርሲንግ ትምህርት ቤት

ታንጉቱ ደማስ ስልክ ቁጥር 0911983988

ለተጨማሪ መረጃ የአዲስ አበባ ዩኒቨርሲቲ ሜዲካል ፋካልቲ ኢንሰትሪትሜንት ሪፊው ቦርድ ቢሮን

በሚከተለው አድራሻ ማነጋገር ይችላሉ

ስልክ 251-11-5-53-87-34 የመልእክት ሳጥን ቁጥር 9086

አዲስ አበባ ኢትዮጵያ

ኢሜል aaumfirb@yahoo.com ማድረግ ይችላሉ።

አዲስ አበባ ዩንቨርሲቲ ሕክምና ፋካሊቲ ድህረ ምረቃ ፕሮግራም

5.በአዲስ አበባ መሰናዶ ትምህርት ቤት ውስጥ የሚገኙ ተማሪዎች ስለዘመናዊ የወሊድ መቆጣጠሪያ ያላቸው እውቀት፣ አመለካከት ጠቀሜታና ተዛማጅ ችግሮችን የሚመለከት የጥናት መጠይቅ

መመሪያ ፎርምን ለሚሞሉ ሁሉ

ሀ. በምትሞሉበት መጠየቅ ላይ ስማችሁንም ሆነ አድራሻችሁን መጻፍ

አያስፈልግም

ለ. መልሱን ጥያቄው አጠገቡ ባሉት የምርጫ ቁጥሮች በማክበብ ይግለፅ

ሐ. እያንዳንዱን ጥያቄ በደንብ ካነበቡ በኋላ በታማኝነት የራስዎትን ምላሽ ይስጡ

መ. ከጥያቄዎች መካከል አንድ ጥያቄ እንኳ መልስ ቢዘሉ ጥናቱን ዋጋ

ሰለሚያሳጣው ለሁሉም ጥያቄ መልስ መስጠትዎን ያረጋግጡ።

ክፍል አንድ ማህበራዊ ነክ ጉዳዮች

- | | | |
|--------------|--------------|---------------|
| 1.01 . ያታ | 1. ወንድ | |
| | 2. ሴት | |
| 1.02 . ዕድሜ | 1. 16-17 ዓመት | |
| | 2. 18-19 ዓመት | |
| 1.03 . ሀይማኖት | 1. ኦርቶዶክስ | 4. ካቶሊክ |
| | 2. እስላም | 5. ሌላ ካለ ይገለፅ |
| | 3. ፕሮቴስታንት | |
| 1.04 . ብሔር | 1. አማራ | 4. ጉራጌ |
| | 2. ኦሮሞ | 5. ሌላ ካለ ይገለፅ |
| | 3. ትግራይ | |

1.05 . የትምህርት ደረጃ 1. 11ኛ ክፍል

2. 12ኛ ክፍል

1.06 . የምትማርበት ትምህርት ቤት

1. የግል

2. የመንግስት

1.07 . የምትኖረው ከማን ጋር ነው?

1. ከእናትና ከአባቱ ጋር

4. ከዘመዶቹ ጋር

2. ከእናቱ ጋር

5. ከጓደኞቹ ጋር

3. ከአባቱ ጋር

6. ሌላ ካለ ይገለፅ

1.08 . የጋብቻ ሁኔታ

1. ያገባ

2. ያለገባ

3. ሌላ ካለ ይገለፅ

1.09 . የእናትህ/ሽ የትምህርት ደረጃ

1. ማንበብና መጻፍ የማይችል

4. 2ኛ ደረጃ ት/ም (9-12)

2. ማንበብና መጻፍ

3. 1ኛ ደረጃ ትምህርት

5. ከፍተኛ ደረጃ ት/ም (ከ12 በላይ)

1.10 . የእናት/ሽ የሥራ ሁኔታ

- 1. የቤት እመቤት
- 2. የቀን ሥራ
- 3. መንግስት ሠራተኛ
- 4. የግል ድርጅት ሠራተኛ
- 5. ሌላ ካለ ይገለፅ

1.11 . የአባት/ሽ የትምህርት ደረጃ

- 1. ማንበብና መጻፍ የማይችል
- 2. ማንበብና መጻፍ
- 3. 1ኛ ደረጃ ትምህርት
- 4. ሁለተኛ ደረጃ ትምህርት
- 5. ሌላ ካለ ይገለፅ

1.12 . የአባት/ሽ የሥራ ሁኔታ

- 1. የቀን ሠራተኛ
- 2. የመንግስት ሠራተኛ
- 4. የግል ድርጅት ሠራተኛ
- 5. ሌላ ካለ ይገለፅ

1.13 . የቤተሰቦች/ሽ የወር ገቢ በግምት

- 1. ከአምስት መቶ ብር በታች
- 2. ከአምስት መቶ እስከ አንድ ሺህ ብር
- 3. ከአንድ ሺህ ብር በላይ
- 4. ከሁለት ሺህ ብር በላይ

1.14 . የኪስ ገንዘብ አለህ/ሽ?

- 1. አዎ
- 2. የለም

ክፍል ሁለት የጾታ ጥያቄ

2.01 . የተቃራኒ ጾታ ጓደኛ አለህ/ሽ?

- 1. አዎ
- 2. የለም

2.02 . ከአሁን በፊት የግብረ ሥጋ ግንኙነት አድርገህ ታውቃለህ/ሽ?

- 1. አዎ
- 2. የለም

2.03 . በጥያቄ 2.02 መልስዎ አዎ ከሆነ ለመጀመሪያ ጊዜ የግብረ ሥጋ ግንኙነት ያደረገው/ሽው በስንት እድሜህ/ሽ ነው -----

2.04 . አርግዘሽ ታውቂያለሽ? ለሴት

- 1. አዎ

አስረግዘህ ታውቃለህ? ለወንድ

- 2. የለም

2.05 . ለጥያቄ 2.04 መልስዎ አዎን ከሆነ የእርግዝናው ውጤት ምን ሆነ

- 1. አሁን እርጉዝ ነኝ
- 2. አስወርቋለሁ
- 3. ተወልዷል
- 4. ወልጄም አስወርጄም አውቃለሁ

2.06 . ስለ ጾታና ግንኙነት ከቤተሰብህ/ሽ ጋር ትወያያላችሁ?

- 1. አዎ
- 2. የለም

2.07 . ለጥያቄ 2.06 መልስዎ አዎ ከሆነ ምን ያህል ጊዜ ትወያያላችሁ?

- 1. አዎ
- 2. አልፎ አልፎ
- 3. ተወያይተን አናውቅም
- 4. ሌላ ካለ ይገለፅ

2.08 . ስለ ጾታዊ ግንኙነት ከጓደኞችህ/ሽ ጋር ትወያያለህ/ሽ?

- 1. አዎ
- 2. የለም

ክፍል ሦስት ሰለዘመናዊ የወሊድ መቆጣጠሪያ እውቀት

3.01 . ስለ ዘመናዊ የወሊድ መቆጣጠሪያ ሰምተህ/ሽ ታውቂያለሽ/ህ?

- 1. አዎ
- 2. የለም
- 3. ምላሽ የለም
- 4. አላስታውስም

3.02 . ለጥያቄ 3.01 መልስዎ አዎ ከሆነ የትኛውን አይነት የወሊድ መቆጣጠሪያ ሰምተህ/ሽ

ተውቂያለሽ (ከአንድ በላይ መመለስ ይቻላል)

- 1. እንክብል
- 2. በማህፀን
- 3. በመርፌ የሚሰጥ
- 4. በክንድ ሥር የሚቀበር
- 5. ፈሳሽ ቅባት/ፀረ የወንድ ዘር ፍሬ/
- 6. ኮንዶም
- 7. የሴት ማምከኛ
- 8. የወንድ ማምከኛ
- 9. በተፈጥሮ መከላከያ ዘዴ
- 10. ድንገተኛ የመከላከያ ዘዴ

3.03 . ዘመናዊ የወሊድ መቆጣጠሪያ ለምን ይጠቅማል?

- 1. ያልተፈለገ እርግዝናን ለመከላከል
- 2. አራርቆ ለመውለድ
- 3. ለመድኃኒትነት (ለህክምና)
- 4. የአባላዘረ በሽታን እንዲሁም ኤድስን ለመከላከል
- 5. ሌላ ካለ ይገለፅ

3.04 . ዘመናዊ የወሊድ መቆጣጠሪያ የምታገኙት ከየት ነው?

- 1. ከሆስፒታል
- 2. ከጤና ጣቢያ
- 3. ከጤና ኤላ
- 4. ከክሊኒክ
- 5. ከቤተሰብ መምሪያ ክሊኒክ
- 6. ከግል ክሊኒክ
- 7. ሌላ ካለ ይገለፅ

3.05 . ዘመናዊ የወሊድ መቆጣጠሪያ ዘዴ ለመውሰድ አገልግሎቱ ከሚገኝበት ለመድረስ ምን ያህል

ጊዜ ይፈጅብሃል/ሻል?

- 1. ----- ደቂቃ
- 2. አላውቀውም
- 3. ምላሽ የለም

ክፍል አራት ስለዘመናዊ የወሊድ መቆጣጠሪያ አጠቃቀም

4.01. ባለፈው የግብረ ሥጋ ግንኙነት በፈጸምክ/ሽ ጊዜ ዘመናዊ የወሊድ መቆጣጠሪያ ተጠቅመሃል/ሻል?

- 1. አዎ
- 2. የለም

4.02. በጥያቄ 4.01 መልስዎ አዎ ከሆነ የትኛውን አይነት ዘዴ ተጠቀምክ/ሽ?

(ከአንድ በላይ መመለስ ይቻላል)

- 1. እንክብል ክኒን
- 2. መርፌ
- 3. በማህፀን ውስጥ በሚቀመጥ (ሉፕ)
- 4. በክንድ ውስጥ በሚቀበር
- 5. በፈሳሽ ቅባት (ፀረ የወንድ ዘር ፍሬ)
- 6. ኮንዶም
- 7. የሴት ማምከኛ
- 8. የወንድ ማምከኛ
- 9. የተፈጥሮ ዘዴ
- 10. የድንገተኛ መከላከያ ዘዴ
- 11. ሌላ ካለ ይገለፅ

4.03. ዘመናዊ የወሊድ መቆጣጠሪያ ዘዴ ስትጠቀሚ/ም ቆይተህ/ሽ አሁን ያቆምከው/ሽው በምን ምክንያት ነው?

- | | |
|---------------------------|-------------------------------|
| 1. የጎንዮሽ ጉዳት በመፍራት | 7. ከጤና ድርጅት ለመውሰድ ብዙ ስለሚያስጠብቅ |
| 2. በገንዘብ ማጣት | |
| 3. ሀይማኖቱ ስለማይፈቅድ | 8. በጤና ባለሙያዎች መጥፎ ባህሪ |
| 4. ለመግዛት ስለማፍር | 9. የተቃራኒ ፆታ ጓደኛ ስለማይፈቅድልኝ |
| 5. የምፈልገው አይነት ሰለሌለ | 10. ሌላ ካለ ይገለፅ |
| 6. ለጤና ጎጂ ነው የሚል ወሬ ስለሰማሁ | |

4.04. ከአሁን በፊት ወሰደህ ካላወክ/ሽ ምክንያት-ህ/ሽ ምንድን ነው?

- | | |
|------------------------------|---------------------------------|
| 1. ጥቅሙን ስለማይወቅ | 11. የጎንዮሽ ጉዳቱን ስለምፈራ |
| 2. ሀይማኖቱ ስለማይፈቅድ | 12. የተቃራኒ ፆራ ጓደኛዬ ስለማይፈቅድ/ማትፈቅድ |
| 3. መጥፎ ነው የሚል ወሬ ስለሰማሁ | 13. ቤተሰብ ስለማይፈቅድልኝ |
| 4. በአቅራቢያዬ ሰለሌለ | 14. የት እንደሚገኝ ስለማላውቅ |
| 5. የምገዛበት ገንዘብ ስለሌለኝ | |
| 6. ስለማፍር | 15. በስሜትና ማላስብ ወሲብ ስለምፈፅም |
| 7. ስለማልወደው | 16. የሚያውቀኝ ሰው እንዳያየኝ ስለምፈራ |
| 8. የወሲብ እርካታዬን ስለሚቀንስ | 17. ሌላ ካለ ይገለፅ |
| 9. የተቃራኒ ፆታ ጓደኛዬን ስለማፍር | |
| 10. የተቃራኒ ፆታ ጓደኛዬን ስለማምነው/ናት | |

ክፍል አምስት በወሊድ መቆጣጠሪያ ላይ ያለህ/ሽ አመለካከት

5.01 . መሰናዶ ተማሪዎች ዘመናዊ የወሊድ መቆጣጠሪያ መጠቀም አለባቸው ብለህ ታምናለህ/ሽ?

- 1. አዎ
- 2. የለም

5.02 . የወሊድ መቆጣጠሪያ መውሰድ የማን ሃላፊነት መሆን አለበት ትላለህ/ሽ?

- 1. የወንድ ጓደኛ
- 2. የሴት ጓደኛ
- 3. የሁሉም

5.03 . የወሊድ መቆጣጠሪያ የአባልዘር በሽታንና ኤድስን ሊከላከል ይችላል?

- 1. አዎ
- 2. አልስማማም

ዘመናዊ የወሊድ መቆጣጠሪያ መጠቀም በተቃራኒ ያ • መካከል መተማመንን ለጸጣል።

- 1. አዎ
- 2. አልስማማም

5.04 . ዘመናዊ የወሊድ መቆጣጠሪያ መካንነት ያመጣል

- 1. አዎ
- 2. አልስማማም

5.05 . ዘመናዊ የወሊድ መቆጣጠሪያ የወሲብ እርካታን ይቀንሳል

- 1. አዎ
- 2. አልስማማም

5.06 . ዘመናዊ የወሊድ መቆጣጠሪያ ከየት ብትውስጥ/ጂ ትመርጫለሽ/ህ?

- 1. ከመንግስት ሆስፒታል
- 2. ከመንግስት ጤና ጣቢያ
- 3. ከግል ሆስፒታል/ክሊኒክ
- 4. ከጤና ኬላ
- 5. ከወጣት ማዕከል
- 6. ከየትኛውም ቢሮ
- 7. ከየትኛውም ገበያ
- 8. ከሱቅ
- 9. ከፋርማሲ
- 10. ሌላ ካለ ይገለፅ

5.07 . አገልግሎቱ በምን መልኩ ቢሰጥ ይሻላል ትላለህ/ሽ?

(ከአንድ በላይ መመለስ ይቻላል)

- | | |
|------------------------|--------------------------------|
| 1. ምዝገባ አይኑረው | 7. በነፃ ቢሰጥ |
| 2. የሀኪም ትዕዛዝ አያስፈልገው | 8. ለወጣቶች የተለየ ቦታ ቢኖራቸው |
| 3. በትንሽ ጊዜ ውስጥ ብንስተናገድ | 9. ለወጣቶች የተለየ የመገልገያ ሰዓት ቢኖራቸው |
| 4. የዕድሜ አቻዎቻችን ቢሰጡን | 10. ሌላ ካለ ይገለፅ |
| 5. አገልግሎቱ በአቅራቢያችን ቢኖር | |
| 6. ቀለል ባለ ዋጋ ቢቀርብ | |

5.08 . የትኛው ዘመናዊ የወሊድ መቆጣጠሪያ ዘዴ ቢሆንልህ ትመርጣለህ/i?

- | | |
|--------------------------|-------------------|
| 1. እንክብል (ክኒን) | 6. ኮንዶም |
| 2. በመርፌ መልክ | 7. የሴት ዘር ማምከኛ |
| 3. በማህፀን የሚቀመጥ | 8. የወንድ ዘር ማምከኛ |
| 4. በክንድ ሥር የሚቀበር | 9. የተፈጥሮ መከላከያ ዘዴ |
| 5. ፀረ የወንድ ዘር ፍሬ/ፈሳሽ ቅባት | 10. ሌላ ካለ ይገለፅ |

6.ለወይይት መጠይቅ የተዘጋጀ መመሪያ እና የስምምነት መግለጫ ፎርም

ዘመናዊ የወሊድ መቆጣጠሪያ አጠቃቀም በመሰናዶ ት/ቤቶች በወንድ እና በሴት ተማሪዎች መካከል ምን ያህል እንደሆነና ለመጠቀም እንቅፋት ሊሆኑ የሚችሉ ምክንያቶችን ለማወቅ የሚደረግ ጥናታዊ ወይይት ሲሆን በዚህ ላይ ለመነጋገር አንተ ወይም አንች ተመርጣችኋል ፈቃደኛ ነህ/ሽ?

1.ፈቃደኛ ነኝ

2.ፈቃደኛ አይደለሁም

ለወይይት መጠይቅ የተዘጋጀ መመሪያ

የወይይቱ ቡድን ኮድ

ወይይቱ የተጀመረበት ቀን እና ሰዓት

ወይይቱ የሚካሄድበት ስፍራ

የቡድኑ መሪ

የአወያይ ስም

የጻሀፊ ስም

የቡድኑ አባላት ብዛት

የመወያያወ ርእስ ዘመናዊ የወሊድ መቆጣጠሪያ አጠቃቀም በመሰናዶ ት/ቤቶች ባሉ ወንድና ሴት ተማሪዎች መካከል ምን ያህል እንደሆነና ላለመጠቀም ተፅዕኖ የሚያደርጉ ነገሮችን ለማወቅ የሚደረግ ጥናት

1. ስለዘመናዊ የወሊድ መቆጣጠሪያ ዘዴ ታውቃለህ/ሽ የትኛውን ዓይነት
2. የቤተሰብ ምጣኔ አገልግሎት በአካባቢህ/ሽ መኖሩን ታውቃለህ/ሽ
3. ስለዘመናዊ የወሊድ መቆጣጠሪያ ዘዴ ያለህ/ሽ አመለካከት ምንድነው
4. ተማሪዎች ከጋብቻ በፊት የግብረ ስጋ ግንኙነት የሚፈጽሙት ለምን ይመስልሃል/ሻል

5. ተማሪዎች ስለዘመናዊ የወሊድ መቆጣጠሪያ ዘዴ አጠቃቀም ያላቸው አስተሳሰብ ምንድነው
6. የተማሪዎችን የዘመናዊ የወሊድ መቆጣጠሪያ ዘዴ እውቀትና አጠቃቀም እንዴት ትረዳዋለህ/ጂዋለሽ
7. ተማሪዎች ዘመናዊ የወሊድ መቆጣጠሪያ ዘዴን የማይጠቀሙት ለምን ይመስልሃል/ሻል
8. ተማሪዎች ዘመናዊ የወሊድ መቆጣጠሪያ ዘዴ እንዳይጠቀሙ ተዕዛዥ የሚያደርግባቸው ነገር አለ ትላለህ/ሽ አለ ካልህ/ሽ ምን ምንድን ናቸው
9. ተማሪዎች ዘመናዊ የወሊድ መቆጣጠሪያ ዘዴ አገልግሎት ከየት ቢያገኙ ይሻላል ትላለህ/ሽ
10. ዘመናዊ የወሊድ መቆጣጠሪያ ዘዴ አጠቃቀም ከዚህ የተሻለ እንዲሆን በትምህርት ቤትህ/ሽ ምን ቢደረግ ይሻላል

12. DECLARATION

I, the undersigned, declared that this thesis is my original work in partial fulfillment of the requirements for the degree of master of Adult Health Nursing. All the sources of the materials used for this thesis and all people and institutions who gave support for this work are fully acknowledged.

Student's name: Tangute Demas

Signature: _____

Place of submission: _____

Date of submission: _____

Approval of the Primary Advisor

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

Advisor's name: Erdaw Tachbele

Signature _____

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Title Assessment of Factors Affecting Contraceptive Use among Preparatory School Adolescents in Addis Ababa, Ethiopia 2010

Student Name TANGUTE_DEMAS_MITIKU (M.Sc)

Advisor(s) ERDAW TACHBELE (BSc, MSc)

Key words Adolescents, contraceptive use and factors affecting to the use of contraceptive

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Department Addis Ababa University College of Health Science Department of Nursing

Abstract

Background: Adolescents in Ethiopia are exposed to various risks, such as human immunodeficiency virus (HIV), other sexually transmitted infections (STIs), unwanted pregnancy and unsafe abortion due to unprotected sex while they have high knowledge of contraceptive use.

Objective: To asses the factors affecting modern contraceptives utilization among preparatory school adolescents

Methods: A cross sectional school based study was conducted on April to May 2010 in Addis Ababa Administration using multistage stage sampling technique .A total of 830 students in five government and three non government schools were included in the study. A pre tested structured questionnaire complemented with focus group discussion were used for data collection. The data entered cleaned and analyzed using SPSS version 15 software. Frequencies, cross- tabulations and logistic regression were used

Result Overall from 830 preparatory school adolescents 159(19.2) % were sexually active .Of which 69(43.4 %) had used modern contraceptive methods. Most of the respondents used condom 52 (75.4%).

Significantly higher proportion of male adolescents 55(79.7%) than females 14(20.3%) used contraceptives. In the binary logistic regression sex, living with friends, living alone, having pocket money, discuss sexual related issue with friends, condom, shops and affordable service were found to be significant predictors of contraceptive use.

Conclusion The prevalence of contraceptive use was low this showed that sexually active adolescents are highly exposed to the consequences of unprotected sex

Adolescents who discuss sexual related issues with their close friends were more likely to use contraceptive than who don't

Adolescents who had pocket money were more likely to use contraceptives than who had no

Religious prohibition, ashamed to buy, emotional and unplanned sexual practice, fear of being seen by some one who knows them and trust their partner were the most frequently reported reasons for not to use contraceptives by school adolescents

The most preferred method for future use was condom and the most preferred source for future use was shop

Recommendation Establish Parents- teachers - students relationship to have free discussion time in order to decrease their fear and ashamed about sexuality to bring behavioral change
Since the most affecting factor to use contraceptive by sexually active school adolescents were ashamed to buy and emotional unplanned sexual practice, other strategies like getting the service every where when they need by using modern technology should be considered
Most of the adolescents preferred to use condom with affordable service from the shop, considering this training to the shopkeepers about the storage and supplying of condom is mandatory since condom can be easily affected by heat

Key words are:

Adolescents, contraceptive use and factors affecting to the use of contraceptive