

ADDIS ABABA UNIVERSITY, COLLEGE OF HEALTH SCIENCE

SCHOOL OF PUBLIC HEALTH

MASTER OF PUBLIC HEALTH THESIS



**AGREEMENT AND CONCORDANCE REGARDING FERTILITY INTENTION AND
FAMILY PLANNING UTILIZATION BETWEEN MARRIED COUPLES IN DUKEM
TOWN, OROMIA SPECIAL ZONE.**

BY: CHALA WEGI (BSC. IN PUBLIC HEALTH)

**A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES, ADDIS ABABA
UNIVERSITY COLLEGE OF HEALTH SCIENCE IN THE PARTIAL FULFILMENT
OF THE REQUIREMENT FOR THE DEGREE OF MASTERS OF PUBLIC HEALTH**

May 2011, Addis Ababa Ethiopia

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DECLARATION

I, the undersigned, declare that this thesis is my original work in partial fulfillment of the requirement for the degree of master of public health. It has not been presented for a degree in this or another university. All sources of materials used for the thesis and all people and institutions who gave support for this work are fully acknowledged.

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Place Addis Ababa University

Date of Submission May 9, 2011

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

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Acronyms

AAU	Addis Ababa University
ANC	Antenatal Care
AOR	Adjusted Odds Ratio
COR	Crude Odds Ratio
CSA	Central Statistics Agency
EDHS	Ethiopian Demographic Health Survey
ETB	Ethiopian Birr
FGAE	Family Guidance Association of Ethiopia
FP	Family Planning
FGD	Focus group Discussion
FI	Fertility Intention
FMOH	Federal Ministry of Health
NGO	Non Governmental Organization
OR	Odds Ratio
SPH	School of Public Health
SPSS	Statistical Package for Social Science
UNFPA	United Nation Population Fund
UNECA	United Nation Economic Commission for Africa
WHO	World health Organization

Abstract

Background

Traditionally, women have been the main respondents for the most of knowledge, attitude and practice survey related to family planning, contraceptive prevalence, demographic and health surveys and the like. The role of men has been limited especially in Africa where as men are the primary decision-makers of most reproductive issues including family planning. However, it has been now realized that programs that exclusively focus on either men or women may fail because most sexual, family planning, and child bearing decision are made or may potentially be able to be made by both partners together. Thus it is important to interview both husband and wives when ascertaining family planning attitudes and most other reproductive health research.

Objective

To assess the level of agreement and concordance regarding fertility intention and contraceptive use between married couples.

Methodology

A community based cross sectional survey was conducted on 422 married couple's in Dukem town which were selected by using systematic random sampling method. Both quantitative and qualitative method was employed. Data pertaining to fertility intentions and contraception was collected and the level of agreement (kappa statistics) between husbands and wives was computed.

Result

The observed concordance was 71.6% for ideal family size, 94.9% for contraceptive attitude, 95.9% for fertility desire, and 99.7% for report of number of currently living children. The unadjusted kappa statistic varied from a relatively low of 0.61($p \leq 0.000$) for contraceptive attitude to high of 0.99($P \leq 0.000$) for number of living children, for ideal family size 0.63($P \leq 0.000$), fertility desire 0.91($P \leq 0.000$), ever use of contraceptive 0.84($P \leq 0.000$) and current use of contraceptive 0.87($P \leq 0.000$) having kappa values in between. Overall greater degree of agreement was observed for reproductive health events as compared to family planning attitudes and intentions.

Conclusion

Overall, a greater degree of agreement was observed for reproductive health events as compared to family planning attitudes and intentions. The latter are more subjective outcomes and can be expected to vary among spouses. Thus, we can infer that for reproductive health events, wives responses can be taken as proxy for the couple's response but for family planning attitudes and intentions there is a need to collect information both from husbands and wives.

1. Background

1.1 Introduction

Traditionally, women have been respondent for the most of knowledge, attitude and practice survey related to family planning, contraceptive prevalence, demographic and health surveys and the like. The role of men has been limited especially in Africa where as men are the primary decision-makers of most reproductive issues including family planning. Demographers said that contraceptive developers focus on women, so that fertility rates and measures of contraceptive prevalence, unwanted fertility, and unmet demand for contraception were all based on women reports. (1)

However, it has been now realized that programs that exclusively focus on either men or women may fail because most sexual, family planning, and child bearing decision are made or may potentially be able to be made by both partners together.(1, 2)

The International Conference on Population and Development recognized the couple as a unit by referring frequently to couples and individuals and further states that the aim of family planning programmers" must be to enable couples and individuals to decide freely and responsibly on the number and spacing of their children. Available studies show that in many developing countries male often dominates when any important decision are taken in the family, such as reproduction, family size, and contraceptive use (3).

Thus it is important to interview both husbands and wives when ascertaining family planning attitudes and most other reproductive health researches.

1.2. Rationale of the study

The level of spousal agreement regarding fertility and family planning remains an important area for utilization of reproductive services. Although high concurrence would be expected because of daily partner contact and common living conditions, cross national studies of couple concurrence on contraceptive methods use show frequent discrepancies between husbands and wives reports. (4)

Family planning services are primarily restricted to maternal and child health centers, where only women are invited for the service in developing countries. In addition most research on fertility and family planning issues in developing countries involved only women. The roles of the male in making family life decisions including the reproductive health life of his wife are not given due emphasis (5, 6)

In contrast to this, available studies show that in many developing countries, males often dominate in decision making in the family, including in issues related to reproduction, family size and contraceptive use. The study done in Kenya suggests that contraception is 2-3 times more likely to be used when husbands, rather than wives, want to cease childbearing.(1)

Until recently, fertility and family planning research in developing countries, as well as policy and program formulations, has generally relied on data collected from women. Increasingly, however, attention is being paid to including men.(7):

However information that has become available from surveys conducted over the past decade suggest that men and women do not necessarily have similar fertility attitudes and goals. In addition the scope of fertility and family planning research has expanded to include such broader reproductive health issues as sexually transmitted diseases, on which data from both men and women are needed.

Although women bear children and most modern contraceptives are female methods, child bearing has an impact on men too. This impact may be felt financially, if men accept the responsibility of supporting their children, and in a range of other ways, including through the health and well being of their wives and children.(8)

Therefore, communication and agreement of couples that influence the utilization of family planning and reproduction need to be thoroughly studied in different socio cultural contexts in order to develop appropriate interventions to achieve the desired outcome of family planning program.

2. Literature review

2.1 Family planning

The average population growth of most sub-Saharan Africa countries is well above 2.5% with a doubling time of less than 30 years. Family planning services have become the interventions to slow population growth.(9)

Available literature shows that relatively high level of fertility that has still been experienced in Africa, especially in Sub-Saharan Africa, has more to do with a combination of cultural and socio-economic factors which determine prospect of people towards procreation. In view of this the high fertility of the population is attributed to low levels of contraception, cultural values favoring large family size, low socioeconomic development and high infant and child mortality. The high incidence of fertility at least reflects that reproduction starts at young ages, age at first marriage is early, and contraceptives are not being used in a wide spread and operative manner(9, 10)

Like other Sub-Saharan African countries, Ethiopia is known to have high fertility, total fertility rate of 5.4 children per woman and low contraceptive prevalence rate of 15% among currently married women of reproductive age. While present day contraceptive technology and family planning efforts are designed mainly to influence the level of fertility, the impact of such efforts is still low in Ethiopia. (11, 12)

In Ethiopia, modern contraception was introduced in 1966 by Family Guidance Association of Ethiopia (FGAE) which is a non-governmental and non-profit organization, established to provide information, counseling and clinical services to families who want to space the birth of their children(13). Before 1980, family planning services were not provided in government health facilities, but by NGO's. In 1980 the Council of Ministers directive integrate family planning as part of the Maternal and Child Health care (MCH) program of the Ministry of Health created same favorable environment to strengthen and expand family planning services in the country(14).

At present, family planning services are provided through government and NGO service outlets, including hospitals, health centers, health posts, and community based distribution and social marketing. Although the services have been provided for a prolonged time, contraceptive prevalence has not reached a level whereby it will have an impact on fertility. This was mainly attributed to the service delivery system, which was carried out through the network of general health facilities that are available mostly in urban or semi-urban communities, the bulk of the rural population remained without access to family planning services(14). The recent EDHS conducted in 2005 revealed that contraceptive prevalence was only 15 %, 47% in urban and 11% in rural areas(12).

2.2. Fertility intention

With a population of about 74 million, Ethiopia is the second most populous country in Sub-Saharan Africa. The population is increasing at a rate of about 2.5% per annum while the fertility rate is 5.4 children per women (12). Like many other African countries, Ethiopia has so far shown little change in fertility. Between 1990 and 2005, the total fertility rate in Ethiopia declined steadily from 6.4 to 5.4 children per woman of reproductive age (15). Apart from the high fertility, the large variation in fertility between rural and urban areas and between the regional states in Ethiopia calls for attention. According to the 2005 Ethiopian Demographic and Health Survey (DHS), fertility in rural Ethiopia is nearly two and half times greater than in urban centers (6.0 versus 2.4). Among the nine regional states and two city council administrations under the Federal Government of Ethiopia, Oromia Region has the highest fertility rate of about 6.2 children per woman while Addis Ababa has a below replacement level of fertility of 1.4 children per woman (12).

Demographic research has shown that socio-economic and cultural factors influence fertility through biological and behavioral mechanisms such as the use of contraception, which has a direct effect on fertility (16).But contraceptive use, which plays the major role in influencing fertility, is very low in Ethiopia. As of 2005, only 14.7% of married women in the country and 13.6% in Oromia Regional State used any method of contraception. As a result of the low contraceptive prevalence, many women of reproductive age who want to stop or postpone child bearing are not able to do so. (12).

Changes in the demand for children and greater accessibility to contraception are important conditions for fertility transition (17). The proportion of women who intend to limit child bearing is one of the most important conditions because it bears directly on population growth and designates a segment of the population that may be at risk of having an unwanted birth. This proportion of women of childbearing age who want no more children is also an important predictor of fertility levels and trends (18). In the past few years, the proportion of women who desire to limit child bearing has been rising in Sub-Saharan Africa. Analysis of DHS data between 1990 and 2005 has shown that the proportion of women with the intention to limit child bearing ranged from a low of less than 10 percent in Niger and Chad to a high of 53 percent in Kenya in sub-Saharan Africa (19). The 2005 Ethiopian DHS also showed that 42% of married women reported that they want no more children.

Previous research has shown that the fertility intentions of women are influenced by various demographic, socioeconomic and program factors. In addition it demonstrate that fertility intentions of women vary with the age of women, number of living children, place of residence, education and exposure to media (16). Fertility intentions are also shaped by couples' experiences with child mortality and their expectation about child survival conditions as well as their preferences for a single sex, usually son(20) Other studies have identified knowledge, approval and use of family planning as important factors influencing fertility intentions (21).

In relation to knowledge and approval of family planning, many have posited that exposure to mass media, particularly those promoting family planning, is important in influencing fertility related behaviors of women (22).The analysis of fertility intentions is of fundamental importance for family planning program purposes and for population policy because it determines the demand for contraception and the potential impact on the rate of reproduction (16)Thus, understanding the factors which influence women's fertility intention is critical for countries like Ethiopia with a population policy aiming at reducing fertility.

2.3. Agreement and communication of couples

In sub-Saharan Africa decisions related to contraceptive use, timing and number of births are influenced by men. The ability of women to control their fertility is a precondition to fertility transition. Women require autonomy to make decisions in controlling their fertility. Moreover, differences in socio-economic and demographic characteristics of couples contribute to differences in reproductive preferences. For instance, husband and wife age difference is a determinant of reproductive preference among couples. Family planning programs will have a higher probability of success if they focus on couples, but previously most of them focus on women. Scattered evidences demonstrated that involving couples in reproductive health programs makes a difference.(23)

Family planning services have become the interventions to slow population growth. However, social and cultural factors have been shown to hinder the use of contraceptives. Men and women may have conflicting fertility goals, and, particularly in sub-Saharan Africa, the assumption that couples necessarily operate as a decision making unit, is unrealistic.(24) Instead, an agreement must be there as couple to optimize their gain from their relationship. For instance, women's contraceptive use may occur without the knowledge or consent of their partners to exploit the benefit of fertility limitation without affecting their conjugal relationship, rather the success of contraceptive use is enhanced by communication and approval of partners(25).

According to Demographic and Health Surveys from six sub-Saharan African nations the agreement of couples on contraceptive use falls in the range of 47%-82%. But among couples in which one or both reported use, the „both „category represents less than half in all nations except Zimbabwe. In the study; there was less than 80% agreement in all except Ivory Coast.(26)

In other study, which compare couples' concurrence on contraceptive use and method used by means of data from 23 countries, mostly in sub-Saharan Africa. They found that husbands report higher level of contraceptive use than do their wives in every country they studied, with ranges 2% higher (Brazil) to 150% higher (Mali). The authors mentioned that many of the discrepancies are the result of husbands' sole reports of periodic abstinence and condom use.(27) (28)

Demographic and Health Survey (DHS) from African countries such as Burundi (1987), Ghana (1988), Kenya (1988) and Mali (1987) include information from husbands of the wives interviewed in the main part of the survey. All these surveys of husbands indicated the importance of programs that work to improve communication between spouses about family planning. In particular, they show a positive association between contraceptive prevalence and husband and wife communication about family planning..(29)

In most countries, the alienation of men from participation in these programs was subsequently identified as one of the major causes, a finding that led researchers to redirect their attention to couples instead of individuals as the focus of such programs. Lack of spousal communication about family planning was identified as one reason for the low level of contraceptive use among women. Subsequent research has persistently demonstrated a positive relationship between spousal communication and contraceptive use(30)

Communication and decision-making plays a vital role in assuring informed choice of family planning and reproductive health behavior. Effective communication and decision-making empowers people to seek what is best for their own health, and to exercise their right to good quality health care. This study also tries to identify the agreement and communications of couples on fertility intention and family planning utilization.

Conceptual framework of factors affecting Agreement on fertility intention and family planning

The following figure tries to put a summarized literature finding that was reviewed to undergo this study. It explains different factors that can affect an agreement of married couples on family planning utilization and fertility intention. As reviewed from different literature socio demographic status, reproductive history, availability of the service and individual effort of the married couples can affect an agreement of couples and this agreement again can affect the contraceptive use of couples.

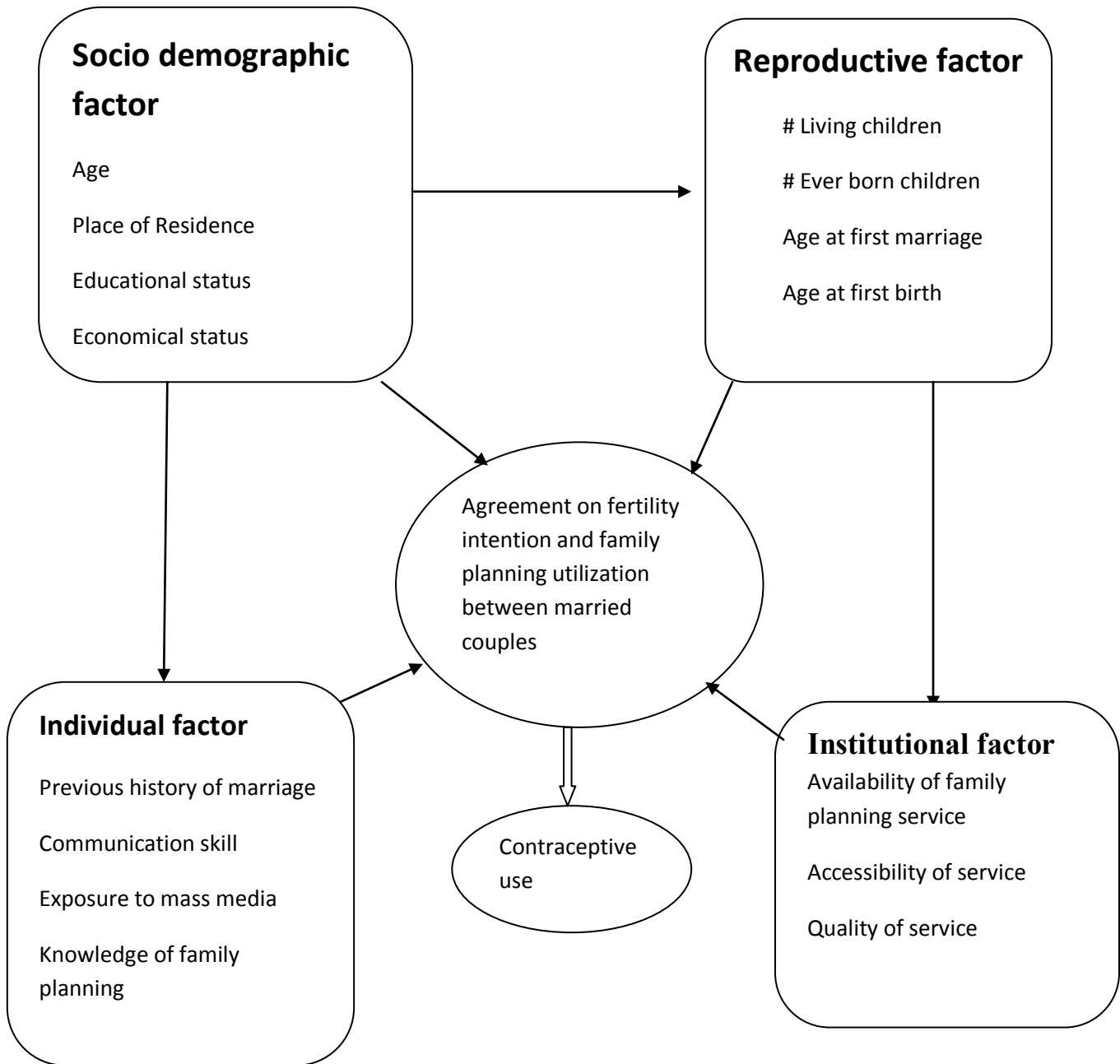


Figure 1: Conceptual framework of factors affecting Agreement on fertility intention and family planning utilization between married couples and contraceptive use

2.4 Significance of the study

It is well recognized that one of the potential problems, in the effort towards development in Ethiopia, is the high growth rate of the population. The country has a population policy aiming at balancing the pace of growth rate of population with the corresponding socioeconomic development. Increasing contraceptive prevalence for fertility regulation is one of the most important strategies to meet the objectives in the policy. However different literature shows that there is low utilization of contraception, poor communication and agreement on family matters between the couples and less involvement of males in family planning utilization hence this study try to assess factors that affect the agreement of couples on fertility intention and family planning utilization and propose possible recommendation to improve agreement and utilization of services

3. Objective

3.1. General Objective

To assess agreement and concordance regarding fertility intention and family planning utilization between married couples.

3.2. Specific objective

- To assess fertility intention and family planning utilization of couples
- To determine the level of agreement and concordance regarding fertility intention
- To examine level of agreement and concordance regarding family planning utilization
- To identify factors that influence agreement of couples on FP and FI

4. Methodology

4.1. Study Area and source population

The study was conducted in Dukem town, Oromia special zone around Finfine. It is one of newly reformed zone of Oromia regional state. Dukem is one of the towns which are found in this special zone surrounding Finfine. The town is 37km away to south east of the capital Addis Ababa. According to the town administrative data the town is divided in to four kebeles, which is called Dukem-01,02-Tedecha, 03-Koticha and 04- Gogecha. The town's total population is 44,009 among these 24,313(55%) are males and 19,696(45%) are females and 9763 households resides in the town. In the town there is one private hospital, one governmental health center, 4 private clinics and 4 health posts that serve the community.

4.2. Study period

The study was conducted from September, 2010 to May, 2011.

4.3. Study Design

A community based cross-sectional survey which comprises both quantitative and qualitative data collection methods were conducted.

Population

4.4. Source population:

All currently married couples residing in Dukem town.

4.5. Study population

The study population comprises of those currently married couples residing in Dukem town where the age of women is 15-49 that were selected from source population by using systematic random sampling techniques.

4.6. Inclusion criteria; currently married couples who lived in the study area more than six months, where the age of the wives is 15-49

4.7. Exclusion criteria; polygamy's and critically ill

4.8. Sample size determination

The formula used for calculating the sample is

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

Where

n=the desired sample size

p=proportion of agreement of couples in sub-Saharan countries on contraceptive use 47%-82%
take the minimum proportion (26)

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

d= the margin error between the sample and the population =5%

using the above formula sample size for single population proportion the desired sample size is 383. considering non response rate of 10% the total sample size used for the study was 422 married couples.

4.9. Sampling procedure

4.9.1. Quantitative Survey

Dukem Town is divided into four kebeles based on existing Administrative Structure. The sample was selected from all kebeles namely Dukem 01, Tedecha, Koticha and Gogecha. The sample were determined proportional to the size of the total house hold population of each kebele. Then systematic random sampling method was used to select the households from each kebele, where the sampling interval were the total number of households in each kebele divided by the corresponding number of households to be interviewed in each kebele. The first household interviewed was determined from the kebele house number register using simple random sampling method. The next household was identified by systematically adding the number of interval to it. If more than one eligible respondent were found in the selected household, only one respondent was chosen by lottery method (simple random sampling). In cases where no eligible is identified in the selected household, the interviewer was moving to the next household.

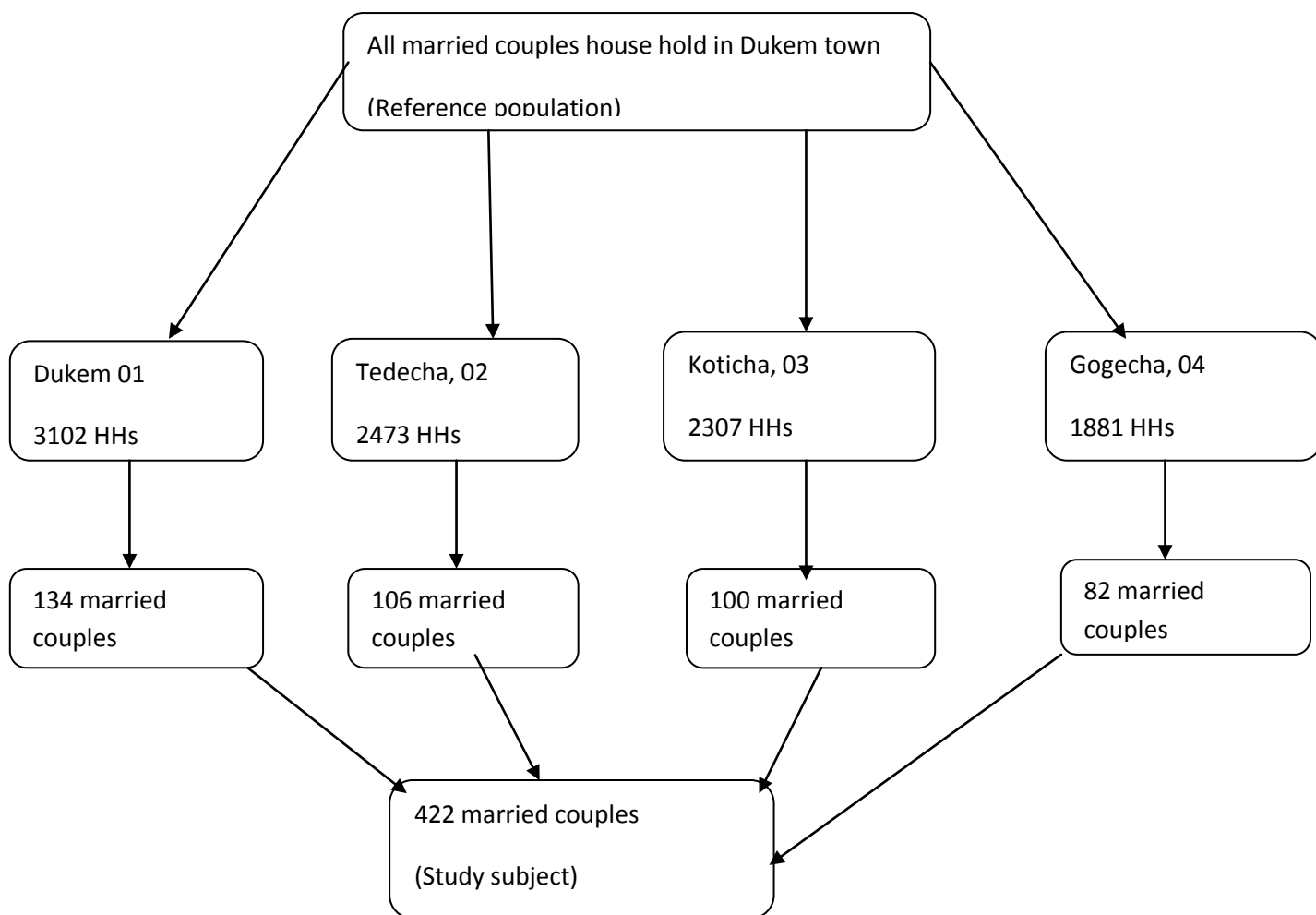


Figure 2: Schematic representation of sampling procedure

4.9.2. Qualitative survey

The qualitative data collection method was conducted in order to generate information from health service providers in the study area, religious leaders and elders residing in the study town and from the married couples differently using focus group discussion (FGD) in order to supplement the result of the quantitative data that cannot be quantified.

The FGD was conducted in the following manner:

- From currently married men two groups
- From currently married women two groups
- From health service provider's one group
- From religious leaders and community leader's one group was selected.

The Discussion was made with six focus groups each group consisting of 6-8 participants who were selected from the respective communities and facilitators, using purposive non-probability sampling method.

4.10. Tools for Data Collection

4.10.1. Quantitative data collection

The data for the quantitative section was collected using a structured questionnaire prepared by addressing all-important variables. These questionnaires were adopted from different literature developed for similar purpose by different authors. It was reviewed to suit the local condition and translated to Afan Oromo and Amharic language. The survey questionnaire was pre-tested and the necessary modifications and correction were taken to standardize and ensure its validity. Using the questionnaire, currently married couples from the selected households were interviewed by trained diploma nurse data collectors with experience in data collection. The interview took place on selected house hold by interviewing the couples separately to avoid an influence on each other and there were supervision of data collectors by supervisors and the principal investigator.

4.10.1. Qualitative data collection

Focus Group Discussion (FGD) was done separately in four homogenous group using an interview guide. The FGD was facilitated by the supervisor and the principal investigator.

4.11. Data quality management

To ensure the external validity (generalizability) of the study, appropriate size and representative type of study units were selected as described above. And to ensure the internal validity (accuracy and precision) of the study, maximum effort was taken to minimize bias and errors using the following strategies:

- Training of data collectors and supervisors,
- Continuous and strict supervision and spot checking.
- Pre testing was conducted prior to data collection process.
- Questionnaires prepared in English translated in to Afan Oromo and Amharic which was the language of interview and translated again back to English to keep the consistency.

4.12. Data Analysis procedures

Quantitative data was entered into Epi info 3.5.1 and analyzed using SPSS 16 soft ware package. It was cleaned and analyzed based on the objectives of the study using the already planned explanatory and response variables using the mentioned computer soft ware. Single and merged type of data file were prepared. Using Single data file simple frequencies to see the overall distribution of the study subject with the variable under study was done. Using the merged data file the cross tabulation for kappa statistics was done to see the level of agreement of couples on family planning utilization and fertility desire. In addition to measure the strength of association for each significantly associated explanatory variable to the dependent variable, bivariate analysis was used. Finally, by multivariate analysis possible confounders were controlled and predictor variables for family planning utilization and fertility desire were identified.

For the qualitative part; data collected by FGD facilitators through tape recorders was firstly transcribed to English and analyzed manually by the principal investigator. Using the transcript the themes were emerged and developed thoroughly. Some quotes from the qualitative data that best explain the emerged themes were identified and presented in the participants own words in parallel with the quantitative information to give more insight for the study.

4.13. Study variables

4.13.1. Independent variable

- Education and cultural factors
- Age, sex, religion
- Socioeconomic status
- Knowledge and attitude of family planning

4.13.2. Dependent variables

Agreement and concordance of couples on

- Family planning utilization
- Fertility intention of couples

4.14. Operational definitions

Married Couple: male and female who are in marital relationship or union

Ever use of contraception: those respondents who were using contraception once in their life before the data collection period.

Current use of contraception: those respondents who use contraception during the period of data collection.

Concordance: similarity or agreement between the couples on fertility intention and contraceptive use.

Couple Fertility intention: desire or intent to have children by the couples.

4.15. Ethical consideration

Ethical clearance was obtained from the respective school of public health, and AAU College of health science ethical committees. A formal letter was also submitted to all the concerned bodies to obtain their co-operation. The right and autonomy of all participants were respected. They were given any information they needed, verbally and in writing. The participation was voluntarily and they can withdraw from the study at any time without explanation and without penalty or loss of benefit. The autonomy of each participant was assured unless they needed assistance in filling out the questionnaire. In such cases, confidentiality was assured and no personal details were recorded or produced on any documentation related to the study.

5. Result

5.1. Socio demographic characteristics

A total of 422 couples were included in the study which makes the response rate 100%. Information gathered from all was included in the analysis. The age range for wives was from 16 to 46 years with mean age of 27.9 and for husband was from 20 to 53 years with mean of 32.8years.

Majority of the wives age range were, 25-29 (31.5%), while that of husbands were 30-34(33.4%) Religious distributions were similar for both spouses, (84.8%) were orthodox & 13.3% were protestant Christians.

Sixty nine percent of the study population among wives and (68.5%) among husbands were Oromos, (28.4%) among wives and 26.5 among husbands were Amharas, and the rest constituted by Gurage and Tigre.

Majority of men, 383(90.8%) and most of the women 326(77.2%) reported attending formal education. Most of those who reported attending formal education, 321(76.1%) of men and 297(70.3%) of women attended elementary and high school [grade 10 and below].in contrast to this 20.6% of women and 8.5% of men respectively are illiterate.

Almost half of women, 220(52.1%) are house wife, 70(16.6%) day laborers and 64(15.2%) respectively were self employee. while 117(27.7%) of men were day laborers, 108(25.6%) were self employee and 122(29%) were merchant and farmer.

Among the respondents more than half (53.8%) of them have an income 500-1000birr where about 38.2% of them get less than 500 birr per month. Only 8.1% of the respondents have monthly income of more than 1000 birr.

Table 1: Socio demographic characteristics of married couples in Dukem town, 2011 (n=422)

Characteristics		Wife		Husband	
		No	%	No	%
Religion	Orthodox	358	84.8	358	84.8
	Protestant	56	13.3	54	12.8
	Muslim	6	1.4	7	1.7
	Catholic	2	.5	3	.7
Ethnicity	Oromo	292	69.2	289	68.5
	Amhara	120	28.4	112	26.5
	Tigre	2	.5	8	1.9
	gurage	7	1.7	10	2.4
	others	1	.2	3	.7
Education	Illiterate	87	20.6	36	8.5
	Read &write	9	2.1	3	.7
	Elementary	120	28.4	78	18.5
	Junior	130	30.8	140	33.2
	High school	47	11.1	103	24.4
	Preparatory	21	5.0	45	10.7
	Higher edn	8	1.9	17	4.0
Income/month	<500	161	38.2	159	37.7
	500-1000	227	53.8	229	54.3
	>1000	34	8.1	34	8.1
	total	422	100.0	422	100.0
TV/radio	TV	36	8.5	36	8.5
	radio	126	29.9	126	29.9
	both	219	51.9	219	51.9
	none	41	9.7	41	9.7
total		422	100.0	422	100.0

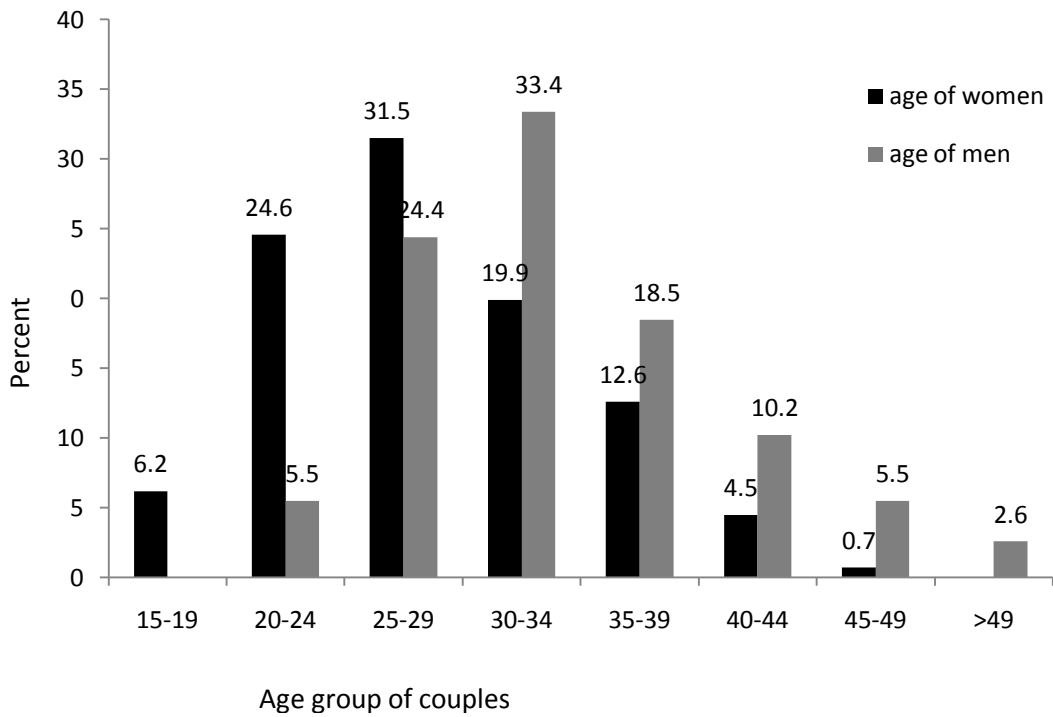


Figure 3: Age of married couples in Dukem town, 2011 (n=422)

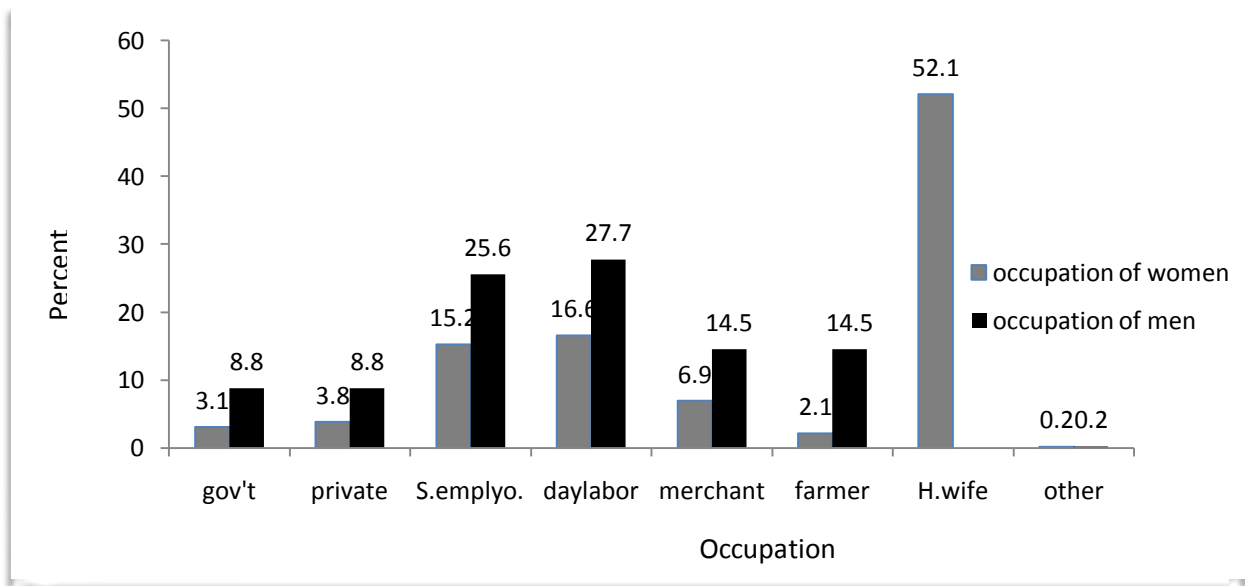


Figure 4: Occupational status of married couples in Dukem town, 2011 (n=422)

5.2. Reproductive history

More than half (53.1%) of women were married at ages less than 20 years, while only 11.8% men did so. The minimum age at marriage reported for women was 13 years & for men 15 years. The mean age at marriage was 19.7 & 24.6 with standard deviation 3.9 & 4.7, median 19 & 24 for women & men respectively.

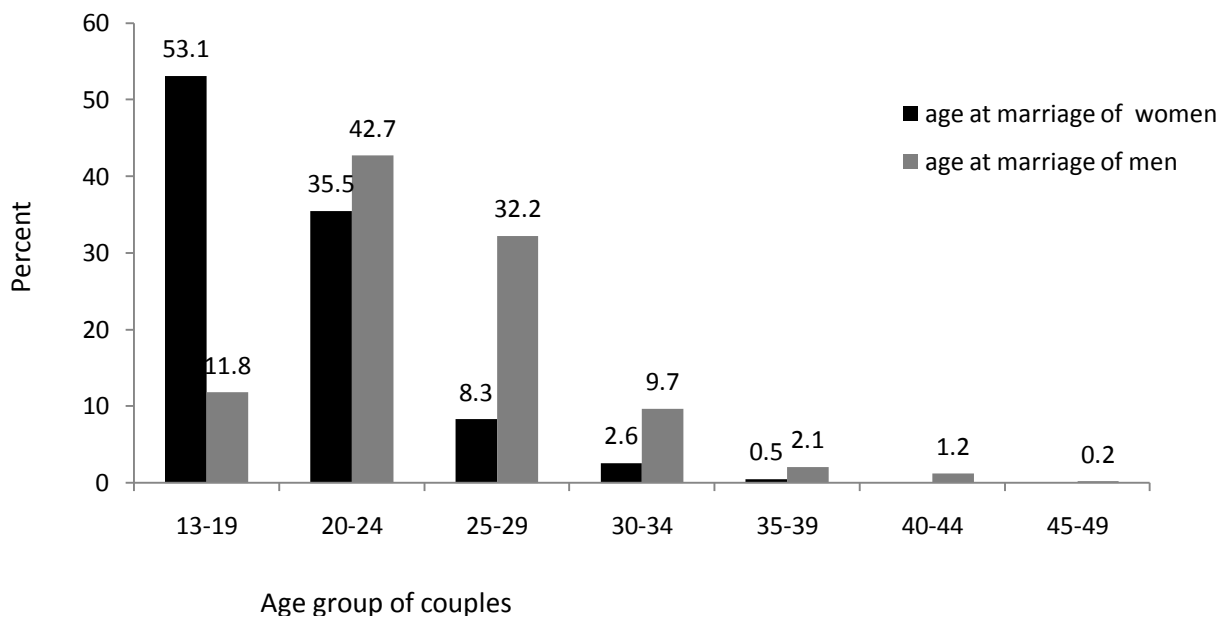


Figure 5: Age at marriage of married couples in Dukem town, 2011 (n=422)

Among the respondents about 91.5% have children ever born and the rest do not have. Out of this about 56.7% have one to two children, 30.3% have three to four children, 7.8% of them have five to six children, and the rest (5.2%) have more than six children and the mean number of ever born children for spouse is 2.7.

Among these ever born children majority of them (58.5%) are one to two children per a family, about 31.1% are three-four children, 3.5% are five to six children, and 3.9% are more than six children are alive children. The mean number of alive children is 2.5.

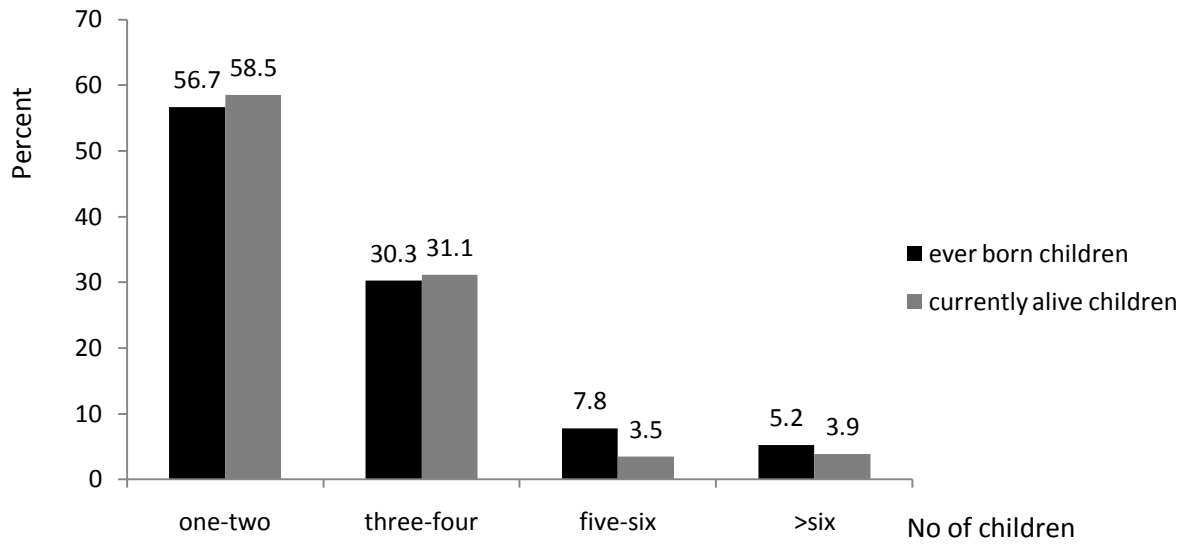


Figure 6 Number of ever born and alive children for married couples in Dukem town, 2011 (n=422)

About 65.9% of the respondents want to have additional children and the rest do not. More than half (52.6%) of a couple want to have three to four children, while about one third of a couple (33.2%) want to have one to two children. The mean of ideal child desire is 3.4 children, where 1.9 is for male child and 1.5 is for female child. And the minimum is 1 child and the maximum is 12 children.

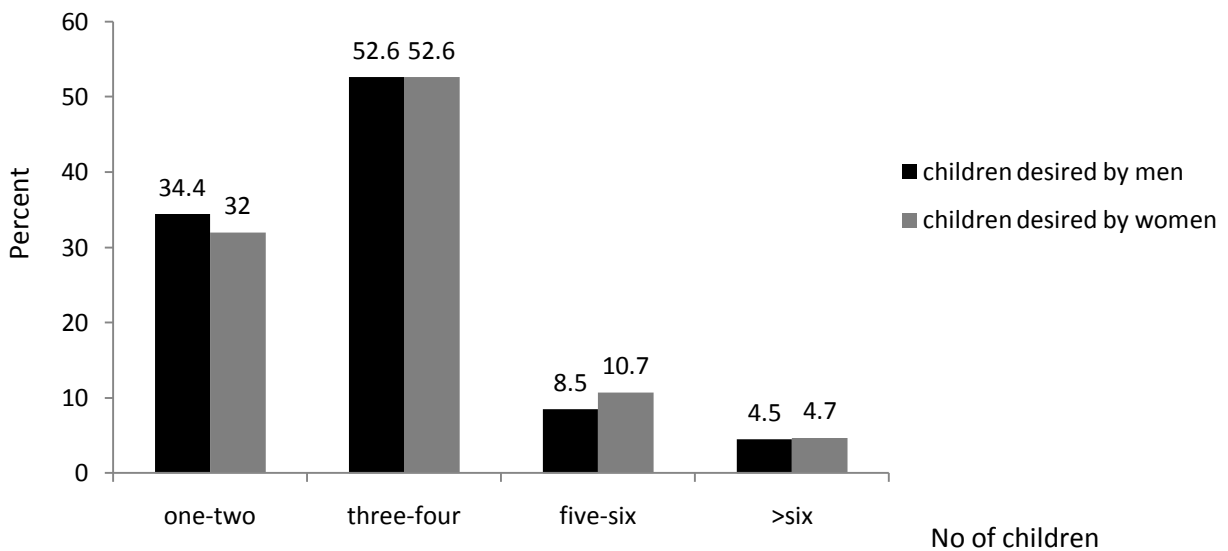


Figure 7: Number of children desired by married couples in Dukem town, 2011 (n=422)

Among wives included in the study, 36(8.5%) & 34(8.1%) of them were pregnant & has gone for antenatal care visit respectively; out of this about 1.7% is unwanted pregnancy. Only 14.5 % (61) wives & 14.2% (60) of their husbands reported history of abortion & its frequency was, once by 49 (77.8%) of wives; twice by 10 (15.9%) of wives & more than 2 by 4(.9%) of wives.

5.3. Knowledge and attitude about family planning

Most of the study couples 381(90.3%) of wives & 383 (90.8%) of husband have heard about family planning. Among this 205(48.6%) said limiting, 167(39.6%) said birth planning, 135(32%) said avoiding pregnancy, and 280(66.4%) said birth spacing respectively. Most of couples 397(94.1%) of wives and 393(93.1%) of husbands knows some kind of contraceptives methods. The two most known methods by both spouses were injections & pills 92% and 87.6% respectively.

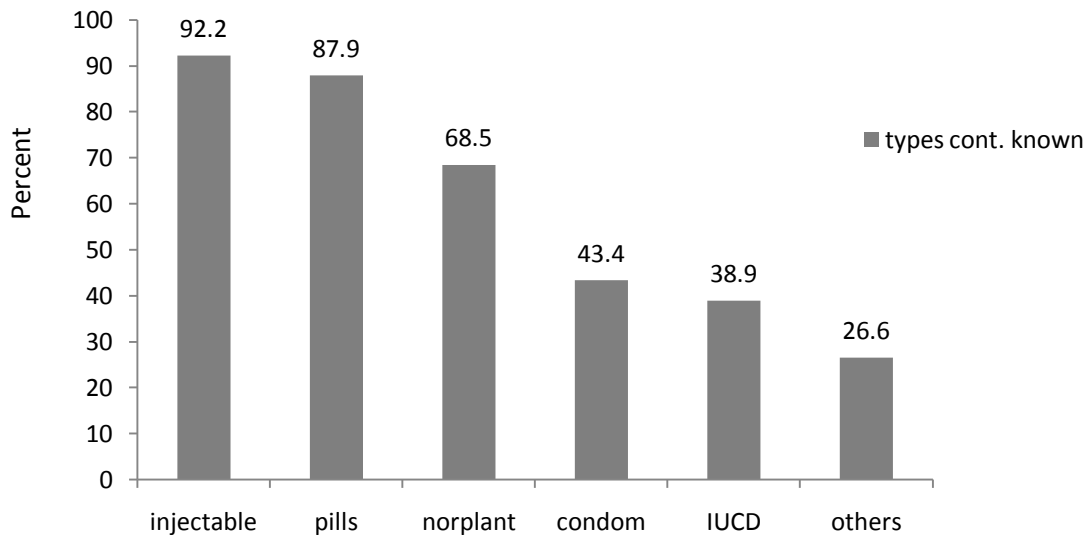


Figure 8: Types contraceptives known by married couples in Dukem town, 2011 (n=422)

Majority of couples, 415 (98.3%) of all wives & 416 (98.6%) of all husbands wants to know more about contraceptives; about 90% of couples approve contraceptive use in their family by other couples. The main reason given by those disapproving contraceptive use were; religious factor (71%), fear of side effect of contraceptives (23.6%) & to have more child (11%). Eighty percent of all wives & 80.8% of all husbands reported discussion about contraceptives within the last twelve months and about 87.7% of spouses decided on contraceptive use after discussion. Sources of information about contraceptives were media (by 50% of wives & 50.2 of husbands), health professionals (by 32.5% of wives & 32.9% of husbands) and peers (by 9.5% of wives & 9.7% of husbands).

5.4. Practice of modern contraceptives.

Prevalence of Contraceptive use was reported 339 (80.3%) for wives & 333 (78.9%) for husbands. Most favored contraceptive methods by both spouses were injection, Norplant and pills which is 252(74.3%) 45(13.3%) and 31(9.2%) respectively.

Three hundred fifty eight (84.8%) of wives & 345 (81.7%) had reported ever use of contraceptives & the type of methods used most were injection and pills. At the moment the study was conducted, more than 199 (55.7%) of couples were using injections & 116(32.6%) of couples were using pills.

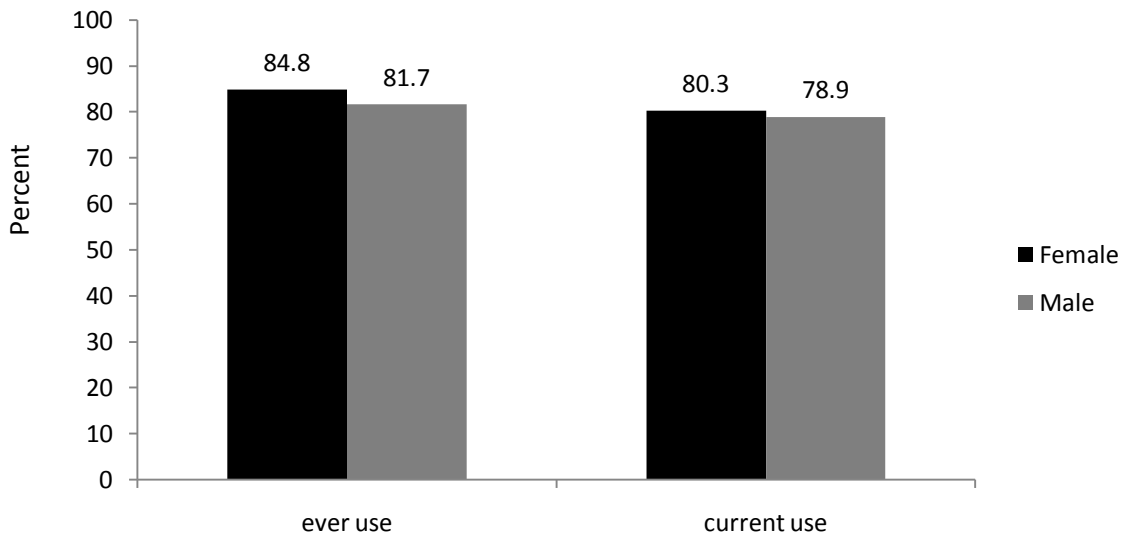


Figure 9: Ever use and current use of contraceptives by married couples in Dukem town, 2011 (n=422)

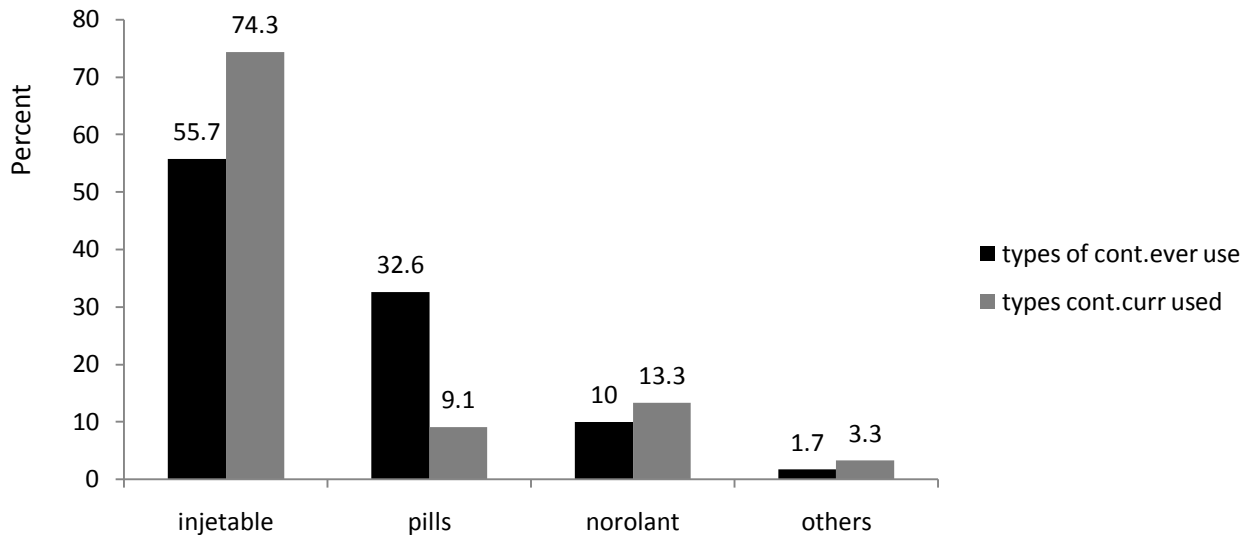


Figure 10: Types of contraceptives ever used and currently used by married couples in Dukem town, 2011 (n=422)

The reason given (52 wives & 52 husbands), for the discontinuation of contraceptive were, 23(44.2%) of wives & 22 (42.3%) of husbands to have more child, 7(13.5%) of wives & 7(13.5%) of husbands due to side effects of contraceptives. Of all couples participated in the study, 372 (88.2%) of wives & 368(87.2%) of husbands reported the decision regarding contraceptive use to be the matter of both spouses.

5.5. Agreement level B/n husband and wife regarding contraceptive practice, attitude and fertility

Table 2 shows proportional agreement of the number of living children as reported by husbands and wives. Overall in 99.7 % (95%CI: 99.2 to 100.2%) of cases, both partners reported the same number of living children and the kappa statistic was 0.99($p \leq 0.000$), which corresponds to excellent agreement. In one case where there was a difference in reported number of children, it was husband who reported more number of children. It appears that men tend to have additional children from outside of home.

Proportional agreement for ever use of contraception (irrespective of the method) showed 95.5 % (95%CI: 94.5% to 96.5%) overall agreement between husbands and wives. The kappa statistic was 0.84($P \leq 0.000$), which corresponds to excellent agreement according to Fleiss classification. Ever use of contraception was reported by sixteen (3.8%) wives while husbands

reported that they had never used any contraception. In most of the cases, the wives had taken oral pills and it could be that they did not inform their husbands regarding this. Ever use of contraception was reported by three (0.7%) husbands when wives reported otherwise. This difference may be attributable to differences of perception between spouses regarding traditional methods or may be indicative of existence of multiple sexual partners (condom use).

Current use of contraception as reported by husbands and wives showed 95.7 % (95%CI 94.7 to 96.7%) over all agreement. The kappa statistic was 0.87($P \leq 0.000$), which corresponds to excellent agreement. Current use of contraception was reported by twelve (2.8%) wives while the husband reported using none. Six (1.4%) husbands reported current use of contraception while their wives did not. It may be inferred that there is covert contraceptive use by the couples.

Proportional agreement for fertility desire showed agreement between husband and wives in 95.9 % (95%CI: 94.01 to 97.8%) of cases, 31% of couples wanting no more children and 65.9% wanting more children. The kappa statistic was 0.91($P \leq 0.000$). The disagreement was unevenly divided across the remaining two cells, with 4 cases where the wife desired more children while the husband did not and 13 cases where the husband desired more children but wives did not.

Proportional agreement of ideal family size showed that in 71.6 % (95%CI: 67 to 76 %) of cases there was agreement between husband and wife. The kappa statistics was 0.63(P -value 0.000). In 14.5% of cases, the husband wanted more children than the wife did, while in 13.9% of cases the wife wanted more children than the husband did. Again the table shows that there is 94.8 % (95%CI: 92.8 to 97%) overall agreement between husbands and wives in attitude toward contraception; both partners approved of contraception in 90.3% cases. The unadjusted kappa statistic was 0.63($P \leq 0.000$) which corresponds to good agreement. In 3.8% of cases, wives approved of contraception whereas husbands did not, and in 1.4% of cases, husbands approved of contraception where as wives did not.

Table 2: Agreement level between husband and wife regarding contraceptive practice, attitude and fertility desire in Dukem town, 2011 (n=422)

Contraceptive attitude	Husband			Proportion agreement	Kappa
	Disapprove/No	Approve/Yes	Total		
Wife					
Disapprove	19(4.5)	6(1.4)	25(5.9)	94.8	0.61
Approve	16(3.8)	381(90.3)	397(94.1)		
Total	35(8.3)	387(91.7)	422(100)		
Ideal family size	-	-	-	71.6	0.63
Ever use of FP					
No	61(14.5)	3(0.7)	64(15.2)	95.5	0.84
Yes	16(3.8)	342(81)	358(84.8)		
Total	77(18.3)	345(81.7)	422(100)		
Current use FP					
No	77(18.2)	6(1.4)	83(19.7)	95.7	0.87
Yes	12(2.8)	327(77.5)	339(80.3)		
Total	89(21.1)	333(78.9)	422(100)		
Fertility desire					
Want no more	131(31)	13(3.1)	144(34.1)	95.9	0.91
Want more	4(0.9)	274(64.9)	278(65.8)		
Total	135(31.9)	287(68)	422(100)		
Alive children	-	-	-	99.7	0.99

5.6. Determinants of contraceptive use of couples in Dukem town

Analysis of the independent variables in relation to current use of family planning method showed that having a child, approval and discussion about family planning issue among spouses were found to have significant impact on contraceptive use (Table 3). Odds ratio (OR) with their corresponding 95% confidence interval (CI) were adjusted for age of the couples, having child, discussion about family planning with wife and approval/disapproval of contraceptive use.

Couples who had child were 8.7times more likely to practice family planning method than those couples with no child. (OR=8.7CI (3.6-20.7) couples who approved the use family planning method were 5.3 times more likely to practice family planning method use than couples did not approve.(OR=5.3 CI (1.5-19) In addition couples who had discussion on family planning matters were 4.8 times more likely to practice family planning method than couples who had no discussion.(OR=4.8 CI: (2.7-8.5)

5.7. Determinants of fertility desire of couples in Dukem Town

Analysis of the independent variables in relation to fertility desire showed that age of the couples and duration of the marriage were found to have significant impact on fertility desire. Couples whose the women age 15-24 were 7.4times more likely to want more child than those whose age were more than 35.(OR=7.4 CI:3.1-17.3)

More over couples who stay less than ten years in the marriage were 1.96 times more likely to want more child than those couples who stay more than ten years in the marriage.(OR=1.96 CI:1.1-3.5)

Table 3: Determinants of contraceptive use for married couples in Dukem town, 2011; (n=422)

variables	contraception		total	COR	AOR
	yes	no			
age					
15-24	106	24	130	1.83(0.9-3.6)	2.7(1.2-6.12)
25-34	180	37	217	2.02(1.2-3.7)	1.6(0.8-3.2)
35+	53	22	75	1	1
Educational level					
lliterate	74	22	96	1	1
literate	265	61	326	1.338	1.1(0.6-2.01)
occupation					
employed	21	8	29	1	
unemployed	318	75	393	1.62(0.7-3.8)	1.8(0.7-4.3)
HAVE TV/Radio					
TV only	34	2	36	6.2(1.3-30.4)	6.7(1.3-33.8)
Radio only	101	25	126	1.5(0.6-3.4)	1.5(0.7-3.5)
both	174	45	129	1.42(0.6-3)	1.6(0.7-3.6)
none	30	11	41	1	1
Family planning					
Not approve	5	9	14	1	1
Approve	334	74	408	8.12(2.6-24.9)	5.3(1.5-19)
Discussion on FP					
Yes	295	46	341	5.4(3.2-9.2)	4.8(2.7-8.5)
No	44	37	81	1	1
Duration of marriage					
<=10 years	265	57	322	1.6(0.96-2.8)	1.7(0.9-2.9)
>10 years	74	26	100	1	1
Do you have child					
yes	322	64	386	5.6(2.8-11.4)	8.7(3.6-20.7)
no	17	19	36	1	1
No of live children					
1-2	195	31	226	4.2(1.4-12.6)	1.4(0.34-5.7)
3-4	98	22	120	2.97(0.96-9.2)	1.13(0.3-4.4)
5-6	20	5	25	2.7(0.6-11.08)	2.1(0.4-10.2)
6+	9	6	15	1	1

Table 4: Determinants of fertility desire for married couples in Dukem town, 2011 (n=422)

variable	Fertility desire			COR	AOR
	yes	No	total		
Age					
15-24	116	14	130	12.4(6-25.6)	7.4(3.1-17.3)
25-34	132	85	217	2.33(1.4-3.98)	1.6(0.8-2.9)
35+	30	45	75	1	1
education					
Illiterate	56	40	96	1	
literate	222	104	326	1.53(0.96-2.4)	1.14(0.6-2.1)
occupation					
Employed	20	9	29	1.2(0.5-2.6)	2.3(0.9-5.7)
unemployed	258	135	393	1	1
Have TV/Radio					
TV	27	9	36	1.4(0.5-3.8)	5.4(1.1-28.2)
Radio	89	37	126	1.12(0.5-2.4)	1.2(0.5-2.8)
both	134	85	219	0.7(0.4-1.5)	1.2(0.5-2.8)
None	13	28	41	1	1
FP approve					
Not approve	14	11	25	1	1
approve	264	133	397	1.98(0.7-5.8)	2.2(0.9-5.4)
Discussion on Family					
yes	205	104	309	1.1(0.7-1.7)	3.1(1.8-5.2)
No	73	40	113	1	1
Duration of marriage					
<=10 year	237	85	322	4.01(2.5-6.42)	1.96(1.1-3.5)
>10 year	41	59	100	1	1

5.8. Summary of focus Group Discussion

Six focus group discussions were done in order to supplement the findings of quantitative result.

The FGD were conducted among the following groups: from currently married women and men two groups were selected, from health service provider's one group was selected and from religious leaders and community leader's one group was selected. Totaly six FGD involving 36 individuals were conducted and in average one FGD lasts 1-2 hours. It was taken place in one of kebeles hall and the participants were told to respond their filling freely with out any prohibition.

Benefit of Family planning method

The participant reported advantages of family planning as follows

- Improves the health of mother and children. Participants said abortion-related and obstetric-related mortality and morbidity could have been averted by use of effective contraception by women wishing to postpone or cease further childbearing.
- Improves the household income through creating opportunities to women to engage in labor force this improves overall income of the family.

Overall focus group discussion are summarized in the following four thematic areas on factors affecting agreement of couples

1. Socio cultural factors

The entire participant of focus group agreed that there was a culture that encourages males as decision maker on all family matters. This habit also exacerbated by poor discussion in the family on all family issues. On the other hand there is a culture that encourages many number of children and that provides great social value for large family size. Even one participant said "*lijoch ye'egzaber tsega nachew*". This culture inhibits spouses to practice family planning methods. One discussant said that Other cultural barrier that was explained by study participant was perception of community children as an asset socially and economically gain from having a large number of children, fear and low desire by men to practice family planning method, fear among females to disclose the benefit of family planning, gender-based power imbalance in the issue of sexual and reproductive health, low Habit in spousal discussion, and family planning rumors in the community such as contraception causes sterility. But the discussant perceived that this should be changed.

2. Socio demographic factors

Level of education of both husband and wife was also a factor to aware and practice family planning method. Participants said that Low awareness of men in reproductive health and family planning was a factor that inhibits the use of family planning method. Education forebear's modern ideas of small family size as it means better standard of living. It also ensures greater knowledge about various methods of contraceptive and their effectiveness.

Participant from currently married women, health care provider and community leader said that previously most of the religious leaders of both in Christians and Muslims strictly opposed the use of family planning but know this has been changed most religious leader advocate communication between husband and wife. Even if there has been change in attitude of religious leader towards family planning method still some religious leader does not promote the use of family planning method. Even one participant from religious leaders said that in our church there is no guide that says use or not use family planning. *"be'egna betakiristian yebetaseb mitane tetekemu weyim atitekemu yemil memeria yelem sewu erasu new yemiwesinew"*

3. Reproductive history

As a participant of focus group discussion said age of the couples, age at marriage of couples, the number of ever born children and number of alive children can affect the agreement of couples. As the respondents explained that if there is wide gap of age between husbands and wives it can influence their communication. On the other hand, depending on the number of ever born and alive children there is an issue of sex preference which makes the couples to continue birth or otherwise.

4. Institutional factor

As participant agreed availability of family planning service, accessibility of the services and quality of the service are the very important aspects for the couples to communicate and utilize the services. Increasing community awareness through health education and promotion through different mass media was also found to be a key to couples to practice family planning. Participant from health care provider said that health institutions availing female method of Family planning. The only method that was available in health facility was condom even in hospital vasectomy was not performed.

6. Discussion

This community based study used information from both husband and wife to assess the agreement between married couples regarding family planning utilization and fertility desire in Dukem town.

The age range for wives was from 16 to 46 years with mean age of 27.9 and for husband was from 20 to 53 years with mean age of 32.8 years. This mean age difference is due to the fact that only women with age range of 15-49 were included in the study and also mostly women married husband elder than themselves.

The level of spousal agreement regarding fertility and family planning remains an important area for utilization of reproductive service. For this study on current reproductive attitude and behavior among the couples with both partners in their first marriage only one valid response can be recorded for a couple for objective events like number of children born and current use of contraception. Any differences indicated response error on the part of one spouse or both. Determining which respondent give the correct response is usually impossible because validation studies of these indices are lacking. The minor differences in objective events in the present study can be explained by the male dominated culture of this study population.(1)

A high level of agreement in number of living children was also reported by study done in rural Maharashtra, India where only 0.4% disagreement was observed for number of currently living sons and daughters. They also concluded that women reported live births more accurately than men.(31)

In this study, the observed agreement between husbands and wives regarding reporting of reproductive health events and family planning attitudes and intentions varied from a relatively low of 71.6%(95%CI:67.3 to 75.9) for ideal family size to a high of 99.7%(95%CI:99.2 to 100.2%) for a number of currently living children. But the unadjusted kappa statistic varied from 0.61($P \leq 0.000$) for contraceptive attitude to 0.997($P \leq 0.000$) for a number of living children.

A study from Turkey reported that spousal reports on most fertility and contraceptive use measures demonstrated moderate to high concordance, where as reports of approval of family planning showed only fair concordance. (4)

In study using data from six demographic and health surveys of sub Saharan Africa, contraceptive use agreement ranged from 47% to 82%, but among couples in whom one or both reported use, both category represented less than half in all nations except Zimbabwe. (26)

Whereas discrepancies in the reporting of events indicated reporting errors on the part of one or both spouses, differences of attitudes and intentions are expected because these are subjective indicators.

The in-depth analysis of responses to contraceptive attitude, fertility desire, and family size in the current study provides further evidence for male domination in decision making in the family planning .this effect is similar to that reported by numerous other studies globally.

Available studies show that in many developing countries, males often dominate in decision making in the family, including in issues related to reproduction, family size and contraceptive use. Research in Kenya suggests that contraception is 2-3 times more likely to be used when husbands, rather than wives, want to cease childbearing.(32)

Male involvement not only helps in making a contraceptive more acceptable, but also makes its effective use and continuation more likely. On the other hand, even if the wife wants to use a contraceptive, she may not be able to use it or may be forced to discontinue the method if the husband disapproves of contraception. In study conducted in Indonesia, husband's approval was the most important determinant of contraceptive use.(33)

As FGD discussant said socio cultural context in which the couples found, their reproductive history and the availability of the services are factors that affect the agreement of couples. This goes with a study done in EDHS, 2005 which stated differences in socio-economic and demographic characteristics of couples contributed to differences in reproductive preferences. For instance, husband and wife age difference is a determinant of reproductive preference among couples. (23)

Analysis of the independent variables in relation to current use of family planning method showed that having a child, approval and discussion about family planning issue among spouses were found to have significant impact on contraceptive use. This study is in agreement with DHS done in Burundi, Ghana, Kenya and Mali. All these surveys indicated importance to reproductive health programs that work to improve communication between spouses about family planning.

In particular, they showed a positive association between contraceptive prevalence and husband and wife communication about family planning.(29)

Other studies also suggested that Lack of spousal communication about family planning was identified as one reason for the low level of contraceptive use among women. Subsequent research has persistently demonstrated a positive relationship between spousal communication and contraceptive use.(30)

Age of the couples and duration of the marriage were found to have significant impact on fertility desire. In line with this, a study done in sub-Saharan Africa also demonstrated that fertility intentions of women varied with the age of women, number of living children, place of residence, education and exposure to media(16)

In addition to this FGD discussant said fertility intention was also affected by a couple's sex preference to give birth. This goes with a study done in Ethiopia Fertility intentions were also shaped by couples' experiences with child mortality and their expectation about child survival conditions as well as their preferences for a single sex, usually son(20)

In this study, the CPR which was found to be 80.3% was higher than other urban centre in the country. This might be due to an increased awareness and knowledge of the community about contraception, increased access to family planning services, or increased involvement of NGOs, private and religious organizations in the advocacy provision of family planning service.

Male method of contraception such as vasectomy and condom were poorly practiced by the study participant. There is no men in the study participant that undergone Vasectomy and only 3(0.9%) of study participant practiced condom. These results are in agreement with DHS Ethiopia and other developing countries studies. (12)

Strength and limitation

Strength

- This study used qualitative method to supplement the result and also to explore ideas that are not addressed by quantitative survey
- The study interviewed both husbands and wives.

Limitation

- Since the study was cross-sectional does not show casual relationship
- Presence of very limited similar studies in the country for comparison purpose

7. Conclusion

Overall, a greater degree of agreement was observed for reproductive health events as compared to family planning attitudes and intentions. The latter are more subjective outcomes and can be expected to vary among spouses. Thus, we can infer that for reproductive health events, wives responses can be taken as proxy for the couple's response but for family planning attitudes and intentions there is a need to collect information both from husbands and wives.

Socio cultural context in which the couples found, their reproductive history and the availability of the services are factors that affect the agreement of couples.

Husband wife communication on family planning matters has a significant effect on couple's use of contraceptives. In addition age of the couples and approval of contraceptive use found to be significant factor for couples to use contraceptives.

Age of couples and duration of couple's marriage also found to be important factor for couples fertility desire

8. Recommendation

- The service providers should make the family planning service available and accessible with more types of contraceptives.
- The policy makers should take into account the context of both to target their reproductive events and family planning issues.
- FP program, which is aimed at changing husband's attitude and increasing their active involvement in the use of contraception, needs to be designed
- Government and NGO should advocate communication between spouses and men contraceptive use.
- Information, education and communication programs for promoting family planning methods should be strengthened in local media
- More attention should be given to the quality and consistent family planning service and effectiveness of the service in the area
- There is need to further study the extent to which spouses influence each other's contraceptive attitudes in order to derive a precise measure of the power relationship between spouses with respect to reproductive behavior.
- Since the study includes only married couples found in towns as study subjects conducting a research including those married couples found in rural area is recommended.

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10. Annexes

10.1 The data collection instrument, English version

ADDIS ABABA UNIVERSITY FACULTY OF MEDICINE, SCHOOL OF PUBLIC HEALTH
Survey questionnaire to assess the agreement and concordance regarding fertility intention and family planning utilization between the married couples, in Dukem town, Oromia special zone around Finfine.

Information Sheet

My name is _____ I am working as a data collector in a research team (project), which is conducted by the Addis Ababa University School of public health. We are interviewing married Couples to know their agreement on fertility intention and family planning utilization. I am going to ask you some questions that are very important for the programme planners in family planning to plan improved intervention for the community. Your name will not be written in this form and the information you give are kept confidential. If you don't want to answer all of or some of the questions, you do have the right to do so. However your willingness to answer all of the questions would be appreciated and the interview will take about 30 minute. Would you participate in responding to the questions in this questionnaire?

1. Yes 2. No

Name of data collector _____

Signature of data collector _____

Date of interview _____

Consent form

I have been briefly informed about the study and clearly understood the objectives. Since it doesn't affect my personal life and it's important for the community, I approve my consent with my signature to take part in the study.

Signature _____ Date _____

Investigator name and address

Chala Wegi

Addis Ababa University, school of public health

Cell phone: 0912229196

Email address: chaliyo22@gmail.com

PART I. SOCIO DEMOGRAPHIC CHARACTERISTICS

ID NO. _____

No	Questions	Responses	code
101	Kebele		
102	Age		
103	Sex	1. male 2. female	
104	What is your ethnicity?	1.Oromo 2.Ahmara 3.Tigre 4.Gurage 5.othres(specify)	
105	What is your religion?	1.orthodox 2.protestant 3.muslim 4.catholic 5.other(specify)	
106	Yours Educational status?	1.Illtrate (can't read and write) 2.can read and write(no formal grade) 3.elementary first cycle(1-4) 4.elementary second cycle (5-8) 5.high school first cycle(9-10) 6.prepatory high school (11-12) 7.higher education	
107	What is your occupation?	1.government employee 2.private employee 3.self employee 4.daily labor 5.merchant 6. farmer 7.house wife (wife) 8.other (specify)	

108	How long you have been married?	_____ in years	
109	At what age did you get married?	_____ in years	
110	How much is your monthly income?	1. < 500 2. 500-1000 3. > 1000	
111	Do you have radio/TV?	1. Television only 2. Radio only 3. Both 4. None	

Part II: reproductive health history

201	How many children ever born to you?	M. ____ F. ____ All. ____	
202	How many of them are alive?	M. ____ F. ____ All. ____	
203	How many children do you want to have?	M. ____ F. ____ All. ____	
204	How many children do you think is good to have?	M. ____ F. ____ All. ____	
205	Have you discussed with your partner how many children you want?	1. Yes 2. no	
206	Who has an influence in deciding no of children to have?	1. Husband 2. Wife 3. Both 4. Other(specify)	

207	Have you ever experienced a pregnancy terminated with abortion(ask husband experience of his wife)	<ol style="list-style-type: none"> 1. Yes 2. No 3. I don't remember 4. Un willing to respond 	
208	If response to Q 207 is "yes" how many times?		
209	Since last Christmas is there any child born to you?	<ol style="list-style-type: none"> 1. Yes 2. No 	
210	Where was your last child born?	<ol style="list-style-type: none"> 1. Home (untrained attendant) 2. Home (trained attendant) 3. Health institution 	
211	Between two consecutive children how many years of intervals do you think is good? How long they should be spaced?	<ol style="list-style-type: none"> 1. Less than one year 2. 1-2 years 3. 3-5 year 4. More than five year 	
212	If you become pregnant would you attend ANC clinic(for husband ask whether he advise to attend)	<ol style="list-style-type: none"> 1. Yes (how many times_____) 2. No 3. Unaware of the service 4. I don't know 	
213	Are you pregnant?[for males ask for current pregnancy of their wife)	<ol style="list-style-type: none"> 1. Yes 2. No 3. I don't know 	
214	If the response to Q213 is "yes" what is The duration of pregnancy (in months)?		
215	If the response to Q213 is „yes“, have you ever been to ANC clinic for your current pregnancy/[for male ask if his Wife is attending)?	<ol style="list-style-type: none"> 1. Yes (how many times_____) 2. No 3. Unaware of the service 4. I don't know 	
216	If the response to Q213 is „yes“, do you Want the pregnancy?	<ol style="list-style-type: none"> 1. Yes 2. No 4. My husband wanted 5. My wife wanted 6. Gift of god 7. Others[specify] 	

III. KNOWLEDGE AND ATTITUDE ABOUT FAMILY PLANNING

301	Have you ever heard of family planning	1. Yes 2. No	
302	If your response to Q301 is yes what does it means?	1. Limiting family size 2. Planning for pregnancy 3. Avoiding unwanted pregnancy 4. Spacing child birth 5. Other(specify _____)	
303	Have you ever heard of methods to delay or avoid pregnancy?	1. Yes 2. No	
304	If your response to Q 303 is yes which type of method do you know(see code below & write choices)	_____ _____ _____	
305	Do you think that family planning is important?	1. Yes 2. No 3. Not sure	
306	Do you approve family planning methods use?	1. Yes 2. No 3. Other(specify)	
307	Do you want to use family planning methods in future?	1. Yes 2. No 3. Unsure	
308	Do you approve of family planning methods use by your partner?	1. Yes 2. No 3. Other(specify)	
309	Which family planning methods do you think is safe to use by your partner(see code below and write all choices)		
310	For what purpose do you think that child spacing or having fewer children is important?	1. For the mother health 2. For economical purpose 3. For the health of child 4. Other(specify)	

Code for Q304,Q309,Q402,Q404,Q407

1. Pills
2. Intrauterine device(IUCD)
3. Inject able(Depo-Provera)
4. Norplant(buried under skin)
5. Condom
6. Spermicidal
7. Tubal ligation(female sterilization)
8. Vasectomy(male sterilization)
9. Periodic abstinence
10. Prolonged breast feeding
11. Abstinence
12. Others(specify)

PART IV: PRACTICE OF FAMILY PLANNING

401	Have you ever used contraceptive methods?	1. Yes 2. No	
402	If your response to Q401 is yes which type of methods you ever used? (see code & list choices)		
403	Are you using family planning currently?	1. Yes 2. No	
404	If your response to Q403 is yes which type of contraceptive methods are you using?(see code & list choices)		
405	If you ever used contraceptive methods but not currently using what is your main reason to stop using currently?	1. Desire to have more children 2. Fear of side effect 3. Preferred method is not there 4. My partner doesn't want 5. Religion 6. Source of contraceptive is far 7. Others(specify)	
406	Do you know that your partner use contraceptive methods currently?	1. Yes 2. No 3. Un sure	

407	If your response to Q406 is yes which type of contraceptive methods he/she is using? see code and list all choices		
408	Do you want to use contraceptive in future?(for those who never used contraceptive methods)	<ol style="list-style-type: none"> 1. Yes 2. No 3. Unsure 4. Others(specify) 	

PART V: SPOUSAL COMMUNICATION ON CONTRACEPTIVE USE

501	Would you want to know more about contraceptive methods?	<ol style="list-style-type: none"> 1. Yes 2. No 	
502	Do you approve couple using family planning methods?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Other (specify) 	
503	Have you discussed about modern contraceptive with your partner in the last one month?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't remember 	
504	If response is yes for Q503 how many times?	<ol style="list-style-type: none"> 1. Once 2. Twice 3. Many times 	
505	Who decide on contraceptive use in the family	<ol style="list-style-type: none"> 1. Husband 2. Wife 3. Both 4. Other (specify) 	
507	Do you think that using condom reduce sexual pleasure	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. No opinion 	
508	Do you approve men sterilization(vasectomy)	<ol style="list-style-type: none"> 1. Yes 2. No 3. Don't know 4. No opinion 	

509	Do you feel that too large family size affect family economic situation?	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree 	
510	Do you imagine that a large family size bring happy home?	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree 	
511	Too many children are often harmful for the health of mother	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree 	
512	Family planning practice improves trust between husband and wife.	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree 	
513	Men should share family planning practice in the family	<ol style="list-style-type: none"> 1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree 	

PARTVI: SOCIO CULTURAL FACTOR AFFECTING FAMILY PLANNING UTILIZATION

601	Have you ever heard information about family planning?	<ol style="list-style-type: none"> 1. Yes 2. No 3. unsure 	
602	If response is to Q601 is yes from where do you get information?	<ol style="list-style-type: none"> 1. Media(Radio,TV,newes paper) 2. Health professionals 3. Peers 4. others 	
603	Do you know where to get contraceptive methods?	<ol style="list-style-type: none"> 1. Yes 2. No 3. unsure 	
604	If response to Q603 is yes from where do you think you may get contraceptives?	<ol style="list-style-type: none"> 1. Health institution 2. Drug venders 3. Shop 4. Others(specify) 	

605	Is the source of contraceptive far from your home?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Medium(difficult to estimate) 	
606	Have you ever gone to health care institutions in need for advice or service for family planning?	<ol style="list-style-type: none"> 1. Yes 2. No 	
607	If your response to Q607 is 'yes', were the family planning service providers Friendly?	<ol style="list-style-type: none"> 1. Yes 2. No 	
608	If your response to Q607 is „no“ why?	<ol style="list-style-type: none"> 1. lack of knowledge about family planning 2. lack of knowledge about the existence of the service 3. I expect that the health workers may not be friendly 4. the place is too far 5. others[specify]_____ 	
609	Whom do you prefer as service Provider?	<ol style="list-style-type: none"> 1. Male service provider for men 2. Female service provider for women 3. No sex preference 4. Others (specify)-- 	
610	Does your partner support you if you want use contraceptives?	<ol style="list-style-type: none"> 1. Yes 2. No 3. I don't know 	
611	Does the society you are living in support use of contraceptive methods for family planning?	<ol style="list-style-type: none"> 1. Yes 2. No 3. I don't know 	
612	Do you think your religion is against use of contraceptive methods?	<ol style="list-style-type: none"> 1. Yes 2. No 3. I don't know 	

10.2 ቅጽ አንድ፡ የአማርኛ መረጃ መጠይቅ

የአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ት/ቤት

በዱከም ከተማ የሚገኙ ተጋቢዎች መሃል በወሊድ ፍላጎት እና በቤተሰብ ምጣኔ አገልግሎት ተጠቃሚነታቸው ላይ ያላቸውን ስምምነት እና ተመሳሳይነት የሚፈትሽ መጠይቅ።

የመረጃ መስጫ ቅጽ

ስሜ አቶ/ወ/ሮ _____ ይባላል። ከአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ት/ቤት የጥናት ቡድን ጋር እስራለሁ። እኛ የምንጠይቀው በተጋቢዎች መሃል በወሊድ ፍላጎት እና በቤተሰብ እቅድ አገልግሎት ተጠቃሚነታቸው ላይ ያላቸውን ስምምነት እና ተመሳሳይነት ነው። አሁን የተወሰኑ የቤተሰብ እቅድ አገልግሎትን ለማሻሻል የሚረዱ ወሳኝ ጥያቄዎችን አጠይቃለሁ። ስምዎት በዚህ ፎርም ላይ አይሞላም ይህንን መረጃ ለማንም አካል ተላልፎ አይሰጥም። በአጠቃላይ ወይም በከፊል መመለስ ያልፈለጉትን ጥያቄ መዘለል ይችላሉ። ሆኖም ግን ሁሉንም ጥያቄ ቢመልሱልን የተሻለ ይሆናል። ጥያቄዎቹ 30 ደቂቃ ይፈጃሉ። በቅድምያ ጥያቄዎቹን ለመመለስ ፍቃደኛ ስለሆኑ አያመሰግንን ወደ ጥያቄዎቹ እናመራለን። ተሳታፊዎ ፈቃደኝነቱን ገልጿልን? 1: አዎን 2: አልገለጸም

የጠያቂው ስም:- _____

ፊርማ _____

የተጠየቀበት ቀን _____

የስምምነት ቅጽ

ስለጥናቱ አጠቃላይ ሁኔታ እና አላማ በግልጽ ተነግሮኛል። ስለሆነም የግል ህይወቴን የማይጎዳ እና ለህብረተሰቡ ጠቃሚ ሆኖ ስላገኘሁት በጥናቱ ውስጥ ለመሳተፍ ፍቃደኛ መሆኔን በፍርማዬ አረጋግጣለሁ።

ፊርማ: _____

ቀን: _____

የአጥኚው ስም እና አድራሻ

ስም: _____ ጫላ ወጊ

አድራሻ: የአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ት/ቤት

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ክፍል አንድ: የሰነድ ህዝብ መረጃ

ተ.ቁ	ጥያቄ	መልስ	ኮድ
101	ቀበሌ		
102	እድሜ		
103	ጾታ	<ol style="list-style-type: none"> 1. ወንድ 2. ሴት 	
104	ብሄረሰብ	<ol style="list-style-type: none"> 1. አሮሞ 2. አማራ 3. ትግሬ 4. ጉራጌ 5. ሌላ ካለ ይገለጽ 	
105	ሀይማኖት	<ol style="list-style-type: none"> 1. ክርስቲያን 2. ፕሮቴስታንት 3. ሙስሊም 4. ካቶሊክ 5. ሌላ ካለ ይገለጽ 	
106	የትምህርት ደረጃ	<ol style="list-style-type: none"> 1. ያልተማረ መጻፍ እና ማንበብ የማይችል 2. መጻፍ እና ማንበብ የሚችል 3. የመጀመሪያ ደረጃ 1-4 4. የመጀመሪያ ደረጃ 5-8 5. የሁለተኛ ደረጃ 9-10 6. የመሰናዶ ደረጃ 11-12 7. ከፍተኛ ደረጃ ትምህርት 	
107	የስራ ሁኔታ	<ol style="list-style-type: none"> 1. የመንግስት ሰራተኛ 2. የግል መ/ቤት ሰራተኛ 3. የግል ስራ 4. የቀን ሰራተኛ 5. ነጋዴ 6. ገበሬ 7. የቤት እመቤት 8. ሌላ ካለ ይገለጽ 	
108	ካገቡ ምን ያህል ጊዜ ሆኖዎት?	አመት _____ ወር _____	
109	በስንት አመቶት ነዉ ያገቡት?		
110	የወር ገቢዎት ምን ያህል ነዉ?	<ol style="list-style-type: none"> 1. < 500 2. 500-1000 3. > 1000 	
III	ቴሌቪዥን/ሬዲዮ አሉት?	<ol style="list-style-type: none"> 1. ቴሌቪዥን ብቻ 2. ሬዲዮ ብቻ 3. ሁለቱንም 	

ክፍል ሁለት፡ የስነ ተዋልዶ ታሪክ መረጃ

201	እስከ አሁን ስንት ልጆች ወልደዋል?	ወንድ _____ ሴት _____ አንድላይ _____	
202	አሁን በህይወት ያሉ ስንት ናቸው?	ወንድ _____ ሴት _____ አንድላይ _____	
203	ስንት ልጆች እንዲኖሩት ይፈልጋሉ?	ወንድ _____ ሴት _____ አንድላይ _____	
204	አንድ ቤተሰብ ስንት ልጆች ቢኖሩት ጥሩ ነው?	ወንድ _____ ሴት _____ አንድላይ _____	
205	ከባለቤትዎ ጋር ተነጋግረው ያውቃሉ ስንት ልጆች መውለድ እንዳለባችሁ?	1. አዎን 2. አናውቅም	
206	ማን ነው በቤተሰብ ውስጥ ውሳኔ የሚሰጠው ምን ያህል ልጆች እንዲኖርዎት?	1. ባል 2. ሚስት 3. ሁለታችንም 4. ሌላ ካለ ይገለጽ	
207	ከዚህ በፊት በዘህ ቤተሰብ ውስጥ ወርጃ አጋጥሞ ያወቃል?	1. አዎን 2. አያውቅም 3. አላስታውስም 4. ለመመለስ ፍቃደኛ አይደለሁም	
208	ካጋጠመ ለምን ያህል ጊዜ?		
209	በዚህ ባለፈው አንድ አመት ውስጥ የተወለደ ልጅ አለ?	1. አዎን 2. የለም	
210	ጥ209 መልሱ አዎን ከሆነ የት ነበር የተወለደው	1. አቤት ውስጥ በልምድ አዋላጅ 2. አቤት ውስጥ በሰለጠነች አዋላጅ 3. በህክምና ማእከል	
211	ተጨማሪ ልጆች እንዲኖርዎት ሲፈለጉ ምን ያህል ጊዜ ይፈጃሉ ሌላ ልጅ ለመውለድ	1. ከአንድ አመት በታች 2. 1-2 አመት 3. 3-5 አመት 4. ከአምስት በላይ	
212	ወደ ፊት ነፍሰ ጡር ሲሆኑ የእርግዝና ክትትል ያደርጋሉ/ለባል ባለቤትዎ እንዲሄዱ ይመክራሉ?	1. አዎን 2. አላደርግም/አልመክርም 3. አገልገሎቱ ስለመኖሩ አላውቅም 4. እርግጠኛ አይደለሁም	
213	አሁን ነፍሰ ጡር ነሽ? ለባል ባለቤቱ ነፍሰ ጡር ስለመሆኑ ይጠይቁ	1. አዎን 2. አይደለሁም/ችም 3. አላውቅም	
214	ጥ213 መልሱ አዎን ከሆነ ስንት ወር ሆኖታል?		
215	ጥ213 መልሱ አዎን ከሆነ የእርግዝና ክትትል አድረገው ነበር? ለባል የባለቤቱን ይጠይቁ	1. አዎን 2. አልተደረገም 3. አገልገሎቱ ስለመኖሩ አላውቅም 4. አላውቅም	
216	ጥ213 መልሱ አዎን ከሆነ እርግዝናውን ፈልገውት ነበር?	1. አዎን 2. አንፈልግም 3. ባለቤቱ ፈለገ/ች 4. የእግር ስጦታ ነው 5. ሌላ ካለ ይገለጽ	

ክፍል ሶስት፡የቤተሰብ እቅድ አገልግሎት አጠቃቀም እውቀት እና ዝንባሌ መጠይቅ

301	ስለቤተሰብ እቅድ አገልግሎት ሰምተዉ ያዉቃሉ?	<ol style="list-style-type: none"> 1. አዎን 2. አላዉቅም 	
302	ጥ301 መልሱ አዎን ከሆነ ምን ማለት ነዉ?-	<ol style="list-style-type: none"> 1. የቤተሰብ ቁጥርን መወሰን 2. ዕርግዝናን በዕቅድ ማድረግ 3. ያልተፈለገ እርግዝናን ማስወገድ 4. ወሊድን ማራራቅ 5. ሌላ ካለ ይገለጽ 	
303	ዕርግዝናን ለማቆየት ወይም ለማስወገድ የሚረዳ ዘዴ ያውቃሉ?	<ol style="list-style-type: none"> 1. አዎን 2. አላዉቅም 	
304	ጥ303 መልሱ አዎን ከሆነ የሚያውቁትን ይዘርዝሩ?(ኮዱን ተመልክተዉ ይሙሉ)		
305	የቤተሰብ ዕቅድ አገልግሎት ጠቃሚ ነዉ ብለዉ ያስባሉ?	<ol style="list-style-type: none"> 1. አዎን 2. አላስብም 3. እርግጠኛ አይደለሁም 	
306	እርሶ የቤተሰብ ዕቅድ አገልግሎትን ይፈቅዳሉ?	<ol style="list-style-type: none"> 1. አዎን 2. አልፈቅድም 3. ሌላ ካለ ይገለጽ 	
307	ጥ306 መልሱ አዎን ከሆነ የትኛዉን የእርግዝና መከላከያን ይመርጣሉ? (ኮዱን አይተዉ ይሙሉ)		
308	ወደ ፊት የቤተሰብ ዕቅድ አገልግሎትን ይጠቀማሉ?	<ol style="list-style-type: none"> 1. አዎን 2. አልጠቀምም 3. እርግጠኛ አይደለሁም 	
309	ልጆችን አራርቆ አና በመጠኑ መውለድ ለምን ይጠቅማል?	<ol style="list-style-type: none"> 1. ለእናትየዉ ጤና 2. ለኢኮኖሚ 3. ለልጆች ጤና 4. ሌላ ካለ ይገለጽ 	

ኮድ ለ ጥያቄ 304:307:402:404:407

- | | |
|-------------------------------------|----------------------|
| 1. የወሊድ መከላከያ እንክብል | 7. የሴቷን ማህጸን መቋጠር |
| 2. በማህፀን የሚሰጥ (IUCD) | 8. የወንዱን የዘር ፍሬ መለየት |
| 3. በመርፌ የሚሰጥ | 9. የወር አበባ ቀንን በመቁጠር |
| 4. የሚቀበር (ኖርፕላንት) | 10. ለረጅም ጊዜ ጡት በማጥባት |
| 5. ኮንደም | 11. በመታቀብ |
| 6. በኬሚካል የወንዱን ዘር ማጥፋት(spermicidal) | 12. ሌላ (ካለ ይገለጻ) |

ክፍል አራት:የቤተሰብ እቅድ አገልግሎት ተግባራዊነት

401	የእርግዝና መከላከያ ተጠቅመው ያወቃሉ?	1. አዎን 2. አላውቅም	
402	ጥ401 መልሱ አዎን ከሆነ የትኛውን?(ኮዱን አይተው ይሙሉ)		
403	አሁን የእርግዝና መከላከያ ይጠቀማሉ?	1. አዎን 2. አልጠቀምም	
404	ጥ 403 መልሱ አዎን ከሆነ የትኛውን? (ኮዱን አይተው ይሙሉ)		
405	ከዚህ በፊት የእርግዝና መከላከያ ተጠቃሚ ከሆኑ አሁን ያቆሙበት ምክንያት ምንድን ነው?	1. ተጨማሪ ልጆች ስለምፈልግ 2. የጎንዮሽ ጉዳት ፍራቻ 3. የምፈልገውን ዐይነት ስላጣወ 4. ባለቤቴ ስለማይፈልግ/ስለማትፈልግ 5. ሀይማኖት 6. የሚሰጥበት ቦታ እሩቅ ስለሆነ 7. ሌላ ካለ ይገለጻ	
406	ባለቤቶች የእርግዝና መከላከያ ተጠቃሚ እንደሆኑ ያውቃሉ?	1. አዎን 2. አላውቅም 3. እርግጠኛ አይደለሁም	
407	ጥ406 መልሱ አዎን ከሆነ ባለቤቶች የትኛውን የእርግዝና መከላከያ ነው የሚጠቀሙት? (ኮዱን አይተው ይሙሉ)		
408	ከዚህ በፊት የእርግዝና መከላከያ ካልተጠቀሙ ወደ ፊት ለመጠቀም ይፈልጋሉ?	1. አዎን 2. አልፈልግም 3. እርግጠኛ አይደለሁም	

ከፍል አምስት፡የተጋቢዎች የቤተሰብ ዕቅድ አገልግሎት ዉይይት

501	ስለ ቤተሰብ ምጣኔ የበለጠ ማወቅ ይፈልጋሉ?	1. አዎን 2. አልፈልግም	
502	እርሶ የቤተሰብ ምጣኔ ተጠቃሚ የሆኑትን ተጋቢዎች ይደግፋሉ?	1. አዎን 2. አልደግፍም 3. ሌላ ካለ ይገለጽ	
503	ካልደገፉ ምክንያቶች ምንድን ነዉ?	1. እኔ ስለማልፈልግ 2. ባለቤቴ ስለማይፈልግ/ስለማትፈልግ 3. ቤተሰቦቻችን ስለማይፈቅዱ 4. ሃይማኖታችን ስለሚከለክል 5. ባህላችን ስለሚከለክል 6. ያልተፈለገ ችግር ስለሚያስከትል 7. ሌላ ልጅ መውለድ ስለምንፈልግ 8. በሀኪም ስለተከለከልኩሁ 9. ሌላ ካለ ይገለጽ---	
504	በሳለፍነዉ አንድ አመት ዉስጥ ስለቤተሰብ ምጣኔ ከባለቤቶች ጋር ተወያይተዉ ያዉቃሉ?	1. አዎን 2. አላውቅም 3. አላስታውስም	
505	መልሱ አዎን ከሆነ ለምን ያህል ጊዜ ተወያይታችል?	1. አንድ ጊዜ 2. ሁለት ጊዜ 3. ብዙ ጊዜ	
506	ማነው በቤተሰባችሁ ውስጥ ስለቤተሰብ ምጣኔ ውሳኔ የሚሰጠው?	1. ባል 2. ሚስት 3. ሁለታችንም 4. ሌላ ካለ ይገለጽ	
507	ኮንዶም እርካታን ይቀንሳል ብለው ያስባሉ?	1. አዎን 2. አላስብም 3. ምንም ሃሳብ የለኝም 4. አላውቅም	
508	የወንዱን የዘር መቋጠር ይደፋግሉ ወይ?	1. አዎን 2. አልደግፍም 3. ምንም ሃሳብ የለኝም 4. አላውቅም	
509	ብዙ ልጆች መኖራቸው በቤተሰብ ኢኮኖሚ ላይ ችግር ይፈጥራል?	1. በጣም አልስማማም 2. አልስማማም 3. ምንም ማለት አልችልም 4. እስማማለሁ 5. በጣም እስማማለሁ	
510	ብዙ ቤተሰብ ባለበት ደስተኞች ናቸዉ ብለ ታስባለህ?	1. በጣም አልስማማም 2. አልስማማም 3. ምንም ማለት አልችልም 4. እስማማለሁ 5. በጣም እስማማለሁ	
511	ብዙ ልጆች መኖራቸው በእናትየው ጤንነት ላይ ችግር ያስከትላል?	1. በጣም አልስማማም 2. አልስማማም 3. ምንም ማለት አልችልም 4. እስማማለሁ 5. በጣም እስማማለሁ	

512	የቤተሰብ ምጣኔ መጠቀም በባልና ሚስት መሃል መተማመንን ያጠናክራል?	<ol style="list-style-type: none"> 1. በጣም አልስማማም 2. አልስማማም 3. ምንም ማለት አልችልም 4. እስማማለሁ 5. በጣም እስማማለሁ 	
513	በቤተሰብ ምጣኔ አገልግሎት ላይ ወንዶች ሃላፊነት መጋራት አለባቸው ብለው ያምናሉ?	<ol style="list-style-type: none"> 1. በጣም አልስማማም 2. አልስማማም 3. ምንም ማለት አልችልም 4. እስማማለሁ 5. በጣም እስማማለሁ 	

ከፍል ስድስት: የቤተሰብ ዕቅድ አገልግሎት እና የባህል ተጽዕኖ

601	ከዚህ በፊት ስለ ቤተሰብ ዕቅድ አገልግሎት ስምተው ያውቃሉ?	<ol style="list-style-type: none"> 1. አዎን 2. አላውቅም 	
602	ጥ601 መልሱ አዎን ከሆነ የቤተሰብ ዕቅድ አገልግሎት መረጃውን ከየት ሰሙ?	<ol style="list-style-type: none"> 1. ከመገናኛ ብዙሃን ሬዲዮ፣ቴሌቪዥን ወዘተ 2. ከጤና ባለሙያዎች 3. ከጓደኛ 4. ሌላ ካለ ይገለጽ 	
603	የቤተሰብ ምጣኔ አገልግሎትን ከየት እንደሚያገኙ ያውቃሉ?	<ol style="list-style-type: none"> 1. አዎን 2. አላውቅም 3. እርግጠኛ አይደለሁም 	
604	ጥ603 መልሱ አዎን ከሆነ የቤተሰብ ምጣኔ አገልግሎት ከየት ይገኛል?	<ol style="list-style-type: none"> 1. ከጤና ተቋም 2. ከመድሀኒት ቤት 3. ከሱቅ 4. ሌላ ካለ ይገለጽ 	
605	የቤተሰብ ምጣኔ አገልግሎት የሚሰጥበት ቦታ ከቤቶች ይርቃል እንዴት?	<ol style="list-style-type: none"> 1. አዎን 2. አይርቅም 3. መካከለኛ ነው 	
606	የቤተሰብ ዕቅድ አገልግሎት ወይም ምክር ለማግኘት ወደ ጤና ተቋም ሄደው ያውቃሉ?	<ol style="list-style-type: none"> 1. አዎን 2. አላውቅም 	
607	ጥ606 መልሱ አዎን ከሆነ የጤና ባለሙያዎ አቀራረብ ጥሩ ነበር?	<ol style="list-style-type: none"> 1. አዎን 2. አይደለም 3. ምንም አይልም 	
608	ጥ606 መልሱ ሄጄ አላውቅም ከሆነ ለምን?	<ol style="list-style-type: none"> 1. ስለቤተሰብ ዕቅድ አገልግሎት ዕውቀቱ ስለሌለኝ 2. አገልግሎቱ መኖሩን ስላልወቅሁ 3. የጤና ባለሙያዎቹ አቀራረብ ጥሩ ስላልመስለኝ 4. አገልግሎት መስጫው ዕሩቅ ስለሆነ 5. ሌላ ካለ ይገለጽ 	
609	የቤተሰብ ዕቅድ አገልግሎት እንዴት ቢሰጡት ይመርጣሉ?	<ol style="list-style-type: none"> 1. ወንድ የጤና ባለሙያ ለወንድ 2. ሴት የጤና ባለሙያ ለሴት 3. የጾታ ልዩነት ባይኖር 4. ሌላ ካለ ይገለጽ 	
610	የቤተሰብ ምጣኔ አገልግሎት መጠቀም ቢፈልጉ የትዳር አጋርት ይደግፉታል?	<ol style="list-style-type: none"> 1. አዎን 2. አይደግፉም 	
611	የቤተሰብ ምጣኔ አገልግሎት መጠቀምን ያሉበት ማህረሰብ ይደግፋል?	<ol style="list-style-type: none"> 1. አዎን 2. አይደግፍም 3. አላውቅም 	
612	የእርሶ ሀይማኖት የቤተሰብ ምጣኔ አገልግሎትን የሚቃወም ይመስሎታል?	<ol style="list-style-type: none"> 1. አዎን 2. አይመስለኝም 	

10.3 The Focus Group Discussion guide format

ADDIS ABABA UNIVERSITY FACULTY OF MEDICINE, SCHOOL OF PUBLIC HEALTH

This a guide to assess factors that affect agreement and concordance regarding fertility intention and family planning utilization between the married couples, in Dukem town, Oromia special zone around Finfine.

Information Sheet

My name is _____ I am working as a facilitator in a research team (project), which is conducted by the Addis Ababa University School of public health. We are making discussion on factors that affect agreement of fertility intention and family planning utilization between married couples. Your discussion is very important for the programme planners in family planning to plan improved intervention for the community. Your personal information will not be recorded in this tape. And the information you give are kept confidential. If you don't want to discuss all of or some of the questions, you do have the right to do so. However your willingness to discuss in all of the questions would be appreciated and the discussion will take about 1:00 hour. Would you participate in responding to the questions in this questionnaire?

1. Yes 2. No

Name of moderator _____

Signature of moderator _____

Date of interview _____

Consent form

I have been briefly informed about the study and clearly understood the objectives. Since it doesn't affect my personal life and it's important for the community, I approve my consent with my signature to take part in the study.

Signature _____ Date _____

Investigator name and address

Chala Wegi

Addis Ababa University, school of public health

Cell phone: 0912229196

Email address: chaliyo22@gmail.com

Focus Group Interview Guide for currently married couples

INTRODUCTION; I would like to ask you factors that affect the agreement of couples on fertility intention and family Planning utilization in the community

1. How do you decide on family planning use in the family?
2. How do you decide on the number of children you want?
3. How do you communicate with your partner in sexual and reproduction issue?

Specifically Family planning

4. How cultural factors affect the use of family planning methods in your area?
5. What are the factors that can affect agreement of couples on reproductive issue?

Focus Group Interview Guide for community& religious leaders

INTRODUCTION; I would like to ask you factors that affect the agreement of married couples on fertility intention and family Planning utilization in the community

1. What is the advantage of family planning to this community?
2. Who decide on family planning use in the family? How?
3. How do you discussed about family planning with your partner?
4. What are the cultural factors that affect married couples to use family planning method?
5. What you heard rumors in the use of family planning?
6. is there religious prohibition in contraceptive use?
7. What are the factors that inhibit communication with your partner?
- 8 . What you suggest to improve communication between husband and wife

Focus Group Interview Guide for government health provider

INTRODUCTION; I would like to ask you factors that affect the agreement of married couples on fertility intention and family Planning utilization in the community

1. How the communities express his opinion towards health service provided?
2. Who is your potential client – men?/Women?
3. How do you look the agreement of married couples on fertility intention and contraception use?
4. What are the obstacles for the agreement of married couples on FP?
5. Is there couple counseling secession in family planning services? How it has been given
6. What are the reasons that make the couples not to agree on reproductive issues?
7. How we can improve partners Discussion in reproductive health and family Planning

10.4: የቡድን ወይይት መጠይቅ

የአዲስ አበባ ዩኒቨርሲቲ ህክምና ፋኩልቲ የህብረተሰብ ጤና ት/ቤት

በዱከም ከተማ የሚገኙ ተጋቢዎች መሃል በወሊድ ፍላጎት እና በቤተሰብ ምጣኔ አገልግሎት ተጠቃሚነታቸው ላይ ያላቸውን ስምምነት የሚጎዳ ምን እንደሆነ ለማወቅ የሚፈትሽ መጠይቅ።

የመረጃ መስጫ ቅጽ

ስሜ አቶ/ወ/ሮ _____ ይባላል። ከአዲስ አበባ ዩኒቨርሲቲ የህብረተሰብ ጤና ት/ቤት የጥናት ቡድን ጋር እስራለሁ። እኛ የምናወያየው በተጋቢዎች መሃል በወሊድ ፍላጎት እና በቤተሰብ እቅድ አገልግሎት ተጠቃሚነታቸው ላይ ያላቸውን ስምምነት የሚጎዳ ምንድን ነው። አሁን የተወሰኑ የቤተሰብ እቅድ አገልግሎትን ለማሻሻል የሚረዱ ወሳኝ ጥያቄዎች ላይ እንወያያለን። የግል መረጃዎ በዚህ ቴፕ ላይ አይቀዳም ይህም መረጃ ለማንም አካል ተላልፎ አይሰጥም። በአጠቃላይም ሆነ በከፊል መወያየት ያልፈለጉትን ጥያቄ መዘለል ይችላሉ። ሆኖም ግን ሁሉም ጥያቄ ላይ ቢወያዩ የተሻለ ይሆናል። ወይይቱ 1:00 ሰአት ይፈጃል። በቅድምያ ጥያቄዎቹ ላይ ለመወያየት ፍቃደኛ ስለሆኑ አያመሰግንን ወደ ወይይቱ እናመራለን። ተሳታፊዎ ፈቃደኝነቱን ገልጿል? 1: አዎን 2: አልገለጸም

የአወያዩ ስም:- _____

ፊርማ _____

የተወያዩበት ቀን _____

የስምምነት ቅጽ

ስለጥናቱ አጠቃላይ ሁኔታ እና አላማ በግልጽ ተነግሮኛል። ስለሆነም የግል ህይወቴን የማይጎዳ እና ለህብረተሰቡ ጠቃሚ ሆኖ ስላገኘሁት በጥናቱ ውስጥ ለመሳተፍ ፍቃደኛ መሆኔን በፍርማዬ አረጋግጣለሁ።

ፊርማ: _____

ቀን: _____

የአጥኚው ስም እና አድራሻ

ስም: _____ ጫላ ወጊ

አድራሻ: የአዲስ አበባ ዩኒቨርሲቲ ህክምና ፋኩልቲ የህብረተሰብ ጤና ት/ቤት

ስልክ: 0912229196

ኢሜይል: chaliyo22@gmail.com

ቅጽ ሁለት፡ ለተጋቢዎች የተዘጋጀ የቡድን ወይይት መጠይቅ

1. እንዴት አድርጋችሁ ነው የቤተሰብ ምጣኔ አገልግሎትን የምትወስኑት?
2. እንዴት አድርጋችሁ ነው በቤተሰባችሁ ውስጥ የልጆች ብዛትን የምትወስኑት?
3. ወንዶች እንዴት አድረገው በወሊድ መከላከያ መድኃኒት አወሳሰድ ላይ ሴቶችን የሚረዱት?
4. እንዴት ነው የምትነጋገሩት ስለ ስነ - ተዋልዶ ቤተሰብ ምጣኔ አገልግሎት?
5. ምን አይነት ባህላዊ ሁኔታዎች አሉ የቤተሰብ ምጣኔ አጠቃቀም ላይ ችግር የሚፈጥር ?
6. እንዴት አድርገን ነው በቤተሰብ ምጣኔ ላይ የባልና የሚስት ውይይት ማዳበር የሚቻለው?;
7. በስለ ስነ - ተዋልዶ ጉዳይ ላይ የተጋቢዎችን ስምምነት የሚጎዳ ምንድን ነው?

ለማህበረሰብ ኃላፊዎችና ለሃይማኖት መሪዎች የተዘጋጀ የቡድን ወይይት መጠይቅ

1. የቤተሰብ ምጣኔ ገልግሎት ለህብረተሰቡ ምን ጠቃሚታ አለው?;
2. ማነው በቤተሰብ ውስጥ ውሳኔ የሚሰጠው በቤተሰብ ምጣኔ ላይ? እንዴት አድርጎስ ይወስናል?
3. ከባለቤታችሁ ጋር እንዴት አድርጋችሁ ነው ስለቤተሰብ ምጣኔ የምትወያዩት?
4. እንዴት አድርገው ባለቤታችሁን ወንዶች በቤተሰብ ምጣኔ ላይ ይረዳሉ?
5. ተጋቢዎችን የቤተሰብ ምጣኔ እንዳይጠቀሙ የሚያደርጉ ባህላዊ የሆኑ ነገሮች ምንድን ናቸው?;
6. ስለቤተሰብ ምጣኔ ምን መጥፎ ነገር ስምተዋል?
7. ከሃይማኖት ጋር የሚያያዝ ነገር አለ ወይ?
8. ምንድን ናቸው ወንዶች ከባለቤቶቻቸው ጋር እንዳይወያዩ የሚያግድ ነገሮች?
9. በተጋቢዎች መሃል ስለቤተሰብ ምጣኔ ያላቸውን ስምምነት ለማሻሻል ምን መደረግ አለበት?

ለጤና ባለሙያዎች የተዘጋጀ የቡድን ወይይት መጠይቅ

1. ህብረተሰቡ እንዴት ይመለከታቸዋል የቤተሰብ ምጣኔ አገልግሎት አሰጠጥ ላይ;
2. ማነው ደንበኞችሁ ወንዶች ወይስ ሴቶች?
3. የተጋቢዎችን ስምምነት በቤተሰብ ምጣኔና በሥነ- ተዋልዶ ዙሪያ እንዴት ታዩታላችሁ?
4. ምንድን ነው ችግሩ ተጋቢዎች የቤተሰብ ምጣኔ አገልግሎት ላይ እንዳይስማሙ የሚያደርግ?
5. በቤተሰብ ምጣኔ አገልግሎት ውስጥ ክፍል ውስጥ ተጓደኞች የሚመካከሩበት ሂደት አለ ወይ?
6. ተጋቢዎች በቤተሰብ ምጣኔ ላይ እንዳይስማሙ የሚከለክላቸው ምክንያት ምንድን ነው?
7. እንዴት አድርገን ነው ባልና ሚስት ስለቤተሰብ ምጣኔ ውይይት እንዲያደርጉ ማድረግ የምንችለው?

10.5 Data Collection Instrument Afan Oromo Language Version

UNIVERSITII FINFINNE, MANA BARUMSAA FAYYAA HAAWAASUMMAA

Gaffilee wa'ee walii galtee abbaan manaa fi hadha manaa Duukam keessattii argaman qusanaa maatii irratti fi fedhii ijoollee godhachu irratti qabaniif qophaa'ee.

Seensaa

Maqaan koo Obboo/Addee _____ jeedhama. Garee qoorannoo universitii finifinne mana barumsaa fayyaa haawaasummaa wijiinan hoojedha.nuutii kan gaafannuu,warraa wal fuudhan giiduuttii wa'ee qusanaa matii fayadamuu fi feedhii ijoollee goodhachuu illaalichisee walii galteen isaan qaban huubachuuf.Ani amma gaafiilee warraa tajaajiilaa quusannaa maatiif karooraa baasuuf barbaachiisaa ta'aan fi fayadamiinsaa ummataa fooyyessan sii gafadhaa.

Maqaan kee unkaa kana irrattii hin barrefamuu,ooodeeffannoon kuniis eenyuufuu darbee hin keenamuu. Yeroo fetan ittis gafichaa hin debisu jechuu ni dandeesu.Garuu deebii hundaa yoo debifan irraa fiilannaa.Gaafiileen daqiiqaa 30 qoofa fuudhta.Duuraan duurse gaafiilee deebiisuuf eeyamaa waan naaf laattaniif galateefachaa gara gaafiitti dabraa.

Abbaan hirmaatee feedhii isaa ibseeraa? 1. Eeyeen 2. Hin ibsiinee

Maqaa: _____

Mallattoo: _____

Guyyaa: _____

Uunkaa walii galtee

Waluumagalattii waa'een qoorannoo siiriitti naaf iibsameraa.jireenyaa dhunfaa koos waan hin huubneefi haawaassaaf immoo faayiidaa qabeessaa ta'uu isaa waanan bareef feedhii kiiyaan hiirmaachuu kootiif mallattoo kiiyaan naan raggaasiisaa.

Mallattoo: _____

Guyyaa: _____

Maqaa qoo'ataa fi bakka jireenyaa

Maqaa:Caalaa Wagii

Yuuniversity Finfinnee mana baruumsaa fayyaa haawaasummaa

Biilbilaa:0912229196

Chaliyo22@gmail.com

KUTAA I: GAAFILEE WAA'EE SOSHOO DIMOGRAPHII

Lakk.	Gaafilee	Deebii	koodii
101	ganda		
102	umrii		
103	saalaa	1.dhiira 2.dubaraa	
104	Sabaa(sanyii)	1.Oromoo 2.Amaaraa 3.Tigree 4.Guraage 5.kanbiraa(ibsii)	
105	amantii	1. ortodoksii 2. protestantii 3. musliima 4. kaatolikii 5. kanbiraa(ibsii)	
106	Sadarkaa barnootaa	1. dubisuu fii katabuu hin danda'u 2. dubisuu fii katabuu nii danda'a 3. elementaarii(1-4) 4. elementaarii(5-8) 5. sadarkaa lamaffaa(9-10) 6. barumsaa kophii(11-12) 7. barumsa sadarkaa ol'aana	
107	hojii	1. hojjeetaa mottumma 2. hojetaa dhunfaa 3. hojii ofii 4. hojjetaa guyyaa 5. daldaalaa 6. qotee bulaa 7. Haadha mana 8. kanbiraa(ibsii)	
108	Ergaa wal futanii wagaa meeqa?	_____	
109	Yeroo wal futaan umuriin kee meeqa?	_____	
110	Jii'a tii galiin kessan meeqa?	4. < 500 5. 500-1000 6. > 1000	
111	TV /raadiiyoo qabduu?	1. TV qoofa 2. Raadiyoo qoofa 3. Lamaanu 4. Hoomaa hin qabnuu	

KUTAA II: SEENAA HORMAATA

Lakk.	gaafilee	Deebii	koodii
201	Ijoollee meeqa hanga harraa itti godhattan ?(kan du'es ni dabalata)	Dhiira_____dubara_____walitii_____	
202	Ijoollee meeqatu lubuun jira?	Dhiira_____dubara_____walitii_____	
203	Ijoolle meeqa qabaachuu feeta?	Dhiira_____dubara_____walitii_____	
204	Ijoollee meeqa qabaachuutu gariidha jatee yaadda?	Dhiira_____dubara_____walitii_____	
205	Abbaa/haadha manaa keetii wajjin ijoolle meeqa akka qabachuu feetan marii"atanii beektu?	1. Eeyyeen 2. Hin beekuu	
206	Baay'inaa ijoollee keesanii enyutu murtessaa?	1. Abbaa manaa 2. Hadhaa manaa 3. Lamaanuu 4. Kanbiraa(ibsii)	
207	Ulfii siraa/hadha manaa kee irra ba'ee ni beeka?	1. Eyyeen 2. Hin beeku 3. Hin yaadadhu 4. Deebii kennuu hin barbaadne	
208	Yoo deebiin gaaffii 207 "eyyeen" ta'e yeroo meeqa?		
209	Ji'a 12'n darbee asiti mucaan siif dhalate jiraa?	1. Eyyeen 2. Hin jiru	
210	Mucaan kee ini dhuma essati dhalate?	1. mana, deesiftu hin baranneeni 2. mana, deesiftu baratteen 3. buffata eegumsa fayyatti	
211	Ijoolleen hamam garagara fagatanni yoo dhalatan gaariidha?	1.Waggaa tokko gadii 2.Waggaa 1-2 3.Waggaa 3-5 4.Waggaa 5 olii	
212	Gara fulduraa yoo ulfootee gorsa argachuf mana yaala ni dhaqxaa(haatii mana kee akka dhaqxu ni goorsitaa?	1.Eyyeen 2.Hin dhaqu/ goorsu 3.Tajaajilli akka jiru hin beeku 4.Hin beeku	
213	Amma ulfaa? (haatii manaa kee ulfaa?)	1.Eyyen 2.Miitii 3.Hin beekuu	
214	Yoo deebiin gaaffii 213 eyyeen ta'ee ulfaa ji'aa meeqatii?	_____ji'aan	
215	Yoo deebiin gaaffii 213 eyyeen ta'ee dubartii ulfaaf kangoodhamu eegumsa fayyaa mana yaalaa argatertaa? Jirtii?	1. Eyyeen 2. Hin argannee 3. Tajaajilichi akka jiru hinbeeku 4. Hin beekuu	
216	Yoo amma ulfa taatee ulfa kana barbaadannitii?	1. eyyeen 2. mitii 3. abbaa manaa kootu barbaade 4. hadha manaa kootu barbaade 5. kennaa waaqaati 6. kanbiraa(ibsii)	

KUTAAIII: BEEKUMSA FII ILLALICHA WA'EE QUSANNA MATII

Lakk.	Gaafilee	Deebii	koodii
301	Wa'ee qusanaa maatii dhagessee Beektaa?	1. Eeyyeen 2. Hin beeku	
302	Yoo deebiin gaaffii „301“ “eyyeen” ta’e ,qusannaa maatii jechuun maal Jechuudha	1. lakkofsa maatii xiqeessu 2. ulfa godhachuf karoora baasuu 3. ulfa hin barbaachisne hanbisuu 4. ijoolle garaa garafaggessanii godhachuu 5. kan bira(ibsii)	
303	Akkaataa ittii ulfa“u dhissan ykn ulfa tursiisanii ulfa“an ni beekta?	1. Eeyyeen 2. Hin beeku	
304	Yoo deebiin gaaffii „303“ “eyyeen” ta’e Maal faa beektaa(kodii gadii ilaali gutii)	_____	
305	Qusaannaa maatii barbaachisaa jatee nii yaadda?	1. Eeyyeen 2. Hin yaaduu 3. Hin murtesinee	
306	Qusana maatiif jecha ulfa kan tursisu ykn akk hin ulfoofne kan nama gargaaru itti fayyadamuu ni degerta?	1. Eeyyeen 2. Hin deegaruu 3. Kanbiraa(ibsii)	
307	gara fulduraatti isa ulfa tursiisu ykn hanbissu qusanaa maatiif jech ni fayyadamta?	1. Eeyyeen 2. Hin fayyadamu 3. Hin murtesinee	
308	Yoo warri manaa kee qusanaa maatiif jecha isa ulfa tursiisu Ykn akka hin ulfoofne nama gargaruu yoo fayyadamte/me ni degerta	1. Eeyyeen 2. Hin deegaruu 3. Kanbiraa(ibsii)	
309	Qusanaa maatiifii kan nama gargaaru keessa isa kamtuu gaariidha jatee yaada(koodii ilaalii guutii)		
310	Ijoolle gara gara fageesanii da’uun(qusannan maatii) maaliif gariidha jatee yaada? (deebii tokko oli kennunii ni danda’ama	1. fayyaa haadhaaf 2. qabeenya qusachuuf 3. fayya ijoolleetiif 4. kan biraa (ibsi) _____	

Koodii deebii gaaffii 304,309,402,404,407

- | | |
|--|---|
| 1. qoricha liqimsa(pills) | 8. dhiira maseena gochu(vasectomy) |
| 2. ujummo karaa saala dubartii galu(IUCD) | 9. yeroo dubartiin ulfa“uu hin dandeenetti gargaramu(periodic abstinence) |
| 3. limmodhaan kan waraanamu (depoprovera) | 10. yeroo dheeraa tiif harma hoosisu |
| 4. kan dubartiif goga jala owwalamu (norplant) | 11. walqunnamtii saala dimishaashan dhiisu(absetenance) |
| 5. condomii | 12. kan biraa (ibsii) |
| 6. assa saynii dhiira ajjeesu(spermicidal) | |
| 7. dubartii maseena gochuu(tubal ligation) | |

KUTAAIV: ITTI FAYADAMUU QUSANAA MAATII

401	Ulfa kan tursiisu ykn kan akka hin ulfoofnee godhu fayadamte beekta?	1. Eeyeen 2. Hin beekuu	
402	Yoo deebiin gaffii 401 „Eyyee” ta’e isa kamiin fayyadamtee beekta (koodii gadii ilaalii)		
403	Yeroo ammaa ulfa kan tursiisu ykn akka hin ulfoofnee kan godhu itti fayyadama jirta?	1. Eeyeen 2. Miitii	
404	Yoo deebiin gaffii 403 “eyyee” ta’e isa kamiin fayadamaa jirta (coodii isa gadii ilaali)		
405	Yoo kana dura ulfa kan tursiisu ykn kan akka hin ulfoofne godhu fayyadamaa turtee amma garuu dhaabdee ta’e maliif fayyadamuu dhaabde?	1. Ijoolle godhachuuf 2. rakina natti fida jedhetan 3. inni ani barbaadu hin jiru 4. abba mana/hadha mana kootu nadhowwe 5. ammantii kootu na dhowee 6. iddoon tajaajila isa argadhuutu fagoodha 7. kanbira(ibsii	
406	Haatii mana/abbaa manaa kee yeroo kanatii ulfaa tursiisuuf ykn akka hinulfoofneef wan fayyadamtu qabdii	1. Eeyeen 2. Hin beekuu 3. Hin murteesinee	
407	Yoo deebiin gaffii 406 “eyyee” ta’ee maal fayyadamtii(koodii isa gadii ilaalii)		
408	Gara fulduraatii kan ulfa tursiisu ykn kan akka hinulfoofne goodhu ni fayyadamta(warra fayadamee hin beekneef)	1. Eeyeen 2. Hin fayadamuu 3. Hin murteesinee 4. kanbira(ibsii	

KUTAAV: MARIH HADHA/ABBAA MANA QUSANNAA MAATII IRRATII

501	Waa’ee tooftaa kan ulfa tursiisu ykn kan akka hinulfoofne goodhu beekuu ni barbaadaa?	1. Eeyeen 2. Hin barbaadu	
502	Haatii mana/abbaa manaa kee qusannaa maatii akka fayyadamtu ni eeyamtaa?	1. Eeyeen 2. Hin eeyamuu 3. kanbira(ibsii	
503	Yoo hin eeyamnee maaliif?	1. Anii hin barbaadu 2. Hatii/abbaa mana koo hin barbaadu 3. Maatiin koo hin barbaadu 4. Amantiin na dhorgaa 5. Adaa keenya mitii 6. Hubaatii waan qabuuf 7. Ijolllee waan barbaadnuf 8. Hojetaa fayyaa nadhorgee 9. kanbira(ibsii)	

504	Ji'a 12n darbee keesattii Haadha mana/abbaa manaa kee wajjiin qusannaa maatii irrattii marii'atanii beektuu	<ol style="list-style-type: none"> 1. Eeyeen 2. Hin beekuu 3. Hin yaadadhu 	
505	Deebin gaafii 504 eeyeen yoo ta'ee al meeqa?	<ol style="list-style-type: none"> 1. Tokko 2. Lamaa 3. Yeroo baay'ee 	
506	qusannaa maatii irrattii eenyutu murteessaa?	<ol style="list-style-type: none"> 1. Abbaa manaa 2. Hadha manaa 3. Lamaanu 4. kanbira(ibsii) 	
507	Koondomii fayyadamuun gamachuu qunamtii saalaa ni hir'isaa?	<ol style="list-style-type: none"> 1. Eeyeen 2. Hin hir'isuu 3. Hin beekuu 4. Yaada hin laane 	
508	Tooftaa dhiraamaseensuu(men sterilization) ni degartaa?	<ol style="list-style-type: none"> 1. Eeyeen 2. Hin degaruu 3. Hin beekuu 4. Yaada hin laane 	
509	Maatii baay'ee qabaachun qabanya irattii dhibba ni qabaa	<ol style="list-style-type: none"> 1. Goonkumaa wali hin galuu 2. Walii hin galuu 3. Gidduu galessaa 4. Walii galee 5. Sirriti walii galee 	
510	Maatii baay'ee qabaachun gamachuu fiidaa	<ol style="list-style-type: none"> 1. Goonkumaa wali hin galuu 2. Walii hin galuu 3. Gidduu galessaa 4. Walii galee 5. Sirriti walii galee 	
511	Ijooleen yoo baay'tee fayyaa hadhaa irrattii hubaatii geesiisa	<ol style="list-style-type: none"> 1. Goonkumaa wali hin galuu 2. Walii hin galuu 3. Gidduu galessaa 4. Walii galee 5. Sirriti walii galee 	
512	qusannaa maatii fayyadamun amantii dhirsaa fi niiti gidduu ni dabalaa	<ol style="list-style-type: none"> 1. Goonkumaa wali hin galuu 2. Walii hin galuu 3. Gidduu galessaa 4. Walii galee 5. Sirriti walii galee 	
513	qusannaa maatii fayyadamuu irrattii dhirii qoodha qabaachuu qabaa	<ol style="list-style-type: none"> 1. Goonkumaa wali hin galuu 2. Walii hin galuu 3. Gidduu galessaa 4. Walii galee 5. Sirriti walii galee 	

PART V: ADAAFII AKKAATA WAALIIN BULMAATA UMMATAA QUSANAA MAATII FAYYADAMUU ILLALCHISEE

601	Oodefanno waa'ee qusannaa maatii dhagesse beektaa?	<ol style="list-style-type: none"> 1. Eeyeen 2. Hin beekuu 3. Hin murtesine 	
602	Deebiin gaafi 601 eeyeen yoo ta'e eessaa dhagesse?	<ol style="list-style-type: none"> 1. Miidiyaa irraa 2. Hojetta fayya irraa 3. Hiriya irraa 4. Kanbiraa(ibsii) 	
603	Essaa akka isa ulfa tursiisuuf/akka hin ulfoofne godhu (contraceptivii) argachuu dandeessu ni beekta	<ol style="list-style-type: none"> 1. eyyee 2. hin beekuu 3. hin murtesinee 	
604	Yoo deebiin gaaffii „603“ „eyyee“ ta'e essaa argachu dandessaa?	<ol style="list-style-type: none"> 1. bufata tajaajila fayya 2. farmasii 3. suuqii shaqaxaa 4. kan biraa(ibsii) 	
605	iddoon atii itti tajaajilicha kana nan argadha jetu sira fagoodha	<ol style="list-style-type: none"> 1. eyyee 2. miitii 3. gidugaleesa 	
606	Buffata fayyaa kamiyyu gorsa wa'ee qusana maatii ilaalichisee argachuuf dhaqtee ni beekta	<ol style="list-style-type: none"> 1. eyyee 2. hin beekuu 	
607	Yoo deebiin gaaffii „606“ eyyee ta'e hojjetan fayya gariitti isin simatanii	<ol style="list-style-type: none"> 1. eyyee 2. miitii 	
608	Yoo deebiin gaaffii „606“ „hin beekuu“ ta'e maaliif?	<ol style="list-style-type: none"> 1. waa'e qusana maatii hinbeeku 2. akaa tajajilli isa jiru hin beeku 3. hojjetaan fayya garriitti nama hin simatan jedheen yaada 4. naraa fagoodha 5. kan biraa(ibsii) 	
609	Saala kamtu akka tajaajila qusanaa maatii siif kennu feeta	<ol style="list-style-type: none"> 1. dhiira/dhiiraaf 2. dubartii/durbaaf 3. saala hin filu 4. kan biraa(ibsii) 	
610	Yoo atii qusanaa maatii fayyadamu barbaadde abbaan manaa kee/hatii manaa kee si degeraa/degertii	<ol style="list-style-type: none"> 1. eyyee 2. hin degaruu 3. hin beekuu 	
611	Ummatti ati keessa jiraatu yoo qussana maatiif jecha isa ulfa tursiisu yokaas akka hin ulfoofne godhu fayyadamte nadegaruu jette ni yaadda?	<ol style="list-style-type: none"> 1. Eeyeen 2. Hin yaaduu 3. Hin beekuu 	
612	Ammantiin kee qussana maatiif jecha isa ulfa tursiisu/akka hin ulfoofne godhu you fayyadamte sidhowwaa?	<ol style="list-style-type: none"> 1. Eeyeen 2. Hin dhoowuu 3. Hin beekuu 	