

ADDIS ABABA UNIVERSITY

COLLEGE OF HEALTH SCIENCES

SCHOOL OF PUBLIC HEALTH

ASSESSMENT OF CONTRACEPTIVE UTILIZATION AND ASSOCIATED FACTORS AMONG FEMALE ADOLESCENT STUDENTS IN SECONDARY AND PREPARATORY SCHOOL OF SEBETA TOWN, OROMIA REGION, ETHIOPIA

BY

ADDISALEM ANGESSA (BSc)

A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES OF ADDIS ABABA UNIVERSITY SCHOOL OF PUBLIC HEALTH IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS IN PUBLIC HEALTH

SEPTEMBER, 2021

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APPROVED BY THE BOARD OF EXAMINERS

This thesis, by Addisalem Angessa Gurmessa is accepted in its present form by the board of examiners as fulfilling for the degree of Masters of Public Health.

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Acknowledgment

My heartfelt gratitude goes to my advisors Dr. Solomon Emyu and Mr. Nigussie Assefa for their unreserved comment, guidance, support and encouragement in developing this thesis very beginning .And also Addis Ababa University and the school of public health for giving me this chance to do so.

My gratitude also goes to Sebeta town education office and health office for giving me relevant and official document which help me as an input for the development of this research paper. I would also like to acknowledge the supervisors, data collectors, and mostly the respondents who participated in this study and gave their much valued time .My appreciation also goes to my friends and colleagues for their support and contribution in any ways of this research work. Last but not least, I am deeply grateful to my family and my husband for sending me school, patience and understanding and helping with taking care for my little kids.

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AOR	Adjusted Odds Ratio
AYRHS	Adolescent and Youth Reproductive Health Strategy
CI	Confidence Interval
COR	Crude Odds Ratio
EDHS	Ethiopian Demographic and Health Survey
HIV	Human Immunodeficiency Virus
IUCD	Intra-Uterine Contraceptive Device
RHS	Reproductive Health Service
SSA	Sub Saharan Africa
SPSS	Statistical Package for the Social Sciences
STI	Sexually Transmitted Infection
UNFPA	United Nation Population Fund
UNICEF	United Nation Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

ABSTRACT

Background: Contraceptive is a key intervention in reducing and preventing unintended pregnancy and their negative health consequence among young people. It also improves adolescent's sexual and reproductive health, social and economic well-being. Little is known about use of modern contraceptive among adolescent and factors influencing its use among younger school girls in Ethiopia. Therefore, assessing contraceptive utilization and identification of context and area specific determinants and gaps are vital that provide baseline information for concerned body of evidence and enable one to take effective intervention concerning sexual and reproductive health of younger girls in the local context.

Objective: The aim of this study is to assess the prevalence of contraceptive use and associated factors among secondary and preparatory school female adolescent students in Sebeta town Oromia region, Ethiopia**.**

Methods: An institutional based quantitative cross-sectional study was conducted among 583 adolescent (15-19 years) students in secondary and preparatory school of Sebeta town Oromia region from April–May 2021. Multistage sampling procedure was used to select students. The data was collected by using a pre- tested structured self-administered questionnaire. The data field was edited and entered in to EPI-data version 4.3 and cleaned then exported to Statistical Package for Social Sciences (SPSS) version 23 for analyses. Variables p-value < 0.25 in the bivariate analysis were entered in the multivariable logistic regression analysis and a p-value of < 0.05 were taken as statistically significant.

Result: This study found that modern contraceptive utilization was very low(4.3%).The study showed that grade level (AOR=6.3 ; 95% CI: 2.1 ,11.3) ,age (AOR=9.24; 95% CI: 1.7, 49.9) ,adolescent father occupational status (AOR=1.8; 95% CI: 1.4, 7.3) , engaged in sexual intercourse the past 12 months (AOR=3.4 95% CI: 3.22, 8.6),respondent mother educational with Primary and secondary education (AOR= 2.9; 95% CI: 2.2, 5.3) ,discussion time with parents on modern contraceptive (AOR=5.15; 95% CI: 4.8, 15.9) and availability of modern contraceptive providing facility in school (AOR=4.5; 95% CI: 1.3, 6.6) were significantly associated with modern contraceptive use at p- value < 0.05.

Conclusion and recommendation: Current use of modern contraceptive method among sebeta secondary and preparatory school female adolescent students was very low. Targeted information education communication intervention should be intensified to school adolescent in thus improve utilization of modern contraceptive method.

Key words: Modern contraceptive, Sebeta, Utilization of contraceptive, Adolescent

1. INTRODUCTION

1.1 Background

World Health Organization defines adolescents as any persons or individuals between the age group of 10 and 19 years. Adolescence is the period of transition from childhood to adulthood. Usually this stage characterized by changes in mental, physical, emotional and social life. As same time engages in experimentation of sexual activities and a wide range of change in behaviors which makes at risk and vulnerable to a range of negative consequence of sexual and reproductive health problems. Among this too early pregnancy and child bearing ,unsafe abortion, Sexually Transmitted Infections (STIs) and Human immune virus /Acquired immune deficiency syndrome (HIV/AIDS) were the common ones (1, 2).

Globally, an estimated of 222 million women in developing countries would like to delay or stop childbearing but are not using any method of contraception as the same time; Every year, an estimated 21 million girls aged 15–19 years become pregnant (3). About 18 million adolescent (15-19) girls gave birth each year, and the adolescent birth rate was 53 per 1000 women (3,4).

Use of contraception helps individual or couples to realize their basic sexual right to decide freely and when and how many children decided to have in the future; because an increased utilization of contraceptive method is not only improves the health outcome of the women by reducing both maternal and child morbidity and mortality, but also improves schooling and economic empowerment of a women mainly girls(1, 4)). Whereas world adolescent today is estimated to be 1.8 billion of which, 517 million are those in the 15-19 years old and more than 85% of them in developing countries. In the world today as of 2007; there were about 1.25 million young people of age 15-24 with an estimate of about 10 million of these living with HIV(5). The effect of such sexual and reproductive health outcome return the annual 4 million unsafe abortions among girls aged 15 to 19 and the high global maternal mortality rates(6).

Contraception and unmet need varied across countries and regions of the world, the lowest contraceptive and high unmet need is indicated to Sub Saharan African countries including Ethiopia. By region, contraceptive prevalence rate ranges from 2 percent in Somali to 56 percent in Addis Ababa and only 28 percent in Oromia region(7). To tackle early pregnancy and

Sexually Transmitted Infections (STIs) among adolescents, recommends providing adolescents easy access to comprehensive sexuality education; services to prevent, diagnose and treat STIs; and counseling on contraceptives adds that enhance the utilization of contraception by sexually active adolescents can put in to a reduction in adolescent pregnancy(8).

In many of the developing countries study show majority of younger adolescent contracted and exposed to STI including HIV and other reproductive health problems due to low utilization of reproductive and sexual health related services mainly due to a range reasons including limited access to contraceptive particular among young adolescents; shame and embarrassment, fear family and friends ,fear of experience of side-effect, poor quality of available health services for adolescent, negative attitude of providers and unfriendly; pre judgmental ,inconvenient working hours and level of younger girls education, place of residence and gender based barriers are some of the commons reasons that hinder them(9, 10). Therefore this study aimed to assess the prevalence of contraceptive use and associated factors among secondary and preparatory school female adolescent students in Sebeta town Oromia region, Ethiopia**.**

1.2 Statement of the Problem

In order to improve the sexual and reproductive health outcome among adolescents, family planning service is the most important intervention. Proper use of family planning method could reduce maternal and child deaths resulting from complications of unplanned pregnancy including unsafe abortion and HIV are well documented (11, 12). According to 2016 Ethiopian demographic and health survey(EDHS)report of the 15-19 years old sexually active adolescents approximately 57.5%) reported utilized any modern contraceptives methods(12).

The unmet need for contraception remains high yet in developing countries; According to 2016 WHO report, around 452 million women in developing countries would likely to delay or stop child bearing but are not using any form of contraceptives. Whereas Contraception can prevent 218 million unintended pregnancies in developing countries in 2012, and avoiding 55 million unplanned births and 118,000 maternal deaths, and 138 million abortions of which 40 million are unsafe. For this all reasons adolescence is a critical window of opportunity were to act and to take effective intervention and program implementation. According to the Ethiopian Health sector transformation plan report, maternal and newborn health is a major priority. One of the

targets of the Ministry of Health of Ethiopia with respect to improving maternal and child health is to increase the contraceptive prevalence rate (CPR) from 42% to 55% by 2020(14-17).

In Ethiopian, Ministry of health strengthened the reproductive health service and modern family planning to reduce the preventable maternal death to reach the target under the sustainable development goal by 2030. But younger people continue to face availability and accessibility challenges that may not tailored to their reproductive and sexual health needs , and they are still facing too early unintended pregnancy and childbearing; recent finding in Ethiopia shows 79.6% of women aged 20-24 years experienced pregnancy during their adolescent stage which was more than two times more likely associated with low proportion of contraceptive users(18).

Another study which was conducted among pregnant women in Gondar town North West Ethiopia 2014 also indicated, 20.6% of pregnant women were unintended, of which 13.8% were unwanted and 6.8% were mistimed pregnancy(19).

Huge section of pregnancies among adolescents is accidental; greater part of which results from failure to use contraceptive by adolescents (12).Institution based study conducted in Ethiopia showed that the incidence of unplanned pregnancy and unsafe abortion among adolescents remains high(20). A study in Ethiopia also showed that more than one in three births to women aged 15–19 were unplanned(21). To meet the important need of these adolescent women, it is important area to be emphasized because schools are the only the right place where they can get accurate information. So school based reproductive and sexual health information; education remain low and needs great emphasis in Ethiopia and the region in particular(22, 23). Considering this context and area-specific gap the contribution of this study will help and used as an input for the local stakeholders and government body of evidence so the aim of this study is to assess the prevalence of contraception utilization and associated factor among secondary and preparatory school adolescent students in Sebeta town.

1.3 Rationale of the Study

Ethiopia has been choosing as one of the countries who developed owns national and other international initiative to avert the burden of accessibility and affordability of reproductive health related challenges among young people. Studies on adolescent sexuality and contraceptives are very scarce and limited yet today in our country and due to because most previous studies have

predominantly focused on the fertility behaviors of all women of reproductive age (15–49 years), there is still with a little focus on age-disaggregated to address the specific issues that are pertinent younger unmarried sexually active school adolescent girls in general. However, there is also, a general deficit of studies on adolescents reproductive health and fertility needs, and programs that tailored to their need in Ethiopia mainly no school based sexual and reproductive health services and set up in Ethiopia and the area in particular which may help and very crucial to overcome those in need and challenges specifically in the region and the area.

Limited studies were done which can be used as a baseline data regarding sexuality and reproductive health of school adolescent in this specific area. This study was conducted to assessing the prevalence of and identifying the associated factors variations in possible different reason of non-utilization of contraceptive among school adolescent of Sebeta town .In order to contribute to the intervention program and by providing an up to date information for decision making and program implementations for concerned body of evidence to be used as an input and baseline data for regional and local decision makers.

2. LITERATURE REVIEW

2.1 General overview

An estimate of about 45 percent of pregnancies across the world are unplanned, unintended and unwanted(24). The low uptake of contraceptive usually results in unintended and untimely pregnancy, which makes public health priority both nationally and internationally; also social and economic burden globally. Pregnancy and childbearing related complication are still the leading cause of deaths among girls aged 15-19 years worldwide, with low and middle income countries accounting 99% of maternal death of a women aged 15-49 years old; and babies born to adolescent mothers under 20 years of age also face higher risk of low birth weight, preterm delivery and sever neonatal complications compared to women of their twenties(22, 25).

2.2 Adolescent and Their Sexual Behaviors

Reproductive health of the young people is the public health priority .As their age is a in transitional phase to adulthood when majority of them exposed to experiment and start sexual initiation as a result due to immature physical, social and cognitive challenges and negative health consequence of unintended pregnancy and committed to unsafe abortion, acquiring STI including HIV. Healthy and productive phase this cohort has long term impact for economic, social and political implication for a country and of healthier adulthood can't be achieved without the making good foundation and intervention of adolescence period(18, 24, 26, 27).

2.3 Prevalence of Contraceptive Utilization among Adolescent

Worldwide 2017, 63% of reproductive age women who were married or in union were using some forms of contraceptives, of which 58% were using modern method of contraceptives. In Africa, the use of any forms of contraceptive prevalence was less than 40% which is the lowest figure compared to other continents; and one in five women has an unmet need for family planning(15).In 2015, two out of three women's of reproductive age who are either married or in union use some forms of contraception(modern or traditional) and 12% of reproductive women have unmet need for contraception. The most common modern methods uses are female sterilization and IUD which accounts for more than 60 %. Use of single contraceptive method is dominated among youth girls; for instant, injectable in east and South Africa, pills in the Arab states, and male condoms in Latin America and the Caribbean(28).

According to EDHS current report the contraceptive prevalence rate (CPR) were 8.1%, 14.7%, 29% and 35% in 2000, 2005, 2011and 2016 respectively ;meanwhile the unmet need for family planning during the same periods reported were as 36%, 34%, 26% and 22% respectively(7);also about 28% of adolescent aged 15-19 and 24% of young women aged 20-24 have had unintended pregnancies each year(7).Also studies conducted in Ethiopia documented that in 2014, the annual abortion rate was to be 28 per 1000 of reproductive age women; estimate of thirty eight percent (38%)of the pregnancies were unintended and an estimate of 620,300of induced abortion were performed(29).

A Cross sectional studies conducted among married women aged 15-to 19 years in three African countries including Ethiopia in 2019 indicated that the prevalence of modern contraceptive methods highest in Ethiopia; Oromia region 47.2%, followed by Nigeria (19.4%) and Tanzania (8.7%)(30). Other Study done in Kenya among school girls, from sexually active school adolescent girls61(43.3%) of them were used modern types of contraceptives; of which the majority of them (83.6%) were used pills followed by condoms(57.4%), injection 16.4% of the school girls(31).

The prevalence of modern contraceptive use is varied in different setting of Ethiopia; an aggregate finding from EDHS, currently used contraceptive prevalence was 41% with which the most popular contraceptive methods are injection (27%), followed by implants (9%), and the pill and the IUD (2% each) and Another study conducted in Nekemte town showed there was high modern prevalence of contraceptive use (71.9%) among married reproductive wome(23, 32).Also another school based study conducted in woreta town North West Ethiopia shows, among 85 female youths utilizing reproductive health service 43(50.6%0) of youth students were used family planning service(33).

2.4 Factors Associated with Contraceptive Utilization

Use of contraception is becoming persistently very low among adolescents due to complex several interrelated factors for instance; socio demographic; socio cultural norms and traditions; lack of comprehensive knowledge; Inadequate adolescent friendly service; health workers in competencies to work with adolescents; inconvenient working hours are some of the major influential factors that limit adolescent to seek and use of contraceptive services and information(34).

2.4.1 Socio- Demographic Factors;

A. Age:

The prevalence of contraceptive use among married or in union women increase as age and educational level, wealth quintile increase, the report shows the contraceptive use among post-adolescent is higher than late adolescent use; urban are also more likely than rural to use the contraceptive method(23).In the study carried out on female adolescent contraceptive uses in Ghana, 18.3% of female adolescent were use both modern and traditional contraceptive method and it was determined by age, education, work status and marital status of adolescent; and visit to health facility(35).The contraceptive prevalence among sexually active women is usually increased with age and younger women 15-19 were more likely than older ones to experience the consequences of pregnancy related complication, disabilities and death(36).

B .Marital status:

Parity and marital status are strongly associated with utilization of contraceptive. For instance in the study conducted Kenya among unmarried women show that there is an increased risk for unintended pregnancy than their counterparts due to the reason that premarital contraceptive fear of peers and health workers(33).The study conducted in three low and middle income countries including Ethiopia also shows that those married or in a union are very low contraceptive use than unmarried ones of which 50 percent of them are using modern contraceptive methods(34).

C. Educational level:

Several studies highlights that the use of modern contraceptives also increase with women level of education. In one the study done in southern part of Ethiopia shows that the use of contraceptive increase with level of education; married women who attend primary and secondary and above are about 1.3(95% CI; 1.1, 1.6)and 2(95% CI; 1.4. 2.9) times higher to use contraceptive(10). Another evidence for instance shows that 31% and 55% of women with no education; and more than secondary education are using modern contraceptives respectively(7).Study conducted in Ethiopia among different geographical setting shows that factors that influence the use of contraception varies significantly by being educated(10, 37, 38)

D. Place of residence:

According to Ethiopia 2019 mini demographic health survey, age, educational level, wealth quintile, and urban resident women were positively affects the utilization of contraceptive. In

Ethiopia there is progress in significantly and systematically reduction of reproductive health services inequalities like modern contraceptive use by level of education , place of residence, and wealth quintile among sexually active married and in union women. The study conducted in southern part of Ethiopia shows that contraceptive use varies significantly across regions and settlements for instance contraceptive is 2.3(95% CI: 1.7, 3.2)times higher among urban than their counter parts(39).

2.4.2 Socio- Economic and Cultural Factors

A. Households income:

Several other studies have been conducted on determinants of contraception use in developing countries socio economic and cultural characteristics of adolescent are some of the variables that limit the contraceptive utilization. For instance Studies done in sub-Saharan Africa indicated that, adolescents are unlikely to use contraception at the first time they have had sex and are more likely than older women to experience unplanned and unintended pregnancy and resulting health and socio-economic problems(40).

B. Health System Related Factors:

And also girls who are aware of the benefit of contraceptive are face numerous barriers, including lacks of willingness to mainstream adolescents sexual and reproductive health need, transportation and financial constraints, pressure to have children, stigma of none marital contraceptive use, and fear of side effects; as a result, unmet need for contraceptive among adolescent are higher than any other age group(9).

In every aspect the quality of family planning service and environments of the service in health facility is important factor to use contraceptive. For instance a study conducted Reproductive health service quality in four African countries (Ethiopia, Burkina Faso, Kenya and Uganda) indicated that, the odds of using modern contraceptive method was greater in Ethiopia if the

nearest health care facility provide high or medium quality of service as compared to low quality of service provided by health facilities(41).

However, using modern contraceptive method among younger age group is still low this was more likely affected by adolescent marriage; the likelihood of using contraceptive methods by married adolescent is low(37).For instance, review done in Ethiopia 2019, showed that health education on availability and need of reproductive health services in regular manner to school and out of school is crucial one; because the study found that the likelihood of use of reproductive health service among adolescent determined by educational level, schooling status and ever discussion with reproductive health service providers(42).

Another Community based study also reveals economic power of youths also the determinant factor of contraceptive use; since youths are dependent on their parents for economic support contributing to the non-utilization of contraceptives. This is because some contraceptives are expensive and health care facility and the contraceptive fees hinder adolescent utilization of contraceptives(33).

C. Sexuality Related Factors:

Evidence also indicated that cultural norm oriented intervention is should give an attention in addition to behavioral modification intervention approach. In another an institutional based study conducted in south west Ethiopia reported that restricted cultural norms, lack of privacy and confidentiality, and unavailability of services were significantly influence contraceptive use among adolescents(27). Furthermore, school based study carried out in Nekemt town among secondary school students (9, 10, 26, 43), 21.2% of them were used some of reproductive health service. Students who were exposed to different factors like previous experience of perceived STIs symptoms, ever sexually experience and information access from school teacher were more likely to use the service reproductive health services(44).

C. Knowledge Related Factors:

Evidence also indicated in the study done in Ghana 2019 is that ;adolescent's pregnancies are usually associated with as high as risk of miscarriages, stillbirths, unsafe abortions and contracting of STIs and other complications. The high risks of adolescent pregnancies are more

likely to among adolescents who were not using the reproductive health service particularly contraceptive methods and lack of knowledge, awareness about contraceptive method and how and when to use it properly. Of course they also shows knowledge of contraception does not always mount to utilization; from 95% of adolescents having knowledge about contraceptives only use 18% of them(45). Another study conducted in southern part of Ethiopia, secondary school students having good knowledge of types of youth friendly reproductive health service were more likely to use the service than their counterpart(24).

In a community based study which was conducted in Gondar town North Western part of Ethiopia 2013; 79.5% of adolescent aged 15-19 years were used contraceptive and from sexually active adolescent; 68.1% of were utilized contraceptive method. The utilization of contraceptive in this particular area was positively affected by educational status of adolescent, peer groups, sexual partners and teachers(46).

2.5 Conceptual framework

A conceptual frame work to indicate factors associated with contraceptive utilization among female secondary and preparatory school adolescent students in Sebeta town; Adopted from previous study done on RHS utilization of adolescent (47).

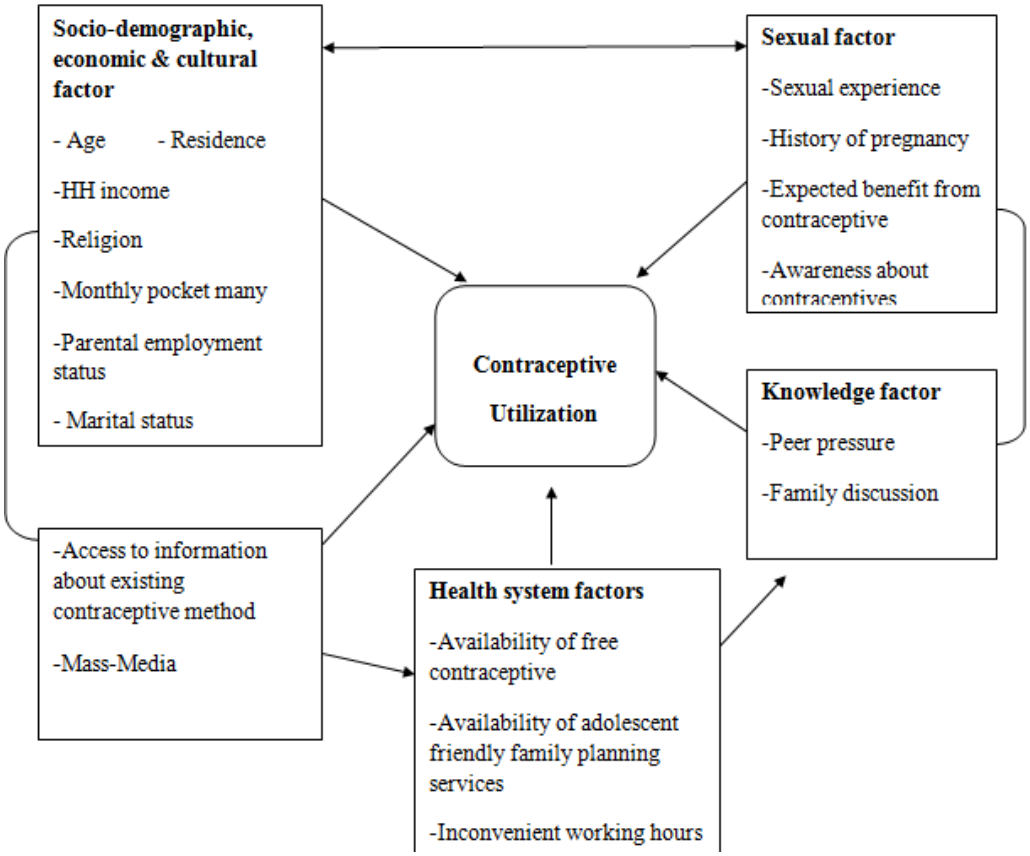


Figure 1:- Utilization of contraceptive utilization and associated factors among female secondary and preparatory school adolescent students in Sebeta town 2021.

2.6 Research Question

1. What is the prevalence of contraceptive utilization among female secondary and preparatory school adolescent students in Sebeta town?

2. What factors affect the utilization of contraceptive among female secondary and preparatory school adolescent students in Sebeta town?

3. OBJECTIVES

3.1 General objective

- To assess the contraceptive utilization and associated factors among female secondary and preparatory school adolescents students in Sebeta town Oromia region, Ethiopia ,2021

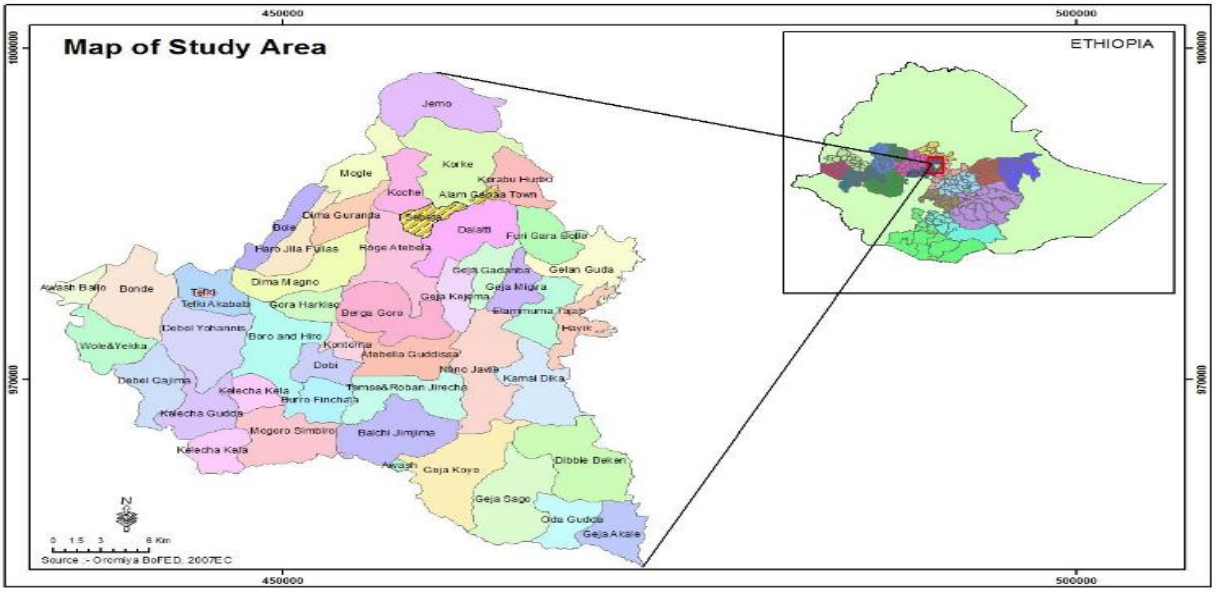
3.2 Specific objectives

- To determine the prevalence of contraceptive utilization among female secondary and preparatory school adolescent students in Sebeta town Oromia region Ethiopia ,2021
- To identify factors associated with contraceptive utilization among female secondary and preparatory school adolescent students in Sebeta town Oromia region Ethiopia,2021

4. METHODS AND MATERIALS

4.1 Study area and period

The study was conducted in Sebeta town Oromia regional state from April to May 2021.Sebeta town is about 25km away from Addis Ababa (the capital city of Ethiopia), to the south west part on the big road from Addis Ababa to Jimma. Sebeta town is recently one of the biggest and fast growing towns in surrounding Finfinne. According to census of 2007 Ethiopian population census the total population of the town is estimated 136,975 with male of 78, 819 and female of 82,037(48). Currently, there are four public health facility and eighty eight private clinic and forty four pharmacy and drug shops found in the town which support the health systems .The town has ten kebeles. And has a total of fourteen secondary and preparatory schools where four of them are government high school and ten of them are non-government high schools. The total numbers of students for academic year 2012 E.C registered for regular class were 8110. Out of these the numbers of male and female students were 3836 and 4274 respectively which shows the number of females is higher than that of males. The data collection was conducted from April 2021 to May 2021.



Source: Oromia Finance and Economic Development Bureau, (2015)

Figure 2: Map of Sebeta town, special zone of Oromia Ethiopia

4.2 Study design

Institutional based cross-sectional using quantitative method was implemented among female secondary and preparatory school adolescent student in Sebeta town.

4.3 Source Population

All secondary and preparatory school female adolescent students in public and private high schools of Sebeta town were used as source population for this study.

4.4 Study Population

All regular secondary and preparatory school female adolescent (15-19 years) students found in the selected secondary school during the data collection

4.4.1. Inclusion criteria

All regular female adolescent students age between 15 to 19years old and attending secondary and preparatory school in Sebeta town.

4.4.2 Exclusion criteria

Female students who were absent and seriously ill to fill out the questionnaire were excluded

4.5 Study variables

Dependent variable

Modern Contraceptive use

Independent variable

Socio-demographic; economic and cultural factor characteristics such as age, educational level, marital status, educational status of parents;; parent's income level, occupational status; Sexual and contraceptive practice of the student (sexual experience, SRH problem ever faced before; existing health system factors and; Sources of information about contraceptive methods; Level of Knowledge on contraceptive methods and other factors.

4.6 Sample size determination

Sample size determination was done using a single population proportion formula .The sample size assumed _P=50.6% from study conducted in Woreta district; North west Ethiopia(30), 95% confidence interval (CI), 5% marginal error, design effect 1.5 and 10% contingency for non-response rate.

$$n = \frac{(Z_{\alpha/2})^2 * (p1(1-p1)}{d^2}$$

Where n= sample size required,

Z= 95%confidence interval (1.96)

d=margin of error (5%)

Design effects = 1.5

p= the prevalence of contraceptive utilization

$$n = \frac{[(1.96)^2 * 0.506 * (1 - 0.506)]}{0.05^2} = 384$$

The sample size using finite population correction formula since N<10,000(Source population= 4274)

n=n1/1+n1/N , Where N: total number of source population

n= 384/ (1+ 384/4274), n=353

Considering design effect 1.5,n= 353 *1.5=530 and by adding 10 % non-response rate, the final minimum sample size is = **583**.

The sample size for the second objective was calculated by double population proportion formula considering some determinants of utilization of contraceptive among secondary school adolescent done at karuri Kenya based on the following adoption(28).

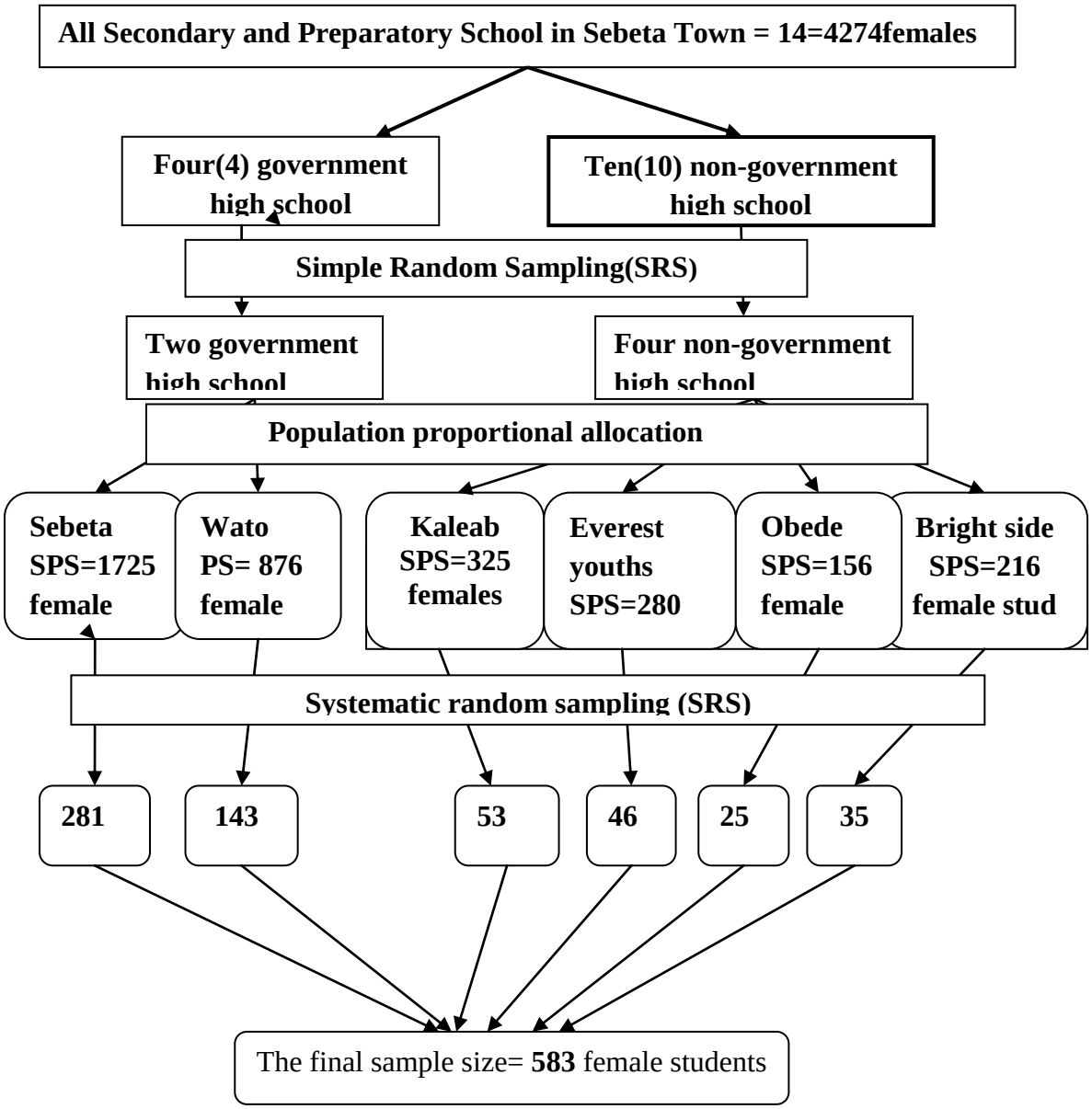
Table 1 Sample size calculation for assessment of modern contraceptive utilization among secondary and preparatory students of Sebeta town.

Factors	Zα/2 of 95% CI	Zβof80 % power	P1	P2	n
Age	1.96	0.84	64.5%	15.6%	12
Knowledge	1.96	0.84	47.1%	21.7%	58

As indicated in the above table the sample size calculated for the second objective was less than the sample size calculated for first objective by single population proportion formula. So the sample size calculated for the first objective was taken for this study.

4.7 Sampling procedures

A multi stage sampling technique was employed to select the final sample. First six schools, two governmental and four from non-governmental, was selected by lottery method from a total of 14 high schools in Sebeta town. Number of section to be included was determined based on the number of female students in each section of selected from each grade (from grade 9, 10, 11 and 12).Then the sample size was distributed to the selected schools using population proportion allocation to size. Study participants were selected from each school using systematic random sampling technique. Student lists of selected sections from student's roster or attendance sheet for each school was accessed and used as a sampling frame in the respective school to find the sampling interval (k).



SPS: Secondary and preparatory School

Figure 3: Schematic presentation of sampling technique for assessment of modern contraceptive utilization among secondary and preparatory students of Sebeta town.

4.8 Data collection tool and procedures

A structured self-administered questionnaire was used to collect the data. The questionnaires was contains questions on socio demographic, economic and cultural characteristics, Health institution characteristics, adolescent's knowledge related and their intention towards contraceptive use and services. The questionnaire was adapted from different literature and EDHS depending on the local situation and the study objectives. The questionnaire was first prepared in English and it was translated to Amharic language and again back to English to keep and check the consistency .In order to identify the clarity of questions and their sensitiveness as well, pre-testing of the instrument was done on 5% of the study groups in a school other than the selected schools. During the pre-testing discussion was held with the students on the problems they encountered during filling the questionnaire. Then correction and possible quick revision was incorporated in the final questionnaire. The participants were asked to sit in a classroom by facilitators and after explaining the purpose of data collection the questionnaires have been distributed to the female adolescents who agreed to the informed consent and for those less than 18 years ,by getting assent from their families one day before data collection.

4.9 Operational definition

Adolescent: a person or individual between the age group of 15- 19 (28) .

Sexually active: means having previous history of sexual intercourse (49).

Modern Contraceptive utilization: Use of modern contraceptive in the last one year.

School Adolescent: Adolescent who was enrolled in the high school during the year 2013 E.C.

4.10 Data quality assurance

The quality of the data was ensured through training of two facilitators and two supervisors on the objective of study. After providing the training, pre-test was conducted in 5% of the sample size in similar setting secondary school student but out of selected school to check the clarity of the questionnaire prior to the actual data collection begins. Adjustment and correction of the questionnaires was done based on the findings of the pre-test. The data was collected by trained supervisors and principal investigator. The completeness of questionnaires was checked daily

before data entry. Double data entry (10% of sample) was performed to check the consistency or reduce data entry error.

4.11 Data processing and analysis

Data were obtained from each study respondents was checked for its completeness, coded, entered, edited, cleaned, and analyzed using Epi data version 4.6 and SPSS-version 23 statistical package. Descriptive statistics was used to describe the study population in relation to socio-demographic and other relevant variables. The degree of association between independent and dependent variables was assessed using logistic regression. Variables with P value less than 0.25 in binary regression and those considered important based on literatures were entered in to multiple logistic regression. Variables which have p-value <0.05 were considered as statistically significant predictor of modern contraceptive utilization of female adolescent students and 95% confidence interval was used.

4.12 Ethical consideration

Ethical clearance was obtained from Research and Ethics Committee of School of Public Health, Addis Ababa University. Before the data collection official letter was written to Sebeta town Education office and all selected private and government schools to get legal permission. After the purpose of study was explained, assurance of confidentiality and allover character of the study explained by facilitators and principal investigator, informed verbal consent was obtained from each selected secondary school students before the distribution of self-administered questionnaires and can discontinue any time if not want to participate in the study. For those students less than 18 years old permission from the families was obtained one day before data collection.

5. RESULT

5.1. Socio - Demographic Characteristics of the Respondent

A total of 583 students participated in the study with response rate of 100%. The mean age of the participants was 17.6 (SD ± 1.20) year which ranges from 15 to 19 years. Of these respondents 241 (33.1%) were from grade 12 and Occupation of head of household of respondents were formal employment 147 (20.2%), daily laborer 48 (6.6%), self-employ 178 (24.5%), farmer 184 (25.3%) and other 26 (3.6%) were found (Table 02). Pertaining to residence, majority (75.98) of the students was residing in urban areas. Further characteristics collected showed that 475 (65.3 %) were currently living with their parents, 69 (9.5%) were with peers in rental house, 24 (3.3%) alone in rental house and 7(1%) currently living with boyfriend. Concerning educational status of respondent mother 141(19.2%) had no education, 103 (14.1%) was read and write only and the rest was primary and secondary education (31%) shown in Table 02.

Table 2: Socio - Demographic Characteristic of Secondary and Preparatory School Female Adolescent Students in Sebeta Town, Oromia Region, 2021(n= 583)

Characteristics option		Frequency n=583	Percent (%)
Age group	15-17	232	31.9
	18-19	351	68.1
The respondents level of education	Grade 9	105	14.4
	Grade 10	127	17.5
	Grade 11	110	15.1
	Grade 12	241	33.1
Father occupation	Formal employment	147	20.2
	Daily Laborer	48	6.6
	Self-employ	178	24.5
	Farmer	184	25.3
	Other	26	3.6
Mather occupational status	Formal employment	88	12.1
	Daily Laborer	35	4.8

	Self-employ	207	28.5
	Farmer	149	20.5
	House wife	104	14.3
Mother educational status	No education	141	19.2
	Read and write only	103	14.1
	primary education	105	14.3
	Secondary education	130	17.7
	Diploma	31	4.2
	First degree	73	10.0
	Total	583	100
Father educational status	No education	59	8.0
	Read and write only	139	19.0
	primary education	98	13.4
	Secondary education	127	17.3
	Diploma	45	6.1
	First degree	115	15.7
Marital status	Unmarried	555	95.19
	Married	27	4.63
Pocket Money	Yes	191	32.77
	No	392	67.23
Frequency of pocket money	Every day	51	26.7
	Every week	71	37.17
	Every month	69	35.07
Current living status	With their parents	475	65.3
	With peers in rental house	69	9.5
	Alone in rental house	24	3.3
	Living with boy friend	7	1
Residence	Urban	443	75.98
	Rural	140	24.01

5.2 Reproductive Health Characteristics of the Study Population

Concerning sexual history, 64(8.8%) of the study participants began sexual intercourse. Of this 51(80%) of them begin at the age of 14 and 46 (7.19%) of participants had sexual intercourse the past 12 months. Regarding sexual partner 28(48%) had one partner, 18 (31.03%) had two partner, 12 (20.6%) had three partner and the conditions engaged in sexual intercourse were by willing 34 (57.8%) and causally 27 (42.18%). About 31 (57.4%) respondents sexual engagement were provokes by peer pressure, 16 (25%) were by alcohol drunk, 14 (24.13%) were by chewing chat and 3(5.17%) were by viewing pornographic videos. In terms of pervious history of pregnancy 43(74.13%) those who had sexual intercourse had pregnancy and of this 9 (15.51%) had abortion the last 12 months.

Table 3 Reproductive Health Characteristics Of The Study Population Secondary and preparatory School Female Adolescents in Sebeta Town, Oromia region, 2021*(*n= 583)

Characteristics Option		Frequency	Percent (%)
Ever engaged in sexual intercourse (n= 583)	Yes	64	10.8
	No	519	89.02
Had Sexual intercourse the past 12 months(n= 583)	Yes	46	7.89
	No	537	92.11
Conditions engaged in sexual intercourse (n= 64)	Willing	37	57.8
	Causal	27	41.5
Provoking conditions (n= 64)	Peer pressure	31	57.4
	Alcohol drunk,	16	25
	Chewing chat	14	24.13
	Viewing pornographic video	3	5.17

5.3 Knowledge and Utilization of Modern Contraceptives

The overall contraceptive utilization among adolescent was 4.3% (31) and utilization in terms of residence is high among urban (50%). Less than half respondents (44.8%) were used contraceptive methods during the last sexual event. Regardless of religious restriction of contraceptive use, 420 (72 %) of respondents experience religious restriction and 162 (27.7%) of them doesn't experience religious restriction. Among this religious restriction, the main reason

were religious rule 186 (31.9 %), blessing 16(3.8%) ,natural law 102 (24.28%), murdering 56(9.6%), sin 50 (11.9%), and GOD gift 10 (2.38%) on the basis of religious restriction as mentioned by respondents.

Majority of respondents (348) were not receiving contraceptive related lesson and 235 of respondents were receive contraceptive related lesson. From all (583) participants' assessment if they know places to get methods of preventing pregnancy 356 (61.06%) know health facility and 227(38.9%) doesn't know any contraceptive providing facility. Of 583 respondents 107(14.7%) know government health center, 55(7.6%) pharmacy, 74(10.2%) government hospital, 57(7.8%) private hospital, 51(7%) clinic, 28(3.9%) NGO and 58(7.7%) youth center as place to get methods of preventing pregnancy. From 583 participants 241(41.3%) of them mentioned family as a source of information 252 (32.59%) of them mentioned friends as a source of information and 90(15.4%) of them mentioned health care providers as a source of information about contraceptive providing health facility. (Table 4)

Table 4 .Knowledge On Contraceptive Method and Information among Secondary and Preparatory School Female Adolescent Students in Sebeta Town, Oromia Region, 2021

Knowledge on health facility and source of Information		Frequency	Percent (%)
Ever heard of any methods of that prevent pregnancy	Yes	496	85.07
	No	87	14.9
	Total	583	99.7
Respondent affinity to Know more about contraceptive	Yes	495	84.9
	No	85	14.57
	Total	583	99.47
source of information on contraceptives	Mass Media	236	32.5
	Peers	37	5.1
	Parents Guardians	31	4.3
	Health care providers	49	6.7
	School education	24	3.3
	Social media	82	14.6
	School clubs	106	18.8
	Others	10	1.4
	Total	583	100
Feelings about using of contraceptive	Harmful	57	7.8
	Not very important	81	11.1
	Important only for couples	414	56.9
	Student don't need contraceptive	20	2.8
	Other	12	2.06
	Total	583	100
Knowing about where can get contraceptive service	Yes	356	61.06
	No	227	38.9
	Total	583	100

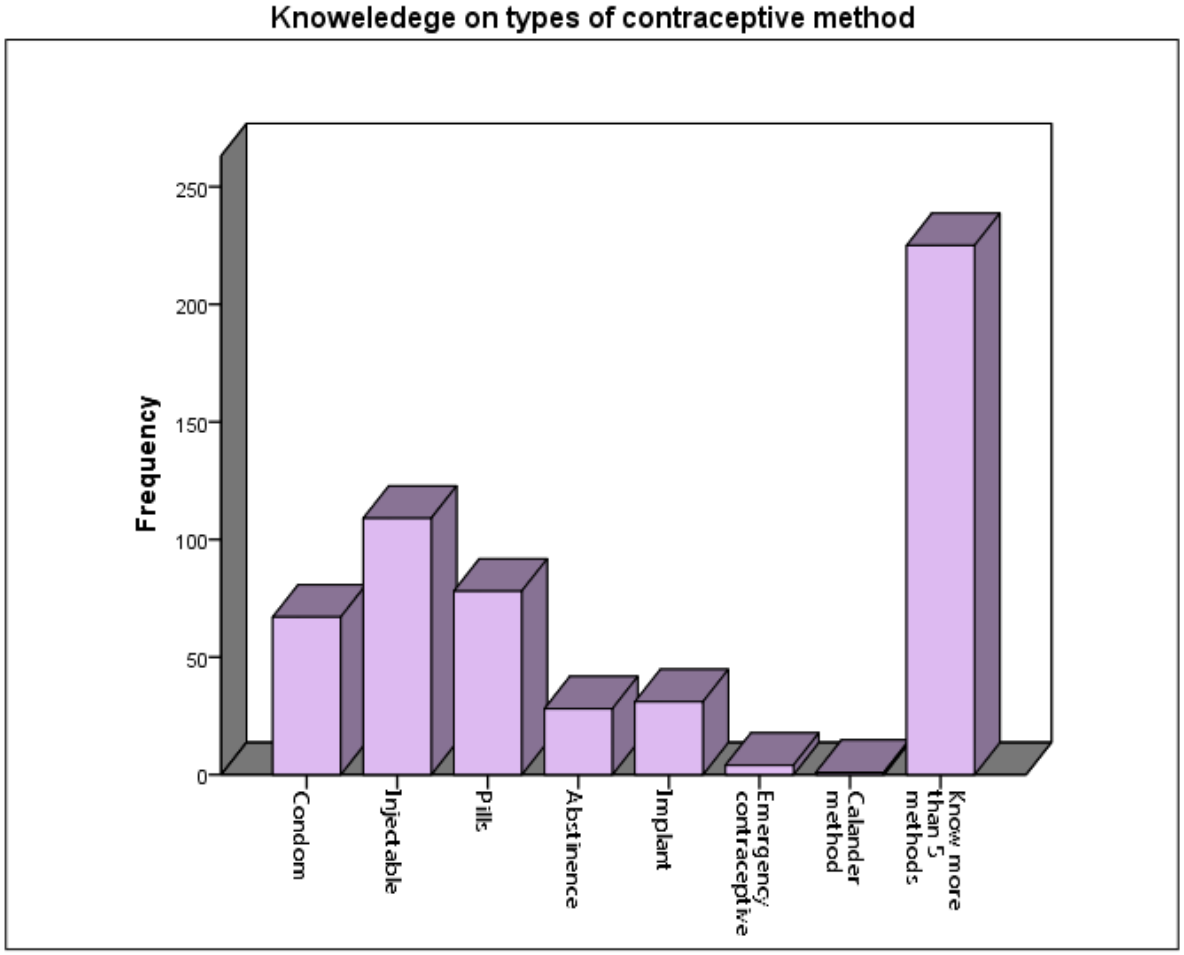


Figure 4 : Types of contraceptive method known among Secondary and Preparatory School Female Adolescent Students in Sebeta Town, Oromia Region, 2021

5.4. Factors Affecting Modern Contraceptive Use Among Female Adolescent Students

After controlling the effect of other predictor variables, the multivariable logistic regression analysis showed grade level ,age, respondent mother educational status, respondent father occupational status ,sexual intercourse the past 12 months, discussion on contraceptive with family and availability of contraceptive providing facility in school were found significantly associated for modern contraceptive utilization at p-value < 0.05. While respondent father educational status, mother occupational status, current living status, and pocket money were not associated with modern contraceptive utilization among secondary and preparatory adolescent students.

The odds of modern contraceptive utilization among adolescents whose grade level 11 and 12 were 6.3 times more likely to utilize modern contraceptive methods than those in grade 10 and 11(AOR=6.3 ; 95% CI: 2.1 ,11.3). Adolescents with reported age greater than 16 were 9.2 times more likely to utilize modern contraceptive than others (AOR=9.24; 95% CI: 1.7, 49.9). Adolescent who have father with occupational status of employed were 1.8 times more likely to utilize than those with none report of respondent father occupational status of employed (AOR=1.8; 95% CI: 1.4, 7.3).The odds of modern contraceptive utilization among adolescents who engaged in sexual intercourse the past 12 months were 3.4 times more likely to utilize modern contraceptive methods than those adolescents who hadn't (AOR=3.4 95% CI: 3.22, 8.6).

The odds of modern contraceptive utilization among adolescents whose mother educational with primary and secondary education was 2.9 times more likely to utilize modern contraceptive methods than those who have no formal education (AOR= 2.9; 95% CI: 2.2, 5.3) and adolescents with reported history of discussion time with family on modern contraceptive were 5.15 times more likely to utilize modern contraceptive than adolescents who had no discussion time with their family (AOR=5.15; 95% CI: 4.8, 15.9). Moreover adolescent students attending school with availability of modern contraceptive providing facility were 4.5 times more likely to utilized modern contraceptive than those with none report of availability of modern contraceptive providing facility at school (AOR=4.5; 95% CI: 1.3, 6.6). (Table 5)

Table 5:- Factors Associated With Modern Contraceptive Utilization among Secondary and Preparatory School Female Adolescents in Sebeta Town, Oromia, Ethiopia 2021

Variables	Contraceptive use		COR (95% C.I.)	AOR (95% C.I.)
	Yes (%)	No (%)		
School Type				
Private	23(7.05)	306 (93.09)	2.3(1.01 - 5.20)	0.44 (0.124 -1.61)
Government(ref)	8(3.14)	246(96.85)	1	1
Grade level				
Grade 9- Grade 10(ref)	16 (6.89)	216 (93.1)	1	1
Grade 11 - Grade 12	15 (4.27)	336 (95.72)	1.64 (0.793- 3.38)	6.3(2.1 – 11.3)*
Current living status				
With parent(ref)	19 (4)	456 (96)	1	1
Other	12 (30)	28 (70)	26.7 (3.29 -21.8)	2.48(0.59 -10.36)
Age				
15-17(ref)	10 (4.31)	222 (95.68)	1	1
18-19	21 (5.98)	330 (94.01)	1.4 (0.64 -3.0)	9.24(1.7-49.9)**
Mother educational status				
No formal education(ref)	8 (5.67)	133 (94.32)	1	1
Primary and secondary education	13 (5.67)	216 (94.32)	0.84 (0.326 – 2.2)	2.9(2.2-5.3)*
Tertiary education	10 (4.85)	196 (95.14)	0.84 (0.364 -1.97)	0.82(0.67 -1.32)
Father educational status				
No formal education(ref)	11 (7.69)	186 (92.3)	1	1
Primary and secondary education	8 (3.86)	211(96.13)	1.4 (0.39 -4.91)	1.5(0.67 -2.24)
Tertiary education	12 (6.97)	14 (93.02)	1.8 (0.84 -4.128)	2.7 (0.31 -24.9)
Mother occupational status				
Employed	21 (7.19)	271 (92.8)	2.12 (0.98 – 4.59)	1.8(1.4,7.3)*
Unemployed(ref)	10 (3.52)	274 (96.47)	1	1
Father occupational status				
Employed	23 (7.23)	295 (92.76)	2.43 (1.07 – 5.54)	0.162 (0.038 -0.68)**
Unemployed(ref)	8 (3.1)	250 (96.89)	1	
Pocket money				
Yes	11 (6.11)	169 (93.89)	3.99 (1.8 – 8.8)	0.46 (0.12 -1.66)
No(ref)	10 (2.55)	382 (97.44)	1	1
Frequency of pocket money				
Every week	6 (14.28)	37 (86.04)	1.7 (0.62 -5.07)	1.24 (0.09-1.46)
Every month(ref)	12 (8.33)	132 (91.67)	1	
Sexual intercourse the past 12 month				
Yes	23 (6.99)	306(93.1)	23 (9.8 – 54.1)	3.4(3.22 – 8.6)**
No	8 (3.14)	246(96.85)	1	1
Discussion on contraceptive with family				
Yes	18(20.22)	71 (79.77)	9.2(4.3 – 19.6)	5.15(4.8 – 15.9)**
No	13(2.63)	481(97.36)	1	1
Availability of contraceptive providing facility				
Yes	9(16.36)	46(83.63)	5.3 (2.2 -12.3)	4.5(1.3 -6.6)*
No	22(4.16)	506(95.83)	1	1

COR Crude Odds ratio, AOR Adjusted Odds ratio, CI Confidence interval, 1: Reference category, *:P≤ 0.05 p < 0.025 *

6. DISCUSSION

This cross sectional study was employed to assess the modern contraceptive utilization and associated factors among female secondary and preparatory school adolescent's students in Sebeta town. The assessment revealed that utilization of modern contraceptive among female secondary and preparatory school students were 4.3%. Accordingly, grade level, age, respondent mother educational status, respondent father occupational status, sexual intercourse the past 12 months, discussion on contraceptive with family and availability of contraceptive providing facility were significantly associated with modern contraceptive use.

The findings of this study showed that 4.3% of the participants, were currently using modern contraceptive method which is lower than other studies done in Ethiopia, Tanzania, Uganda and Rwanda (50, 51).This finding is lower than community-based, cross-sectional studies undertaken in Gondar, 79.5% of adolescents utilized contraceptive(46). The difference may be due to difference in source population to assess contraceptive service utilization. The reproductive health service utilization was assessed based on ever utilization of contraceptive service from any health facility by the participant. Based on this assessment 21(3.6%) respondents reported use of modern contraceptive method and 552(94.6%) did not ever use modern contraceptive methods from health facility. This finding was lower than to the study done in Uganda in which contraceptive utilization was 9.4%.The lower utilization rate among adolescents could be poor contraceptive knowledge, and limited availability of adolescent friendly health services.

Female adolescent's age place between 15-19 in Sebeta secondary and preparatory school had contraceptive utilization during the last sexual event were 61 (10.4%).This result was lower than the studies done in Jima and Gojam ,the respondents utilization were 156(43%) and 187(45 %) respectively (52, 53). As indicated by this study majority of respondents 356 (61.06%) had information about modern contraceptive providing facility. This study was consistent with the study done in Ghanna and Gondar Ethiopia (24, 33). Adolescents often lack basic RH information especially on contraceptive methods. Effective programs use multiple approaches to disseminate RH communication, and community mobilization (54, 55). Providing appropriate and relevant information about RH is essential to any program. From all 583 participants' knowledge assessment on health facility which provide reproductive health service 356(61%) were know where can get contraceptive service, 496 (85.1%) know methods of contraceptive,

87(14.9%) doesn't know any contraceptive method .The major source of information was parents 236(46.3%). This study is in agreement with the study done in Nigeria and Mekele (54, 56).This might be due to the dissemination of reproductive related information through health extension worker to their parents .Although they may feel ill-informed or embarrassed to discuss these topics with their children, or simply may disapprove of young people expressing an interest in contraceptive issues. This study also dissimilar with the studies done in north west Ethiopia and Nigeria in which the main source of information on contraceptive methods was government health facilities(56, 57). This is due to provision of advocacy and community mobilization by health workers.

Furthermore, this study show that 209(43.1%) respondents know government health facilities were providing contraceptive methods .Consistent with this study most young women in Kenya and Rwanda were know, modern contraceptives get from public sector facilities(50). Unlikely most of the young women in Uganda access contraceptives from private sources(58) .This may be due to private facilities provide contraceptive with affordable cost and clients need based.

The findings in this study indicated that 420 (72 %) of respondents religion restrict contraceptive use. This study in line with other studies conducted in Gondar ,Britain and US which indicates respondents religion restrict contraceptive utilization (33, 47).This study revealed that two and more than two contraceptive methods were known by 496(85.1%) respondents. The possible reason for this might be school women get information from different sources .Unlikely the study conducted in Tanzania and Ethiopia show that respondents (81.2%) know only one methods which was pills (59, 60).

In this study respondent maternal educational status and modern contraceptive utilization were strongly associated. This indicated that female adolescent secondary and preparatory school student whose mother educational status primary and secondary had greater probability of using modern contraceptive method than female secondary and preparatory school student who haven't. The observed difference could be attributed to adolescent mother with attending formal education hence knowledge on contraceptive use will be positive so could offer pocket money for their children so adolescents would have chance to get contraceptive from private health facilities. This finding is similar with the study conducted in Uganda(61, 62).

This study found that adolescents who attending preparatory were 2.9 times more likely to utilized modern contraceptive than adolescents attending grade 9 and 10.This finding was supported by studies done in Uganda and Congo (63, 64) This can be explained by majority of the adolescents with enrolling at preparatory school had good awareness on modern contraceptive, so they desire to use contraception to prevent unintentional pregnancy. Adolescents whose age beyond 16 was 9.2 times more likely to use modern contraceptive than adolescents age 16 and less. This finding was consistent with the studies done in Nepalese and Yaoundé (65, 66).

The current study revealed that female secondary and preparatory school student attending in school with availability of contraceptive providing facility will have a greater probability of utilizing modern contraceptive method. Similar with this study, the study conducted in Uganda and different developing countries show the possibility of school female students to use modern contraceptive method was very high among adolescents (54, 67, 68).

Moreover those adolescent students who had discussion time with family about modern contraceptives were 5.15 times more likely to utilize contraceptive methods than those who had not. This finding agrees with a study conducted in Nigeria (56). This might be as a reason of discussion is the key tool to address reproductive services in all setting hence as the informed people increase, there is a high commencement of modern contraceptive utilization and it also used for decision making towards contraceptive methods utilization.

6.1 Strength and Limitation of the Study

6.1.1 Strength of the Study

- This study is the only study conducted on utilization of modern contraceptive and associated factor among female school adolescents in the local area.

6.1.2 Limitation of the study

- This study was based on cross-sectional data, which implies that the direction of causal relationships cannot always be determined.
- The study was carried out in an urban setting and may not be representative of rural adolescent students

7. CONCLUSION

Based on the finding of the study it is concluded that level of utilization of modern contraceptive method among secondary and preparatory student was very low (4.3%). Results revealed, grade level, age, respondent mother educational status, respondent father occupational status, sexual intercourse the past 12 months, discussion on contraceptive with family and availability of contraceptive providing facility were significantly associated with modern contraceptive use. The findings further show a need to promote the availability, accessibility and acceptability of modern contraceptives among female adolescents secondary and preparatory students . This study suggests targeted interventions such as facilitating adolescent access to contraceptive methods improving awareness rising among private and government secondary and preparatory school is vital .Therefore is need for efforts to increase enough contraceptive prevalence in these groups and knowledge creation on contraceptive methods.

8. RECOMMENDATION

Based on the finding of this study the following recommendations were forwarded.

- **To health care service providers**
  - Health workers should make every effort on awareness creation concerning the importance of contraceptive utilization for secondary and preparatory students
  - Health extension workers could create awareness on the importance of discussion time with family on contraceptive utilization.
- **To local health sector officials**
  - Zonal maternal health department, Woreda health office, woreda education office and health centers in each kebele should work jointly to generate knowledge on modern contraceptive among secondary and preparatory students
  - Program managers should work on inclusion of school based educational programs about reproductive health services.
- **To Youth centers**
  - Health promotion and education regarding reproductive health at the youth center should be carried out by youth administrative offices and health care providers
  - Need to train more service providers in dealing with the youth so that they may be friendly and appealing to them, this will attract them to the clinics or facilities and in turn improve utilization of the services.
  - Establishment of RH service facilities should be advocated to increase access of services by adolescents.

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10. ANNEXES

Annex I: - Information sheet, consent form, parenteral consent form and questionnaire in English language

10.1 Information sheet

Good morning/afternoon my name is ----------. I am a moderator of the study done by graduate student of Addis Ababa University School of public health. The aim of the study is to assess contraceptive utilization and associated factor for nonuse among female adolescent student of secondary and preparatory school of Sebeta town. The questions may take about 30 minutes to be completed. The information I collect will help to local government and to your school responsible bodies and stakeholders and planners too look out and give attention to the problem in the study finding and the government at large to plan based on the study finding. Now you are randomly selected for the survey.

Title of the study

Assessment of contraceptive utilization and associated factor among female adolescent students of secondary and preparatory school in Sebeta town, Oromia region, Ethiopia ,2021.

Background of the study

The prevalence of contraceptive utilization varies across regions. Low contraceptive uptake results in too early unintended pregnancy specially in younger girls which may result in school dropout and ill health; so is essential to improve adolescent's sexual and reproductive health and their social and economic well-being through accessible safe and affordable contraceptive use. Therefore assessing the magnitude of contraceptive utilization and identification of context and area specific determinates for nonuse are vital that provide basic information so that one enable us to take effective program intervention and implementation concerning the young people sexual and reproductive health mainly contraceptive use.

Objective

The aim of this study is to assess the prevalence of contraceptive utilization and associated factors among female adolescent students in secondary and preparatory schools in Sebeta town.

Significance of the study

These studies will have a paramount importance in contribution to program implementation and intervention concerning the adolescents by assessing the magnitude and factors for nonuse of modern contraception in the area and disclose the result to local and regional concerned body of evidence.

Study procedure

School based quantitative cross- sectional self-administered questioner will be conducted.

Potential risk/ Benefits

As a result of this study there will not be any risk. Benefit will be an in put to generate an evidence to improve school based reproductive health programs particularly use of modern contraceptive and to take evidence based intervention.

Confidentiality /Privacy /Justice

The information that the participants provide will be kept confidential by using only codes and no one will have access to the data except the investigators. The data will not be used for any purpose other than the aim of the study. Participation is purely based on willingness.

Rights of Participation

Participants will have a right to choose not to take part in the study anymore. Important to mention that the participants' willingness and active participation is greatly appreciated and will be important to the success of this study.

Termination of the study

If choosing to participate, it will be possible to stop at any time and if there is refusal or decision to withdraw later on, participants will not be subjected to any mistreatment.

CONSENT FORM (FOR AGE 18 AND ABOVE)

Good morning /Good afternoon, I am _____working as data collector in a study conducted by one of the graduate student for partial fulfillment for the requirement of master of public health from Addis Ababa University College of health science. The objective of the study is to assess utilization of contraceptive and its associated factors among secondary and preparatory school female adolescent's students in Sebeta town Oromia region, 2020/2021**.**

Dear respondents here are lists of questioners with different sections; Your responses are completely kept confidential .Your name will not be written on this questioner and will never be used in connection with any of the information you provide. You are not obligated to answer any question that you do not want to answer, and you may end to participate in the study at any time you want. However, your honest responses to these questions will help us to better understand the gap in utilization of contraception and determinants of nonuse in this particular age group thus at the end of this study the result may use as an input for school based programs and other concerned body.

We would like to greatly appreciate your help in responding to these questions. It will take about 30 minutes to fill them and there is no benefit or payment that you get for your participation in this study. But your honest and genuine response to each question will play a major role in the attainment of the objective of the study. Thank you very much in advance for your unreserved help.

I the selected participant heard the information in the study information sheet and understood the purpose, benefit and what is required from me if I take part in the study. I understood that all the information regarding me like name and all answers given by me must not be transferred to a third part. I also understood that I can decide whether or not to take part in the study or even withdraw from the study at any time. So are you willing to participate in the study?

1. Yes 2. No

2 .If the answer for question 2 is No, end the interview.

Data collector Name----------sign---------- Date----------

We thank you in advance and greatly appreciate your helping!

PARENTAL CONSENT FORM

Dear parent, your child is being invited to take part in a research project conducted by one of the graduate student for partial fulfillment for the requirement of master of public health from Addis Ababa University. The objective of the study is to assess contraceptive utilization and its associated factors among female adolescent in secondary and preparatory school in Sebeta town, Oromia region, and 2020/2021**.**

The responses of your child during the study are completely kept confidential .Your child's name will not be written on the questionnaire, and will never be used in connection with any of the information your child provides. Your child has the right to skip answering any question that she does not want to answer, and the child may end to participate in the study any time she wants and there is no benefit or payment that your child gets for her participation in this study. However, your child honest response to the questions will help us to better understand contraceptive utilization and associated factors among female adolescents in secondary and preparatory school in Sebeta town. We would like to greatly appreciate for your help.

I give my consent for my child_____, to

Participate in the research project described above. I understand that this participation is

Voluntary and that I may withdraw my consent at any time. I also understand that my child may

Withdraw her assent at any time.

_____ _____

Signature of Parent or Authorized Representative Date

Data collector Name---------- sign---------- Date----------

We thank you in advance and greatly appreciate your helping

In case you need to contact: Contact Address of the principal Investigator

E- mail: adisangesa2018@gmail.com

ASSENT FORM (15-17 AGES)

Good morning /Good afternoon, I am _____working as a facilitator for a project work to be conducted by one of Addis Ababa University student; for partial fulfillment for the requirement of master of public health. The objective of the study is to assess contraceptive utilization and its associated factors of non-use among female adolescent student in secondary and preparatory school of Sebeta town, Oromia region 2020/2021.

Dear respond your responses are completely kept confidential. Your name will not be written on this questioner, and will never be used in connection with any of the information you provide. Also you are not obligated to answer any question you do not want to answer or to do anything that you do not want to do. Everything you say and do will be private and your parents will not be told what you say or do while you are taking part in the study. When we tell other people what we learned in the study, we will not tell them your name or the name of anyone else who will take part in the research study. However, your honest responses to these questions will help us to better understand exposure and utilization of modern contraceptives and its association factors among high school female adolescent students.

I would like to greatly appreciate your help in responding to these questions. It will take about 30 minute and there is no benefit or payment that you receive for your participation in this study. But your honest and genuine response to each question will play a major role in the attainment of the objective of the study.

If anything in the study worries you or makes you uncomfortable, let us know and you can stop. You are free to ask if any confusion or any questions at any time.

_____ _____

Signature of participant Date

Data collector Name---------- sign---------- Date----------

We thank you in advance and greatly appreciate your helping.

In case you need to contact: Address of the Investigator

Email: adisangesa2018@gmail.com

English version questionnaires

Date…….. Code of the school …..…….

NOTE: Do not write your name; Circle only one correct response and multiple responses where applicable. Only adolescent aged between 15-19years are eligible for this study.

Code	Questions	Response category	Skip to	Remark
Part I: Socio-demographic, economic, school and socio-cultural Information of the respondents.				
101	What is your current level of grade?	1.Grade 9……..1 2.Grade10 ……2 3.Grade 11……....3 4.Grade 12…….4		
102	What is your age (in years?)	……Years.		
103	What is your religion?	1.Catholic ……..1 2.Muslim …….2 3.Orthodox ……..3 4.Protestant ……..4 5.Other(specify)…….5		
104	What is your ethnicity?	1. Amhara …….1 2. Gurage …….2 3. Oromo …… ...3 4.tigre …….4 5.welayta ……..5 6.other (specify)…..6		
105	What is your mother's educational status?	1.No education…....1 2.Read and Write only…..2 3.primary education …….3 4. Secondary education....4 5.Diploma……. 5 6. First Degree and above…6		
106	What is your Father's educational status?	1.No education….....1 2.Read and Write only….2 3.Primary education …….3 4. Secondary education...4 5.Diploma ……. 5 6.First Degree and above…6		
107	Where is your current place of residence?	1. In city(Urban) 2. Country side(rural) 3. Other specify_____		
108	With whom do you (usually) live?	1.With my parent(father/mother or relatives) ----------1		

		2. With peers in rental house-2 3.Alone in rental house------- 3 4.With boyfriend ---------- 4 5.With husband---------- 5 6.Other specify_____6		
109	What is your mother's occupation or working condition?	1.Formalemployment(teacher, civil servant, NGO.etc)…..1 2.Daily laborers……2 3.self-employed……3 4. Farmer……....4 5.other (specify)…….5		
110	What is your father's occupation?	1.Formal employment(teacher, civil servant, NGO.etc)…..1 2. Casual laborers……2 3.self-employed……3 4.other (specify)…….4		
111	Do you have pocketed money?	1.Yes ……1 2. No…….0	If " No" skip to Q. 113	
112	If "yes" how often do you have the pocket many?	1.Every day ----------1 2.Every week ---------2 3.Every month ---------3		
113	Are you married?	1.Yes --------1 2.No ----------2	If "No" skip to Part III	
114	What is your current marital status?	1.Single ----------1 2.Has a boyfriend --------2 3.Widowed ----------3 4.Divorced ----------4 5 .other (specify)----------5		
115	What is the Educational level of your husband or partner?	1.No formal education ------1 2.Read and Write only…….2 3. Primary education----------3 4.Secondary education……..4 5. Diploma ……5 5. First degree and above……5		

Part II: Sexual Experience and Related Factors				
201	Have you ever engaged in sexual intercourse?	1.Yes----------1 2.No----------0	If "No" skip to Q.209	
202	If your answer "yes" question 301 What was your age when you have your first sexual intercourse?	_____enter age in completed years.		
203	Did you have sexual intercourse in the past 12 months?	1.Yes----------1 2. No----------0		
204	If "yes" question 303, how many sexual partners did you have in the past 12 months?	1.One partner…….1 2.Two partners…….2 3.Three partners.....3		
205	In what condition you edged sexual intercourse in the past 12 months?	1. By my willing……..1 2. Causally……2		
206	What provokes you to for sexual inter course	1. Peer pressure……1 2. Alcohol drunk…….2 3. Chewing chat……..3 4. Viewed pornographic video...4 5. Other…….....5		
207	How many pregnancies did you had before?	1.Zero(0)……..1 2.One ……..2 3.Two……..3		
208	If "yes" question 307, have you had abortions in the past 12 month? (pregnancy of less than 7 months)	1.Yes----------1 2. No----------0		
	Health Institution Factors			
209	Have you ever used contraceptive to prevent or delay pregnancy?	1.Yes…….....1 2.No……...0	If ''No'' skip to Q.210	
210	Have you ever get contraceptive	1.Yes……..1		

	services form health institutions?	2. No……..0		
211	How long did takes you to get the service?	…….minute/hours?		
212	Are the healthcare providers willing to give contraceptives to students and adolescents?	1.Yes……..…1 2. No……0		
213	Was the setup of the facility comfortable to take the services?	1/Yes……1 2.No……0		
Cultural and family factor				
214	Is your and family culture freely allows you to discuss and accommodate knowledge on contraceptives?	1/Yes……1 2.No……0		
215	Do you have discussion time on contraceptive with your parents?	1.Yes----------1 2. No----------0		
216	If "yes" question 315,Is your family in support of the use of Contraceptive?	1.Yes----------1 2.No----------0		
Psychological factor				
217	Do you fear or feel embarrassed to take contraceptives?	1.Yes----------1 2.No----------0		
Economic Factor				
218	Has money ever hindered you from the use of Contraceptive?	1. Yes----------1 2. No----------0		
Knowledge Factor				
219	Is there any contraceptive service providing facility setup in your school?	1. Yes……....1 2. No……..0		
220	If your answer 319 "No "Do you think providing the contraceptive service in the school is important?	1. Yes……....1 2. No……..0		

Part III: Knowledge and Utilization of contraceptives			
301	Have you ever heard of any methods of that prevent pregnancy?	1.Yes----------1 2.No ----------0	
302	Would you like to know more about contraceptive?	1.yes……. 1 2.No …….0	
303	From where do you get the information on contraceptives? (more than one answer is possible)	1.Mass Media(Tv, Radio, magazines or newspapers)-------1 2.Peers ----------2 3.Parents /Guardians----------3 4. Health care providers ---------4 5. School education ----------5 6.school clubs ----------6 7. Social media (face book, U tube etc.)……...7 8.Others (specify)……..8	
304	What are Your feelings about using of contraceptive?	1. Harmful ……1 2. Not very important…….2 3. Important for two couples who are not ready to child birth ……..3 4. Students do not need contraceptive though sexually active……4 5. Other……5	
305	Who should take responsibility to practice contraceptive?	1. Female partner ……1 2. Male Partner …….2 3. Both partners…….3	
306	What type of contraceptive methods do you know? (Circle all that you know)	1.Condoms(both male and femal---1 2. Injectable ----------2 3. Pills ----------3 4. Abstinence ----------4 5. IUCD ----------	

		5 6.Implants ----------6 7. Coitus interrupts/ Ejaculating outside ----------7 8. Emergency contraception-----8 9. Menstrual calendar method/ Safe period--9 10.Vasectomy(male sterilization--10 11.Tuballigation (female sterilization) ---11 12.Breastfeeding----------12 Others specify----------13	
307	Do you know any place where you can get contraceptive service?	1. Yes …….1 2.No……0	If "No " skip to Q. 310
308	Places to get methods of preventing pregnancy you know circle.(More than one answer is possible)	1. Government Health Center ---1 2. Pharmacy/drug store----------2 3. Government Hospital----------3 4. Private hospital/ Clinic---------4 5. NGO Clinic ----------5 6. Youth Centers ----------6 7. Shops ---------- 7. 8.Other specify ----------	
309	Who told you that?	1.Family or relatives……1 2.Freinds…….2 3.school/teachers……..…...3 4.read from advert……..….4 5.I don't know……..……..5 6.health care providers…..6 7.others specify…….7	

310	Have you ever used methods of preventing pregnancy?	1. Yes----------1 2. No----------0	If "No" skip to Q. 314
311	Have you used the contraceptive method the last time you had sexual intercourse?	1. Yes----------1 2. No ----------0	
312	Does your religion restrict the utilization of any form of contraception?	1 yes ……..1 2 .No ……..0	If "No" skip to Q. 316
313	If your answer for "214" is yes can you write it please?	……. ……. ……. ……. …….	
314	Have you had any formal (class room) teaching on contraception throughout your years of schooling?	1. Yes ---------- 1 2. No ---------- 0	

Thank you for cooperation!!

Annex II: - Information sheet, consent form, parental consent form and questionnaire in Amharic language

የመረጃ ፎርም

ሰላም እንዴት ነሽ? ስሜ----------ይባላል፡፡እኔ የአዲስ አበባ ዩኒቨርስቲ የህብረተሰብ ጤና ት/ት ክፍል ውስጥ ጥናት ቡድን አባል ነኝ፡፡የዚህ ጥናት አላማ በሰበታ ከተማ ሁለተኛ ደረጃ ትምህርት ቤቶች ውስጥ ያሉ ተማሪዎችን የስነ-ተዋህዶ ጤና አገልግልት አጠቃቀም እና ተያያዥ ችግሮችን ጥናት ለማድረግ ነው፡፡ የተወሰኑ ጥያቄዎች ከርዕሱ ጋር በተገናኘ በመጠይቅ እናስሞላለን፡፡መጠይቁ 30 ደቂቃ ይፈጃል፡፡የጥናቱ ዓላማ የእናንተ ት/ቤት በተገኘዉ ዉጤት ላይ በመመርኮዝ መንግስት እቅድ ለማቀድ ይረደዋል፡፡

<u>የጥናቱ ሪዕስ</u>

በሰበታ ከተማ ሁለተኛ ደረጃ ትምህርት ቤቶች ውስጥ ያሉ ተማሪዎችን የስነ-ተዋህዶ ጤና አገልግልት አጠቃቀም እና ተያያዥ ችግሮችን ላይ ጥናት ማድረግ ነው

<u>*መግቢያ*</u>

የወሊድ መቆጣጠሪያ አገልግሎት አጠቃቀም በተለያዩ ክልሎች የተለያየ ነዉ፡፡ዝቅተኛ የወልድ መቆጣጠሪያ አጠቃቀም ያልተፈለገ እርግዝና እንዳይከሰት በተለይ በወጣት ሴት ተማሪዎች ትምህርታቸዉን እንድያቋርጡ እና ለተለያዩ ህመም የምዳርጋቸዉ ነዉ፡፡ስለዚህ የወልድ መቆጣጠሪያ አገልግሎት ለወጣቶች ጤና፣ ለኢኮኖምክ እድገት እና ለማህበራዊ ደህንት ይጠቅማል፡፡ ነገር ግን ግማሽ ያክል የምሆኑ ያረገዙ ከ15-19 ዓመት ኮረዳዎች ያልተፈለገ እርግዝና ሲሆን ከግማሽ በላይ የሚሆን ይህ እርግዝና በዉርጃ ይጠናቀቃል፡፡ስለዚህ የወልድ መቆጣጠሪያ አጠቃቀም በወጣቶች ማወቅ በቀጣይ ክፍተቶችን ለይቶ እንድሰራበት ይጠቅማል፡፡

የጥናቱ ዓላማ

የዚህ ጥናት ዓላማ በሰበታ ከተማ ሁለተኛ ደረጃ ትምህርት ቤቶች ውስጥ ያሉ ተማሪዎችን የስነ-ተዋህዶ ጤና አገልግልት አጠቃቀም እና ተያያዥ ችግሮችን ላይ ጥናት ማድረግ ነው

የጥናቱ ጥቅም

ይህ ጥናት በእርግዝና መከላከያ አጠቃቀምን እና ተያያዥ ያላቸዉን ተግዳራቶች በተለይ በወጣት ተማሪዎች በፍላጎቶች ማግኘታቸዉን ለመለየት እና የወጣት ተማሪዎች የስነተዋልዶ ጤና አገልግሎትና አጠቃቀም ጋር በተያያዘ መሰረት የሆነ መረጃ ለመጣል ይጠቅማል፡፡

በጥናቱ የሚያጋጥሙ ችግር

ይህ ጥናት በተሳታፊዎች ላይ ምንም አይነት ችግር አይኖረውም. ይልቅ ይህ ጥናት ለተለያዩ ጥናቶች መሠረት እና ግብዓት እንዲሆን ይረዳል

ከተሳታፊ የሚገኘዉ መረጃ በምስጥር የምጠበቅ ፣ በመለያ ኮድ መጠቀም እና ጥናቱን ከምያጠና ዉጪ የተሳታፊ መረጃዉን እንዳይደርሱ በማድረግ የተሳታፊ ምስጥር ይጠበቃል፡፡ መረጃዉ ከጥናቱ ዓላማ ዉጪ ለሌላ አገልግሎት አይዉልም፡፡ በጥናቱ ላይ የምሳተፉት በፍላጎታቸዉ ብቻ ነዉ፡፡

የተሳታፊዎች መብት

በዚህ ጥናት ላይ መሳተፍ ሆነ አለመሳተፍ ሙሉ በሙሉ በርስዎ ፈቃደኝነት ላይ የተመሰረተ. የእርስዎ በዚህ ጥናት መሳተፍ ለጥናቱ ጥሩ ዉጤት እንዲገኝ ይረዳል፡፡

ጥያቄ እና ቅሬታ

ማንኛዉ ተሳታፊ በጥናቱ ላይ ጥያቄ ወይም ቅሬታ ካለዉ ዋናዉን አጥኚ በፈለገዉ ጊዜ ማግኘትና መጠየቅ ይችላል፡፡

ስምምነት

ከላይ የተፃፈውን መረጃ እኔ በሚችለው ቋንቋ የተገለፀ ስለሆነ ሁለንም በማንበብ ወይም ተነቦልኝ ተረድቻለሁ፡፡ ስለሆነም በጥናቱ ለመሳተፍ ፈቃደኛ ነሽ?

1. **አይደለም (ማመስገን)** 2. **አዎ (ጥያቄ መጠየቁን መቀጠል)**

የተሳታፊ ፊርማ_____ **የጠያቂዉ ስም**_____ **ፊርማ**_____

የሱፐርቫይዘር ስም _____**ፊርማ** _____

መሳሰቢያ፡-ያልገባዎት ወይም ጥያቄ የሆነበዎት ሁኔታ ካለ ዋና አጥኚዉን መጠየቅ ይችላሉ፡፡

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<u>የቤተሰብ/የአሳዳጊ ፍቃድ መጠየቂያ ፎርም</u>

ወድ ቤተሰቦች በአዲስ አበባ ዩንቨርስቲ የማህበረሰብ ጤና ክፍል ባዘጋጀችዉ ጥናት ላይ የእርሶ ልጅ እንዲሳተፍ ተጋብዟለች፡፡ የዚህ ጥናቱ ዓላማ በሰበታ ከተማ ሁለተኛ ደረጃ እና መሰናዶ ትምህርት ቤት የሚገኙ ታዳጊ ወጣት ተማሪዎች የወሊድ መከላከያ አጠቃቀምና ተያያዝ ጉዳዮች ማሰስ ነዉ፡፡ በዚህ ጥናት ዉስጥ ልጆት የምትሰጠዉ መረጃ ሚስጢራዊነቱ ፍጹም የተጠበቀ ነዉ፡፡ እንዲሁም ደግሞ በሚሞሉት መጠይቅ ላይ የልጆት ስም የማይጠቀስና የሰጡት መረጃ ለማን አሳልፈን እንደማንሰጥ ለማሳወቅ እንወዳለን፡፡

ልጆት በማንኛዉም ሰዓት መልስ መስጠት ለማትፈልገዉ ጥያቄ፤ መልስ አለመስጠት ወይም መዝለል ትላለች፡፡ ከዚህ በተጨማሪም ጥናቱን ማቋረጥ ትችላለች፡፡ይህን መጠይቅ ሞልቶ ለመጨረስ ሰላሳ(30) ደቂቃ ይፈጃል፡፡ በዚህ ጥናት ላይ ልጆ ተሳታፊ በመሆኗ የምታገኝዉ ምንም አይነት ክፍያም ሆነ ጥቅማጥቅም የለም፡፡ ነገር ግን ልጆት የምትሰጠን መረጃ ወይም ምላሽ በወጣትነት እድሜ ላይ ያሉ አፍላ ወጣቶች የስነ-ተዋልዶና ተዛማጅ ጉዳዮች በጥልቀት ለመረዳት ይረዳናል፡፡

በዚህ ጥናት ላይ ልጆ እንድትሳተፍ ስለረዱን በቅድሚያ እናመሰግናለን፡፡

በዚህ ጥናት ላይ ልጄ _____እንድትሳተፍ ፍቃድ ሰጥቻለሁ፡፡ በዚህም መሰረት በጥናቱ ላይ ልጄ የምትሳተፈዉ በሙሉ ፍቃደኝነት ስለሆነ ፍቃደንነቴን በማንኛዉም ሰዓት ማቋረጥ እችላዉ፡፡ ልጄም በማንኛዉም ሰዓት ስምምነቱን ማቋረጥ ትችላለች፡፡

የቤተሰብ/ህጋዊተወካይ_____ፊርማ_____ቀን _____

መረጃዉን የሰበሰበዉ ባለሙያ ስም_____ ፊርማ_____ ቀን_____

በቅድሚያ ስለትብብሮት በጣም እናመሰግናለን!

ለበለጠ አስተያትና ጥያቄ ካሎት በሚከተለዉ አድራሻ ያነጋግሩን፡፡

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የስምምነት ፎርም (እድሜያቸዉ ከ15-17 ዓመት ለሆኑ)

ጤና ይስጥልኝ! እኔ _____አዲስ አበባ ዩንቨርስቲ ተማሪ ባዘጋጀችዉ ጥናት ላይ አስተባባሪ ነኝ፡፡ የዚህ ጥናቱ ዓላማ በሰበታ ከተማ ሁለተኛ ደረጃ እና መሰናዶ ትምህርት ቤት የሚገኙ ታዳጊ ወጣት ተማሪዎች የወሊድ መከላከያ አጠቃቀምና ተያያዝ ጉዳዮችን ማሰስ ነዉ፡፡

ዉድ ተሳታፊያችን፤የሚሰጡት ምላሽ ሚስጢራዊነቱ የተጠበቀ ነዉ፡፡ ስምሽ በመጠይቁ ላይ አይጠቀስም እንዲሁም ደግሞ የተሰበሰበዉ መረጃ ለማንም አሳልፈን የማንሰጥ መሆኑን እናሳዉቃለን፡፡ መልስ መስጠት ማይፈልጉት ጥያቄ መልስ ለመስጠት አይገደዱም፡፡ በመጠይቁ ላይ ያሰፈሩት ማንኛዉም ምላሽ ሚስጢራዊነቱ የተጠበቀና ለቤተሰቦቻችሁ ወይም ለአሳዳጊዎቻችሁ አይነገርም፡፡ ከጥናቱ ያገኘነዉን ዉጤት ለሌሎች በምናካፍልበት ወቅት ማንነታችኑ በፍጹም አይገለጽም፡፡ ስለሆነም በቅንነት የምትሰጡን ምላሽ በሰበታ ከተማ ሁለተኛ ደረጃ እና መሰናዶ ትምህርት ቤት የሚገኙ ታዳጊ ወጣት ተማሪዎች የወሊድ መከላከያ አጠቃቀምና ተያያዝ ጉዳዮች ዙሪያ የተሻለ መረጃ እንዲኖረን ይረዳናል፡፡

በቅድሚያ በጥናቱ ላይ ለመሳተፍ ስለተባበሩን እናመሰግናለን፡፡መጠይቁ የሚፈጀዉ የግዜ ገደብ ሰላሳ(30) ደቂቃ ነዉ፡፡በዚህ ጥናት ላይ ተሳታፊ በመሆንሽ የምታገኝዉ ምንም አይነት ክፍያም ሆነ ጥቅማጥቅም የለም፡፡በመሆኑም በቅንነት የሚሰጪን መረጃ ወይም ምላሽ በወጣትነት እድሜ ላይ ያሉ አፍላ ወጣቶች የስነ-ተዋልዶና ተዛማጅ ጉዳዮች በጥልቀት ለመረዳትና ግባችንን ለመምታት ይረዳናል፡፡

መጠቅቁን ለሞሙላት ምኞት የነሳሽ ጉዳይ ካለ እባኮ ያሳዉቁን፡፡ መጠይቁን ባለሞምላትሽ ወይም በማቋረጥሽ ቅር የሚለኝ ሰዉ የለም፡፡ ማንኛዉንም ጥያቄ በማንኛዉም ሰዓት በነጻነት መመጠየቅ ትችያለሽ

ፊርማ _____ ቀን_____

መረጃዉን የሰበሰበዉ ባለሙያ ስም_____ ፊርማ_____ ቀን_____

በቅድሚያ ስለትብብሮት በጣም እናመሰግናለን!

ለበለጠ አስተያትና ጥያቄ ካሎት በሚከተለዉ አድራሻ ያነጋግሩን፡፡

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<u>የአማረኛ መጠይቅ ቅፅ</u>

በአማርኛ ቋንቋ የተዘጋጀ መጠይቅ ፈቃድ መጠየቂያ ቅጽ (እድሜዓቸዉ 18 እና ከዚያ በላይ)

ጤና ይስጥልኝ ስሜ----------ይባላል፡፡ በጥናቱ ውስጥ በመረጃ ሰብሳቢነት ነው የምሠራው፡፡ የጥናቱ አላማ በሁለተኛ ደረጃ ትምህርት ቤቶች ውስጥ ያሉ ተማሪዎችን የወልድ መቆጣጠሪያ አጠቃቀም እና ተያያዥ ችግሮችን ላይ ጥናት ማድረግ ሲሆን በአ/አ ዩንቨርስቲ የህ/ሰብ ጤና ክፍል የድህረ ምረቃ ፕሮግራም የሚካሄድ ጥናት ሲሆን ጥናቱ የሚካሄደዉ በሰበታ ከተማ ዉስጥ ትምህርታቸዉን በመከታተል ላይ በሚገኙ የሁለተኛ ደረጃት ምህርት ቤት ላይ ነዉ፡፡

በዚህ መጠይቅ ውስጥ የተለያዩ ንዑስ ክፍሎች ያሉት ጥያቄዎች የተካተቱ ሲሆን በመጠይቁ ውስጥ በጣም ሚስጢራዊ የሆኑ እና ግላዊ የሆኑ ጉዳዮች ተካተዋል፡፡ ተሳትፎዉ በፈቃደኝነት ላይ የተመሠረተ ነው ነገር ግን ያለሽን ተሞክሮ ብታካፍሉን የጠቀስናቸውንና ሌሎችንም የወጣቶች እና ታዳጊዎች ችግር ለመፍታት እጅግ በጣም ጠቃሚ ነው፡፡ጥያቄውን ለመመለት ሰላሳ ደቂቃ ያህል ሊወስድ ይችላል፡፡

ጥናቱን አስመልክቶ የምትሰጪዉ ማንኛውም መረጃ በሚስጢር የሚጠበቅ በመሆኑ በማንኛውም መንገድ ለሶስተኛ አካል አሳልፎ አይሰጥም ወይም አይጋለጥም፤ ማንነትሽ እንዳይታወቅም በጥያቄው ወረቀት ላይ አይመዘገብም እንዲሁም የሰጠሽዉ ምላሽ ለቤተሰብ አይነገርም፡፡ ይሁን እንጂ በጥናቱ ላይ በመሳተፍሽ የተለየ ጥቅም አይኖርም፡፡ ነገር ግን በጥናቱ ላይ በመሳተፍሽ እና ለሚጠየቁት ጥያቄዎች በዕውቀት ላይ የተመሠረተና ተገቢ የሆነ መረጃ መስጠትሽ በወጣቶች ስር አተተዋልዶ ዙሪያ ላይ ለሚወጡ ፖሊሲዎች፤ ለሚደረጉ ማሻሻዎች እንዲሁም አገልግሎቶች መስፋፋት ከፍተኛ አስተዋጽዖ ያበረክታሉ፡፡በመጨረሻም ለሚሰጡት ለየትኛውም አይነት ምላሽ አመሰግናለሁ፡፡

በጥናቱ ላይ ማናቸዉም የሚያስጨንቅ ወይም የማይመችሽ ነገር ካለ በማናቸዉም ጊዜ አሳዉቆ ማቋረጥ ይቻላል፡፡ጥናቱን ማቋረጥ ከፈለግሽ ማንም ሊያስገድድ አይችልም እንዲሁም ጥያቄ መጠየቅ ከፈለግሽ በማናቸዉም ጊዜ መጠየቅ በተጨማሪም ከወላጅ ጋር መነጋገርይቻላል፡፡ በመጨረሻም በጥናቱ ለመሳተፍ ፈቃደኛ ከሆንሽ ከታች በተሰጠዉ ክፍት ቦታ ፊርማ ፡፡

የጥናቱ ተሳታፊ ፊርማ.....ቀን ----------የመረጃ ሰብሳቢ ስምና ፊርማ ቀን.....

የአማርኛ ቃለ -መጠይቅ

ቀን…….. የትምህርት ቤቱ ስም…..……

ማሳሰቢያ፡- ቃለ መጠይቁን ሲሞሉ ከተቀመጡት አማራጮች ፍላጎቶን ያክብቡ ነገር ግን ስም መጥቀስ አያስፈልግም ።ይህን ቃለ መጠይቅ የሚሞሉት እድሚያቸዉ ከ 15 እስከ 19 ለሆኑ ሴት ተማሪዎች ብቻ ነዉ።

ክፍል አንድ : ማህበራዊ እና ስነ-ሕዝባዊ ሁኔታዎችን በተመለከተ

ተ.ቁ	ጥያቄዎች	አማራጭ መሌሶች	እለፍ	ምርመራ
101	ስንተኛ ክፍል ነሽ?	1.ዘጠነኛ ክፍል……..1 2.አስረኛ ክፍል ……2 3.አስረአንደኛ ክፍል……...3 4.አስራ ሁለተኛ ክፍል……4		
102	እድሜሽ ስንት ነዉ (ወራቶችን አያጠቃልልም?)	……አመት		
103	የምን እምነት ተከታይ ነሽ?	1.ካቶሊክ ……..1 2.ሙስሊም ……2 3.ኦርቶዶክስ ……..3 4.ፐሮትስታንት ……..4 5.ሌላ ካለ ይገለፅ-------5		
104	ብሔርሽ ምንድን ነዉ?	1. አማራ ……..1 2. ጉራጌ ……..2 3. ኦሮሞ…… ...3 4.ትግሬ ……4 5.ወላይታ ……..5 6..ሌላ ካለ ይገለፅ).....6		
105	የወላጅ እናትሽ ወይንም አሳዳጊሽ የትምህት ደረጃ እስከ ስንት ነዉ?	1.ያልተማረች……..1 2.ማንበብና መፃፍ…..2 3.የመጀመሪያ ደረጃ …….3 4. ሁለተኛ ደረጃ....4 5.ዲፕሎማ…… 5 6. የመጀመሪያ ድግሪና ከዛ በላይ...6		
106	የወላጅ አባትህ የትምህርት ደረጃ ስንት ነዉ?	1.ያልተማረች……..1 2.ማንበብና መፃፍ…..2 3.የመጀመሪያ ደረጃ …….3 4. ሁለተኛ ደረጃ....4 5.ዲፕሎማ…… 5 6. የመጀመሪያ ድግሪና ከዛ በላይ...6		
107	የት ነዉ ምትኖሪዉ?	1. ከተማ 2. ገጠር 3. ሌላ ካለ ይጠቀስ_____		
108	ከማን ጋር ነዉ ምትኖሪዉ?	1.ከቤተሰቦቼ ጋር ----------1 2.ከዘመዶቼ ጋር ----------2 3. ከጓደኞቼ ጋር ተከራይቼ----------3 4.ብቻዩን---------- 4 5.ከፍቅረኛዩ ጋር ---------- 5 6.ከባለቤቴ ጋር---------- 6 7.ሌላ ካለ ይጠቀስ_____7		

109	የእናትሽ የስራ ሁኔታ ምንድን ነዉ?	1.ተቀጣሪt(አስተማሪ, የመንግስት ሰራተኛ, መያድ.).....1 2.የቀን ሰራተኛ.....2 3.የግል ስራ.....3 4. ግብርና.....4 5.ሌላ ካለ ይጠቀስ.....5		
110	የአባትሽ የስራ ሁኔታ ምንድን ነዉ?	11.ተቀጣሪt(አስተማሪ, የመንግስት ሰራተኛ, መያድ.).....1 2.የቀን ሰራተኛ.....2 3.የግል ስራ.....3 4. ግብርና.....4 5.ሌላ ካለ ይጠቀስ_.....5		
111	የኪስ ገንዘብ አለሽ?	1.አዎ .....1 2. አይደለም.....0	አይደለም ከሆነ ምላሹ ጥያቄ ቁጥር 112 ይዝለሉት	
112	“አዎ” ከሆነ ምላሹ በየስንት ግዜ ነዉ የኪስ ገንዘብ የምታገኝዉ?	1.በየቀኑ ----------1 2.በየሳምንቱ ---------2 3.በየወሩ ---------3		
113	አግብተሻል?	1.አዎ--------1 2.አይ አላገባሁም----------2	“.አይ አላገባሁም” ከሆነ ምላሹ ወደ 201 ይዝለሉት	
114	የጋብቻ ሁኔታሽ ምነን ይመስላል?	1.ያላገባ ----------1 2.እጮኛ ያለዉ --------2 3.የፈታ ----------3 4.ያገባ ----------4 5 .ሌላ ካለ ይጠቀስ----------5		
115	የትዳር አጋርሽ የትምህርት ሁኔታ ምንድን ነዉ?	1.ያልተማረች.....1 2.ማንበብና መፃፍ.....2 3.የመጀመሪያ ደረጃ .....3 4. ሁለተኛ ደረጃ....4 5.ዲፕሎማ..... 5 6. የመጀመሪያ ድግሪና ከዛ በላይ.....6		

‘

መጠየቅ (ማነጋገር) የሚፈልጉት ነገር ካለ፡-(የጥናቱባለቤት)

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ክፍል ሁለት: ስርዓተ -ፆታ ጉዳዮች በተመለከተ				
201	የግበረ-ስጋ ግንኙነት ፈፅመሽ ታዉቂያለሽ?	1.አዎ----------1 2.አላዉቅም----------0	አላዉቅም ከሆነ ምላሹ ወደ ጥያቄ ቁጥር .209 ይሂዱ	
202	ምላሽሽ “አዎ” ከሆነ የመጀመሪያ የግብረ ስጋ ግንኙነት የፈፀምሽዉ መቼ ነበር?	_____ዓመቱ ይጠቀስ.		
203	ባለፉት አስራ ሁለት ወራት ዉስጥ የግብረ ስጋ ግንኙነት ፈፅመሻል?	1.አዎ----------1 2. አይ አልፈጸምኩም----------0		
204	“አዎ” ከሆነ ምላሹ ከምን ያሃል አጋሮች ጋር ፈፅመሻለ?	1.አንድ አጋር.....1 2.ሁለት አጋር.....2 3.ሶስት አጋርና ከዛ በላይ.....3		
205	በምን አይነት ሁኔታ ዉስጥ የግብረ ስጋ ግንኙነት የፈፀሙት?	1. በፍቃደኝነት.....1 2. ድንገተኛ.....2 3. ልላ ካለ ይጠቀስ------3		
206	የግብረ ስጋ ግንኙነት ለመፈፀም ምን አነሳሳሽ ?	1. በጓደኛ ተፅኖ.....1 2. በመጠጥ ተገፋፍቼ.....2 3. ጫት ቅሜ.....3 4. ወሲብ የሚያነሳሱ ፊልሞችን አይቼ.....4 5. ሌላ ካለ ይጠቀስ.....5		
207	ከዚህ በፊት ስንት ጊዜ አርግዘሽ ታዉቂያለሽ?	1.ምንም(0).....1 2.አንድ ጊዜ .....2 3.ሁለት ጊዜ.....3		
208	“አርግዜ አዉቃለዉ ከሆነ ምላሽሽ” ፅንስ ቋርጠሽ ታዉቂያለሽ	1.አዎ----------1 2. አይ አላውቅም----------0		
	ከጤና ተቋማት ጋር የተያያዙ			

	ምክንያቶች			
209	የእርግዝና ወይም የወሊድ መከላከያ ዘዴዎች ተጠቅመሽ ታውቂያለሽ?	1.አዎ.....1 2. አይ አላውቅም.....0	‘’አላውቅም’ ከሆነ ምላሹ ወደ ጥያቄ ቁጥር 211 ይሂዱ	
210	የእርግዝና ወይም የወሊድ መከላከያ ዘዴዎች ከጤና ተቋማት ወስደሽ ታውቂያለሽ?	1.አዎ .....1 2አይ አላውቅም.....0		
211	መከላከያ ዘዴዎች አገልግሎት ለማግኘት ምን ያሃል ጊዜ ይፈጅብሻል?	.....ደቂቃ/ሰዓት?		
212	የጤና ባለሙያዎች የወሊድ መከላከያ ለተማሪዎችና አፍላ ወጣቶች ለመስጠት ፍቃደኛ ናቸዉ?	1.አዎ.....1 2. አይ አይደሉም.....0		
213	አገልግሎቱን ለማግኘት ጠቋሙ ምቹ ነበር?	1/አዎ.....1 2. አይ አይደለም.....0		
ከቤተሰብና ከወግ ልማድ ጋር የተያያዙ ምክንያቶች				
214	አንቺ በምትኖሪበት ማህበረሰብ ዉስጥ ስለ ወሊድ መከላከያ በግልፅ ትወያያላችሁ?	1/አዎ.....1 2.አይ አንወያይም.....0		
215	ለመወያየትስ ግዜ ሰጥታችሁት ታውቃላችሁ?	1.አዎ----------1 2. አይ በፍጹም----------0		
216	“አዎ” ከሆነ ምላሹ ቤተሰቦችሽ ወሊድ መከላከያ እድት ጠቀሚ ያበረታቱሽ ነበር?	1.አዎ----------1 2.አይ አይደለም----------0		
Psychological factor				
217	የወሊድ መከላከያ ለመዉሰድ አቅማምተሽ ወይም ፈርተሽ ነበር?	1.አዎ----------1 2.አይ አላውቅም----------0		
218	“አዎ” ከሆነ ምላሹ ምክንያትሽ ምን ልሆን ይችላል?	_____ _____ ----------		

		-		
Economic Factor				
219	የወሊድ መከላከያ ለመዉሰድ ብር ችግሮሽ ያዉቃል?	1. አዎ----------1 2. አይ----------0		
Knowledge Factor				
220	የወሊድመከላከያ አገልግሎት የሚሰጥ ክፍል በትምህርት ቤታችሁ ዉስጥ አለ?	1. አዎ……..1 2. አይ የለም……..0		
221	አይ አይደለም ከሆነ ምላሽሽ የወሊድ መከላከያ የሚሰጥ ተቋ ም በትምህርት ቤታችሁ ዉስጥ ቢቋቋም ጠቃሚ ነዉ ብለሽ ታምኛለሽ?	1. አዎ……..1 2. አይ አላምንም……0		

ክፍል ሶስት: የወሊድ መከላከያ ግንዛቤና አጠቃቀም በተመለከተ

301	ስለ እርግዝና መከላከያ ዘዴዎች ሰምተሽ ታዉቂያለሽ?	1.አዎ----------1 2.አላዉቅም ----------0		
302	ስለወሊድ መከላከያ ዘዴዎች ማወቅ ትፈልጊያለሽ?	1. አዎ…… 1 2. አይ አልፈልግም ……0		
3303	መረጃዉን ከየት ነዉ ያገኘሽዉ? (ከአንድ በላይ መመለስ ይቻላል)	1.ከሚዲያ(Tv, ሬዲዮ, ጋዜጣ)----------1 2.ከጓደኞች ----------2 3.ከቤተሰብ /ካሳዳጊ----------3 4. ከጤና ባለሙዎች ---------4 5. ከትምህርት ቤት ----------5 6.ከትምህርት ቤት ክበቦች ----------6 7. ከማህበረሰብ ድህረ ገፆች (face book, U tube .)……..7 8.ሌላ ካለ ይጥቀሱ……..8		

304	የወሊድ መከላከያ መጠቀም ምን ይመስልሻል?	1. የሚያዳ ……1 2. በጣምጠቃሚአይደለም……2 3. ልጅ ለመመለድ ዝግጁ ላልሆኑ ጥንዶች ነዉ ……..3 4. ሌላ ……4		
305	የወሊድ አገልግሎት ለማጠቀም ሀላፊነት ያለበት ማን ነዉ?	1. ሴት አጋር ……1 2. ወንድ አጋር ……2 3. ሁለቱም……3		
306	ምን ምን አይነት የወሊድ መከላከያ ዘዴዎች ታዉቂያለሽ? (የምታዉቂያቸዉን አክብቢ)	1.ኮንዶም(የወንድ፤ የሴት) ----------1 2. ሞርፊ ----------2 3. እንክብል ----------3 4. መወሰን ----------4 5. IUCD ----------5 6.በክንድ ----------6 7. Coitus interrupts/ Ejaculating outside ----------7 8. ድንገተኛ የወሊድ መከላከያ-----8 9. Menstrual calendar method/ Safe period----------9 10.Vasectomy(male sterilization----------10 11.Tuballigation (female sterilization)----------11 12.ጡት ማጥባት----------12 ሌሎች ካሉ----------13		
307	የወሊድ መከላከያ የት ማግኘት እንዳለብሽ ታዉቂያሽ?	1. አዎ ……1 2.አይ አላዉቅም……0	“አይ ከሆን ወደጥያቄ 310 ይሂዱ	
308	የምታዉቂዉን አገልግሎት ሰጪ ተቋማት ጥቀሽ.(ካንድ በላይ ማክበብ ይሻላል)	1. ከመንግሰት ጤፍ ጣቢያ ---1 2. ከመድሃኒት ቤት/መደብር----------2 3. የመንግስት ሆስፒታል----------3 4. የግል ክሊኒክ/ሆስፒታል----------4 5. መንግስታዊ ካልሆነ ድርጅት----------5 6. ከወጣት ማዕከሎች ----------6 7. ከሱቅ ----------7. 8.ሌላ ካለ ይጠቀስ ----------		

309	ማን ነገረሽ?	1.ቤተሰብ/ዘመድ……1 2.ጓደኞቼ…….2 3.ከትምህርት ቤት……..…...3 4.አንብቤ…….…4 5.ከጤና ባለሙያዎች…..5 6.ሌላ ካላ ይጠቀስ…….6		
310	የሚጨረሻ የግብረስጋ ግንኙነት ያደረግሽ ሰዓት የወሊድ መከላከያ ተጠቅመሻል ?	1. አዎ----------1 2. አይ አልተጠቀምኩም----------0		
311	የወሊድ መከላከያ መጠቀም ሐይማኖትሽ ይፈቅዳል?	1 አዎ……..1 2 አይደለም ……..0	“አይደለም” ከሆነ ወደ 314 ቁጥር ይሂዱ	
312	የሐይማኖት ተቋምሽ የሚከለክልበት ምክንያቶች ጥቀሽ?	…… …… …… …… …….		
314	ስለ ወሊድ መከላከያ ትምህርት ወስደሽ ታውቂያለሽ?	1. አዎ ---------- 1 2. አይ አላወቅም ---------- 0		

ስለትብብሮ አመሰግናለሁ::