ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF NURSNG AND MIDWIFERY

ASSESSMENT OFINTENTION TO USE POST PARTUM INTRA UTERINE CONTRACEPTIVE DEVICE AND ASSOCIATED FACTORS AMONG PREGNANT WOMEN ATTENDING ANTENATAL CLINICS IN AMBO TOWN PUBLIC HEALTH INSTITUTIONS, WEST SHOA ZONE, OROMIA REGION, ETHIOPIA, 2018.

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Lists of Acronyms and Abbreviations

ANC Antenatal Care

AOR Adjusted Odd Ratio

CI Confidence Interval

COR Crude Odd Ratio

CWC Child Welfare Clinic

EDHS Ethiopian Demographic Health Survey

ETB Ethiopian Birr

HC Health Center

IUCD Inta-Uterine Contraceptive Device

LAPMs Long Acting and Permanent Method

MCHIP Maternal and Child Health Integrated Program

MDG Millennium Development Goal

MMR Maternal Mortality Ratio

MoH Ministry of Health

NGO Non-governmental Organization

PPIUCD Post Partum Inta-Uterine Contraceptive Device

SD Standard Deviation

SPSS Statistical Package for Social Sciences

WHO World Health Organization

Abstract

Background: The maternal mortality tragedy is the issue of both developed and developing countries, especially sub-Saharan Africa including Ethiopia. This is known due to poor quality of maternal health care services. So, family planning especially the use of PPIUCD can tackle unintended pregnancy and maternal death. However, intention to use PPIUCD and use of IUCD in general is not well practiced in Ethiopia according to evidences of different literatures. Due to this reason many mothers are exposed to unintended pregnancy and pregnancy related complications.

Objective: Assessing Intention to use Post-Partum Intra uterine contraceptive device and Associated Factors among Pregnant Women Attending Antenatal Clinics in Ambo Town Public Health Institutions, Ethiopia, 2018.

Methods: Facility based Cross-Sectional study design, was conducted from March – April, 2018 to assess Intention of Pregnant Women about Post-Partum Intra uterine contraceptive device and associated factors on 422 Pregnant Women. Study subjects were selected by using systematic random sampling. Data was collected by 3 BSc midwives recruited from other health facility and supervised by one Assistant Lecturer. Data was collected by questionnaire and entered onto a computer using Epi-info 3.5.4 statistical program then exported to SPSS version 20 for analysis. Logistic regression model was used to predict Intention of Pregnant Women about Post-Partum Intra uterine contraceptive device and associated factors. Lastly, Significant of statistical association was tested using 95% confidence interval (CI) and p value (<0.05).

Result. The response rate was 417 (98.3%). This study showed that 145(34.9%) of pregnant women intended to use PPIUCD. Age of pregnant women [AOR= 8.348(CI: 3.602-19.347], educational level [AOR=3.249(1.057-9.985)], occupational status [AOR=4.101(CI: 1.788-9.405)], monthly income [AOR=3.175(CI: 1.423-7.082)] and knowledge [A0R=5.408(2.994-9.767)] have shown significant association with intention to use PPIUCD.

Conclusion and recommendation: The proportion of pregnant mothers who intend to use PPIUCD is low and therefore every effort should be made to organize and implement community based information education and communication on PPIUCD and involving pregnant women in family planning programs is essential.

Keyword: Intention, PPIUCD, Pregnancy; Antenatal; Ambo town

INTODUCTION

BACK GROUND

An IUCD is a small, "T-shaped" intra uterine contraceptive device, which is placed in a woman's uterus. It is also known as the IUD, loop or coil. Post-partum IUCD is an intrauterine contraceptive device which is inserted during the postpartum period (up to 48 hours after birth, optimally within10 minutes of delivery of the placenta. IUCDs are prepared of flexible plastic with a coating of thin copper wire. It has one or two soft threads on the last part. These thin threads hang through the opening at the entrance of the uterus into the top of the vagina(1).Copper-bearing IUDs come in a variety of designs the IUD recommended by WHO for bulk obtaining is the TCu380A it works primarily by causing chemical changes that prevent fertilization. Studies show that the copper IUD effectively interrupts the reproductive process before implantation and pregnancy and it does not act by initiating an abortion, as has sometimes been suggested(2). Renewed interest in the intrauterine device (IUD), a highly effective, long-acting reversible contraceptive (LARC) that is safe for breastfeeding women, can be inserted in a matter of minutes by a trained provider, and do not require an additional facility visit when inserted during the childbirth stay has encouraged some programs to add postpartum IUD services to their PPFP options (3) (6,7). Ethiopia in collaboration with Maternal and Child Health Integrated Program (MCHIP) started the PPIUCD program in 2012, PPIUCD services were initiated as one FP option for postpartum clients(4, 5).

The most successful PPFP programs will focus on providing PPFP counseling to women at every opportunity. In low-income countries, increasing emphasis on antenatal care and childbirth in a health care facility has created an opportunity to counsel women about family planning. The health benefits of contraception and birth spacing for women and their infants are remarkable and the woman is not pregnant at the time of insertion and is protected against pregnancy prior to resuming sexual activity(3).

Appropriate times for IUCD insertion in the postpartum periods include the post placental IUCD insertion, the immediate postpartum IUCD insertion and the trance cesarean IUCD insertion. The post placental IUCD insertion is done within 10 minutes after expulsion of the placenta, following a vaginal delivery. The immediate postpartum IUCD insertion is done after the post

placental period, but within 48 hours of delivery and the trance cesarean IUCD insertion is when the insertion takes place following a cesarean delivery, before the uterus incision is sutured (5,8). These periods the cervix is open and limp and an IUCD can easily be placed high in the fundus, either manually or using forceps. Furthermore it continues to be possible to insert an IUCD with an instrument for up to 48 hours postpartum (8). After birth, uterine contractions expel retained placental tissues and blood clots and may have a similar effect on any foreign body introduced into the uterus. IUCDs inserted postplacentally have a much lower expulsion risk than those inserted later in the postpartum period, although the expulsion is still higher than for interval insertions. However, the benefits of providing highly effective contraception immediately after delivery often outweigh the disadvantage of the higher postpartum expulsion rates (8). Two reasons informed the decision to focus on contraceptive intention. First, intention has been posited in many theories of behavior change as the most proximate determinant of actual behavior. Also, many studies have found intention to be a very strong determinant of behavior. Second, in the absence of longitudinal data, the focus on the association of ideation with intention to use as opposed to actual contraceptive use allows us to better address possible reverse causality inherent in cross-sectional data. Behavioral intentions (an indication of an individual's readiness to perform a given behavior it is assumed to be an immediate antecedent of behavior) relate to how people see themselves in the future(16).

1.2 STATEMENT OF THE PROBLEM

Globally, 10.7 million women have died in the 25 years between 1990 and 2015 due to maternal causes. In 2015, an estimated 303,000 women died as a result of pregnancy and childbirth-related complication worldwide. Developing countries accounted for about 99% of global maternal deaths, with the maternal mortality ratio (MMR) of 239 per 100,000 live births(9).Moreover, majority of the countries with the highest maternal mortality are in sub-Saharan Africa, including Ethiopia (10). In EDHS 2016, the maternal mortality ratio in Ethiopia was estimated at 412 deaths per 100,000 live births. Most of these deaths occur unpredictably during labor, delivery, and the immediate postpartum period(11).The delivery of FP services is an important strategy for reducing maternal morbidity and mortality. Multicounty studies have shown that accessing family planning can reduce maternal deaths by as much as 40 percent, infant mortality by 10 percent, and childhood mortality by 21 percent (12). According to EDHS 2016, 22 percent of currently married women have an unmet need for family planning 13 percent for spacing and 9 percent for limiting; this shows that the unmet need is still high even if it declined by 12 percent from 2005(11). According to MDG in line with HSDP IV Ethiopia planned to improve the health of mothers, neonates, children, adolescent and youth. In this relation, Ethiopia planned to increase the CPR to 65% by 2015 are bold targets set by HSDP IV which was not achieved when it was seen with the EDHS 2016 contraceptive prevalence rate for all Ethiopian women age 15-49 and currently married women is 36 percent from which 35 percent of currently married women use a modern contraceptive method, in which IUCD accounts only 2 percent(11). The main reason for this failarity was as a result of their place of residence (urban vs. rural), wealth and educational status (31). Study conducted by pathfinder international in Ethiopia showed that nearly half (47 percent) of postpartum women have short (<23 months) birth-to-pregnancy intervals unmet need in Ethiopia rises to a full 74 percent (47 percent for spacing and 27 percent for limiting) these figures suggest a critical gap in contraceptive service delivery during the postpartum period the postpartum IUD (PPIUD) is an important option for women aiming to space subsequent pregnancies. In Ethiopia, however, the PPIUD has been nearly absent from the contraceptive method mix (29). The Ethiopian ministry of Health (MoH) developed the health sector transformation plan of 2015, which aimed to increase the contraceptive prevalence rate (CPR) to 55%. This would mean reaching an

additional 6.2 million women and adolescent girls with family planning services by2020 and reducing the total fertility rate to 3.0 and increasing IUCD use from 2 % to 15% by 2020(12)

A community based cross sectional study conducted among 594 married women in Adgrat town, northern Ethiopia showed that the prevalence of intention to use LAPMs was 48.4 % (95 % CI = 44.1, 52.7) while 14.6 % participants were unsure of their intention this study also showed that of those who had intention, 58.9 % had intention to use one of the LAPMs within the next 1 year the most preferred method participants 'indicated an intention to use was implants (71.3 %), followed by IUCD (24.0 %) the main limiting factors were fear of side effect, infertility after LAPMs use, knowledge on LAPMs and perception on partner's support of LAPMs use(13). Similarly community based cross sectional study conducted in Wolaita zone showed intention to use LAPMs was low (38%) and nearly half of women had a negative attitude to use such methods. Positive attitude, absence of myths and misconceptions on LAPMs and secondary and plus level of education predicts intention to use LAPMs (14).

Furthermore community based cross-sectional study done in Nekemt western Ethiopia showed prevalence of intention to use LAPMs was (18.2%) The main factors for this low intention to use LAPMs were misconceptions and fears of side effects(15). Another study conducted in Debre Markos showed that almost one in five157 (45.9%) women intended to use long-acting and permanent family planning either to space or limit birth. More than seven in ten 113 (71.9%) women indented to use LAPM in the future 12 months. Implants were the most likely long-acting family planning methods intended by the study participants 98 (86.7%) followed by IUCD 32 (28.3%)(19).

In general, it is possible to conclude from the above discussions clearly shows that the national prevalence of IUCD is very low as compared with the other methods and given the lack of understanding of the reasons why IUCD use in Ethiopia has stagnated or limited, so, the major concern of this study therefore, is to assess the magnitude of intention to use PPIUCD during postpartum period and factors that influence the intention of pregnant mothers to use postpartum IUCD in the study area.

1.3 SIGNIFICANCE OF THE STUDY

Findings from this study will contribute to the benefit of society. Improved maternal health care and results in improved wellbeing of women, thus leading to reduction in maternal mortality. Therefore, the information derived from this study would provide directions for both governmental and non-governmental bodies to implementing successful strategies that are effective in promoting use of PPIUCD in maternal health service utilization areas like ANC and FP which eventually leads to the improvement of CPR and health of the women. So, intention to use PPIUCD which is effective, safe, reversible and long acting method of contraception is going to be crucial in meeting the above needs. As far as my knowledge concerned there is limited studies conducted to assess intention to use PPIUCD use and factors affecting intention to use PPIUCD in Ethiopia this study aims at assessing the intention of pregnant women to use PPIUCD and factors that affecting intention to use PPIUCD as method of contraception among pregnant women attending ANC clinics in Ambo town public health institutions. Results of the study will be vital in designing strategies so as to promote intention to use PPIUCD thereby improving family planning programs in the city and beyond. In addition, the findings from this study would benefit researchers interested in the field by providing base line information regarding intention to use PPIUCD.

2. LITRATURE REVIEW

2.1 Introduction

The purpose of postpartum family planning is to help a woman decide on the contraceptive they want to use, initiate it, and ensure they continue using it up to two years or longer depending on the woman's intentions.

A study conducted in Ghana showed that clients discussing FP with their partners and previous contraceptive use were significant determinants of both current use and future intentions to use contraception(17). Another study conducted in Nigeria showed that most (65.0%) of the respondents had intentions to use PPFP the intention to use PPFP was significantly associated with respondents' social class, their age, their level of awareness about PPFP and their prior use of any family planning method(18).

According to EDHS 2016 49% of currently married women ages 15-49 who are not currently using contraception intend to use family planning at some future time. The same proportions (49%) of currently married women who are not using contraceptive methods do not intend to use family planning in the future and 2% are unsure(11).Another study from North West Ethiopia in Debiremarkos town among 343 participants showed that 45.9% of women had intention to use one of the LAPMs of contraception in the future. Of these, Implants were the most likely long-acting family planning methods intended by the study participants 98 (86.7%) followed by IUCD 32 (28.3%) (19).

A community based cross- sectional study conducted in western Ethiopia, Nekemt town among 802 married women revealed that the intention to use LAPM was 18.2 (15).Another study carried out in Wolaita zone, southern Ethiopia in 2014 among 416 women participants showed that the intention to use LAPM was about 38 % (14). Furthermore, a community based cross sectional study conducted among 594 married women in Adgrat town showed that the prevalence of intention to use LAPCMs was 48.4 % while 14.6 % participants were unsure of their intention this study also showed that of those who had intention, 58.9 % had intention to use one of the LAPCMs within the next 1 year the most preferred method participants 'indicated an intention to use was implants (71.3 %), followed by IUCD (24.0 %)(13).

2.2 Factors associated with intention to use PPIUCD.

2.2.1 Socio demographic factors

A study conducted across Kenya's main cities revealed that married women used contraceptives more often than their single counterparts. Postpartum women living with their partners were likely to use a contraceptive method than those living without a partner (20). The results compare to a similar study done in Malawi which showed that unmarried women were at risk of unplanned and unwanted pregnancies due to less utilization of FP services (21). Another study conducted in western Ethiopia Nekemt showed that majority of married women in this study intended to use implants (51.4%) followed by IUCD (47.9%)(15).

In Kenya, there was increased utilization of PPFP with advancement in age and parity. Older women with more children were more likely to use FP methods (20). On contrary another study carried out in Kenya shows the prevalence of contraceptive use among postpartum women was 86.3% Contraceptive use was high among women below 25 years. The significant predictors of contraceptive use were the nature of employment, age and marital status(22). Furthermore a cross-sectional study carried out in Nigeria among 444 participants showed Women in the 40-49 age groups were 57 % less likely to use PPFP compared to those in 20-29 age group (AOR; 0.43, 95% CI; 0.20-0.91)(18).

The results of a study conducted in Malawi showed no significant association between utilization of PPFP and religion or traditional beliefs. The catholic women in the study were on family Planning(21).

Uptake of contraceptive methods among postpartum women is influenced by the socio demographic characteristics of the women. Studies have shown that a woman's education is a strong predictor of contraceptive use. According to EDHS 2016, contraceptive uses increased dramatically with increase in level of education with at least 51 percent of women with secondary education and higher are using family planning, compared to 31 percent of women who had no education (11). Other studies done in Jimma Ethiopia have shown a significant relationship between women's education, occupation and house hold income(23). Another study conducted in Wolaita zone showed that women who attained secondary and higher level of education were found to be 2 and 2.8 times more likely to have the intention to use LAPMs compared to women who had no education, respectively (14)A cross sectional study conducted

in western Ethiopia showed that women who had secondary school education and above were 1.82 times more likely to have intention to use LAPMs compared to those who had primary school education and below (AOR=1.82, 95%CI = 1.09-3.04) (15).

A facility based cross-sectional study conducted in Nigeria showed respondents in the middle socio-economic class were significantly more likely to use postpartum family planning compared to those in lower class (18). According to EDHS 2016 Use of modern contraception increases sharply with wealth, ranging from 20% for women in the lowest wealth quintile to 47% for women in the highest wealth quintile (11). A study conducted in western Ethiopia Nekemt showed that government employed women were 2.6 times more likely express future intention to use LAPMs of contraceptive than women in other occupation(15). Similarly a cross sectional study conducted in Adgrat town revealed that women who were employed (AOR=0.4, 95% CI= 0.23, 0.81), and merchants (AOR= 0.3, 95% CI= 0.10, 0.79) have 60% and 70% lower odds of intention to use LAPMs compared to women who were housewives(13).

2.2.2 Reproductive Factors

The decision on the number of children to have was decided jointly by the husband and wife in 552(93.4%) of the participants, while 23(3.9%) said wife and 8(1.4%) husband. Five hundred twenty-two (88.3%) of the participants discuss about FP with their husband the result of this study also showed that women who did not desire additional children within the next two years were more likely to intend to use LAPMs. Similarly, the proportion of women intending to use LAPMs declines with increasing ideal desired number of children. This could be explained by the participants' fear of fertility return after the use of long acting methods the result of study also showed that participants who perceive that their husbands do not support the use of LAPMs had 80% lower odds of intention to use LAPMs(13).

A study conducted in Mekelle town showed that mothers with two or more pregnancies were 3 times more likely to use LAPM as compared with those who had been pregnant only once. As the delivery age of the mother increase by one year the use of long acting and permanent contraceptive also increased twice (24).

A facility based cross sectional survey conducted among 1914 pregnant women attending ANC in Ghana showed that self-approval of PPFP (AOR 3.21, 95% CI (1.64-6.26) and perceived acceptability by male partner (AOR 3.2, 95% CI (1.94-5.48) were significantly associated with the intention to adopt PPFP the majority (76.2%) of pregnant women perceived that their

partners will consider their adoption of PPFP acceptable. A higher proportion (82.0%) indicated that they will require the permission of their partners before they actually adopted a method. Among women who perceived that PPFP will be acceptable to the partners, 82.3% thought they will still need their permission before they could adopt a method(25). Similar study conducted in western Ethiopia Nekemt town showed that women who decide on fertility issue jointly with partner were 2.8 times more likely intend to use LAPMs of contraception(15).

2.2.3 Awareness and Knowledge of pregnant women about PPIUD

A study conducted in Malawi found that knowledge of PPIUCD is associated with intention of pregnant women ($\chi 2$ = 26.436; df = 1; P = 0.000) this study also reveals that majority of the respondents (94.3%, n = 361) were able to mention one or more FP methods but, few of them are not. (21) Another study knowledge of family planning was found to be a determinant of using family planning the study conducted in the Kenya's city's slums, revealed that likelihood of using family planning was 26 percent higher in a woman with knowledge of FP. Therefore, promotion of family planning that facilitates awareness about side effects and benefits is paramount for increased intention to use PPIUCD(20).Another study conducted in Adgrat town Tigray region northern Ethiopia showed that participants' who knew at least one method of LAPMs had 4 times higher intention to use LAPMs compared to their counterparts (AOR = 4.7, 95% CI = 1.58, 14.01)(13).

A study conducted in Mekelle town, Tigray region among 460 married women showed that 126 (45%) of the married women were in the category of low knowledge, followed by high knowledge 137 (31.1%) towards LAPM whereas the remaining (23.7%) had moderate knowledge the result of this study also showed that one hundred eleven (37.8%) of the women know that IUCD can prevent pregnancies for 10 years and 42.5% were not sure of if IUCD is good for female at risk of acquiring sexual transmitted infection also, 48% and 62.2% of the women know that IUCD has no influence on sexual intercourse and it results in immediate pregnancies after removal, respectively. This study reveal that women who had moderate knowledge were 6 times more likely to use LAPM as compared with those who had low knowledge (AOR = 5.9, 95% CI: 2.3, 14.9). Mothers who had high knowledge were 8 times more likely to use LAPM as compared with those who had low knowledge (AOR = 7.8, 95% CI: 3.1, 18.3)(24).

According to EDHS exposure to Family Planning Messages offers information on women's exposure to family planning messages in the media or from other sources. The most often cited source of information on family planning messages reported by women and men age 15-49 in the past few months is community event or conversation (38% and 37%, respectively). Other main sources include radio (24% for women and 33% for men) and television (18% for women and 23% for men)(11).

A study conducted in Turkey observed that husbands' attitude towards contraception impacts on the choice and use of contraceptives among postpartum women because women had no full control over their reproductive and sexual lives (26). Another study done in Jimma Ethiopia showed that opposition from husbands and spousal communication had influence in the use of contraceptives(23). Furthermore, the study conducted in North Gondar desire for more children was the most common reason (51.4 percent) for not using family planning services and the next most frequently mentioned reasons were inadequate knowledge about family planning services (14.6 percent), religious reasons (13.4 percent), fear of side effects (13.3 percent), and husband's disapproval (6.3 percent). Family planning use was found to be significantly lower in the illiterate, those with age of last child less than a year and women with less than four children alive (27).

In Bangladesh awareness of the IUCD as a long-term contraceptive method is fairly high among married women (89.6 percent) the current use of IUCDs, however, remains low (0.6 percent) compared with the use of other modern methods(28).

Another study conducted in Nigeria showed that women who were not aware of PPFP had an 85% decreased odds of intention to use PPFP compared to those who were aware; this was found to be statistically significant (AOR; 0.15, 95% CI; 0.08-0.28)(18).A cross-sectional study conducted among 565 women (15–49 years) in Uganda showed that previous use, and women's attitude about the important role of male partners in their choice of contraceptives was associated with current use of LARC. (30)Another study conducted in Mekelle town, Tigray region regarding general awareness about LAMPs, 63.9% had heard about LAPMs in general, out of this, 80.7%, 55.3% and 39.8% had heard about implants, IUCD and female sterilization, respectively. The result of this study also conclude about the attitudes of LAPMs, more than half (53.6%) of the married women had negative attitude towards practicing of LAPM above one fourth (29.7%) of the married women agreed that insertion of IUCD can result in shame while it

inserted to cervix by health professional, nineteen point six percent agreed that IUCD prevents from doing normal activities and also asked on their attitudes about the side effects of LAPMs; they agreed that losing privacy during IUCD insertion is shameful (65.3%)(24).

Another study carried out Wolaita zone, southern Ethiopia in 2014 among 416 women participants showed that nearly half of them (n = 216) had a negative attitude to use LAPMs methods. Moreover, two-third of study participants (n = 276) held myths and misconceptions about such methods it also revealed that women who had a positive attitude were found to be 2.5 times more intention to use LAPMs compared to women who had a negative attitude (14).

A community based cross sectional study conducted among 594 married women in Adgrat town, northern Ethiopia demonstrated that who perceive LAPCMs as harmful to the womb 74 % less likely intend to use LAPMs(13).

2.3 CONCEPTUAL FRAMEWORK.

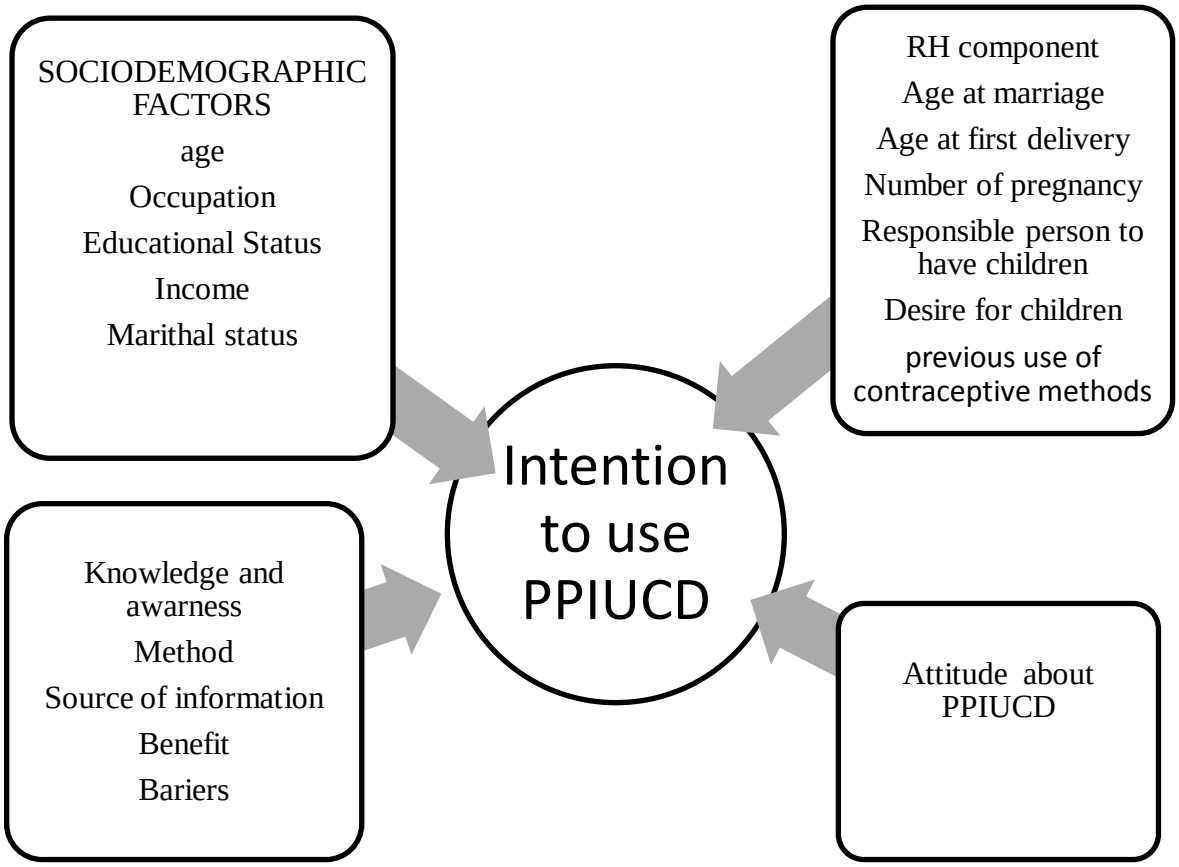

Figure 1Conceptual frame work developed from different Literatures (13, 15) and (24)

3. Objective of the study

3.1. General objective

To assess intention of pregnant women to use Post-partum intra uterine contraceptive method and associated factors among women attending antenatal clinics in Ambo town public health institutions, Ethiopia, 2018.

3.2. Specific objectives

1. To assess intention of pregnant women to use PPIUCD among pregnant women attending ANC service in the study area.
2. To identify associated factors that affects the intention to use PPIUCD among pregnant women attending ANC service in the study area.

4. Methods

4.1. Study Area

Ambo is one of the 180 Woreda in the Oromia Region of Ethiopia which is located at 115 kilometers to west Addis Ababa, the capital city of Ethiopia. The total population of this town is estimated to be 80,712 of whom 39,553 are men and 39,506 women. The Health system is represented by two hospitals: one regional and one referral hospital, two health centers. In addition, there are higher and lower clinics owned by private sectors. The town also has one established university, one technical & vocational school, one preparatory and two high schools, and there are other private owned colleges.

4.2. Study design and study period

Institution based cross sectional study design was used to collect data from pregnant women attending antenatal clinic from March 1, 2018- April 30, 2018

4.3. Source population

All women in the reproductive age group in the Ambo town.

4.4. Study population

Pregnant women who are attending ANC Clinics in Ambo town during data collection period.

4.6. Inclusion and Exclusion criteria

4.6.1. Inclusion criteria

Selected pregnant women who are attending antenatal care service in Ambo town that come to health institutions during data collection period.

4.6.2. Exclusion Criteria

-Seriously sick and unable to respond like laboring mothers.

4.7. Sample size determination

The sample size is calculated by using single population proportion formula based on the following assumptions: Since there is no appropriate population value to calculate n from the reviewed literature and it was not only done on pregnant women the proportion is taken at 50 %. Significant level at $\alpha = 0.05$, at 95% confidence interval, Margin of error is 5% and 10% nonresponsive rate, the sample size is calculated by the following formula:

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

$$n = \frac{(1.96)^2\ (0.5)\ (0.5)}{(0.05)^2} = 384$$

Where:

n = the required Sample size

p = prevalence of intention to use PPIUCD (50% or P=0.5)

Z = the value of the standard normal curve score corresponding to the given

Confidence interval 1.96

d = the permissible Margin of error (the required precision) = 5%

By adding 10% of non-response rate, total of 422 pregnant women will be recruited as study units among pregnant women who attended ANC follow up at health facilities in Ambo town during study period.

4.8 Sampling procedure

In this study, all public health institutions which provide ANC service were selected. Based on these, three public health institutions, (one hospital and two health centers) was included one hospital which was new hospital only giving medical cases admission at the time of study period was excluded since it have no ANC service. The total population for these health institutions (their average monthly ANC flows of previous, at least for two months is estimated that 928, (321 for Ambo Hospital, 396 for Ambo health center and 211 for Awaro health center) so final sample size (422) is obtained by proportionally allocating to these selected health facilities by considering their monthly ANC flows. Lastly, subjects (pregnant mother) were taken by systematic Random sampling. Based on assessment of each health facility monthly load, by systematic random sampling technique (i.e. K^{th}= N / sample size=>928 /422 ≈ 2 which means K^{th}= 2), thus every 2^{nd} pregnant women who attended this facility was recruited as study units in each health facilities until the total sample size for this study is obtained.

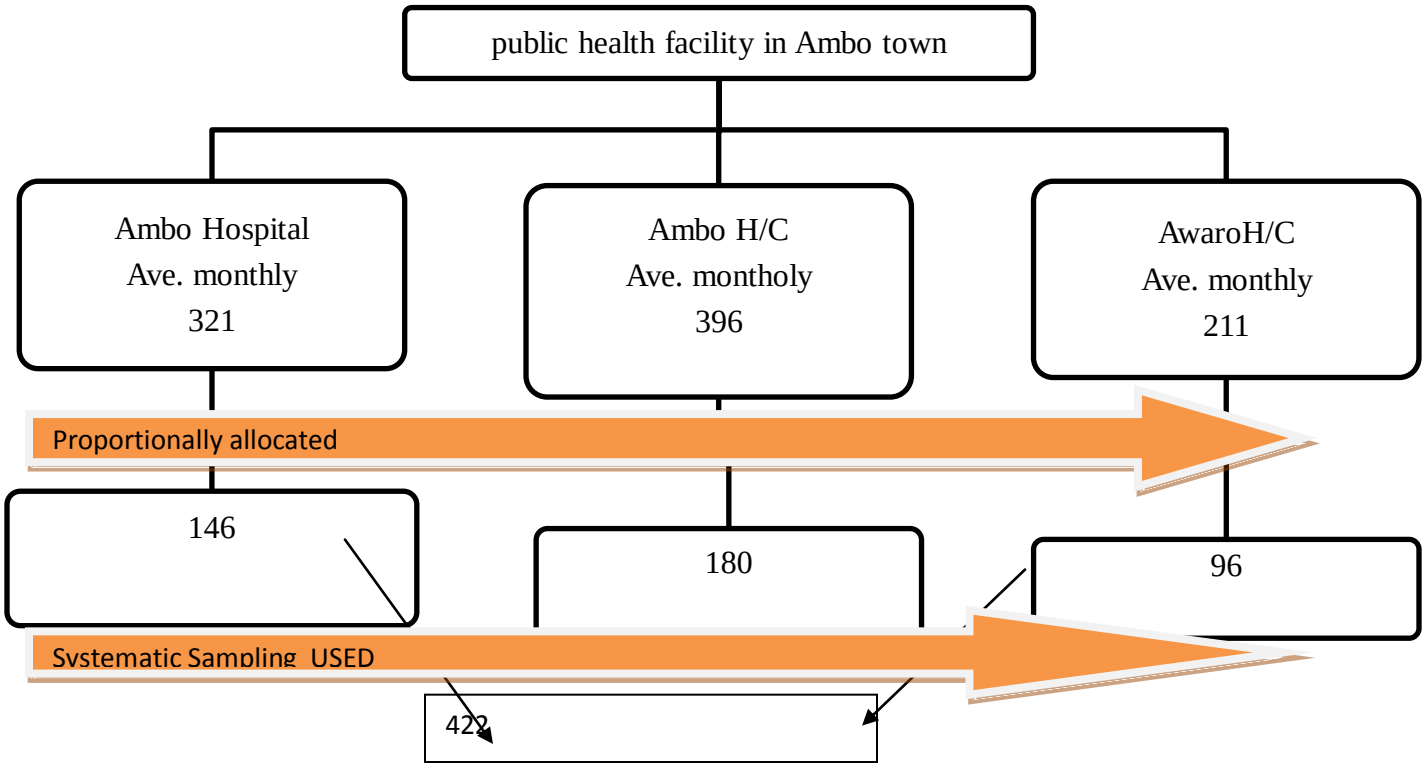

Figure 2 Schematic representation of Sampling Techniques on intention to use PPIUCD and associated factors among pregnant women in Ambo town, January 2018.

4.9. Variables of the study.

4.9.1. Dependent variable

Intention to use PPIUCD

4.9.2. Independent variables

Socio demographic characteristic of individual: age, marital status, occupation, educational status and income

Reproductive history

Awareness

Knowledge about PPIUCD,

Attitude about PPIUCD.

4.10. Operational definition

Intention to use PPIUCD: pregnant women who wanted to use PPIUCD method after delivery within 48 hrs.

PPIUCD: An IUCD that can be inserted post placentally, intra cesarean and within 48 hrs of delivery.

Knowledge on PPIUCD: Pregnant women's knowledge will be measured by the total number of correct answers to 10 items on knowledge with a minimum score of 0 and maximum of 10. To measure the knowledge it will be categorized based on the percent of knowledge of the distinct characteristics of PPIUCD as: "high" - those who knew 80% and above, "moderate" those who know 60 - 79% and "low" those who knew less than 60% (24).

Attitude on PPIUCD: To measure the attitude of the pregnant women's two categories were assigned: Data was checked for normal distribution normally distributed so, the mean was used to measure attitude.

Positive Attitude - those who scored above the mean on attitude items and

Negative Attitude - those who scored the mean or below mean to attitude items (24).

4.11. Data collection tool

A structured, interview administered questionnaire was used to collect data from the study participants. The questionnaire is designed in English and translated in to local Afan Oromo language by the translator, and then translated back to English by a third person to check for consistency. The tool has four sections and was adapted from EDHS 2016 and also by reviewing different literatures(11,13)and(24). The first section consists of socio demographic questions; the second section consists of reproductive characteristics, the third part Awareness and knowledge and the fourth section consists of intention and attitude of the pregnant mother on PPIUCD.

4.12. Data collection procedure

Interview technique was used to collect data with structured and pretested questionnaire. Three degree midwives were recruited from other health facility in respect to his/her experience of data collection and communication skills with pregnant mothers for data collection and Assistant Lecturer for supervision from academic staffs based on his/her language skill and supervision experience. Trained data collectors were collected data at health facility using revised version of data collection tool from March – April, 2018 and they interviewed the pregnant women waiting after they completed their daily visits. Supervisors carried out regular supervision, spot-checking and reviewing the completed questionnaire daily to maintain data quality. The overall activity was coordinated by the principal investigator.

4.13. Data quality control/ assurance

The data collection instrument was pre-tested for its relevance and clarity to address the research problems appropriately and corrected prior to the actual data collection period. Pretest was done at Mexi health center, Ambo ZuriyaWoreda before conducting the major study on about 5 percent of the sample to check consistency of questionnaire. In addition, One day training was given for data collectors and supervisors concerning the research objective, data collection tools and procedures, and interview methods that are supposed to be applied during data collection based on prepared training manual. The researcher was checked for completeness and consistencies of questionnaires filled by the data collector to ensure the quality of the data.

4.14. Data entry and Analysis procedure

After data collection, the questionnaire was checked for completeness by using simple frequency and tabulation and data entry was made by the principal investigator. The collected data was entered in to Epi-info version 3.5.4 and exported to Statistical Package for Social Science (SPSS) version 20 for analysis. To identify the existence of association between the selected dependent and independent variables, bivariate with 95% C.I at p-value ≤ 0.2 and multivariate logistic regression with 95% C.I at p-value ≤ 0.05 was used. For all of statistical test used in this study, descriptive statistics such as frequency distribution and measure of central tendency and variability (mean and standard deviation) was computed to describe variables of the study. Finally, the result was represented by tables and graphs.

4.15 Ethical considerations

Ethical approval was obtained from Research Ethical Committee of the Department of Nursing & Midwifery Department, College of Health Sciences and Addis Ababa University. Written Permission was sought from the responsible body of the study setting and informed consent was obtained from each participant (pregnant women) after the data Collectors had explained the nature, purpose and procedures of the study. Each study participants (pregnant women) was informed about the purpose, methods of collection, anticipated benefit and risk of study by the data collectors. Privacy and confidentiality of the data provided was strictly maintained. Participants were assured that their participation is voluntary, and they have every right to withdraw or refuse to give information at any time in the study without compromising the service they get from the facility.

4.16. Dissemination of the result

The result of this study will be presented and submitted to School of Allied Health Science, college of health science, post graduate program, Addis Ababa University. The result will be disseminated and accessed to other researchers to use as source of information for further research and even to critique the findings. The result will also be disseminated to Health Bureau of Ambo City Administration and public health institutions on which study will be conducted. Also the findings may be presented in annual scientific meeting and conferences and will be sent for publication on scientific journals in related field.

5. RESULTS

5.1. Socio-demographic Characteristics of pregnant women intention to use post-partum IUCD

The complete response rate of this study was 415(98.3%). Majority of the study participants were 115 (27.7%) in the age range of greater than 27 years. The mean age of the respondent was 24.23± 3.91 SD years. Majority of the study participants were Orthodox 221 (53.3 %) and protestant 176 (42.4 %) by their religion respectively. One hundred fifty three (36.9%) of the participants have completed grade 9-12, followed by one hundred thirty four (32.3%) those who completed grade 1-8. One hundred forty two (34.2 %) were getting monthly income of less than 1000 ETB (Table 1).

Table 1Socio-demographic characteristics of intention to use post-partum IUCD in Ambo town public health institution, Oromia, regional state, May 2018. (n=417)

variables	frequency	Percentage (%)
Age		
≤ 22	101	24.3
23 - 24	94	22.7
25- 26	105	25.3
27+	115	27.7
Religion		
Orthodox	**221**	**53.3**
Muslim	18	4.3
Protestant	176	42.4
Occupation		
House wife	166	40.0
Government employee	73	17.6
Private employee	130	31.3
Daily laborer	27	6.5
Student	19	4.6
Educational status		

No formal education	51	12.3
primary education(1-8)	134	32.3
secondary education(9-12)	153	36.9
College and above	77	18.6
Monthly income		
≤ 1000	**142**	**34.2**
1001 - 1500	47	11.3
1501 - 2500	130	31.3
2501 and above	96	23.1
Marriage status		
Married	**408**	**98.3**
Divorced	7	1.7

5.2. Reproductive characteristics of the participants

The mean age at marriage was 19.23 (±2.45 SD) years. Majority, 286 (68.9 %), of the women had ever given birth. The majority, 298 (71.8), had less than 2 ever born children. The mean number of alive and more wanted children in life was 1.56 (±1.48 SD) and 2.3 (±1.15 SD) respectively. Most, 336 (81 %), women discussed about FP with their husbands and the number of children was decided both by the mother and father in more than three-quarters 344 (82.9%) of the families (Table 2).

Table 2 Reproductive characteristics of intention to use post-partum IUCD in Ambo town public health institution, Oromia, regional state, May 2018. (n=417)

variables	frequency	percentage
Age at first marriage		
≤ 18	154	37.1
19- 20	184	44.3
21+	77	18.6
Ever give birth		
Yes	286	68.9
No	129	31.1
Number of birth		
≤ 2	298	71.8
3+	117	28.2
Number of alive children		
≤ 2	228	75.6
3+	101	24.3
Number of children want to have in life		
≤3	398	79.7
>4	84	20.2
want to have a child within two years		
Yes	49	11.8
No	366	88.2
Discuss on family planning methods with partner		
Yes	336	81.0
No	79	19.0
Decision on the number of children want to have		
Husband	17	4.1
Wife	54	13.0
Both	**344**	**82.9**
Ever used family planning methods previously		
Yes	348	83.9
No	67	16.1
Method you used previously		
Natural Family Planning	3	0.7
Pills	114	27.5
Inject able	**253**	**61.0**
Implanol	119	28.7
IUCD	11	2.7
Condom	12	2.9

5.3 Participants awareness about PPIUD

One hundred seventy six (42.6%) of the participants have good awareness about PPIUCD.

Majority of the study participants, 121(29.2%), had awareness about PPIUD from a Mass media where as only 18(4.3) of the women heard about PPIUD from husband. There were 60(14.5percent) women who heard about PPIUD from a family member/friend, 104(25.1percent) heard from Health professionals.

5.4. Knowledge of pregnant women to use Post-partum intra uterine contraceptive

This study showed 205 (49%) of the respondents were found to have good knowledge, while210 (51%) of the respondents was not on intention to use post partum IUCD. One hundred sixty (38.6%) of the participants know that PPIUD can prevent pregnancies for more than 10 years. One hundred forty-five (34.9%) of the participants know PPIUD is not appropriate for females at high risk of getting STIs. While only 100 (24.1) know PPIUD has no interference with sexual intercourse or desire. Majority of the respondents know PPIUD can be removed at any time they want 174 (41.9).

Table 3 Knowledge of pregnant women about PPIUCD in Ambo public health institution Oromia, regional state, May 2018. (n=417)

Knowledge About PPIUD	**LEVEL OF KNOWLEDGE**				**correct response**	**Percent correct**
	Yes		No			
	no	%	No	%		
PPIUD can prevent pregnancies for more than 10 years.	160	38.6	54	13	160	38.6
PPIUD is not appropriate for females at high risk of getting STIs.	145	34.9	69	16.6	145	34.9
PPIUD has no interference with sexual intercourse or desire.	100	24.1	100	24.1	100	24.1
PPIUD is immediately reversible (become pregnant quickly when removed).	151	36.4	63	15.2	151	36.4
PPIUD does not cause cancer.	114	27.5	99	23.9	114	27.5
Breast feeding mothers can use PPIUD.	153	36.9	61	14.7	153	36.9
PPIUD may cause changes in bleeding pattern.	121	29.2	92	22.2	121	29.2
PPIUD can be used by HIV positive patients doing well on treatment.	100	24.1	114	27.5	100	24.1
PPIUD is inserted free of charge in Ethiopia.	165	39.8	48	11.6	165	39.8
PPIUDcanberemovedatanytime	174	41.9	36	8.7	174	41.9

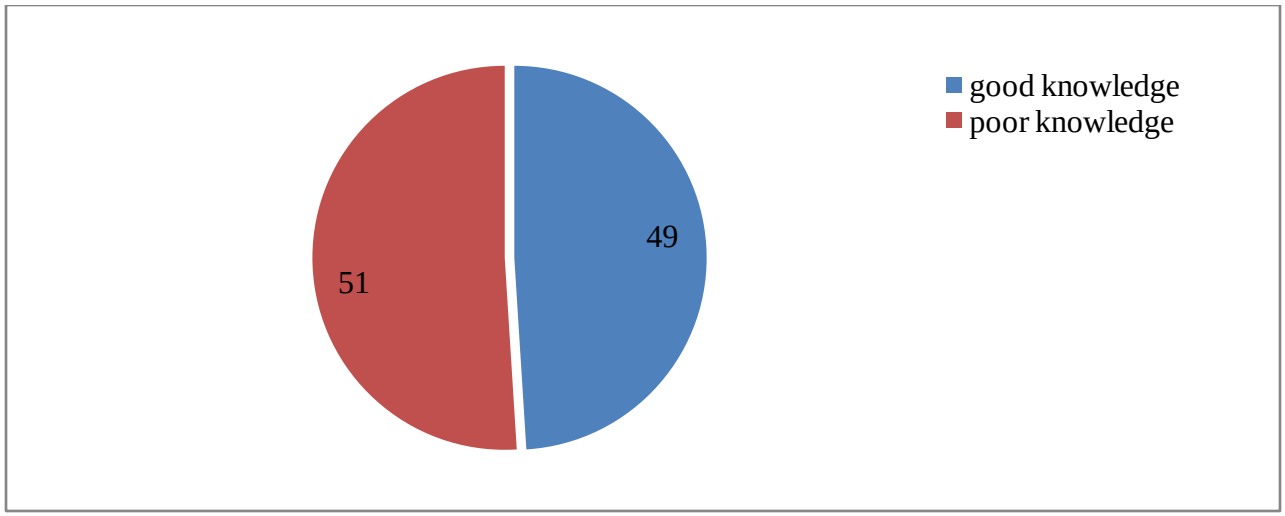

Figure 3 Level of knowledge of pregnant women to use Post-partum intra uterine contraceptive method in Ambo town public health institutions, Ethiopia, 2018.

5.5 Intention of pregnant women to use PPIUCD

This study showed that 145(34.9%) of pregnant women intended to use PPIUCD while more than half of the study participant 270(65.1%) was not intended to use PPIUCD.

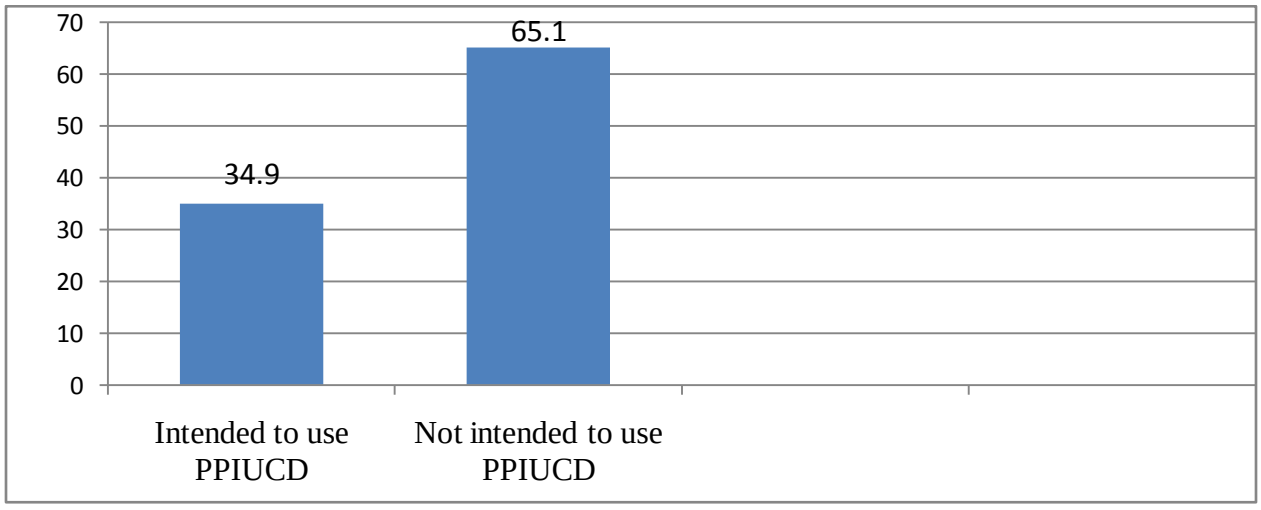

Figure 4Intention to use Post-partum intra uterine contraceptive method among pregnant women attending antenatal clinics in Ambo town public health institutions, Ethiopia, 2018.

The reasons not intended to use PPIUCD was listed in the table below. Majority of them are not intended to use PPIUCD due to Fear Of Side Effect, Lack of Awareness and not their preferred method 123(29.6%) , 101(24.3%) and 135(32.5%) respectively.

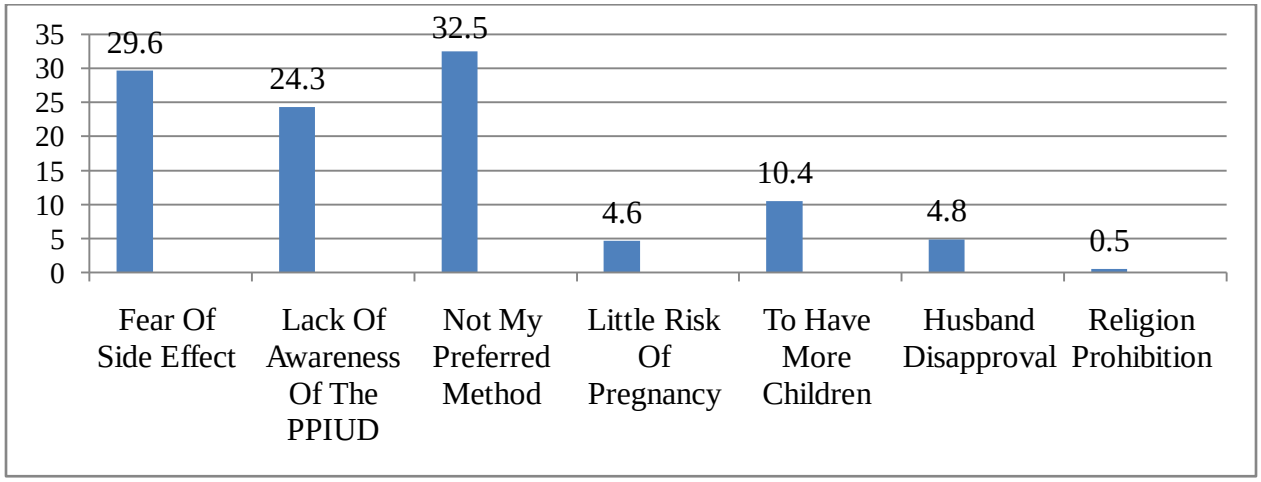

Figure 5 The reasons not preferring PPIUD contraceptive method among pregnant women attending antenatal clinics in Ambo town public health institutions, Ethiopia, 2018.

5.6 Participants attitude towards PPIUD

In order to ascertain the respondents' level of attitude on pregnant women intention to use post-partum IUCD, the respondents were asked to reflect their opinion on a serious of questions concerning intention to use post-partum IUCD. The likert scale with scores ranging from 1=strongly disagree to 5=strongly agree was used. The mean score obtained was 14.3 Using the mean score as the cut-off, the study showed 205 (49.4%) and 210 (50.6%) of pregnant women interviewed had good and poor attitude towards intention to use post-partum IUCD respectively. Attitudes towards PPIUD were summarized through five issues related to: Insertion of PPIUCD inside the uterus does not lead to lose of privacy, Using PPIUCD does not restrict normal activities, PPIUCD doesn't move through the body after insertion, PPIUCD does not interfere with sexual intercourse and PPIUCD can harm a woman's womb. There was high disagreement about PPIUD insertion inside the uterus does not lead to lose privacy 223 (53.7%), Majority 260(62.7%) of the participants agree that using PPIUCD does not restrict normal activities also 254(61.2 percent) believe that PPIUCD does not move through the body after insertion. One hundred forty-seven (35.4%) felt PPIUCD can interfere with sexual intercourse. Majority 234(56.3 %) of the participants disagree with PPIUCD can harm a woman's womb.

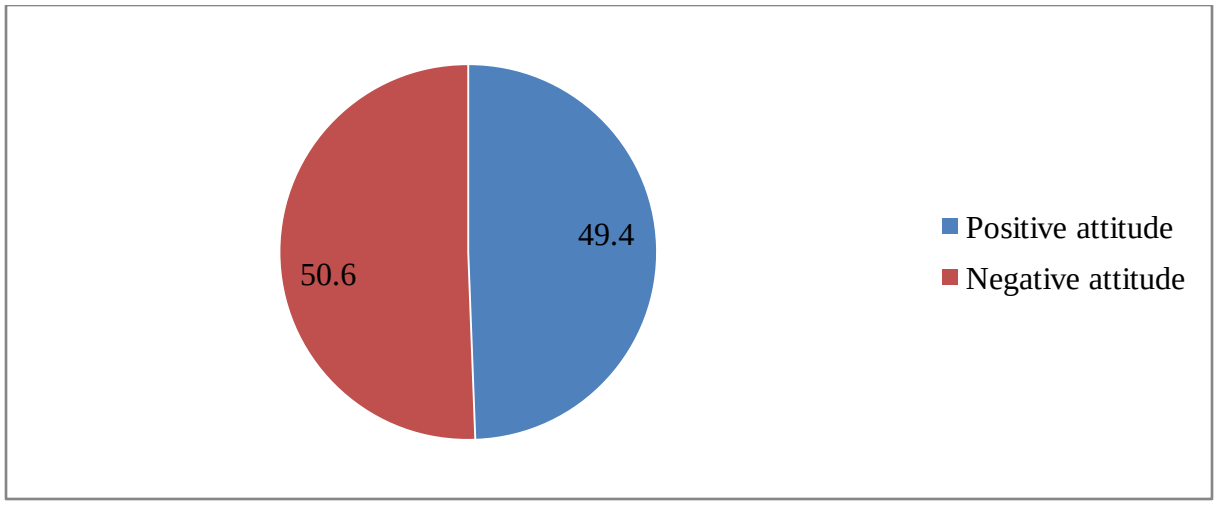

Figure 6pie chart showing Clients' Attitudes towards PPICD contraceptive method among pregnant women attending antenatal clinics in Ambo town public health institutions, Ethiopia, 2018.

5.7. Bivariate and multivariate logistic regression analysis of pregnant women intention to use PPIUCD and its explanatory variables.

Binary Logistic regression was performed to assess the association of each independent variable with intention to use PPIUCD. The factors that showed a p-value of 0.2 and less were added to multivariate regression model depending on this model multivariate analysis was done to identify independent predictors of intention to use PPIUCD. After controlling the confounding factors, the multivariate revealed that the following factors have association with intention to use PPIUCD: Respondents age, educational status, respondent's occupational status, respondent's income and respondent's knowledge (Table.4).

The result revealed that age of the respondent was among the variables that were found to be associated with pregnant women intention to use PPIUCD. Pregnant women's who were in the age group of greater than 27 were eight times more likely to intended to use PPIUCD than those who were in the age group of less than 22 (AOR=8.348, 95% CI: (3.602-19.347) (P<0.05).

The other variables that were found to have association were the participants' educational level. Pregnant women who were college and above of education were three times more often intend to use PPIUCD when compared with those who are no formal education. (AOR=3.249, 95 %(CI: (1.057-9.985) (P<0.05).

Type of job was also found to be among the factors affecting pregnant women intention to use PPIUCD. Pregnant women who were government employee are four times more likely to intention to use PPIUCD than housewife (AOR=4.101, 95 % (CI: (1.788-9.405) (P<0.05).

Pregnant women monthly income was also significantly influenced intention to use PPIUCD. Pregnant women whose monthly income of greater than two thousand five hundred (>2500) were three times more likely intend to use PPIUCD than whose monthly income of less than one thousand (<1000) (AOR=3.17,95% (CI:(1.423-7.082) (P<0.05).

Furthermore, knowledge of pregnant women was also found to affect the outcome variable. Respondents who had high knowledge about PPIUCD were about ten times more likely to intend to use PPIUCD than those with m knowledge (AOR=10.338, 95 % (CI: 2.59-41.49) (P<0.001).

Table 4 Bivariate and multivariate logistic regression analysis of pregnant women's intention to use post-partum intrauterine contraceptive device. (n=417)

Variables	Intended To Use PPIUCD		COR95%CI	AOR95%CI	p-value
	Yes	No			
Age					
27.00+	71(17.1%)	44(10.6%)	7.973(4.193-15.163)*	**8.348(3.602-19.347)****	0.000
25.00 - 26.00	44(10.6%)	61(14.7%)	3.564(1.861-6.825)*	**2.325(1.013-5.333)****	0.010
23.00 - 24.00	13(3.1%)	81(19.5%)	0.793(.362-1.737)	0.561(0.211-1.493)	
≤ 22.00	17(4.1%	84(20.2%)	1	1	
Educational status					
College and above	47(11.3%)	30(7.2%)	5.092(2.305-11.249)*	**3.249(1.057-9.985)****	0.040
Secondary (9-12)	69(16.6%)	84(20.2%)	2.670(1.298-5.491)*	1.650(0.612-4.450)	
Primary (1-8)	17(4.1%)	117(28.2%)	0.472(.207-1.075)	0.375(0.129-1.092)	
No formal education	12(2.9%)	39(9.4%)	1	1	
Occupation					
Goven't employee	48(11.6%)	25(6%)	8.704(4.661-16.253)*	**4.101(1.788-9.405)****	0.001
Private employee	53(12.6%)	74(17.8%)	3.431(2.027-5.806)*	**2.772(1.395-5.506)****	0.004
Student	5(1.2%)	14(3.4%)	1.295(.481-3.485)	2.748(0.536-14.083)	
Daily laborer	6(1.4%)	21(5.1%)	1.619(.542-4.840)	0.639(0.179-2.285)	
House wife	30(7.2%)	136(32.8%)	1	1	
Personal income					
>2501	51(12.3%)	45(10.8%)	5.304(2.942-9.561)*	**3.175(1.423-7.082)****	0.005
1501-2500	53(12.8%)	77(18.6%)	3.221(1.848-5.616)*	1.970(0.935-4.150)	
1001-1500	16(3.9%)	31(7.5%)	2.415(1.150-5.073)	1.694(0.649-4.426)	
<1000	25(6%)	117(28.2%)	1	1	
High knowledge	115(27.7%)	90(21.7%)	16.76(4.961-56.63)*	**10.338(2.59-41.49)****	.001
Moderate knowledge	30(7.2%)	180(43.4%)	1	1	
Low knowledge	38(9.2%)	195(47.0%)	.223(.137-.362)	.288(.158-.528)	.000

Keys: ***Statistically significant at p<0.2 in Bivariate, 1=Reference category**

****Statistically significant at p<0.05 in multivariate**

6. Discussion

From this study, it was observed that the level of intention to use PPIUD among clients was low. The most appealing reason not intended to use PPIUCD was not their preferred method and fear of side effect.

This study showed the level of women intention to use PPIUCD was 34.9%, this finding was in line with findings of studies done in Wolaita zone, (38 %), Southern Ethiopia (14). However ,the present finding is inconsistent with the study done in North West Ethiopia in Adgrat town, western Ethiopia Nekemt town and Debiremarkos town were (44.6%),(47.9%) and (45.9%) of women intention to use PPIUCD respectively (13,15, 19). Those levels of variation may be attributed due to socio-demographic characteristic variation among study areas.

In this study, intention to use PPIUCD was significantly higher among older participants (AOR=8.348(3.602-19.347) (P=0.001) than younger participants. This finding was similar to other studies conducted in Kenya (20). The present study is different from study done in Kenya, and Nigeria (18, 22). This inconsistency is may be due to the variation of respondents' socio demographic characteristics and may be due to time gap of the study and sample size

Educational status was found to be associated with women intention to use PPIUCD in which those who were diploma and above are three times more likely to involve than with no formal education (uneducated) (AOR=3.249,95%(CI:(1.057-9.985)(P<0.05). This was comparable with other studies conducted in EDHS 2016 contraceptive uses increased dramatically with increase in level of education with at least 51 percent of women with secondary education and higher are using family planning, compared to 31 percent of women who had no education, Jimma , Wolaita in which women who attained secondary and higher level of education were found to be 2 and 3 times more likely to have the intention to use LAPMs compared to women who had no education, respectively and Nekemt women who had secondary school education and above were 1.82 times more likely to have intention to use LAPMs compared to those who had primary school education. (11, 14, 15, and 23). This might be due to the fact that educated women might discuss more sensitive issues openly and freely they become closer and familiarized to each other. In addition women with some basic level of education can better understand the advantages and complications associated with intention to use PPIUCD.

Finding in this study indicated that pregnant mothers who were employed or government employee and private employee (AOR= 4.195% CI (1.78-9.4) p<0.05and AOR = 2.7 95% CI (1.39-5.56) p<0.05times more intended to use PPIUCD than daily laborer respectively. This study was consistent with the study conducted in western Ethiopia Nekemt town showed that government employed women were 2.6 times more likely express future intention to use LAPMs of contraceptive than women in other occupation(15) but inconsistent with the study done in Adgrat town(13). This inconsistency is may be due to the variation of respondents' socio demographic characteristics and may be due to sample size.

Furthermore, women intention to use PPIUCD was found to be significantly associated with personal income in which pregnant women whose monthly income was high were three times more likely involve than whose monthly income was low (AOR=3.17 ,95% CI:1.423-7.082)(p< 0.05).This finding was similar to EDHS 2016 Use of modern contraception increases sharply with wealth, ranging from 20% for women in the lowest wealth quintile to 47% for women in the highest wealth quintile (11)and also similar to study conducted in Nigeria (18). This could be due to exposure of women for reproductive related information and indeed employed women have better decision making power on fertility issues.

Furthermore women intention to use PPIUCD was significantly higher among participants who had good knowledge on intention to use PPIUCD (A0R=5.4, 95 % (CI: 2.99-9.76) (P<0.05) than those with poor knowledge. This finding was similar to other studies conducted in, Kenya's city's slums, Adgrat town and Mekelle town mothers who had high knowledge were 8 times more likely to use LAPM as compared with those who had low knowledge (AOR = 7.8, 95% CI: 3.1, 18.3) (13, 20, and (24) in which participant's knowledge was a major role in determining women intention to use PPIUCD.As observed from this and other similar studies, it is evident that knowledge serves as a major determinant of women intention to use PPIUCD.

7. Strength and Limitation of the study

7.1. Strength of the study

- ❖ All pregnant women who attend ANC during data collection period were included in the study as study units
- ❖ Questionnaire was pre-tested and necessary modification was made,
- ❖ The principal Investigator and Supervisors were supervising the daily data collection activities.
- ❖ Close supervision of data collectors were performed accordingly

7.2. Limitations of the Study

- ➢ This study was carried out in public health institutions; pregnant women who attend antenatal care at private health facilities were not included in the study.

8. Conclusion and recommendation

8.1. Conclusion

- ✓ This study was conducted to assess the level of women intention to use PPIUCD and its determinant factors. Accordingly, it was found only 34.9 % women intended to use PPIUCD. Maternal age, maternal educational level, occupational status, and monthly income, knowledge and attitude were significantly associated with pregnant women intention to use PPIUCD.

8.2. Recommendation

For policy makers and government

- ➢ In order to increase knowledge about PPIUD, the media should be engaged as they play a key role in promotion of knowledge in communities.
- ➢ Government should increase opportunity to take on job training to healthcare providers in order to make the service more accessible through provision of correct information on the PPIUD as part of the family planning method.

For health workers

- ➢ To improve knowledge pregnant women to use PPIUCD, its benefits and to improve women attitudes towards use of PPIUCD, the health workers in Ambo town should create awareness on use of PPIUCD and its benefits through mass media, health education at ANC, community outreaches.

For Ambo town MCH stakeholders

- ➢ Stakeholders should work to create awareness on the importance and benefits of use of PPIUCD. This could be achieved through the development and implementation of strategies that specifically target use of PPIUCD scale up program in the town.

For further research

- ❖ The study recommends that further research be undertaken to investigate the relationship between intentions to use PPIUCD and factors that affect intention to use PPIUCD both with qualitative and quantitative researches.

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12. APPENDIXES

ANNEX II -ENGLISH VERSION INFORMED CONSENT SHEET

Information Sheet

Hello dear respondent! My name is_____ and I am working as data collector for the study being conducted in this health center by Mr. Gurmesa Daba who is studying for his master's degree at Addis Ababa University, school of allied health science, department of nursing and midwifery postgraduate study. I kindly request you to lend me your attention to explain you about the study and how you have been selected as study participant.

Study title to assess pregnant women's intention to use intra uterine contraceptive device and factors affecting intention to use intra uterine contraceptive device among Antenatal clients of public health facilities in Ambo town, Oromia Regional State, Ethiopia, 2018

Purpose To assess factors Associated with intention to use post partum intra uterine contraceptive device among women attending ANC Clinics in Ambo Public Health Institutions

Procedure and duration: First of all I selected you to take part in this study randomly. There are different questions to answer. Interview questionnaire will be used which will be take 15-20 minutes.

Risks: The risks of being participating in this study are very minimal, only taking few minutes. Benefit: At this moment you may not get any direct benefit by being involved in this study but the information you provide is very important to solve problems associated with post partum intra uterine contraceptive method.

Confidentiality: The information that you provide us will be confidential. The questioner will be coded to exclude showing your name on questionnaire and consent form.

Rights: Participation in this study is fully voluntary. You have the right to declare not to participate in this study and you have the right to withdraw from participating at any time.

Contact address: If there is any questions or unclear idea any time about the study or the procedures, do not hesitate to contact and speak to principal investigator with the following

Address: Name : GurmesaDaba
Phone number: 09 17651906
E-mail address: gurmesadaba14@gmail

II. CONSENT FORM

I, the selected participant, heard the information in the consent sheet and understood what is required from me and what will happen to me if I take part in the study. I understand that all the information regarding me, like name and all answers given by me must not be transferred to the third party. I can also understand that I can withdraw from the study at any time without giving a reason and without me or my families' routine service utilization being affected for my refusal. Now please tell me if you agree to participate in the interview.

The Participant: 1. Agreed

2. Did not agree End the interview and thank the respondent.

Interviewer Agreement I certify that I have taken written consent from the respondent that she has agreed to participate in study and I have confirmed the agreement is correct.

Interviewer Name: _____ Signature_____

|_____|_____| 2018. Date month

Supervisor Name: _____ Signature_____

|_____|_____| 2018. Date month

ANNEX III. Structure English version questionnaire

Part I: Socio-demographic characteristics of the participants

S.No.	Question	Choices	Remark
101	How old are You?(age in years)	Enter _____	
102	What is your religion?	1 Orthodox 2 Muslim 3 Protestant 4 Catholic 5 Others(specify)_____	
103	What is your educational level?	1 No education 2 Primary (1-8) 3 Secondary (9-12) 4 College and above	
104	What is your occupation?	1 House wife 2 Government employee 3 Private employee 4 Daily laborer 5 Farmer 6 Student 7 Other (specify)_____	
105	What is your monthly income?	_____(ETB)	
106	Marital status	1 married 2 divorced 3 unmarried 4 widowed 5 others ----------	

Part II: Reproductive history of the participants

Q. No	Question	Choices	Remark
201	What was your age at first marriage?	_____years	
202	Have you ever give birth?	Yes No	If "No" skip to Q. 205
203	How many births you give?	Enter No_____	
204	How many of them are alive now?	Enter No_____	
205	How many children do you want to have in your life?	Enter No_____	
206	Do you want to have a child within two years (Soon)?	1. Yes 2. No	
207	Do you discuss with your partner on family planning methods?	1. Yes 2. No	
208	Who decide/will decide on the number of children you want to have?	1. Husband 2. Wife 3. Both 4. Others (specify)_____	
209	Have you ever used family planning methods previously?	1. Yes 2. No	
210	If, your answer is yes which method you used?	1-Natural Family Planning 2-Pills 3-Injectable 4-Implanol 5-IUCD 6-Condom 7-Other(Specify)_____	

Part III:Awareness and Knowledge about PPIUCD of the participants

Q.No.	Questions	Choices	Remark
301	Have you ever heard of PPIUCD?	Yes No	If "No" skip to Q 401
302	From whom do you get information on PPIUCD for the first time?	1Neighbors/friends/relatives 2Health professionals 3Mass media 4Husband 5Others (specify) _____	
303	Knowledge About PPIUD a. PPIUD can prevent pregnancies for more than 10 years.	Yes No	
	b. PPIUD is not appropriate for females at high risk of getting STIs.	Yes No	
	c. PPIUD has no interference with sexual intercourse or desire.	Yes No	
	d. PPIUD is immediately reversible (become pregnant quickly when removed).	Yes No	
	e. PPIUD does not cause cancer.	Yes No	
	f. PPIUD can be used by breast feeding mothers.	Yes No	
	g. PPIUD may cause changes in bleeding pattern.	Yes No	
	h. PPIUD can be used by HIV positive patients doing well on treatment.	Yes No	
	i. PPIUD is inserted free of charge in Ethiopia.	Yes No	
	j. PPIUD can be removed at any time you wish.	Yes No	

Part IV: Pregnant women's intention and Attitude to use PPIUCD

401	Do you intend to use PPIUCD to delay or to avoid pregnancy immediately after delivery?	Yes No	If Yes skip to 501
402	If you are not going to use PPIUD, would you tell me the main reasons?	1 Fear Of Side Effect 2 Lack Of Awareness Of The PPIUD 3 Not My Preferred Method 4 Little Risk Of Pregnancy 5 To Have More Children 6 Husband Disapproval 7 Religion Prohibition 8 Fear Of Infertility 9 Other(Specify)_____	

Q.No	Statements of Attitude on PPIUCD	Choices	Remark
501	Insertion of PPIUCD inside the uterus does not Lead to lose privacy.	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5.strongly Agree	.
502	Using PPIUCD does not restrict normal activities.	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. strongly Agree	
503	PPIUCD doesn't move through the body after insertion.	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. strongly Agree	

504	PPIUCD does not interfere with sexual intercourse	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. strongly Agree	
505	PPIUCD can harm a woman's womb	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. strongly Agree	

THANK YOU I have finished my interview

ANNEX IV: RagaaOdeefanno Fi UnkaEeyyama

AFAN OROMO INFORMED CONSENT SHEET

Akkambultan/ooltan,maqaankoo----------

ogummankoosnarsiideesiftuu/waliigalaati.

Aniqaamagareeqo'annofedhiihaadholeenulfaaLuupiidahumsaanboodasa'atii 48 keessattigadameessakeessakaawamuirrattiittifayadamuufqabaniifigufuuittifayadama mala karooramaatikanairratimaamiltootahordoffiidahumsaduraadhaabbatafayyaamootummamagaalaAmbookeessatigageesuuti . Yerooamma kana gareen Kun qo'annowantootaittifayyadama mala karooramaatiiLuupiidahumsaanboodasa'atii 48 keessattigadameessakeessakaawamududubattihanbisan fi fedhiiittifayyadamuufmaamiltoonihordoffiidahumsaduraaqabanirratigageessa.Faayidanqo'anno kanas ittifayyadama malakarooramaatiiarmanolitticaqasamewarrotadudubattihanbisanaddanbaasuu fi sagantesitootakarooramaatiigargaaruunidanda'a.Qo'annokeesattiqoodafudhachuufyoofedhiiqabatanidaqiiqa20olnuttihinfudhatu.Maqaankeesanwaanhinbareefamineefdeebiinisinkennitanicitiinisaaeegamadhaakkasumasqo'annoirratihirmaachuukeesaniifmiidhanisiiniragahutokkoleehinjiru.Hirmaannankeessanguutummaguututtifedhiiirrattiwaanhunda'eef, ergahirmaachuujalqabdaniitajaajilaHospitaalicha/Buufatichairraargachuuqabddanirratimiidhatokkomaleeaddankutuunmirgakeesani.Waanumafedhefiyyuilaalchiikeesangariiwaanta'eefnihirmaatujenneeniabddanna.Gaaffikamiyyuyooqabaatanteessoharmangadiitinyeroobarbaadanittiqo'aticha argachuunidandeesu:-

Maqaaqo'ataa- GurmeessaDhaabaaDhinaa

Lakk.bil. 0917651906

E-mail gurmesadaba14@gmail.com

II. WALIIGALTEE JECHA ICITII EEGUU

Anihirmaatanqo'anno kana wa'eeodeeffannoqo'annichajechaarmanoliiirraahubadheera.Akkasumasmaaltuuakkanarraeegamu u fi yoonqo'annichaakeessattiqoodafudhadhemaaltuuakkanarraga'hudanda'uuhubadheera.Odeefanno wa'eekooakkamaqaakoo fi deebbiiannikennuhundiqaamasadaffattidabarsaniihimuundirqamaakkahintaaneakkasumashaldure etokkomaleedeebbiiyeroonbarbaadetiaddankutuunmirgakoota'uuisaahubadheera.

Fedhiihirmaannakeesannaafiibsaa

Hirmaata:- 1. Nanhirmaadha

2. HinhirmaadhuGalatoomfadhuttikanbiraatidarbi .

Waliigalteegaafiigaafata

Anigaafatangaafii kana, hirmaatuu (deebiideebiftuu) qo'annowajiinwaliigalteejeechaicitiieguubarrefamanwaliigaluuishee fi qo'annoirratifedhidhanhirmaachuuisheenanmirkaneessa.

Gaafiigaafata

Maqaa: _____ Mallatoo_____

|_____|_____| 2010.

GuyyaaJi'a

To'ataa

Maqaa:: _____ Mallatoo_____

|_____|_____| 2010.

GuyyaaJi'a

Annex V: Afaan Oromo Questionnaire

AfgaaffiiKarooramatiiLuuppiidahumsaanboodasa'atii 48 keessattigadameessakeessakaawachuuirratigaafataman.Gaafileedeebiifilannoqabanifdeebiideebi' anhundumattimari.

Odeeffannoowaliigalaa: Ragaasassaabdota fi to'atoota

Lakk.	Gaafilee	Deebilee	Gara
01	Lakk.gaafii	_____	
02	Maqaaodeefannofunaantuu	_____	
03	Guyyaaodeefanon funaaname	[_____/____/_____] Guyyaa, Ji'a, 2010	
04	Maqaato'ata	_____	
05	Sadarkaabargaafii	Sirrittixumurameera=1Walakanxumurameera=2	

Kutaa I: Haalahawasumma fi dinagdee (galii)

Lakk.	Gaafilee	Deebilee	Gara
101	Umuriinkeemeeqa?	Umurii:_____waggaan	
102	Amantaankeemaali?	1.Ortoodoksii 2.Musliima 3.Prootestaantii 4.Katooliki 5.kan biranyoojiraate---------	
103	Sadarkaabarumsaakeemaal?	1.hin barannee 2. barnootasadarkaatokkoffaa (1-8) 3. barnootasadarkaalammafaa(9-12) 4. sadarkaakooleejjii fi isaaoli.	

104	Hojiimaalhojjettaa?	1.Haadha mana 2.Hojjetuu mootumaykn 3. Hojjetuudhuunfaa 4.Dafqan bultuu(hojetuuguyya 5. Qonnaanbulaa 6.Barattuu 7.kan biraayoojiratee----------	
105	Galiinji'anargatanmeeqa?	BirriEthio _____	
106	Haalligaa'elakeemaali?	1. kanheerumte 2.kan walhiikte 3.kan hinheeruminee 4.kan jeladu'e 5.kan biraa _____	

Kutaa II: Seenaawalhormaataa

Lakk	Gaafilee	Deebilee	Gara
201	Waggaameeqattiheerumte?	Waggaa_____	
202	Kana duradeesseebeektaa?	1.Eyyee 2. Lakki)	Yoodeebinlakita'e egara205deemi
203	Ijoolleemeeqadeesse?	Lakkofsaan_____	
204	Ijoolleemeeqatulubbuunjira?	Lakkofsaan_____	
205	Garafuulduraattidaa'imameeqahorachuubarbaadda?	Lakkofsaan_____	
206	Dawumsa kana boodawaggaa lama keessattidaa'imabiraaargachuunibarbaada?	1.Eyyee 2. Lakki)	
207	Gosootakarooramaatiiirratti aba	1.Eyyee	

	manakeewaliinmari'ataniibeektuu?	2. Lakki)	
208	Lakkofssaijooleeattigodhachuubarbaa duirratieenyumurteesa?	1. Aba mana 2. Haadhamana 3. Lamanisaanii 4. Kanbiraayoojiraatee-------	
209	Mala qusannoomaatiifayyadamteebeekta?	1.Eyyee 2. Lakki)	
210	Yoofadadamteetata'egosakamiinfayy adamteebeekta?	1. mala uumama 2. kanliqimfamu 3. marfeenkankennamu 4. impilaantii 5. luuppii 6. Koondomii 7. Kanbiraa(ibsi)----------	

Kutaa III: Gaafiihubannoo fi beekumssa mala karooramaatiLuuppiidahumsaanboodasa'atii 48 keessattigadameessakeessakaawamuirrattgaafataman.

Lakk	Gaafilee	Deebilee	Gara
301	Wa'ee mala karooramaatiLuupiidahumsaanboodasa'atii 48 keessattigadameessakeessakawamuudhageess eebeekta?	1.Eyyee 2. Lakki	(yoodeebinl akita'eegara gafii401dee mi
302	Odeefanno mala karooramaatiieessadhageesse?(deebiideebi'ee hundumattimarii)	1. Ollaayknhiriyaayknmaatii 2.Dhabata fayya 3.Miidiyaa addaadda(TV,Radiyo,etc) 4.Abbaa manaa 5. kanbiraayoojiratee--------	
303	Gaaffiibekumsawaa'eeluuppii		
	a. Luuppiindahumsaanboodasa'atii 48 keessattigadameessakeessakaawwamuulfawa ggaakudhaniifniittisa.	1.Eyyee 2. Lakki	

	b. Luupiidahumsaanboodasa'atii 48 keessattigadameessakeessakaawwamuDubartootadhukubadhiraatifsaxilamaniifgariimiti	1.Eyyee 2. Lakki	
	c. Luupiidahumsaanboodasa'atii 48 keessattigadameessakeessakaawamuwalqunamitiiirrattirakkinahinqabu.	1.Eyyee 2. Lakki	
	d. Luupiidahumsaanboodasa'atii 48 keessattigadameessakeessakaawwamuakkumagadameessakeessaaba'eendeebi'aniiulfa'uunnidanda'ama	1.Eyyee 2. Lakki	
	e. Luupiidahumsaanboodasa'atii 48 keessattigadameessakeessakaawachuunkaansariihinfidu	1.Eyyee 2. Lakki	
	f. Luupiidahumsaanboodasa'atii 48 keessattigadameessakeessakaawachuunharmahoosisuirratidhibbahinfidu	1.Eyyee 2. Lakki	
	g. Luupiidahumsaanboodasa'atii 48 keessattigadameessakeessakaawachuunmarsaalaguuirrattijijjiiramadhiigaafiduudanda'a.	1.Eyyee 2. Lakki	
	h. Dubartoonnidhibeenhivdhiigaisaaniikeessajiru fi qorichafudhachaajiranfayyadamuunidanda'u	1.Eyyee 2. Lakki	
	i. Kaffaltiitokkomaleetajaajilaluuppii kana argachuudandeessa.	1.Eyyee 2. Lakki	
	j. Yerooatibaarbaddettibaasuunnidanda;ama	1.Eyyee 2. Lakki	

Kutaa IV: Gaafileefedhii fi Ilaalcha mala karooramaatiLuuppiidahumsaanboodasa’atii 48 keessattigadameessakeessakaawamanirrattigaafataman.

Lakk.	Gaafilee	Deebilee	Gara
401	Luupiidahumsaanboodasa’atii 48 keessattigadameessakeessakaawamugarafuldurattiittifayyadamunibarbaada?	1.Eyye 2.Lakkii 3. Hubannooisaahinqabu	Yoodeebineyyeeta’egara501
402	Yoofuldurattiittifayyadamuhinbarbaadduta’esababiniisaamaalif?	1. Dhiibainnifiduunsodadhe 2. Hubannooisaahinqabu 3.Filannoo koowaanhintaaneef 4.Ulfaa’uundanda’ajedheewaanshakkuuf. 5.Daa’imadabalataawaanbarbaduuf 6.Abbamana/hiriyaakootuhineyaminee 7.Amantinkoowaanhineeyyamneef. 8.Maseenummaafiduudanda’ajedheewaansodaadhuuf 9. kanbiraanyoojiraateibsi------	

IlaalchaDubartootniulfaaLuupiidahumsaanboodasa’atii 48 keessattigadameessakeessakaawamuirrattiqaban.

lakk.	Gaafilee	Deebilee	Gara
501	Luupiidahumsaanboodasa’atii 48 keessattigadameessakeessakaawachuunqaaniifna masaaxila.	5. Sirriittiittiamana 4. ittinamana 3.yadaa hinqabu 2. ittihinamanu 1.sirriitti ittihinamanu	
502	Luupiidahumsaanboodasa’atii 48 keessattigadameessakeessakaawamuuhojiihojjechuuhindhorku.	5. Sirriittiittiamana 4. ittinamana 3.yadaa hinqabu 2. ittihinamanu 1.sirriitti ittihinamanu	
503	Luupiidahumsaanboodasa’atii 48 keessattigadameessakeessakaawamuueergakaawameeboodagaraqaamabiraattihinsocho’u	5. Sirriittiittiamana 4. ittinamana 3.yadaa hinqabu 2. ittihinamanu 1.sirriitti ittihinamanu	
504	Luupiidahumsaanboodasa’atii 48 keessattigadameessakeessakaawachuunqunnamtii saalaairrattidhiibbaahinqabu.	5. Sirriittiittiamana 4. ittinamana 3.yadaa hinqabu 2. ittihinamanu 1.sirriitti ittihinamanu	
505	Luupiidahumsaanboodasa’atii 48 keessattigadameessakeessakaawachuungadameessairrattimiidhaageessissa.	5. Sirriittiittiamana 4. ittinamana 3.yadaa hinqabu 2. ittihinamanu 1.sirriitti ittihinamanu	

Dhumairrattifedhidhanhirmaachuukeesaniifgalataakeenyakanonneeirramaddeisiniifdhiyeesuunbarbaada.

1. **Personal data**
   - Name: GurmesaDaba Dina
   - Age: 31
   - Sex: Male
   - Marital status Single
   - Date of birth: June 2/ 1989 G.C
   - Place of birth: QellemWellega zone, HaroSabu Town
   - Nationality: Ethiopian
   - Region: Oromia
   - Address: Tel: +0917651906
     Email: - gurmesadaba14@gmail.com

1. **Language proficiency**

Language	Speaking	Reading	Writing
Afan Oromo	Excellent	Excellent	Excellent
English	Excellent	Excellent	Excellent
Amharic	Excellent	Excellent	Excellent

2. **Educational back ground**

Primary school	IfaHaro Primary school (1-8)
High school education	Bethel Evangelical Secondary School (BESS)(9-12)
Higher education	Hawasa University (Hawasa referral & teaching Hospital)(2000-2002 E.C)
Qualification	Bsc in Mid –wifery

3 .Work experience

- ❖ September 2003 E.C –Nov.30/2005 E.C Oromia Regional Health Bureau DambiDollo Hospital for 3 yrs.
  - ➢ Main duties
    - MCH
    - Labor ward
    - Gynecology ward
- ❖ Dec. 1/2005 E.C-oct.30/2007 E.C In Addis Ababa Health Bureau Ras-Imiru Health center.
- ❖ Starting from Nov.01/2007 E.C –Present (now), Assistant Instructor at Ambo University Health Science College, Midwifery Department.

4. **Training attended and certificates**

- ❖ Basic computer skill.

- HMIS in DembiDollo Hospital
- TOT on BEmONC at AsselaDerartu Hotel from January 12 –Feb 4 2013 organized by Oromia Regional Health bureau in collaboration with ICAP Ethiopia.
- PMTCT option A at Adama Executive Hotel Organized by Oromia regional health bureau in collaboration with ICAP Ethiopia
- TOT on PMTCT option B+ at Adama Organized by Oromia regional health bureau in collaboration with ICAP Ethiopia.
- I was given PMTCT training for participants at Ambo university training hall.
- I was given BEmONC training for participants at Nekemt Hospital with EMA, at Ambo AbebechMetafariah Hotel in 2014, 2015, 2016 and 2017 respectively with JSI/L10K.
- I have been done Facility Assessment and mentership with JSI /L10 K at different sites of Jimma and Ilu Aba Bora zone.
- Trained on Infection Prevention and patient safety organized by ICAP onsite training at DambiDollo Hospital.
    - Trained on NASG(non pneumatic anti shock garment) on site at DembiDollo Hospital.
- Trained on Comprehensive family planning organized by EMA at Arba-Minch Health Science College from March 23 –April 5, 2015.
- Trained on internal quality audit using the national accreditation and internal quality improvement standards for health professionals from March 16-23, 2016 at Ambo University.
- Trained on SDA (safe delivery application by Maternity worldwide at Bole friendship hotel)

5. Personal quality

- I am sociable and cooperative to perform different activities with other people.
- Punctual.

6. Hobbies

- Upgrading myself, helping those who need my profession with commitment, reading medical books and magazine, helping midwifery department at college, university and any level of services and becoming researcher in my profession.

7. References

- Mr. KeneniB. Mid –wiferyDep't head phone no 0911772466
- DembiDollo Hospital 0575550097 manager office.